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**Experiencing Couples Therapy: A Qualitative Investigation of Client/Therapist
Perceptions of Selected Narrative and Emotion-Focused Sessions**

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Thesis submitted to the
School of Graduate Studies and Research
in partial fulfilment of the requirements for the degree of
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in
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Dedication

This thesis is dedicated to my wife Judy for her undaunting patience and support, and to the memory of Jan and Jamie, whose inspiration served me as my guide.

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Abstract

To determine what it is like for therapists and their clients to go through sessions of couples therapy together, the subjective impressions of four couples and two therapists were explored as they engaged in emotion focused (EFT; Johnson, 1996) and narrative (Tomm, 1992) approaches to couples work. In doing so, an open-ended interview procedure called Interpersonal Process Recall (IPR; Elliott, 1986) was used to gather the subjective impressions of partners and their therapists following sessions they chose as being especially meaningful or significant. This involved replaying entire videotapes of their selected sessions to gain an account of their perceptions of their meetings. Participants each engaged in three separate IPR interviews, the first of which followed their initial meeting while the remaining two explored sessions that occurred towards the middle and then latter stages of their work. Interviews were also conducted with the couples both before and after their completed course of therapy to gather their accounts of their relationships and how these might have changed. Both these IPR and pre- and post-therapy interviews were audiotaped and transcribed, and the narratives they generated then analyzed using a qualitative method called grounded theory (Glaser & Strauss, 1967; Strauss & Corbin, 1990).

Results for the partners indicated that their therapy was a highly emotional experience, with feelings appearing to form the raw material of the work they did. The couples also highlighted the importance of feeling safe in therapy; the "feeling work" that it entails; the process of exploring and naming experience in therapy; their search for "depth of feeling;" and their view of therapy as not only an "out-of-the-ordinary" experience, but as a space in which to present one's self to the therapist and to one's partner. Results for the therapists indicated that feelings were also central to their experience, although these were used to help them get a "feel" for their couples and how to work with and be helpful to them. Evident as well in their reviews was the privilege they gave to the expression of emotion, which they used to get to "know" the couples, along with the ongoing tension this desire created in them when certain partners appeared to withhold their feelings, seeming to remain aloof and/or withdrawn. Results also indicated more similarity than difference in the experiences of couples going through EFT and narrative sessions of therapy. How males and females saw their sessions also revealed similarities, although men seemed generally to find couples therapy a more uncomfortable and less "familiar" setting than did their female counterparts.

Looking at the interaction between the couples and their therapists, or what takes place in the "inbetween" of their encounters, the study also served to generate a "theory" or a way of looking at couples therapy that was grounded in and emerged out of what participants said about their experience. A comprehensive analysis of their research interviews suggested that the heart of the change process in couples therapy is the relationship therapists and clients collaborate to create together, and that any understanding of "what happens" in this context must base itself on an accounting of how this relationship emerges and evolves. As results made clear, this takes place as partners begin to open up to the therapist, who identifies with or internalizes each of them and in so

doing enters their experiential world. This occurs, however, only when partners feel understood by the therapist on an emotional level, which then in turn leads them to feel safe to open up and "tune in" to each other's experience as well. In the process, they then become engaged in not only identifying with or internalizing their partner, but in allowing their partner to also identify with or internalize them as well. Having "taken each other in" on what feels like a "deeper" emotional level, partners then leave therapy with a more genuine appreciation of what it is like to "be" the other and to relate in a way that connects them emotionally, thus helping them to strengthen and consolidate their affectional bonds.

The uniqueness of the couples therapy context also emerged in the study, thus raising questions regarding its theory and practice. These, along with various clinical implications and directions for future research suggested by the findings, are also presented and discussed.

Chapter 1: Introduction

Psychotherapy Research

This dissertation inquiry grew out of an interest in research that looks at the processes of psychotherapy (e.g., Greenberg & Pinsof, 1986; Rice & Greenberg, 1984; Russell, 1994; Toukmanian & Rennie, 1992). Until recently, however, therapy researchers have tended to emphasize outcome in many of their investigations. Their questions have been: Just how effective is psychotherapy? Does it work? And if so, which approaches among the many that are available work best? Since the 1980s, however, investigators have become more interested in therapy processes rather than its outcome. Their question is no longer whether therapy is effective -- it is generally accepted that it is (Lambert & Bergin, 1994; Luborsky, Singer, & Luborsky, 1975; Smith, Glass, & Miller, 1980). Instead, researchers wonder: How is psychotherapy effective? What are the processes that make it work? (Elliott, 1989; Greenberg & Pinsof, 1986; Hill, 1994; Rice & Greenberg, 1984; Russell, 1994; Toukmanian & Rennie, 1992).

To examine such issues, alternative research methods have been developed. Many of these employ an exploratory, discovery-oriented approach (Elliott, 1984; Hill, 1994; Mahrer, 1988). In this, researchers examine therapy sessions via live observation or by using tapes or transcripts, unsure what they might find (e.g., Mahrer & Nadler, 1986). Others, meanwhile, use standardized process measures designed to assess whatever is taking place. With such methods, researchers have explored session impact (Elliott & Wexler, 1994), therapeutic tasks (Greenberg, 1992), good moments (Mahrer & Nadler, 1986) or engagement (Friedlander, Heatherington, Johnson, & Skowron, 1994) in therapy, and other significant (Elliott & Shapiro, 1992), important (Martin & Stelmaczek, 1988), or helpful (Elliott, 1985) therapy events. However, as many of these researchers are themselves psychotherapists, their observations and process measures tend to be generated out of their "therapeutic" world view (Conran & Love, 1993; Fessler, 1986; Reimers & Treacher, 1995). Absent from much of their work is how the participants of therapy, both therapists and clients, subjectively experience and make sense of their sessions (Conran & Love, 1993; McLeod, 1994; Reimers & Treacher, 1995). Such studies thus tend to disregard the collaborative nature of psychotherapy, and fail to reflect the interactional aspects that are said to be at the heart of the encounter (Orlinsky & Howard, 1975, 1986; Pinsof, 1988; Shoham-Salomon, 1990; Tomm, 1986). More importantly, perhaps, they also miss out on some of the richer subtleties that may be contributing to the change process.

The Present Study

Unlike much of this previous exploratory work, the present study adopted a first-person perspective to investigate the therapy process by focusing on the actual participants of therapy and inviting them to reflect on their impressions of events. To do this, I collected the perspectives of clients and their therapists following selected sessions of therapy using an interview procedure

called Interpersonal Process Recall (IPR; Elliott, 1986; Kagan, Krathwohl, & Miller, 1963; Kagan, Schauble, Resnikoff, Danish, & Krathwohl, 1969). I then analyzed and compared their accounts of their experiences using a qualitative method called Grounded Theory (Glaser, 1978; Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1990; see also Charmaz, 1983; Rennie, Phillips, & Quartaro, 1988). My aim here was to identify how the participants experienced their interactions, and to shed further light on the co-constructive nature of the therapy process (Friedman, 1993; Goolishian & Anderson, 1990; McNamee & Gergen, 1992; Tomm, 1986; White & Epston, 1990) and how this contributes to therapeutic change.

Specifically, I explored how heterosexual couples and their therapists experienced two distinctly different -- emotion-focused (EFT; Greenberg & Johnson, 1988; Johnson, 1996; Johnson & Greenberg, 1994a, b) and narrative (Parry, 1991; Parry & Doan, 1994; Tomm, 1991, 1993; White & Epston, 1990) -- approaches to couples therapy. I then compared their first-person accounts. Initially, this involved conducting separate IPR interviews with each partner after selected sessions of therapy to tap their subjective experience of events. The same procedure was then conducted with the couples' therapists -- Dr. Susan Johnson and Dr. Karl Tomm, who represented the emotion-focused (EFT) and narrative approaches, respectively. These research interviews took place as soon as possible after each selected session. This involved replaying videotapes of the participants' meetings to gain an account of their impressions of their therapy. These interviews were audiotaped and transcribed, and formed most of the narrative data for the study. I also interviewed the couples before and following their completed course of therapy to gather their accounts of their respective relationships and how these might have changed. The narratives generated out of each of these interviews were also transcribed and analyzed.

General Research Questions

Client views. Broadly speaking, I was interested in what it was like for the partners to go through couples therapy, and how they described the experience. To answer this, I asked partners what they liked and disliked about their sessions, as well as what they found most and least helpful. I also explored what engaged them in the therapy, and what challenged and frustrated them. Similarly, I asked about times when they said they felt misunderstood, angry, cut off, and ready to quit. In tracking their moment-by-moment impressions of their therapy as it unfolded, I was also interested in which of their thoughts and feelings they shared with their partner and their therapist, which they held back, and why. Further, I asked how aware each of the partners was of what the other was experiencing during the therapy. Finally, I wondered what advice the couples had to offer about the process, and how they thought it could be improved.

Therapist views. To explore what it was like for therapists to participate in sessions of couples therapy, I focused on what they reported liking and disliking in their sessions. I also asked what stood out for them in their therapy, what they felt was good about it, and how this might have affected their work. Further, where the therapists had a sense of being off track in their

sessions, I wondered how this was experienced. I also asked the therapists about times when they felt being out of tune or disconnected from their clients, and how they accounted for this.

Change processes. The study also provided a context in which to examine change processes as they were reflected in the participants' accounts of their experience. Previous researchers, for instance, have identified particular therapy events as being significant in bringing about change in clients (e.g., Elliott, 1989; Greenberg, 1984, 1992). I wondered if a first-person perspective on proceedings would complement, corroborate, or perhaps disconfirm these views. To explore this, I asked the couples what they thought stimulated or contributed to improvement in their relations. Similarly, I looked at what their therapists said. My aim here was to determine if the participants traced the changes they reported on to discrete and identifiable events in their therapy, or if they connected them to something else in the therapy or outside events. I also explored whether the changes the couples reported on were attributed to elements in their ongoing interactions that previous researchers seem to have left unexplored.

Gendered perspectives. Further, the study focused on how gender expresses itself in therapy with heterosexual couples. This meant studying the narratives generated out of the interviews conducted with the couples to see how these reflected possible patterns of similarity and difference in how the male and female partners experienced events. Here I examined whether they tended to see their therapy sessions differently, and where this was so, if this was a function of the gender of the therapist or his or her ways of seeing and hence engaging with the couples.

Theory & practice. Finally, the study looked at how the theory and practice of the therapists might have differentially influenced the couples. Here I examined the ways in which the emotion-focused therapy of Dr. Johnson seemed to affect how the partners narrated and hence made sense of their experiences, and how these differed from those of Dr. Tomm. Further, where the therapists claimed that their ways of seeing and working were quite distinctive, I examined whether the couples experienced such differences. In addition, despite their dissimilar theoretical visions and how these were translated into practice, I wondered if the moment-by-moment impressions of the therapists themselves reflected far more similarity in how they actually experienced their couples sessions than they might have imagined to be the case.

A Participant Perspective

In general, the purpose of my study was to offer a participant perspective on what happens in couples therapy. From this, my intent was to then generate out of the accounts of the experience a practical and theoretical understanding of the process that would be helpful to those who do couples work. Further, as the research itself constituted a kind of intervention, it was anticipated that the couples might also benefit from the inquiry. As in similar studies (see Gilgun, Daly, & Handel, 1992; Riessman, 1994; Wright, 1992), there was no attempt to discourage this kind of "side effect." Rather, the participants were invited to contribute their ideas and feedback to the inquiry, their "input" being used to inform and validate what the research was "discovering" as it

evolved. Rennie et al. (1988) explain that such an approach is considered integral to the grounded theory method used to analyze and make sense of the participants' accounts of their experience.

At the same time, the study was also an effort to undertake the kind of research suggested by a number of writers whose work implies or more openly appeals for a deeper understanding of how clients and their therapists experience their therapy (e.g., Gurman, Kniskern, & Pinsof, 1986; Kuehl, Newfield, & Joanning, 1990; Orlinsky & Howard, 1986; Reimers & Treacher, 1995).

Further, it was in keeping with the recommendations of clinician-researchers who favor a discovery-oriented approach to such investigative work (Edelson, 1994; Elliott, 1984, 1989; Greenberg, 1994; Havens, 1994; Hill, 1994; Moon, Dillon, & Sprenkle, 1990, 1991; Searight & Young, 1994). As they argue, it is primarily through open-ended interviews and an interpretive methodology that a more appropriate reflection of participants' subjective views of their therapy encounters can be gained. As Johnson (1991) also notes, demands by men and women for approaches to help them improve their relationships with one another have grown dramatically in recent years. This has led to a rapid expansion of the marital therapy field. With this in mind, a study of the subjective experience of couples therapy seemed even more important, shedding light not only on the couples therapy process, but on how clinicians might learn from what clients say about it and in so doing improve the theory and practice of their couples work as well.

Indeed, according to two recent marital and family therapy research reviews, the need for this kind of research is crucial (Alexander, Holtzworth-Munroe, & Jameson, 1994; Friedlander, Wildman, Heatherington, & Skowron, 1994). As these authors point out, marital and family therapists have produced a variety of creative theories, along with a number of techniques to translate these into practice. There are few studies, however, that attempt to delineate the effective ingredients of marital and family therapy processes, and even fewer that have explored how clients and therapists collaborate to make them work. Friedlander et al. (1994) note that despite the growing popularity of marital and family therapy, little is known about how interpersonal change occurs in this context. If the field is to advance, however, its research must take up the challenge of studying the complex interactions in couples and family work. As Friedlander et al. conclude: "Designing creative strategies for avoiding a singular focus on individual behavior that is isolated from its social context is perhaps the single most important direction for future research on the family therapy process" (p. 412). This is the challenge my investigation attempted to pursue.

Reading the Literature

Running like an undercurrent in the literature that formed the groundwork for my study were ideas and research findings connecting marital and family therapy with social constructivism, narrative, and qualitative research methods. These helped shape my understanding and approach to the processes of psychotherapy and how these might be studied in the context of therapy with couples. My reading also sensitized me to the phenomena I wished to study, and assisted me in generating ideas about what to ask the participants. It also disclosed the kind of loose theoretical

orientation or framework I brought to my study. Although the primary aim of most qualitative research is to generate new ideas and theories rather than test ones that have been postulated, it would be naive to assume that I undertook my study without certain theoretical sensitivities that informed my approach (Osborne, 1990; Stiles, 1993; Strauss & Corbin, 1990). In keeping with the general dictates of most qualitative research inquiries, these predispositions or biases have been clearly articulated through a process of self-reflection or bracketing so that readers of the study can assess my particular rendering of what was said by its collaborators, and take this into account.

I begin my literature review with a discussion of psychotherapy process research. In this, I examine the history of its use in studying individual therapy. I also look at its development in light of recent changes in the conduct of research within psychology in general, and psychotherapy in particular. I then turn to a discussion of marital and family therapy theory and practice. My intent here is to lay the groundwork for an examination of research in the area. More specifically, however, I want to situate my study within the context of process research as it has been conducted with couples and families. In doing so, I briefly discuss the systemic perspective formulated by marital and family therapy theorists and practitioners. I then examine the limited effects this appears to have had on the conduct of research in the field. I conclude my review with a look at empirical studies and first-person reports that serve to reflect the experience of couples therapy from the point of view of both the partners and their therapists.

In my literature review I also focus on qualitative research and its suitability for the kind of study I have chosen to undertake. A more thorough explanation of IPR, grounded theory, and their relative merits and weaknesses, however, will be found in the Methods section of the study. In addition, a general comparison of the therapeutic approaches of Dr. Johnson and Dr. Tomm, why they seemed particularly suited to my study, as well as how these connect with the larger marital and family therapy field, has been included as a part of my literature review.

Chapter 2: Qualitative Explorations of Individual Psychotherapy

Science, Psychology, & Psychotherapy Research

Although psychotherapy has been with us for more than 100 years, there is little "scientific evidence" about how it actually works (Greenberg, 1994; Gurman et al., 1986; Prochaska, diClemente, & Norcross, 1992). Indeed, until some two decades ago, research into the therapeutic process was still in its infancy (Gale, 1991; Gurman et al., 1986). Rogers (1942), one of the first to investigate psychotherapy, once noted that he hoped it could become "a process based on known and tested principles, with tested techniques for implementing these principles" (in Gale, 1991, p. 1). These principles, however, have been elusive and difficult to pin down (Frank & Frank, 1991; Prochaska et al., 1992). This is partly due to the inability of researchers to agree on how to define therapy (Small & Manthei, 1986). Also, investigators have tended to focus on what either clients or therapists do in therapy, as if their interactions were of little concern (Gurman et al., 1986; Pinsof, 1988; Shoham-Salomon, 1990; Tomm, 1986). There has also been a dearth of researchers willing to examine therapy processes (Mahrer, 1988; Pinsof, 1981, 1988, 1989; Polkinghorne, 1988; Small & Manthei 1986). Some writers argue, however, that at the heart of the issue is the scientific method and how this has affected their ability to explore how therapy works (Elliott, 1989; Giorgi, 1970; Hoshmand & Polkinghorne, 1992; Moon et al., 1990; Russell, 1994).

As Giorgi (1970) implies, central to the concerns of these and other researchers are the limitations psychology accepted when it adopted the methodology of the natural sciences, and how this has shaped its world view. He notes how psychology in effect restricted its potential scope of study when it entered the domain of science. With the entire range of humanity as its subject matter, it turned instead to examining only those phenomena that could be handled by its chosen approach. As a result, psychology has ended up disregarding the study of what is meaningful for humanity. Instead, it has opted for "measured rather than essential phenomena, [becoming] more and more a natural science, and less and less human, and therefore less meaningful for man in general" (Giorgi, 1970, p. 92). Suggesting that science has, in fact, failed psychology, Bakan (1972) has argued that it is time psychology "kicked the science habit," giving up its dependence on prediction and control. For their part, Lincoln and Guba (1985) urge psychology to cast off its lab coat image and "focus on those things that make men and women human" (p. 76). In doing so, it must learn to entertain more suitable avenues of approach, accepting that extensive sectors of psychological study require modes of inquiry more in keeping with the humanities than the natural sciences (Giorgi, 1970; Henwood & Pidgeon, 1992; Moon et al., 1990; Packer & Addison, 1989). Writes Keen: "If we want to understand people then we should study people, and we should devise concepts and methods appropriate for that study" (1975, p. 116).

Issues of Clinical Relevance

Increasingly, researchers have been calling for a similar, more meaningful approach

(Hoshmand & Polkinghorne, 1992; Moon et al., 1990, 1991; Polkinghorne, 1988; van Zuuren, 1987). As van Zuuren (1987) sees it, a dissatisfaction is rising, and a gathering counter-movement intent upon exploring alternative research approaches that might do better justice to the richness and complexity of human experience is slowly taking shape. From a reading of the psychotherapy literature, the greatest dissatisfaction comes from those in the clinical field, the counter-movement due largely to them (e.g., Hoshmand & Polkinghorne, 1992; Russell, 1994; Talley, Strupp, & Butler, 1994; Toukmanian & Rennie, 1992). Though the questions they raise carry both academic and theoretical import, their call for change has a more pragmatic motivation. They are frustrated by having to operate within a world view that has little relevance to the work they do (e.g., see Edelson, 1994; Elliott, 1989; Henry, 1984; Hoshmand & Polkinghorne, 1992; Polkinghorne, 1988). As various surveys reveal, clinicians express a basic disinterest in traditional psychological research and use little if any of its findings in their practice (e.g., Cohen, Sargent & Sechrest, 1986; Morrow-Bradley & Elliott, 1986). After conducting research for 15 years, Matarazzo, for instance, admitted, "Psychological science per se doesn't guide me one bit. My clinical experience is the only thing that has helped me in my practice to date" (in Bergin & Strupp, 1972, p. 340). Henry (1984), meanwhile, claims that researchers are producing mountains of trivial research with little relevance to actual clinical practice. Elliott (1989) also notes how after using increasingly sophisticated statistical methods in a series of clinical studies, he "failed to generate any clinically or theoretically meaningful results" (p. 166).

Such comments are telling indications of how far apart the worlds of traditional psychological research and applied clinical psychology seem to be (see also Talley et al., 1994). In its clinical applications, psychology cannot simply superimpose a natural science framework on the clinical task without leaving something out (Keen, 1975). That something, it appears, is what might lie at the heart of psychotherapy itself. As Elliott (1989) admits: "As I sought to understand why my quantitative investigations seemed so unproductive, I realized my methods had forced me to make a number of simplifying assumptions that disregarded the natural complexity of therapy" (p. 167). Others have reached similar conclusions (e.g., Greenberg & Pinsof, 1986; Mahrer, 1988; Rice & Greenberg, 1984; Russell, 1994; Talley et al., 1994; Toukmanian & Rennie, 1992). Indeed, the problems they have encountered and their attempts to resolve them mark an effort to shake off the influences of traditional psychology in favour of approaches more suited to unravelling what therapy seems to be all about. Their innovations and struggles over the last 30 years have, in fact, come to characterize a whole new discipline called psychotherapy research (Greenberg & Pinsof, 1986; Marmar, 1990).

Process Versus Outcome

Facing the influence of the traditional positivist paradigm and getting beyond it, however, have not been easy tasks (Hoshmand & Polkinghorne, 1992; Polkinghorne, 1988; Talley et al. 1994; Russell, 1994). One of the principal assumptions these researchers had to come to terms

with is that you can meaningfully measure the effectiveness of psychotherapy. Known as outcome research, this was primarily stimulated by agencies threatening to cancel support for therapy that could not be proven "safe and effective on the basis of controlled clinical studies which are conducted and evaluated under generally accepted principles of scientific research" (Gatchel & Mears, 1982, p. 131). This prompted a host of clinician-researchers to defend their work. Their studies, however, produced contradictory and often confusing findings. In the end, it seemed the principles of traditional scientific research simply could not be made to produce any clinically meaningful results (Gatchel & Mears, 1982; Garfield & Bergin, 1986; Russell, 1994). Outcome research did, however, serve to demonstrate how elusive a phenomenon therapy was. This led to an interest in its process, the issue being not whether psychotherapy worked or not, but rather how it worked. This meant looking at variables such as how a client and a therapist interact, what characteristics contribute to their relationship, and how this affects progress in therapy (Elliott, 1989; Greenberg & Pinsof, 1986; Hill, 1994; Orlinsky & Howard, 1986; Rice & Greenberg, 1984; Russell, 1994; Toukmanian & Rennie, 1992)..

To retain the required degree of "scientific credibility," however, early process work concentrated on measuring what went on between a client and therapist (Greenberg & Pinsof, 1986; Hill, 1994; Russell, 1994). Instruments were devised to reliably describe and analyze different aspects of the therapeutic process (Greenberg & Pinsof, 1986). This produced a working definition of process research as "any research or investigation that, totally or in part, contains as its data some direct or indirect measurement of patient, therapist or dyadic (patient-therapist interaction) behaviour in the therapy interview" (Kiesler, 1973, p. 2). For Greenberg and Pinsof (1986), however, this was a narrow definition that emphasized in-session behaviour at the expense of outcome, or what was occurring outside therapy. This was a division that put psychotherapy investigators on either side of the process-outcome fence. Eventually, however, outcome researchers began to realize that research without process or in-therapy measures could never shed light on the basic mechanisms of psychotherapy. Similarly, process researchers also admitted that process research that was not linked to outcome was ultimately irrelevant. As Greenberg and Pinsof (p. 6) noted: "If process researchers were going to demonstrate the relevance of their work, they had to begin linking process or in-therapy variables to outcome or out-of-therapy variables."

The link Greenberg and Pinsof (1986) refer to came as researchers began an intensive study of what was assumed to be at the heart of psychotherapy: the process of change. The target became how clients changed, and what therapists did to bring this about. As Greenberg and Pinsof explain, change inherently links process to outcome. It focuses the researcher on the beginning and end points of therapy -- or an episode or event within a session -- and also attempts to identify the nature of the processes that lead to the change. "Process research ultimately becomes the study of mechanisms of change" (Greenberg & Pinsof, 1986, p. 5). This was a shift away from the traditionally accepted outcome-oriented analysis of psychotherapy to a more appropriate intensive analysis of change events (see also Marmar, 1990; Rice & Greenberg, 1984;

Safran, Rice, & Greenberg, 1988). However, it still left investigators disputing the kinds of strategies or research approaches that were likely to generate the most meaningful information for clinicians wanting to learn more about what they do, and how to do it better. As Beutler (1990) noted: "The field is characterized by a breadth of opinions about the processes to study, ranging from theory-based principles whose definition rests on abstract inference, to descriptive definitions that remain close to the behaviour observed" (p. 264).

Discovery-oriented Exploration

In the more traditional theory-based approach noted by Beutler (1990), researchers start out with a hypothesis generated by clinical theory about how therapy operates (Kiesler, 1973). Variables, usually small observable units of clearly defined behaviours that can be fit into a category system, are operationalized and measured. These then produce data that can be statistically compared and analyzed, giving researchers a basis on which to refute or support the theoretical hypothesis being tested (Hill, 1990; Mahrer, 1988; Marmar, 1990). The less traditional descriptive, qualitative approach, on the other hand, is basically theory-free, and involves exploration to unravel the therapeutic process. Where theory-driven researchers, in other words, have definite ideas about what they are looking for, exploratory (Hill, 1990, 1994) or discovery-oriented (Mahrer, 1988) investigators primarily rely on observation and description to make their "discoveries." Their aim is to describe what occurs within sessions from a non- or pre-theoretical stance, to build on observation of clinical phenomena, and eventually to generate testable hypotheses that can lead to the development of theory (Hill, 1990; Rennie et al., 1988). As Mahrer (1988) notes, discovery-oriented researchers want "to learn more; to be surprised; to find out what one does not already expect, predict, or hypothesize; to answer a question whose answer provides something one wants to know but might not have expected, predicted or hypothesized" (p. 697).

In straying from the traditionally accepted hypothesis-testing paradigm, discovery-oriented researchers have met with methodological and philosophical criticism (Moon et al., 1991; Rennie et al., 1988; Taylor & Bogdan, 1984). Their work, for example, is said to lack scientific rigor, their largely qualitative means of investigation considered an unacceptable alternative to the "proven" hypothetico-deductive approach. Typically, their research is seen as a "somewhat useful, secondary tool for the serious work of scientific hypothesis testing" (Mahrer, 1988, p. 607). As most qualitative researchers shy away from standardized process measures, questionnaires, and instruments designed to produce quantitative assessments of phenomena, many of their methods are also criticized by methodological purists for their apparent lack of validity and reliability. Similarly, the generalizability of their findings are held up for scrutiny, as qualitative studies tend to base their findings on fewer instances of the phenomena being studied (Hill, 1990; Lincoln & Guba, 1985; Polkinghorne, 1988; Taylor & Bogdan, 1984).

Lincoln and Guba (1985) argue, however, that such criticisms are based on assumptions that are part of a positivist paradigm that qualitative researchers generally do not share (see also

Gilgun et al., 1992; Layder, 1993; Strauss & Corbin, 1990; Taylor & Bogdan, 1984). These concern fundamental questions about the nature of reality, epistemology, and the notion of causality in the world. As qualitative investigators see it, issues of validity, reliability, and generalizability belong to a tradition that believes there are basic rules of nature governing situations under all circumstances. Further, the assumption is that these rules exist in nature, and are real and waiting to be discovered rather than being perhaps inventions or constructions of the mind (Lincoln & Guba, 1985). To operate out of a qualitative view, on the other hand, implies a belief in a multitude of constructed realities that are best understood through observation, narrative accounts, documents, and other first-hand knowledge of social life "unfiltered through concepts, operational definitions and rating scales" (Taylor & Bogdan, 1984, p. 7). Indeed, this is what makes the work of such researchers trustworthy, supportable, and well-grounded. Polkinghorne (1988) notes that this is what reliable and valid were originally intended to mean (see also Lincoln & Guba, 1985; Osborne, 1990; Stiles, 1993). In addition, less concerned with the generalizability of their findings, qualitative researchers tend to focus on the particular, which takes place within a context. As they note, generalizations ultimately only exist in the minds of those making them.

Philosophical and methodological musings aside, however, the practical needs of both clinicians and researchers have inevitably determined which method of inquiry they find fits best. As they have noted, traditional scientific methods of exploring the therapeutic experience have produced results that, although statistically significant, have little meaning for the practicing clinician (Elliott, 1989; Polkinghorne, 1988; Rennie et al, 1988; Rice & Greenberg, 1984). This, in turn, has raised serious doubts about the hypothesis-testing tradition and how suitably its results can be applied to the process of psychotherapy. Admitting to the limitations of his quantitative methods, for example, Elliott (1989) notes that "premature reliance on over-quantified, confirmatory research strategies has forced therapy process research beyond its data base, reducing its clinical and scientific usefulness" (p. 169). For Hill (1990), therapy research is still in the observation and hypothesis-building stage. She argues that hypothesis-testing adds little to what we know about psychotherapy. More importantly, however, certain "scientific" approaches to research may not only produce clinically irrelevant findings -- they can actually "hamper our attempts to understand the process and outcome of psychotherapy" (Cavell & Snyder, 1991, p. 169). With this in mind, Elliott (1989) urges that "what we need are more descriptions of the change process in therapy, of what factors contribute to this process, and of how these factors and processes unfold" (p. 169). As he adds, this is an exploratory, discovery-oriented task that calls for more extensive use of open-ended, qualitative research methods (see also Gale, 1991, 1993).

Recent Process Work

Recently, these and other similar appeals (Elliott, 1983a; Hill, 1990, 1994; Mahrer, 1988; Rennie et al., 1988; Rice & Greenberg, 1984) have been heeded by therapy researchers who have begun conducting exploratory, discovery-oriented investigations of the therapeutic process.

Mahrer, for example, has undertaken studies to identify good moments in therapy, "epochs of a few seconds or more wherein the client is manifesting therapeutic process, movement, improvement, progress or change" (Mahrer & Nadler, 1986, p. 14). Others have selected the verbal behaviour of clients and therapists, attempting to analyze and categorize its content and vocal quality (Hill, 1990). Studies have also examined how aware therapists and clients are of one another's reactions (Hill, 1990), their agreement on a session's impact (Dill-Standiford, Stiles, & Rorer, 1988), their manner of identifying and recalling important therapy events (Martin & Stelmachzonek, 1988), and if they would describe these as helpful (Elliott, 1985).

While much of this research has helped to stimulate a new way of looking at and understanding the therapeutic process, a few of its weaknesses have begun to appear (Elliott, 1989; Fessler, 1986; Heatherington, 1989; Hill, 1990; Llewelyn, 1988; Shoham-Salomon, 1990). Hill (1990), for example, has pointed to how researchers have studied trivial behaviours of questionable clinical interest because they are easy to measure. Content analysis of verbal exchanges, meanwhile, has been done without considering its context -- an approach that undermines how meaningful this kind of research can be (Heatherington, 1989). Of particular interest to the present study, however, are Shoham-Salomon's (1990) criticisms of research examining process variables such as client and therapist behaviours as if they were completely unrelated. As she notes, although the goal of psychotherapy research may be to explain how client changes come about, "it is nevertheless the case that clients' and therapists' behaviours are not independent of each other. Because they do not predict or cause outcomes independently of each other, they should be related to each other as interacting units" (1990, p. 123).

The present study heeded this advice, and also followed Greenberg's (1986) insistence that attention be shifted to examining patterns in context. As he has noted, "It is more the occurrence of a particular pattern of variables than their simple presence or frequency of occurrence that indicates the therapeutic significance of what is occurring in therapy" (1986, p. 7). The study also took its cue from Fessler (1986), who notes how many therapy investigations have been conducted from an objective viewpoint by non-participant observers claiming to be recording what they see. In explaining the therapy experience, however, these "objective" observers, many of them therapists themselves, have tended to impose their theoretical frameworks on the observed events. As a result, they may be missing much of the complexity of the therapeutic process (Elliott, 1989; Fessler, 1986; Llewelyn, 1988). To counter these limitations, Fessler suggests asking participants directly for their own perspectives of the therapy experience. In this way, specific events identified by therapists and clients can be studied and compared. In keeping with Fessler, Llewelyn (1988) has also argued that an understanding of the therapeutic process must consider the personal experience of both participants if a full appreciation of the change process is to be obtained. As Elliott (1984) has emphasized, an important place to begin research on the psychotherapeutic process is with the experiences and perceptions of the participating clients and therapists themselves. These are the expert witnesses, Elliott notes, adding: "What would they tell us if we

provided them with the means of describing in close detail just what was happening during particular moments of significant change?" (1984, p. 294).

Client/Therapist Perspectives

In his research, Elliott (1984, 1986) has, in fact, provided a method called Interpersonal Process Recall (IPR; Elliott, 1986; Kagan et al., 1963, 1969) to allow therapy participants to pinpoint and expand upon "significant moments" in therapy (for a full explication of IPR, see the Methods section of the study). Developed initially by Kagan (Kagan et al., 1963, 1969), the technique involves tape recording therapy sessions and then replaying them to clients and therapists with the aid of a recall assistant -- usually the researcher -- who reviews the session tapes with each of the participants independently. In an earlier version of IPR employed by Elliott (1984), participants reviewed an entire session tape to first identify key moments in therapy. They were then asked to examine these incidents in detail, prompted by the assistant to describe their moment-by-moment impressions of events as they unfolded. More recently, however, Elliott (1989) describes how he has invited clients to identify significant events without reviewing the entire session first. These have then been analyzed in exhaustive detail using an open-ended interpretative approach called Comprehensive Process Analysis. Elliott has also used a battery of process instruments designed to measure such things as therapist helpfulness, client experiencing, vocal content and quality, nonverbal behaviour, and client and therapist expressiveness.

In developing and refining his analytic approach, Elliott has used various definitions for these significant moments in therapy: critical incidents or turning points (Elliott, 1984), the most helpful event in the session (Elliott & Shapiro, 1988), and sequences of client and therapist actions which facilitate specific psychological impacts in clients (Elliott, 1989). Whatever the definition, Elliott's approach remains strongly oriented towards studying specific events in therapy that are judged to be significant (Elliott & Shapiro, 1988). Fessler (1986), meanwhile, in his more phenomenologically oriented investigations of the therapeutic process, has also selected particular events to analyze. These were five-to-ten minute segments chosen as moments in which he felt interpretation rather than significance had occurred. In one study, for example, clients and therapists were asked to recall what had taken place during the segments. Using tape-assisted recall similar to IPR, they were then separately interviewed by Fessler, who asked them to recapture sentence-by-sentence what they had experienced at the time. This then allowed him to qualitatively compare the participants' perspectives. He also assessed their recall of events with and without the use of the taped segments.

As Fessler (1986) discovered, when participants reviewed their therapy segments using tape-assisted recall, their experiences were much more "ambiguous, more detailed, more confusing, and generally more messy" (p. 150) than they were without the aid of tapes. Before the replay, the therapists, for instance, remembered what they had said, how they had said it, and how well their clients had understood. After IPR, however, they realized that they had often been

confused, floundering, and vague about what they had been doing. Clients, however, in their unaided recollections remembered little of the content. But they had a more global feeling of being either understood or misunderstood. After "reliving" or reviewing the segment on tape, however, they remembered being confused by what their therapist was saying, and trying to get them to be more direct. In comparing the clients' and therapists' perspective of their taped segments, Fessler (1986) also discovered an "inner lining" in therapy, or the personal meanings of both participants, in which mutual understanding or misunderstanding occurred. By tracing the moment-by-moment unfolding of these meanings, Fessler discovered that therapists and clients frequently had entirely different experiences of their sessions. Further, neither was fully aware of what the other had been experiencing or doing. Noted Fessler: "What is expressed at any moment in therapy has meaning in a dual context -- the context of the therapist and the context of the patient -- and the meaning that they give to what is taking place is often quite different" (p. 152).

Fessler's (1986) conclusions are consistent with those of similar studies comparing client and therapist perceptions of therapy and/or therapy events (e.g., Angus & Rennie, 1988, 1989; Caskey, Barker & Elliott, 1984; Elliott, 1983b, 1986, 1989; Llewelyn, 1988; Llewelyn, Elliott, Shapiro, Hardy & Firth-Cozens, 1988; Martin & Stelmachzonek, 1988; Mintz, Auerbach, Luborsky & Johnson, 1973; Mintz & Luborsky, 1971; Orlinsky & Howard, 1975). In studies to determine how participants view their psychotherapy, Llewelyn (1988) and Llewelyn et al. (1988), for example, found that therapists were more concerned about the therapy process and helping clients to gain long-term insight. Clients, however, were less interested in self-knowledge, and preferred to be able to solve their problems and feel better on a short-term basis. Participants agreed there were four major therapeutic ingredients in therapy: insight, reassurance/relief, problem solution, and personal contact. But they disagreed on their importance and how frequently they occurred. As Llewelyn concluded: "The results imply therapy researchers may need to become more aware of the ways in which events occurring in therapy are perceived differently by those who provide the therapies as professionals, and those who participate in therapy as clients. This awareness may stimulate more accurate appreciation of the ingredients of psychological therapy which have most helpful impact, and this in turn should lead to more effective intervention" (p. 235).

Elliott (1983b), meanwhile, turned up an even more striking difference in the way a therapist and client viewed even the tiniest portion of a therapy session. In one particular segment replayed to her during her IPR recall, the therapist considered that she had been "extremely hindering" in what she had said to her client, and "totally misunderstood what her client was driving at" (Elliott, 1983b, p. 119). The client, however, explained during the recall procedure that she thought the therapist's response in the session was evidence of "deepest sympathy and of [the therapist] sharing in her triumph" (Elliott, 1983b, p. 119). As the client confides to Elliott during her post-session IPR interview: "It was a pause [in the session] where I felt this enormous lovely feeling of shared accomplishment" (p. 119). Further, in assessing their overall perspectives, Elliott found that where the therapist emphasized cognitive insight, the client was

more concerned by "the affective experience of progress and relief" (p. 125).

Similar differences in how participants view therapy events were delineated by Angus and Rennie (1988, 1989), and more particularly in how clients and therapists understood the meanings of metaphors generated in therapy sessions. Using a modified version of IPR, they discovered how the same metaphors can take on different meanings for clients and therapists, depending on how collaborative their relationship is. Angus and Rennie (1989) noted, "It was striking how therapists and clients generated distinctly different private imaginal representations of the same metaphor spoken in the session" (p. 378). Further, they noted that metaphor sequences tended to be most misunderstood when either one or both participants had wrongly assumed that they were drawing upon a shared context of meaning. For Angus and Rennie (1988, 1989), such findings reconfirm the important differences that exist in the way therapy participants perceive therapy. At the same time, they note that although the thoughts and feelings of clients in therapy may often be left unexpressed, the same applies to therapists as well. As they advise, it is apparent that therapists cannot safely assume that the comfort and specialty of the therapy encounter is sufficient to prompt clients to be both comprehensive and honest in their discourse. Instead, they note that it would be wiser for therapists to assume that what clients say is usually only a partial representation of meaning, and at times may be a misrepresentation. By the same token, however, therapists cannot safely assume that clients necessarily understand what therapists mean on the strength of what they say, "because it is evident that therapists often do not disclose the full context behind many of their remarks" (Angus & Rennie, 1988, p. 559).

Knowns & Unknowns

On the basis of these and other similar studies (for reviews, see Elliott & James, 1989; McLeod, 1990a, b; Sexton & Whiston, 1994), it seems we know far less than we think we do about how the participants of therapy experience their individual sessions. Similarly, it seems that clients and their therapists know far more than they seem willing to reveal -- at least to each other, if not to therapy researchers as well. So much of the process remains covert and unsaid. As Elliott and James (1989) point out, "Because so much client experience is covert, therapists should not assume that they know what their clients are experiencing" (p. 462). They urge therapists to ask clients what they are experiencing more often, a task that means making better use of phenomenological data in therapy. Similarly, if researchers also want to know more about what is happening in therapy, they should begin probing the experiences of the people who seem best equipped to reveal this to them: the participants involved. As Angus and Rennie (1988) have argued, the role of covert processes in psychotherapy has serious implications for research into the nature of the process. Although investigators who use client-therapist discourse as their narrative data may discern important patterns in what they say during their sessions, they are still handicapped to the extent that their verbal communication under-represents subjective meaning. The qualitative analysis of tape-assisted recollections of therapy, however, "provides an entry into

the covert worlds of therapy participants and thereby is a promising complement to more conventional approaches to psychotherapy process research" (Angus & Rennie, 1988, p. 559).

As Rice and Greenberg (1984) add, qualitative explorations of the therapy process also provide a means of tapping "the rich clinical experience of skilled therapists in a way that [pushes] them to explicate what they know, yielding a rigorous description of the important regularities they have observed" (p. 7). They also open space for clients to reflect directly on their own psychotherapy experience, highlighting the unique ways in which they perceive events (Angus & Rennie, 1988, 1989; Elliott, 1989; Fessler, 1986; Rennie, 1990, 1992, 1994a, b, c). This serves to engage clients as participant researchers in their own therapy, involving them more directly in the therapeutic process. In addition, it gives them "a heightened sense of equality with the therapist, which in turn increases the client's personal sense of power and self esteem" (Rennie, 1990, p. 170; see also Elliott, 1989). By expanding the realm of the possible, however, these discovery-oriented explorations also demonstrate their potential to enrich the practice of therapy research by providing a window on human experience that a number of investigators admit are virtually inaccessible using "accepted scientific principles" (e.g., Elliott, 1989; Giorgi, 1970; Koch, 1981; Lincoln & Guba, 1985; Packer, 1985).

Chapter 3: Researching the Marital & Family Therapy World

Inconsistency & Confusion

As the preceding chapter reveals, a growing number of qualitative studies of psychotherapy have been undertaken to explore interactions between therapists and clients in individual sessions. Similar processes in marital and family therapy contexts, however, have mostly remained ignored (Friedlander et al., 1994; Gurman & Kniskern, 1992; Pinsof, 1988, 1989; Reimers & Treacher, 1995; Wynne, 1988). Rather, researchers in the field have been more intent on establishing the efficacy of various approaches with couples and families, as if to legitimize their theoretical orientations (Friedlander et al., 1994). Further, while studies of individual therapy have begun focusing on its co-constructed nature, there is little research on the role that couples and families play in these encounters. As Friedlander et al. (1994) explain, in virtually all of the major marital and family therapy theories, attention traditionally has been focused on what therapists "do" to promote change, to the virtual exclusion of the "doings" and experiences of their clients. This trend is mirrored in the field's research as well (Pinsof, 1986; Reimers & Treacher, 1995; Wynne, 1988). Indeed, according to Friedlander et al., researchers have tended to explore couple and family interactions from a more objective, behavioristic frame, "just as one might study, from some elevated platform, the sequences of moves on a soccer field leading to a goal" (p. 410).

Given marital and family therapy's emphasis on systems theory, constructivism, and epistemological issues (e.g., Auerswald, 1987, 1988; Dell, 1982; Held & Pols, 1985; Keeney, 1982, 1983; Keeney & Sprenkle, 1982; Searight & Openlander, 1987; Tomm, 1986), it is ironic that in legitimizing and understanding itself, it would invoke an essentially linear, behavioral approach to investigate how it works. This flies in the face of the major contribution marital and family therapy made to the behavioral sciences when it reconceptualized individual problems in terms of relational issues traceable to family interactions, rather than the inner mental processes or behavioral or emotional problems of any one person involved. Further, though there have been disagreements over the years about how best to frame these interactions, this relational or systemic nature of human problems is still a fundamental undercurrent in marital and family therapy's world view (Alexander et al., 1994; Nichols & Schwartz, 1991). Keeney (1983) and Auerswald (1988) point out that there is a fundamental inconsistency among researchers, theorists, and clinicians in the field, many of whom claim to be honoring their discipline's systemic way of thinking, but whose beliefs, when translated into practice, nonetheless reflect their somewhat linear views.

Reflections on Research

As the critics of "normal science" (e.g., McNamee, 1988, 1994; Steier, 1991; Tomm, 1983) have noted, the hallmarks of psychotherapy research are seriously challenged by the premises upon which systems theory bases itself. In their view, however, the research that is emphasized by marital and family therapy is not only inconsistent with its premises. It is also

incapable of any meaningful application to the events that take place in marital and family therapy contexts, and thus of revealing how it might work (Auerswald, 1988; Friedlander et al., 1994; Moon et al., 1990; Reiss, 1988; Tomm, 1983). For Friedlander et al. (1994), the discipline has reached a point where it has produced a variety of theories about the nature and effectiveness of its views, with little research to convincingly bear these out. Where claims have been made for the effectiveness of certain techniques and approaches peculiar to the field's unique perspective, there has been a dearth of studies to substantiate these (Bedner, Burlingame, & Masters, 1988; Merkel & Searight, 1992; Pinsof, 1981, 1988; Reimers & Treacher, 1995). Rather, in focusing on the outcome of marital and family therapy, few studies have set out to examine and systematically describe and evaluate its processes, or to attempt to relate these to outcome in any way (see, however, Johnson & Greenberg, 1988). As Pinsof (1981) notes, outcome research can attempt to evaluate the effectiveness of therapy, but it cannot reliably describe the events that make it up. Further, to gain an inside view of how this effectiveness is attained, studies of the processes as they unfold -- the steps taken by participants to attain improvement, treatment success or cure -- are needed if this is to be passed on and learned (Moon et al., 1990; Pinsof, 1981, 1986, 1989).

Implied here is the notion that if research on the processes of marital and family therapy is to reflect and remain consistent with its theory and practice, it must honor its conceptual framework and key epistemic premises (Auerswald, 1988; Pinsof, 1981; Reiss, 1988; Tomm, 1983). These have been summarized by Gurman et al. (1986) as (1) an emphasis on pattern, information, and relationship; (2) circular causality; (3) the assertion that the whole cannot be understood by breaking it into parts or examining these in isolation; and (4) the idea that there is no knowable, objective reality, and that the observer participates in the creation of the unknown. Further, if researchers are to conduct studies that are congruent with their epistemology, then marital and family therapy processes must also be explored (Gurman et al., 1986). Unfortunately, "very little research has actually been done from a systemic perspective or with a focus on the couple or family as the object of analysis" (Merkel & Searight, 1992, p. 44). Rather, it is as if researchers have ignored the implications of the very paradigm they claim to be investigating, avoiding the challenge of studying complex systemic phenomena in favor of more convenient, and more easily attainable, goals (Auerswald, 1988; Reiss, 1988; Stanton, 1988; Steier, 1988; Wynne, 1988).

Differing Points of View

A decade ago, Orlinsky and Howard (1986) noted that there was still not enough known about the different perceptions of therapy participants on the therapeutic process. Explaining how "therapy looks different when observed from the points of view of patients, therapists, and non-participant observers" (p. 370), they urged the study of therapy from these diverse points of view. "Mapping the various points of convergence and divergence among perspectives is an important task. Areas of divergence may reflect particularly important aspects of therapeutic process, rather than mere method variance" (Orlinsky & Howard, 1986, p. 370). Orlinsky and Howard also

emphasized that if therapy research was to become useful to clinicians, there was a need to find a way to explore and convey the unique and varying experiences of its participants. Over the years, it is apparent that researchers of individual therapy have been attempting to heed these suggestions. In their review of marital and family therapy process research, however, Friedlander et al. (1994) lament that "little is known about how interpersonal change comes about in this context" (p. 390).

The Client's Experience

Friedlander et al. (1994) note that research is needed to discover how couple and family members construe the effective ingredients of their therapy, and "how they perceive various therapeutic events as helping or hindering the process of change" (p. 410). Despite pleas to this effect, however, how couples and families view their sessions has generally been ignored by process researchers (Alexander et al., 1994; Conran & Love, 1993; Moon et al., 1990; Orlinsky & Howard, 1986; Reimers & Treacher, 1995; Wynne, 1988). Indeed, one of the field's best kept secrets is "our collective disinterest in our customers' thoughts and feelings about therapy" (Hoffman, 1995, p. xii). Reimers and Treacher (1995) add that although family therapists may invite clients to reflect on their therapy experience, this is rarely reflected in their published work. In keeping with Conran and Love (1993), who note how therapy publications are saturated with "professional voices [that provide] little opportunity to listen directly to clients," (p. 3) Reimers and Treacher have found that "the number of publications which actually attempt to give users a voice by recording their thoughts and feelings about being in therapy is remarkably small" (p. 1).

In explaining this "client silence," Gurman et al. (1986) note that traditionally, client-generated assessments and ratings are often considered too subject to potential or inevitable distortion. As such, they are said to lack the "scientific" credibility required to produce valid research results (see also McLeod, 1990a). However, as Conran and Love (1993) point out, there is a hierarchical superiority implicit in the notion that clients' perspectives cannot be taken at face value, that they may not willingly "tell the truth" about their experiences, or that they may employ defensive strategies in their efforts to put researchers "off track." They also note that these assumptions imply clients are not trained, that they do not know the field, and that their experience is limited. Extending this line of thinking, Reimers and Treacher (1995) add that within the mental health services in general, clients are often considered irrational and incapable of providing valid accounts of their experiences. Similarly, professionals occasionally will give partial credence to their clients' perspectives so long as they fit with their own expert views. Within marital and family therapy, Reimers and Treacher also explain how strict adherence to seeing persons as components in larger "systems" eliminates the role of self-reflexivity in determining behavior. As a result, clients' experiences are ignored as epiphenomena of little importance to therapists intent on achieving change at a purely systems level. Further, such a framework also tends to "seduce a well-intentioned therapist into neglecting the humanistic aspects of therapy" (Reimers & Treacher, 1995, p. 5), thus leading them to a general disinterest in their clients' personal experiences of

therapy. Finally, although therapists are encouraged to both listen for and "speak the client's language," what is often meant here is "speak the client's language so you can convince them to do something different from what they are doing" (Conran & Love, 1993, p. 3). Rarely, however, are clients' views solicited so that therapists might be convinced to do something different as well.

Given the emphasis that systemic therapies place on circularity, feedback, and the existence of a multiperspectival universe, this disregard for what clients are thinking and feeling in their sessions has been called ironic and perplexing (Auerswald, 1988; Reimers & Treacher, 1995). Yet as Reimers and Treacher (1995, p. 7) write, "Such experiences are crucial to therapists if they are concerned with developing therapies that are both effective (and satisfying) to users and ethically defensible. Without a greater awareness of these felt experiences, we worry that family therapy will fail through failing to focus on what is going on under its very nose." Gurman et al. (1986) note that clinical theory and practice "can only be enhanced by a further understanding of the complexities and structures of patient (family) phenomenology" (p. 607). As the adherents of the "new epistemology" in marital and family therapy argue, therapy is a collaborative, mutually creative process that is generated out of the varied perspectives and interactions of its participants (e.g., Anderson & Goolishian, 1992; Epstein & Loos, 1989; Hoffman, 1992). Assuming this to be the case, it is evident that the views of couples and family members cannot remain unexplored if this process is to be both validated and understood. This highlights the need for a new kind of dialogue between therapists and clients that invites them to compare their differing viewpoints on the therapeutic experience, and what they feel seems to make it work (Conran & Love, 1993).

The Therapist's Experience

Research on the processes of marital and family therapy must also include the therapist as a part of the phenomena to be studied (Gurman et al., 1986; Tomm, 1986). As Gurman et al. (1986) note, therapists are in the special position of being outsiders to the couple or family systems they are working with, as well as insiders to the system that is created through their interaction. "From the standpoint of systemic theories of so-called circular causality, the clinician changes and becomes part of the problem definition as soon as he or she starts to engage with the family" (Wynne, in Gurman et al., 1986, p. 608). Thus, a marital and family systems perspective brought to bear on the process of therapy must define this as a "feedback loop that includes the therapist and the patient system in a circular, mutually influencing ongoing interaction" (Gurman et al., 1986, p. 611). Any understanding of the process, then, would be incomplete without the therapist's perspective and experiences (see also Jorgenson, 1991). Indeed, the essence of any psychotherapy lies in the interaction between therapists and clients, not in their separation (Tomm, 1986). "How and what a therapist comes to know and 'believe' about a family (however momentarily, in the form of a fleeting hunch or a hypothesis) is a crucial element of the therapeutic process. It is this 'knowledge' that forms a basis for the moment-to-moment actions of a therapist with a particular family" (Tomm, 1986, p. 375). For Tomm, to leave the process of generating this

kind of knowledge out of a theory of marital and family therapy would "seriously jeopardize its explanatory power" (p. 375). The same might also be said of the research enterprise. Note Gurman et al. (p. 608): "Therapists offer a unique view of clinical change which, like the family's view, should be explored and understood rather than dismissed."

How marital and family therapists actually experience their psychotherapy, however, has rarely been explored (McLeod, 1990b). McLeod (1990b) notes how there is "boundless literature" (p. 66) on what therapists think they are or should be doing. There are also numerous studies that use rating scales, questionnaires, and observational measures to determine and measure how therapists behave in the therapy room (see Gurman & Razin, 1977). But there is little research that reflects their subjective experience of the process, what it feels like to be engaged with a couple or family in a session, how therapists "make sense" of events in therapy, or the ways in which these experiences might change over time. Generally, therapists report becoming so immersed in therapy with their clients that they find it difficult to remember their experience (McLeod, 1990b). Therapists also report that the experience is elusive, and that they have to struggle very hard to put their activity into words (Timms & Blampied, 1985). McLeod (1990b) speculates that part of the reason for this "therapist silence" may lie in the resistance of therapists to publicly examine the experiential dimensions of their role, and in so doing to disclose the "mystery" of their craft. As Gergen and Kaye (1992) imply, it might also be connected to their reluctance to give up their positions as objective, impassive observers during their psychotherapy encounters, and thus their privileged role as so-called experts on people's lives (see also Frank & Frank, 1991).

McLeod (1990b) concludes in his review of research on the practitioner's experience of therapy that there are many aspects of what it is like for therapists to work with people in therapeutic contexts that call for investigation and understanding (see also Orlinsky & Howard, 1977). In keeping with the present study, for example, he wonders what "the distinctive facets of the experience of working with couples" (p. 73) might be. Further, he suggests that we also explore what it is like for therapists to be in a relationship, and that it is vital that this be studied from the therapist's and each partner's perspective. Following on the research of Fessler (1986) and Angus and Rennie (1988, 1989), there are both differences and similarities in how therapists and clients perceive and experience their sessions. But as McLeod writes, researchers have not been able to "penetrate" their interactional processes "deeply enough" (p. 77) to determine what these differences and similarities mean, or how therapists and clients deal with them. As he notes, this requires a discovery-oriented approach "that demonstrates the importance of taking experience not in isolation but always as experience in relation to another person" (p. 78).

The Present Study

Pinsof (1981) has warned that the methodological problems involved in studying how each participant contributes to the therapeutic process is a formidable task. However, if research is to inform practice they need to be put on the process researcher's map of the terrain to be explored.

For too long now, clinicians and therapy researchers have failed to consummate a meaningful and lasting relationship (Barlow, 1981; Gurman, 1983; Strupp, 1981; Talley et al., 1994). Exploring and incorporating the viewpoints of participants in the process has been suggested as a means of making clinical research relevant to the practicing therapist (Moon et al., 1990). For Gurman et al. (1986), the philosophic ferment in the field of marital and family therapy highlights the danger of yielding to traditional thinking and practice, stifling the emergence of other methods of coming to know the mechanisms of change in marital and family therapy contexts. Given the relative youth of research in the field, they feel it would be counterproductive for verification-oriented research to eclipse discovery-oriented, qualitative approaches.

Indeed, distinctive to marital and family therapy is a search for ways of working that are consistent with how people live their lives. With its notion of circular rather than linear causality, for example, the field challenges traditional notions of cause and effect reflected in the logico-deductive assumptions that prevail within psychology and psychotherapy. But where its epistemological revolution has affected how it conducts its practice, it has not offered an alternative methodology for those who wish to explore how these practices work. This requires that we look at how things are connected, which is a commitment to process. As Friedlander et al. (1994, p. 412) write, "Designing creative strategies for avoiding a singular focus on individual behavior that is isolated from its social context is perhaps the single most important direction for future research on the family therapy process" (see also Searight & Young, 1994).

Following in the wake of the context-sensitive, qualitative work that has gone before it, the present study attempted to honor this call. Consistent with the theoretical bases of the systems perspective out of which the two approaches investigated emerged, the inquiry also operated in a recursive fashion by incorporating the feedback provided by its participants as the research unfolded. In addition, it paid special attention to the relational or interactive nature of the therapy encounter by focusing on the client's and therapist's experience of their sessions. It also explored how they collaborated with one another as they each contributed to therapeutic change. Similarly, the investigation allowed for the emergence of reflexivity and meaning as its participants made sense of their experience through the IPR interview process used to tap their moment-by-moment impressions of their selected sessions. Further, in keeping with recommendations that researchers conduct their inquiries in a manner that honors marital and family therapy's epistemic principles (e.g., Gurman et al., 1986; Pinsof, 1988, 1989), the study also opened the way for the exploration of multiple perspectives on the therapeutic process, attempting to identify how these contributed to the creation of alternate realities within the therapy context and how the participants' ways of seeing or attributing meaning to events in their sessions were at times different and the same.

In adopting its qualitative approach, the study was also an effort to bridge the gap between what clinicians say they want in therapy research publications, and what researchers have tended to provide (e.g., Gale, 1993; Moon et al., 1991; Schwartz & Breunlin, 1983; Talley et al., 1994). As Moon et al. (1991) suggest, qualitative approaches offer an antidote to some of the limitations

inherent in strictly quantitative investigations of the therapy process. They argue that by tending to open up possibilities rather than restrict them, qualitative research endeavours help to reunite clinicians and researchers "because qualitative methods are close to the world of the clinician. Qualitative researchers tend to ask the kinds of questions that clinicians are asking, and to explore these questions in ways that are clinically meaningful" (p. 367). Note Alexander et al. (1994, p. 618): "understanding the processes involved in the interactive, multilevel, and often multisystemic new wave family therapies seems, to many clinicians and theorists, to be more suited to clinically oriented formats such as workshops, case-study narratives, and qualitative research."

Further, as Friedlander et al. (1994) see it, questions of sequence and pattern go to the heart of the interactional process of marital and family therapy. As they note, present research into the psychotherapeutic process tends to focus on discrete sequences of interaction or significant moments in which change appears to occur. They add, however, that a careful qualitative analysis of entire therapy sessions may reveal patterns of interaction that unfold over longer periods and in more complicated ways. In keeping with Alexander et al. (1994), Friedlander et al. also conclude that detecting such patterns in marital and family therapy's current "new wave" constructivist approaches calls for the use of innovative methodologies and the posing of "systemically sensitive, creative research questions [which] should prove helpful in erasing the spurious distinction between clinically meaningful versus methodologically rigorous research" (p. 413).

Chapter 4: Exploring the "New Wave" Therapy of Sue Johnson & Karl Tomm

"New Wave" Therapies

In the previous chapter mention was made of the "new wave" constructivist therapies popularized in the literature. Reflective of broader forces within the social sciences (Anderson, 1990; Pocock, 1995), these mark an important conceptual shift in marital and family therapy's thinking and practice (Nichols & Schwartz, 1991). Nichols and Schwartz (1991) note how these have produced debates reflecting ideas and approaches by therapists whose ways of seeing are vastly different from the traditional systems view. Included are those who advocate for a feminist approach to marital and family therapy's theory and practice (e.g., Luepnitz, 1988; MacKinnon & Miller, 1987); others whose ideas highlight emotion and its ability to restructure attachment in couple and family relations (e.g., Greenberg & Johnson, 1988; Johnson, 1996); still others whose aim is to reintroduce the self back into the system (e.g., Nichols, 1987; Schwartz, 1994); and therapists whose focus on language, stories, and conversation leads them to working with people's discursive realities, or how they narrate or describe their lives (e.g., Friedman, 1993; Goolishian & Anderson, 1992; Tomm, 1993; White & Epston, 1990).

Despite their distinctive theoretical visions and how these are translated into practice, the study's therapists share a number of these constructivist notions. Where there are similarities in their approaches, however, there are also areas where they clearly diverge. In the case of Tomm, the narrative perspective (e.g., Parry, 1991; Tomm, 1993; White & Epston, 1990) is broadly representative of his work. Johnson, meanwhile, is concerned with emotional experience and how this is processed (Johnson, 1996; see also Greenberg & Johnson, 1988). Given that in the study I attempted to delineate the influences each therapist had on the stories their couples told following their therapy, I have presented here an outline of their views. In this, I look at how Tomm and Johnson position themselves theoretically, and offer a comparison of how this is translated in their work. To situate their views within the broader marital and family therapy context, however, I begin my discussion with the constructivist vision they share. This then leads me to the narrative perspective, followed by my accounts of Tomm's and Johnson's work. Finally, I explain why these two approaches were chosen for my study, and the kinds of issues they led me explore.

The Constructivist Vision

The constructivist perspective in psychotherapy represents more a way of seeing than doing (Hoffman, 1988, 1990), and is best described as a stance out of which therapists work rather than a particular model or technique. Fundamental to its understanding is the notion that the reality of our experience is derived more out of the meanings we attribute to events rather than the events themselves (Kenny & Gardner, 1988; McNamee & Gergen, 1992; Watzlawick, 1977, 1984, 1990). Seen through a constructivist lens, for example, the party five people go to could be described as five different parties. Further, no single version or rendering of the party's events

could be taken as the one true description of what "really" took place. Rather, the party is more the creation of the persons describing their unique experience of it, and how they choose to frame or make meaning out of what happened. The party we might understand each person to have attended may then depend on a variety of factors such as the ages of the persons describing it, their gender, their cultural background, their "mood," how much they drank, their ability to tell a story, and so on. Thus, for a sixth individual who could not make it to the party, its "reality" would become co-constructed out of the varied perspectives and accounts of the different individuals who were there.

For the constructivist, then, there is no one version of the party to be believed above all the others, just as there is no one "real" party. Similarly, there is no one real version of a couple's or family's reality. Rather, there is only what its members convey out of their own experiences, and how this is narrated or described. As Doherty (1991) has noted, it is as if we live in a world where reality can no longer be taken as a given, and the truth is only one of a number of stories we might choose to tell (see also Gergen, 1991; Gergen & Gergen, 1988; McNamee & Gergen, 1992). For therapists working out of the systems paradigm, this has meant a dramatic shift from a therapy of action based on theoretical certainties, to one that is preoccupied with the relativity of knowledge and truth (Nichols & Schwartz, 1991). There is no longer such a focus on providing insight, for example, promoting differentiation, clarifying boundaries, or prescribing tasks to clients. Rather, attention is on the role of language and how we make meaning through stories, the view being that we conceive of ourselves in terms of narrative, making sense of our experiences through the stories we tell (Becvar & Becvar, 1993; Bruner, 1990; Efran, Lukens & Lukens, 1990; Freeman, 1993; McAdams, 1993; Parry, 1991; Polkinghorne, 1988; Sarbin, 1986; White & Epston, 1990).

The Narrative Perspective

As Tomm (1990) notes, we have a vast repertory of stories about ourselves from which to draw. Some of these are stories that promote competence and wellness, while others serve to constrain, disqualify, and otherwise pathologize ourselves. Whichever prevails determines how we live our lives. Notes Hoffman (1990): "I think it is particularly helpful for the therapist to think of problems as stories that people have agreed to tell themselves" (p. 3). Using a textual analogy, then, narrative therapists help clients to change their stories through a process of reauthoring or restorying (Parry, 1991; White & Epston, 1990), narrative reconstruction (Viney & Bousfield, 1992), narrative transformation (Sluzki, 1992), or story repair (Howard, 1991). According to Parry (1991), the therapist first provides a space in which people can tell the stories they have been using to make sense of their problematic lives. They are then invited by the therapist to look at the different meanings in their stories, and to reinterpret them by "reading between the lines." This takes place through a process in which the narrative threads in people's stories are connected with a host of significant influences in their lives (see Tomm, 1987a, b, 1988). In the work of White and Epston (1990), for example, such influences are seen as contributing to the dominant (often problem-saturated) stories clients bring to therapy. Being stories, however, these are like edited

versions of a much larger text, so that invariably there are other stories in people's lives -- other experiences -- that are as yet untold. These might be stories of success, or exceptions to their problems, which are then used to undermine or contradict the dominant narrative. This leads to the telling of a new and different story, and thus the living of a new and different life (see also Gilligan & Price, 1993; Loos, 1991; McNamee & Gergen, 1992; Zimmerman & Dickerson, 1993, 1994).

Co-evolving Meaning: The Therapy of Karl Tomm

As though searching for a more appropriate and respectful way of conducting therapy, Tomm's ideas (1984a, b, 1985, 1987a, b, 1988, 1989, 1993; see also Karl, Cynthia, Andrew, & Vanessa, 1992) point to the limits of a metaphor in which stories are seen as texts in need of repair, or people are metaphorized as stories or texts (see also Anderson & Goolishian, 1992; Gergen, 1988; Gergen & Kaye, 1992). As his approach implies, the textual metaphor lends conceptual elegance to descriptions of therapy, but it can never do full justice to its collaborative nature. Based, rather, on the notion that our realities exist as shared rather than individual creations (see McNamee & Gergen, 1992), Tomm sees therapy as a collaborative process in which an evolving set of meanings emerges out of the interactions between therapists and clients as they converse around problems, co-constructing new or different stories, or ways of framing and attributing meaning to their experience, from the ongoing conversations in which they are engaged. Further, such meanings are relational in nature, part of the general flow of a constantly changing narrative that is forever evolving out of the conversational interplay between his clients and himself.

Seen in the light of a metaphor that portrays it as conversation or dialogue, the process of therapy for Tomm is thus not about changing stories, people, or the systems in which they find themselves (see also Epstein & Loos, 1989; Goolishian & Anderson, 1987). Rather, it is about the co-evolution of new meaning generated within the conversational space that therapy provides. Further, because new meanings are forever evolving or being generated out of the narratives created by the people who share this space together, the talk continues not until people change, but until it is agreed that the problem has disappeared. Where Tomm still draws on the textual metaphor to describe his work, however, there is no one person in charge of how the narrative will or should unfold. As Tomm implies, acting from the social constructivist perspective inherent in his approach reflects a move away from the hubris of objectivity towards an attitude of humility and respect for the world of relationships, and the mutuality of human engagement (see also Inger, 1993). More significantly, perhaps, Tomm's ideas also mark a shift in the concept of therapeutic responsibility away from the therapist as an authority and expert who is ultimately in charge of the conduct and outcome of therapy, turning it into a process in which this responsibility is shared. Indeed, it is as if through a conversational forum, Tomm entertains a more egalitarian vision of himself as someone who enters dialogue as a co-participant in the construction of new realities.

What is perhaps most radical in Tomm's vision, however, is the notion that therapists cannot "change" their clients, and that people do not "take directions" from the outside. Rather,

they participate in conversations and change accordingly. Influenced by the ideas of Maturana and Varela (e.g., 1980, 1987), Tomm argues that there is no direct, causal relationship between therapists' actions and those of the people with whom they work. Rather, therapists can only provide a context in which clients may alter their language and thus how they attribute meaning to and frame their experience. The emphasis is not so much on what specific interventive techniques therapists employ, but on their ability to open up space for clients to engage in and construct new conversations about themselves and their relations. Thus, therapists are not changing clients in the usual sense. Instead, different conversational pathways or ways of talking modify how events are perceived. In distinguishing or languaging something differently, its identity and meaning shift, which then alters how it is experienced as well (see also Rosengard & Chinsky, 1992).

As Tomm has noted, central to his work is the questioning process, (Tomm, 1985, 1987a, b, 1988) and how a collaborative inquiry can lead to drawing therapeutic distinctions. These may then serve to influence how events in people's lives are narrated or storied, and hence what they mean. For Tomm, such distinctions not only serve to frame a particular experience or awareness, but also have the power to change the experience itself. Where a particular distinction is employed by a couple to describe their relationship, for example, this may be transformed through the social interaction provided by a therapeutic conversation. Typically, as Tomm notes, the result is that completely new distinctions will be brought forth. As these new or modified distinctions begin to evolve in the therapeutic context, the patterns of conversation in the couple itself will then begin to alter. This then leads to change in the experience and behavior of each partner, and in how they relate with one another as well (see Karl et al., 1992).

As these ideas became translated into practice, therapy with Tomm would likely have a non-directive feel about it. Describing their experience, a couple might say their meetings were more like conversational encounters than anything else. Initially, each of the partners would experience a "space" opening up for them to express their feelings and ideas. They might be asked a series of questions, for example, that invite them to think about themselves and their relations differently. Where they may wish to emphasize the negatives in their relationship, Tomm would acknowledge and validate these sentiments. Through his careful use of language, he might then find a way to identify and describe these negatives, and to subsequently map how they have been influencing the couple and their relations. Typically, such negatives would be cast in terms of a pattern or patterns that have been having a pathologizing effect on the couple. Thus, where the partners might originally have been "blaming" one another for their troubles, the negatives would slowly begin to feel part of a pattern that is "external" to them, like a force or entity outside themselves that has been getting the better of them. As an antidote to this, Tomm would then begin to focus on the positives in the couple's relationship, constructing with them alternative patterns of healing and wellness. Here, for example, he might look for what has been going well for the couple so as to map "exceptions," or times when they have been getting the better of their pattern. Ultimately, as the partners continued to collaborate in constructing and engaging in their wellness pattern, they

might begin to feel as though they had defeated their pathologizing pattern through the help of Tomm's conversational inquiry and the reflective interchanges that they had with him.

Experiencing Emotion: The Therapy of Sue Johnson

While Tomm's approach is to renegotiate experience in a conversational context, Johnson's therapeutic vision (see Johnson, 1996; Johnson & Greenberg, 1987, 1992, 1994a,b; Greenberg & Johnson, 1988) leads her to focus more on the immediate creation of experience itself. As she notes, it is primarily through the language of emotions that clients are helped to process and construct new stories of themselves and their relations. Tending to favor a dramatic metaphor over a narrative one, she uses an experiential-systemic approach to evoke and highlight her clients' emotional experiences, helping them to enact, express, and process these in the therapy session as it unfolds. As such, her focus is less on accounts or descriptions of experience than on experience itself. Rather than working to identify alternate stories, Johnson creates them by having partners experience and enact them in her sessions. In so doing, she invites them into more an experiential than discursive realm, where they are encouraged to live their drama differently, and to create new meaning around their experiences right then and there. Further, although she collaborates with her clients to create a new narrative as a result of their ongoing conversations, as Johnson sees it, experience and enactment precede the synthesis of any new story that might emerge.

Fundamental to Johnson's vision are the attachment bonds that are created in, and in turn create, emotional climates that provide the primary framework for how partners experience themselves and each other, and how they make sense of this experience or give meaning to what they feel. For her, partners are active perceivers who are constantly constructing the meaning of their experience on the basis of their emotional state, not just the stories that they tell. Johnson also notes how emotion has been shown to be a privileged source of information on behaviour in interpersonal situations. This gives emotion the power to influence partners' views of each other, to move them toward or away from one another, and to evoke positive or negative responses. For Johnson, emotions are vital in organizing the interactional positions partners take towards each other, creating and maintaining patterns or cycles of relating that, without considering the emotions that underlie them, would be difficult to change.

Consistent with the notion that embedded in their stories of themselves and their relations are thoughts and feelings that affect their social interactions, Johnson aims to help couples change their stories by accessing these beliefs and affective states. Where narrative therapists might focus on how these are distinguished in language, Johnson is more concerned with the emotional context in which they dwell. Drawing on the notion that core beliefs are learned originally in specific affective states, and are much more accessible when these are re-experienced, Johnson intervenes to evoke key emotional responses in the partners, and to then help them process what these experiences mean. Accessing their emotional experience encourages partners to entertain different perceptions of themselves and each other. In Johnson's vision, these emotional responses must be

evoked and experienced by partners as vividly and intensely as possible, otherwise no new aspect of self is experienced, and change does not occur.

By evoking intense emotional experiences in her sessions, Johnson challenges how couples make sense of their relationships in ways the narrative therapists do not pursue. As she sees it, the latter tend to operate in a more cognitive manner, asking clients to reflect on different elements of their experience or to reason about their beliefs. Johnson, however, creates a context in which experience can happen in the immediacy of the session. In carrying out her vision, she explains that she might heighten and elaborate on ongoing interactions between partners, asking them what they are experiencing in the moment, how they made that happen, and what this might mean for their relationship. This helps the couple to begin to experience themselves differently and to create a new story of themselves out of what is happening right there as well.

Where Tomm's therapy might feel more like a conversational encounter, Johnson's would be more akin to an emotional experience than just an opportunity to converse. Further, a couple would likely experience Johnson as being far more active and interventive in what she did. Initially, the partners would be given "space" to tell their story. As she listened, however, Johnson would begin to identify and actively reflect the feelings and emotions that seemed to underlie their accounts. As they related their feelings of closeness and distance, for example, the partners might find themselves invited to do more than just express these sentiments. They might also be asked to get in touch with or experience them, find them being "heightened" by Johnson, and challenged to stay with them. They might also be asked to share with their partner what was going on for them as they did. As they found themselves being led into the emotional climate of their relationship through Johnson's validations, reflections, and emotion-focused vocabulary, the partners might then feel themselves becoming less defensive and more open with one another. In the process, they might then experience a sense of safety with their partner that they previously might not have felt. As therapy progressed, the partners would begin to become more "vulnerable" in their sessions, slowly letting one another in on their emotional selves. Eventually, each of the partners might experience a "softening" -- a phenomenon that would serve to not only bring them closer to one another on a deeply emotional level, but ultimately to "restructure" their affectional bonds.

Differences That Make a Difference & Patterns That Connect

Evident in their therapy is a degree of overlap between the ideas of Johnson and Tomm. Both, for example, see therapy as a process in which clients are actively engaged in making meaning out of their experience. In keeping with their constructivist notions, they also agree that this process arises out of and is constrained by the social contexts in which we live. Comparing hers with the narrative perspective, for example, Johnson notes that in both cases, "objective reality is ultimately unknowable and every way of seeing is also a way of not seeing" (1996, p. 174). For Johnson and Tomm, clients are also considered experts on their own experience, with the therapist's role being to help people construct that experience in ways that open up more

choice. Consistent with the constructivist notions that underlie their ideas, Tomm and Johnson also maintain that therapists do not have privileged access to the truth, but are more like guides whose stance acknowledges and honors people's inherent abilities to solve their own problems. They also agree that such a position not only demands a high degree of respect for clients' inner strengths and resources, but a sensitivity to the power of language to create meaning, to reframe events, and to provide a context in which experience can be reprocessed and understood. Writes Johnson: "Both [EFT and narrative therapists] tend to see expression as part of the organization of experience rather than simply a product" (1996, p. 174). Also evident in their accounts are ways in which Tomm's and Johnson's visions and how these are translated into practice very clearly diverge. Notably, these differences mirror ongoing debates in the marital and family therapy literature regarding the therapist's role in the lives of their clients, and just how instrumental they ought to be in their attempts to foster or bring about change (e.g., Goolishian & Anderson, 1992; Minuchin, 1991; Nichols & Schwartz, 1991; Ravella, 1994).

On one side of these debates are those who consider "conversational" therapists (such as Tomm) to be abdicating their responsibility to help their clients through their non-interventionist, "passive" stance. Although these "critics" acknowledge that therapy indeed involves conversation between a therapist and a client, their concern is that the "purpose" has dropped out of the talk. Similarly, they argue that although there is interchange taking place in these "collaborative inquiries," no one appears to have any idea where the talk is headed, or to what effect. According to Haley (in Ravella, 1994), it is as if therapists like Tomm do not want to impose their own ideas on their clients, so they simply have a conversation with the illusion that they are not imposing their ideas on the client. But as Weakland (in Ravella, 1994) argues, influence is not only unavoidable, it is the therapist's business to influence his or her clients. In his view, those who speak of therapy as a conversation are "trying to cover themselves with a mantle of 'I am pure because I don't try to influence anybody, but I get to change them anyway, somehow, but I'm not going to tell you how I do it. I just converse with them'" (in Ravella, 1994, p. 1). Writers openly critical of the notion of therapy as conversation argue that the therapist ought to be actively doing something about a client's problem (Ravella, 1994). Notes Ravella: "The idea of therapy as conversation would appear to advocate a reversion to a passive role for the therapist whose only goal was understanding without change" (1994, p. 2, original emphasis).

On the other side of the issue are those who argue that an actively interventive approach advocated by more directive therapists (such as Johnson) represents a highly instrumental way of working in which an "expert" therapist acts on and manipulates an unsuspecting client (Ravella, 1994). As these people see it, therapists of this orientation operate out of a model or framework of meaning that is then imposed on clients who, through subtle rhetoric and carefully designed strategic interventions, are eventually led to see the world in much the same way. For therapists who see themselves as working with their clients' "conversational" realities, such an approach is viewed as directive of clients and disrespectful of their abilities to determine the course of their

therapeutic work. In their view, therapy is an "in-there-together process" in which meaning emerges not out of some preconceived theoretical framework for change, but out of the negotiated meanings that take place in the context of a collaborative inquiry. As Ravella (1994) explains, the appropriate focus of treatment "is not the pattern of interactions, but the 'patterns' of meaning co-evolved in language" (p. 3). Further, where directive therapists take an active position with clients, non-directive clinicians prefer to adopt a more tentative, "not-knowing" stance. As they might add, although their intent may not be evident or their effect predictable, their focus would be towards the creation of a new narrative or story out of the ongoing dialogue as it unfolds.

Ravella (1994) notes that purists on either side of these debates are few. Generally, however, Johnson might be seen to prefer a more active, directive approach with couples, while Tomm's vision and way of working are more in keeping with the collaborative, non-directive approach described above. For the purposes of the present study, such differences provided a fertile ground for comparing and contrasting the differing theories of two well-known, experienced Canadian therapists regarding change in a couples context, and the distinctive ways in which these were translated in their work. This raised the question, for example: Is there a "common" couples therapy experience that emerges, regardless of the model? If so, what are these common processes? Such questions, although more fully answered by comparing a number of couples therapy approaches, could at least begin to be investigated here. At the same time, despite their differences, the two approaches in the study also offered the chance to explore the ways in which the theories and ways of working of Johnson and Tomm might very well converge. As Friedlander et al (1994) note, for example, most theorists rarely focus on processes that are common to many therapeutic approaches, their preoccupation usually being with "how to distinguish their approach from others" (p. 390). In keeping with these observations, the present study marked an effort to explore what might be common as well as dissimilar in the work of two marital and family therapists of differing orientations -- to attempt to distinguish between them not only the differences that make a difference, but also the patterns in them that connect.

Aesthetics Versus Pragmatics

Also implied in the differences between Tomm and Johnson, however, is a more encompassing issue for marital and family therapy. As was noted at the outset of this chapter, views such as those of Johnson, Tomm, and other constructivists (see Gilligan & Price, 1993; McNamee & Gergen, 1992) have challenged how marital and family therapists think about and do therapy. Indeed, by questioning the previous "reality" of their observations, the constructivist vision has shifted the focus toward understanding and changing the assumptions that couples, families -- and therapists themselves -- bring with them to therapy (Doherty, 1991; Nichols & Schwartz, 1991). Nichols and Schwartz (1991) suggest that this has led marital and family therapy into a philosophic mid-life crisis in which constructivism has undermined the confident, self-assured postures therapists once enjoyed. For Goolishian and Anderson (1992), this "crisis"

mirrors the field's long-standing concern about instrumentality in its theory and practice, leading to discussions of control and the therapist's mandate to use power to strategize, intervene, and direct what happens in therapy (e.g., Amundson, Stewart, & Valentine, 1993; Coyne, 1982; Dell, 1989; Duncan, Hubble, & Rusk, 1994; Fine & Turner, 1991; Minuchin, 1991). Keeney and Sprenkle (1982) also identify such discussions as representing clear differences between an aesthetic and pragmatic outlook among therapists. As they explain, the former is adhered to by those who take a more non-interventionist position, claiming that this reflects the kind of systemic wisdom emphasized by Bateson (1972, 1979). Pragmatism, on the other hand, is a stance that advocates purposeful attempts to "cause" change in families, and is said to fall outside the systemic paradigm. Nichols and Schwartz note that this is a long-standing and still (see Dell, 1989; Rabkin, 1978; Ravello, 1994) unresolved theme that over the last 30 years has continued to be played out in the marital and family therapy literature and in the therapy room.

In the midst of these debates, however, it is ironic that the voices of the consumers of therapy have been largely missing or forgotten (see Conran & Love, 1993; Reimers & Treacher, 1995). It seems important that while therapists continue to wrestle with such issues as aesthetics and pragmatism in their theory and practice, that the client's perspective be considered in these discussions. We might wonder, for example, how clients experience these approaches that are described as empowering, respectful, non-directive, collaborative, co-creative, and gentle, and whether they are actually received as such. As Efran and Clarfield (1992) offer, what might a family whose teenage son has just been killed by neighborhood drug lords think of a therapist who has been told to merely "co-construct a conversation" with them? In the context of the present study, this led me to wonder how couples would experience Tomm's collaborative, conversational approach to therapy -- which could be said to be representative of the aesthetic posture Keeney and Sprenkle (1982) identify -- and Johnson's somewhat active and perhaps more pragmatic emotion-focused work. Would their accounts, in fact, reflect dramatic differences in their experiences? And where they did, would they delineate the kinds of differences that therapists on either side of the aesthetic/pragmatic debate, including the therapists in the current study, might expect to hear? Further, it is also possible that marital and family therapists, despite their rhetorical posturing, may not actually experience the kinds of differences in their sessions that their theories or stated ways of seeing would lead us to believe there are. Indeed, by tapping into how Tomm and Johnson actually experienced their therapy, the study explored the possibility that there might indeed be far more commonalities between them than differences, as Nichols and Schwartz (1991) suggest.

Exploring the World of Experience

Like Johnson, a number of other marital and family therapists have expressed interest in the emotional and experiential worlds of clients (e.g., Chang, 1993; Freedman & Combs, 1993; Kiser, Piercy, & Lipchik, 1993; Krause, 1993). In part, this has been stimulated by their concern with the questioning process generated by their field's emphasis on narrative and language-based

descriptions of therapy. While useful in opening space for clients, there is often an overemphasis and an overdependence on questions in marital and family therapy practice. As Efran and Clarfield (1992) imply, as if unsure what to do next, therapists have been trained to reach into their memorized repertoire for yet another question, in the process failing to acknowledge what might be important aspects of a couple's or family's experience taking place right then and there. Such practice may arise out of therapist uncertainty. Reimers and Treacher (1995) argue, however, that it more often emerges from therapists' grounding in the belief that through the strategic use of a variety of systemic questions, couple and family "systems" can be perturbed to change. As Tomm (1988) has cautioned, to be effective, questions must be specified out of a particular context and with a particular therapeutic intent. Still, it has been argued that there is a strong cognitive and behavioral flavor to this kind of marital and family work that often misses the experiential and emotional aspects of people's lives (e.g., Howe, 1989; Reimers & Treacher, 1995).

According to Krause (1993), inherent in early marital and family therapy thinking was the conviction that family members were "emotionally tied together." Because emotions, however, were seen to occur and be generated inside the bodies of individual persons, there was little interest in it by therapists who were working from a purely systems view. The field's current emphasis on the conversational metaphor in effect continues this neglect by suggesting that therapy is "just words," and as such fails to "adequately reflect the need for clients to experience themselves and their situation differently" (Chang, 1993, p. 305). With Freedman and Combs (1993), he calls for a movement away from "a fixation on language and conversation toward a renewed respect for the experiential" (p. 306). Krause echoes this view, calling for a renewed interest in "emotional connectedness" within marital and family therapy. As she adds, her concern is not only with the emotional connections that take place among couples and family members. She urges that a focus also be placed on how therapists connect with the couples and families they work with as well.

In keeping with such comments, a comparative study of Tomm's and Johnson's respective narrative and emotion-focused work seemed particularly appropriate. In light of these appeals, my inquiry was designed to reflect how clients actually perceive and experience working within a narrative and emotion-focused framework. Freedman and Combs (1993) imply, for instance, that by attending carefully to their moment-by-moment relationships with their clients, and by posing questions that are in tune with their emotional realities, therapists can open space not just for the creation of new stories, but new experiences. I wondered, however, if couples would in fact agree with this. Consistent with Krause's (1993) appeal, my aim was also to reveal possible similarities and/or differences in how two experienced therapists manage to connect emotionally with their clients, and how this appeared to affect their therapeutic work. Hardesty (1986), for example, has shown how the development and rupture of therapy relations appears to depend on how well therapists and clients can mutually construct and enter an emotional realm together, establishing and maintaining an ongoing "feeling consensus" in their work. As her research implies, therapeutic realities are not just co-constructed in language. Rather, what seems more important is

how language is used to create emotional relationships or "felt realities" within therapy -- realities which must then be validated with feeling if they are to be maintained. Such ideas, however, have been generated out of Hardesty's study of individual therapy relations. My study attempted to determine if these might also stand up to scrutiny in a couples context.

Doing "Constructivist" Research

The present research focused on the work of Tomm and Johnson not only because they seemed representative of the kinds of debates taking place among theorists and practitioners within the field of marital and family therapy. They were also representative of the kinds of "new-wave" constructivist therapies whose ideas, practices, and processes have remained relatively unexplored (Alexander et al., 1994; Friedlander et al., 1994; Reimers & Treacher, 1995). Friedlander et al. (1994) note, for example, how most marital and family therapy research has produced studies of structural, strategic, and systemic therapies, with less attention to these newer constructivist approaches. As they suggest, these offer rich material for study. They wonder, for instance, about circular questioning and the effects these have on how couples and families perceive and experience their relations. Noting as well how many of these therapies claim to accomplish certain tasks in their sessions, they wonder what evidence there is that this is what they successfully do. More in keeping with the present study, Friedlander et al. (1994) point to various "new-wave" approaches whose theories eschew simple linear prescriptions for successful therapy, but whose practices nonetheless suggest a range of questions researchers might want to answer. In many of the narrative-based approaches, for example, therapy is seen as a collaborative endeavour in which stories are co-created out of the talk among its participants (e.g., Efran et al., 1990; Friedman, 1993; Gilligan & Price, 1993; McNamee & Gergen, 1992). The process is said to be akin to a criss-crossing of ideas in which new meanings continually evolve toward the 'dis-solving' of problems (e.g., Epstein & Loos, 1989; Goolishian & Anderson, 1988, 1992). Therapists claim to take "not-knowing" positions in which clients are treated like experts who are able to tap their own creative resources, and to co-construct new and more empowering stories of themselves in conversation (e.g., Anderson & Goolishian, 1988, 1992; Hoffman, 1992; Tomm, 1993; White & Epston, 1990). But do these therapies fulfill these and other similar claims?

More specifically, I wondered: Will partners leave their therapy agreeing that it was a respectful process in which they were invited to collaborate with a non-expert therapist? Or might they complain, as Howe (1989; see also Reimers & Treacher, 1995) uncovered in his study of what families think about therapy, that their therapists were too distant and disengaged to be considered collaborative or respectful? In addition, I was curious to know if new meanings would be experienced by the couples, and if so, how these would relate to their original treatment goals. I also wondered what would happen as the couples and their respective therapists engaged in therapeutic conversations and how their ideas would criss-cross. Would new stories become co-constructed out of the so-called discursive realities that emerged? If so, what would these stories

look like and how would their creation have occurred? Further, I wondered if the telling of these stories differed depending on which of the therapies the couples experienced. Would the couples who worked with Dr. Johnson, for example, use more emotion-focused language in stories they told following therapy than in those they told before their therapy began?

According to Friedlander et al. (1994), these are only a few of the many puzzles that the newer constructivist therapies open up for investigation. As they conclude, however, although these approaches have grown rapidly in popularity, they have remained "virtually unstudied" (p. 411). Indeed, as Reimers and Treacher (1995) see it, there is a bit of an anachronism in the development of the constructivist therapies that needs to be addressed. Although they note being able to readily support the criticism of the expert role, and the idea of co-construction that these models support, they feel it is "important to point out that the approach is not based on any concerted attempts to research what users actually want and need from therapy or how they experience therapy" (p. 191). Similarly, Efran and Clarfield (1992) identify how therapists who have opted to take a neutral stance and to eliminate elements of hierarchy from their work "have generally not consulted their clients about the matter" (p. 206). As Reimers and Treacher add, the dearth of studies on the constructivist therapies is "striking, particularly as the approach stresses at a theoretical level that users' views are so important" (p. 192). Their hope is that more elaborated models of client-informed marital and family therapy can be developed through listening more intently to how people experience their psychotherapy (see also Shilts, Filippino, & Nau, 1994).

With this in mind, the present investigation was an effort to begin this listening process, and to build from its participants' accounts of their experience a view of therapy that was more in keeping with what they said about the process. Reflective of the constructivist underpinnings of the therapies it explored, the study also represented the kind of research alternative suggested by the "new wave" therapies, placing experience and how it is expressed in language at the centre of the investigative process (McNamee & Gergen, 1992). As McNamee (1994) suggests, the task of research conducted from a social constructivist perspective is to elaborate the processes by which certain views of "reality" become constructed. While acknowledging the physical world "out there," such an approach operates on the premise that language is our only recourse for coordinating our activities within this physical world. "Regardless of what is 'there,' it is our way of talking about what is 'there' that connects or disengages us from others" (McNamee, 1994, p. 72). Implied here is the notion that any version of reality, including those negotiated within the therapy setting, is a shared construction that is rooted in and emerges out of what is done together in conversation. Writes McNamee, "The joint activities of participants in context create the realities within which we live" (p. 72, original emphasis; see also Gergen, 1985, 1991; McNamee, 1988, 1994; Shotter, 1993). In the spirit of these ideas, then, my research was an attempt to convey how its participants experienced their therapy, and to elaborate on how their collaborative interchanges or particular ways of talking also served to negotiate or construct new realities in two apparently different (emotion-focused and narrative) therapeutic worlds.

Chapter 5: Empirical Influences

Acquaintance with the Literature

So far I have conveyed the particular theoretical predispositions I brought with me to my investigation, my intent being to ground my inquiry in a climate of ideas regarding therapy processes and how these might be studied. I also wanted to disclose my influences so that my rendering of what was said by the participants had a context in which my construction (Addison, 1989; McNamee, 1994) of their accounts could be considered and understood. I now close out this process by looking at the empirical literature and what others have said about how couples and therapists view their therapy. Initially, I review studies in which researchers have used the retrospective views of couples and their therapists in post-session interviews with them. I also include two first-person accounts of their conjoint therapy written by couples themselves. I then review third-party process inquiries of couples therapy. Rather than critiquing each of these accounts as they appear in my review, however, I summarize and discuss what this literature reveals about the couples therapy process at the end of the chapter.

One of the features of the grounded theory method used to make sense of the participants' narrative data is that researchers generally are not encouraged to review the empirical literature before they begin their enquiries. This is because "overcommitment to existing theories and concepts may prevent them from making new discoveries" (McLeod, 1994, p. 93). Strauss and Corbin (1990) advise that steeping oneself in the literature may constrain and stifle creative efforts to discover patterns and connections that others might not have seen. McLeod, however, advises that the literature may "sensitize the researcher to potential dimensions of meaning" (1994, p. 93). With this in mind, I have chosen to place the focus of my review on studies and accounts in which the voices of couples and/or their therapists could be clearly heard.

Couple/Therapist Perspectives (Wark, 1994a, b)

Wark (1994a, b) has published two reports on her qualitative work examining the perspectives of client couples and their therapists on what they perceived as helpful and unhelpful in certain critical change incidents that they identified. In her initial study, Wark (1994a) interviewed five couples immediately following three of their sessions to determine which events stood out. Wark also interviewed the couples' five therapists, two of whom were experiential, two solution-focused, and one who chose a structural approach. In her second study, Wark (1994b) reports on six interviews with each of the same couples and their therapists. In her work, Wark employed a Critical Incident Technique (CIT; Flanagan, 1954) to ask partners to generate descriptions of (1) what was helpful and unhelpful in the therapy; (2) what they found important in bringing about change; and (3) how they contributed to the change process. In her studies, Wark subjected her interview material to a grounded analysis in which categories of positive and negative critical incidents were generated from her participants' narrative accounts.

Positive incidents: Couples. Positive critical incidents occurred when the couples felt they were beginning to open up and communicate. They liked the sense of structure the therapy provided, the sessions giving them a weekly forum to express their views and feel safe. The couples also liked it when their therapists helped them to see and handle things differently. Similarly, they found it helpful when their therapists offered their own interpretations, opinions, and perceptions. While some couples sometimes preferred their therapists to be non-directive, others liked it when they were challenged to talk with one another or think things through. They also felt helped when there was a focus on the positives, when they were told that they were accomplishing things and the therapy was going well. Further, the couples highlighted their therapists' personal characteristics, noting that they were "easy-going, casual, friendly, down-to-earth, easy to talk to...open, frank, and unselfconscious" (Wark, 1994b, p. 29). They also said a sense of balance in the therapy was important so that partners had equal opportunity to present their views. Finally, the couples felt that gaining an awareness of their problem, having insight into its solution, and understanding how their partner viewed things, were other aspects that had helped.

Positive incidents: Therapists. For the therapists, positive incidents happened when the couples seemed ready for change and were committed and willing to work. They also felt that their therapeutic approach and techniques led to positive changes in the couples, and that things were going well when they were focusing on the other person or some aspect of their relationship. They also felt positively when they sensed that the partners began acting or viewing themselves and their interactions differently. Further, the therapists felt they were helpful by drawing attention to the couples' interactional patterns and intervening to break up negative cycles of criticism and withdrawal. The therapists also credited their relationships with the couples as being helpful and said that attending to their own personal issues -- not getting "hooked into working so hard," for example, and leaving the session "with some rough edges" (p. 28) -- made their therapeutic work more effective. They also provided the couples with a realistic view of what was possible by supporting and accenting their successes; by inviting them to have a different perspective on themselves; and by helping them to distinguish between past and present behavior, and how things "were" with how things seem to be "right now." Finally, the therapists helped the couples by identifying a problem that needed working on and emphasizing the serious effect it seemed to have.

Negative incidents: Couples. The couples felt that the change process had been hindered when there was no follow-through by the therapists on tasks, homework assignments, or plans they had agreed on for future sessions. They also felt negatively whenever the therapists imposed some misplaced clinical judgment on them, assigned them tasks that did not fit, or was categorizing or labelling them. Couples were also critical when there was no resolution of problems, when therapists failed to maintain or support changes the couples made in their sessions, or did not help them to experience changes outside therapy. The therapists sometimes failed to understand them or their situation, and therefore "made blunders with them" (Wark, 1994b, p. 32). In addition, they reported feeling frustrated when they "didn't get what they wanted" from a session (Wark, 1994b,

p. 32). They said, for example, that they sometimes wanted an answer but did not get one; that they needed a chance to express their views more; and that they did not want to discuss a problem without doing anything about it.

Negative incidents: Therapists. The therapists felt that negative critical change incidents occurred whenever they assumed too much responsibility for change. They also felt that they had failed the couples by not getting enough information from them about how they felt they were progressing in their therapy, how they experienced the process, and by not pointing out what they were doing to make a difference earlier in their work. The therapists also identified their lack of follow-through as unhelpful. By this, they meant times when they had not done something in a session that they wished they had, comments they could have made that would have been more therapeutic, and abilities or techniques they should have called on in earlier meetings.

Couples' Retrospective Views of EFT (Greenberg et al., 1988)

In a study similar to Wark's (1994a, b), Greenberg et al. (1988) used Task Analysis (Greenberg, 1984, 1986) to explore the change process in emotionally-focused therapy for couples (EFT; Greenberg & Johnson, 1988; Johnson, 1996) by asking partners what they felt had been most important to them in their sessions. Unlike Wark, however, Greenberg et al. interviewed the couples four months after completing eight sessions of EFT. In all, 21 couples were asked to describe specific incidents that they had found helpful or hindering, what changed for them because of these incidents, and how the change occurred. The couples' accounts were then analyzed to reveal five change processes: (1) expression of underlying feelings by one of the partners leading to change in interpersonal perception, (2) expressing feelings and needs, (3) acquiring understanding, (4) taking responsibility for experience, and (5) receiving validation.

Expressing underlying feelings/changing interpersonal perceptions. Greenberg et al. (1988) found that when one of the partners expressed underlying primary feelings, it led to a change in their interpersonal perception of one another and in their interactions. According to Greenberg et al., "A's observation of B's expression of underlying feelings, or A's own expression of underlying feelings, results in A having a new perception of B and A relating to B differently" (p. 11-12). As a male participant explained, he had turned to his partner and suddenly seen fear or vulnerability on her face rather than her usual mask of anger. The man described this as a breakthrough, as he had never seen this look before. He said the incident led him to open up and to be there more, and to give of himself. "I felt less defensive, and was more willing to show my feelings, and to show my vulnerability" (Greenberg et al., 1988, p. 12). Further, as a result of perceiving his partner differently, the man also behaved differently with her afterwards.

Expressing feelings & needs. The expression of feelings in therapy led couples to seeing such expressions positively, and to the subsequent expression of needs. Note Greenberg et al. (1988): "A's expression of feelings leads to the positive valuing of the expression of feelings by A, to A's expression of needs to B, and to increased disclosure" (p. 13). One participant, for

example, recalled a session in which, instead of blaming his partner he expressed to her how hurt he felt when their relationship had once broken up. He then said that rather than driving his partner away or causing her to become cold with him, his expression of feelings caused her to "stay where she was" (Greenberg et al., 1988, p. 14). At the same time, he said it felt safe for him to disclose his needs to her. As he noted, to realize that "I could be myself or express certain things and get what I wanted without driving her away" helped him to become more accepting of his needs and not see himself as "so-called weak" (Greenberg et al., 1988, p. 14).

Acquiring understanding. The couples described critical turning points as times when they came to a sudden understanding either of themselves or their partner that then changed how they related with one another. This shift took place on either an intellectual or emotional level, or a combination of the two. One participant, for example, explained how the therapist helped him to see how hard he had been on himself as he tried to solve everyone else's problems to increase his self worth. "It seemed that there was this big burden that was lifted off my shoulders and I felt a lot better about myself" (Greenberg et al., 1988, p. 16). This new understanding about himself in the session was very moving, like "an emotional thing that went through me...I was on the verge of tears because I felt I'd finally recognized A [his partner] and that I didn't have to live up to a whole lot of expectations all the time" (Greenberg et al., 1988, p. 16).

Taking responsibility for experience. The couples also described a process of taking responsibility for their part in their relationships, and recognizing how their thoughts and feelings contributed to the way things were. This then led to a shift from attributing blame to the other partner to a focus on one's self. One participant noted how she had felt isolated in her relations and blamed her partner for his distancing, which led her to feeling sad. The therapist, however, helped her to share her sadness with her partner, who then reached out to support her. "I was able to look at him and to see that he was actually caring rather than being judgmental or analyzing what was going on. And, so I asked if he would hold me" (Greenberg et al., 1988, p. 17). As her partner appeared to share her experience, the woman felt a shift in her view of what was happening, seeing that her feelings were also her responsibility. She now realized "what I do is shut him out and what I need to do is reach out" (Greenberg et al., 1988, p. 17).

Receiving validation. Finally, partners reported how important receiving validation was to the change process. This not only led to changes for the partner receiving the validation, but to changes in the partner who observed the validation. As one partner explained, her therapist reflected and validated the hurt that she was experiencing in her relationship, and "really felt the pain that I was expressing... and that made me feel good" (Greenberg et al., 1988, p. 18). The woman not only felt supported by the therapist, but also felt as though her partner now saw her differently and heard and understand her pain. This led to changes in how he responded to her expression of feelings, and in their relations. As she reported, "It sort of brought us together more as far as what each other was going through" (Greenberg et al., 1988, p. 19).

Couples' Views of Helpfulness (McCollum & Trepper, 1995)

To determine how partners viewed their couples therapy component of a larger drug rehabilitation program for women, McCollum and Trepper (1995) asked 15 clients what had been helpful in their couples sessions. Therapists in the study, all female, integrated aspects of several schools of family therapy into a couples approach designed to be used as an adjunct to traditional drug treatment for women. This was delivered in two modalities in which one group of women and their partners met with a therapist for conjoint sessions, while the other women met singly with a therapist who focused on the couple relationship. In each modality, the women received 12 hour-long sessions of couples therapy. Nine semi-structured research interviews were done immediately after their completed therapy, three with only one partner while the remainder took place with the women clients and their partners together. Their accounts of their experience were then analyzed using the grounded theory procedure suggested by Strauss and Corbin (1990). This produced three broad categories of what participants found helpful in their therapy: (1) therapist qualities, (2) new realizations, and (3) changing actions.

Therapist qualities. Participants first mentioned their therapists' qualities as being helpful, meaning their personal qualities, their way of working, and how well they handled the sessions. Therapists were seen as open, caring, supportive, and concerned, although participants also felt it was important and helpful to them that they were sometimes less affiliative and able to be blunt and up-front. Participants also found their therapists' perceived attitudes towards them to be helpful. They noted, for example, that rather than being put off or frightened by who they were or things they had done, their therapists had been accepting and non-judgmental. The therapists' ability to manage the sessions was also helpful. This included being able to provide direction, clarity, and comfort in the sessions, and a willingness to ride out conflict or emotional intensity without feeling threatened, retreating, or backing off. Rather, they were able to work with the intensity and "things got accomplished" (McCollum & Trepper, 1995, p. 68).

New realizations. Participants felt their sessions gave them new realizations about themselves and their relations with their partners and others. Although these sometimes led to a new course of action by participants, they more often gave them a different framework to understand themselves or their partners. Their sessions helped them to see how difficult it was to live with or fight addiction without support or understanding from the other. They also came to realize the impact the addiction was having on their relations: "I wasn't just hurting myself, I was hurting him. So that was a turning point" (McCollum & Trepper, 1995, p. 68). The therapy also helped participants to see themselves differently in their relations with their partners and families of origin, and to see connections between their past and present lives.

Changing actions. Finally, their couples work had helped participants to break old habits and undertake new behaviors. Opening up and learning how to communicate clearly and honestly was paramount in changing their interactions, as was doing something other than using alcohol or drugs. Most of their comments on changing actions, however, related to "making changes in how

the couple habitually interacted" (McCollum & Trepper, 1995, p. 71). For many, this included their sexual relations as well as their tendency to dominate or take control. Being able to express feelings and work on emotional issues was also said to have helped participants to break old habits and act differently. One noted that it was as if therapy had provided her with a sounding board where she could talk about her painful feelings and share them with her partner.

Couples' Attitudes, Expectations, & Experiences (Timms & Blampied, 1985)

In a retrospective study of partners' perceptions of their therapy, Timms and Blampied (1985) interviewed 50 couples to investigate their experience of seeking assistance at a non-sectarian and two Catholic marriage guidance councils in England. Less concerned about the couples therapy process itself, the researchers were interested in knowing (1) the kinds of expectations and attitudes partners brought with them to the therapy encounter, and (2) what they experienced as beneficial in their sessions.

Attitudes & expectations. Couples reported approaching therapy with fear and trepidation. They felt that they might be blamed or reprimanded by the therapists or their partners, or experience embarrassment or shame at having to ask for help and not being able to solve their problems on their own. "It was a sort of bitter thing of confessing my own inadequacy to have to come here" (Timms & Blampied, 1985, p. 19). Generally, the couples wanted a safe place where they could meet a "referee," or neutral person, although they were anxious about talking and afraid their therapists would be "too sugary" or feel sorry for them. Further, the couples said they expected expertise in their therapists, along with a willingness to work on issues that they felt needed to be resolved. Notably, the couples also came to therapy wanting to explore why things had gone wrong, although the therapists did not often recognize or acknowledge this.

Beneficial experiences. Three major elements accounted for couples' positive judgments of their therapy: (1) gaining the therapist's regard, (2) obtaining a version or story of what happened in their relations, and (3) seeing therapy as official conversation. In the first, the couples felt their friendships with their therapists were helpful. However, nothing resembling a "therapeutic relationship" emerged from the couples' descriptions of the process. Although personal and relationship factors figured in the respondents' comments about their therapists -- some couples also talking about the development of strong mutual attractions -- they did not reflect "friendship" in its common dictionary sense. Rather, what was beneficial about the relationship was that it was a "formal friendship." As Timms and Blampied (1985) note, the couples wanted therapists to be impartial and neutral, "unlike relatives and friends" (p. 47). Indeed, for one respondent the development of friendship within the therapy context was a sign that therapy should end, as it was something that was "not meant to be enjoyed" (Timms & Blampied, 1985, p. 53). In keeping with this, the researchers note that one aspect of the transition towards ending therapy was the couples' interest in the therapist as a person rather than as someone playing a professional role.

Also beneficial was gaining an account or story of what had happened in their relationship,

and how or why things had gone wrong. Couples were pleased if they were offered a version or explanation of things by the therapist, or if their "picture" was confirmed. They also looked to the therapists' expertise, a quality sought out more by men than women, to help them to construct a new version of their relationship. For this to happen, therapists could either focus on the past and pursue a particular version of a couple's history, studying its influence on the present; or they could encourage the couple to look deeper into the present and the meaning of their current actions on their present relations. Partners also found their "official" conversations to be helpful, and that they were provided with a place in which issues that might normally be avoided or not fully discussed could be put on the table. As Timms and Blampied note, integral to the process was the therapist's ability to offer couples a sense of containment along with "a preserved and authorized 'space' which is safe and unconnected with the client's social network" (1985, p. 63).

Experiencing Client-centered Couples Work (Hunt, 1985)

In another British study of how couples view their therapy, Hunt (1985) interviewed 51 former clients who had sought assistance for relationship issues at a marriage guidance council in Manchester, England. Those helped by their couples work reported that they had got on well with their therapists, while those dissatisfied with the process had not got along with them at all. Crucial to their therapy, which tended to be client-centred, was the relationship between the couples and their therapists, and the degree of empathy they felt. This focus on the therapeutic relationship was reflected throughout virtually all of the research interviews. In remarking on the quality of their "connection," Hunt notes that it was as if therapists and clients were on two parallel tracks, just missing each other in their understanding of one another and in their perceptions of what they were working on. She adds that "the misunderstanding and the misconception seemed to run through the whole of the research interview" (p. 49).

Building a relationship. The alliance between couples and their therapists had an active quality, and tended to evolve out of a careful checking of the problem, and an explicit agreement by participants about the aim of their therapeutic work. Respondents reflected dissatisfaction with the process when therapists neglected to actively explore clear, workable aims and goals and how these would be achieved. In addition, clients most often wanted advice, whereas therapists aimed to promote insight. Further, where clients wanted concrete action and suggestions, therapists continued exploring problem areas. In instances where the participants' accounts of their therapy reflected satisfaction with the process, the aims of the therapist and the client "coincided in some way and the tacit method of achieving those aims was acceptable to the client" (Hunt, 1985, p. 52).

Initial interviews. Respondents said that it was a disaster to wait to begin their therapy, and that the initial stages of the process were tense, traumatic, and often disappointing. Most said their first session offered them a chance to ventilate, confess, and get things off their chest. They were also able to express their feelings of distress, although not everyone thought this had been useful. The couples said, however, that the interview (50-55 minutes) was too short to deal with what they

had in mind. They felt attended to but hurried, as the therapist controlled the time. Generally, the therapists were seen as attentive listeners, which some clients felt was helpful and supportive, while others said they should have taken more control of the interview by offering more. Several noted that they would have liked more information about what to expect in their therapy. Some were hoping for specific advice or a solution to their problem, and left disappointed, questioning the value of just talking. One respondent hoped "that somebody would hand me a solution on a plate...I thought there would be a set kind of plan on how to solve our problems" (Hunt, 1985, p. 34). Others were puzzled that they had not received advice from the therapist, and wondered if this was a deliberate policy. As they added, they thought that perhaps in subsequent sessions an expert body of knowledge would be revealed to them and offer them guidelines on what to do.

Reflections on the process. Some participants said that the relaxed atmosphere with comfy chairs was not in keeping with the nature of the work, and that upright chairs and a table would have been more appropriate. They also felt uncomfortable not knowing anything about the process and what to expect, adding that the lack of a map to guide them led to dissatisfaction and confusion. Although they were generally aware of their therapist's skills and what they had to offer, couples perceived the process as largely one of merely talking and listening, which for them was not enough. Similarly, while some valued the active feedback from their therapists, others emphasized wanting to be controlled and not allowed to "chatter." Generally, however, it was all right for therapists to actively push for change, although it was important how this was carried out. Timing was crucial, as some noted feeling that they had been pressed to make decisions too early in the process. Empathy was also vital, although clients emphasized that setting goals was important to them, as was being supported by their therapists in achieving them. How therapy ended was also a concern. Respondents often were surprised therapy had been brought to a close when it had. This left them with a feeling of "unfinished business" and angry because they experienced being let down by the therapist or the agency. Indeed, one client accepted to take part in the research "because she still felt so angry and wanted to complain" (Hunt, 1985, p. 67).

Gender differences. There were also differences in how men and women experienced their couples therapy, although these were not as divergent as other studies suggest (e.g., Brannen & Collard, 1982, below). "Proportionately, the responses of the sexes were quite similar" (Hunt, 1985, p. 63). In contrast with most of the women, the men expected a more active approach in which advice and suggestions would be offered. They also found it difficult to value talking about their problems without "doing" anything about them. Others reported being dissatisfied with the lack of direction and action, and disappointed with what they experienced as a more reflective, passive approach. Some men, however, were satisfied with the process and came to appreciate a reflective approach to their problems. "Several mentioned that they had not felt satisfied in the first interview, but had obviously struggled through their initial doubts and part of the counselling process for them had been learning the value of talking about their feelings" (Hunt, 1985, p. 63).

While the women did not generally report feeling dissatisfied with the reflective process,

half of them voiced complaints similar to those of the men. They, too, wanted more direction, action, and advice. But many of them also came to acknowledge the value of exploring their problems and discovering their own solutions. In keeping with Wark (1994a, b), Hunt notes that such responses suggest that there "may be a case for using a different kind of intervention or approach with some clients, both men and women" (p. 79). Where some, for example, might agree that a talk-centred approach is helpful, others might find a task- or action-centred form of therapy more suited to their needs. Still others might prefer a combination of the two. "The skill, of course, would be in deciding which clients required which approach" (Hunt, 1985, p. 79). As Hunt notes, therapists should feel skilful and comfortable with various interventions and approaches and flexible enough to adapt to their clients' feedback on the process, for it appears that no single perspective or way of working is universally applicable to every couple.

Exploring the Helping Process (Brannen & Collard, 1982)

In yet another British study designed to investigate how partners whose relationships are about to break up seek help, Brannen and Collard (1982) interviewed 24 middle- and working-class couples referred to or receiving therapy at either a guidance council or a hospital-based service in London. Following an analysis similar to grounded theory, the researchers delineated a picture of the "help-seeking careers" of couples in distress, conveying what it is like to look for help as well as how they experience the help they do receive. Brannen and Collard also compared the couples' views of therapy offered at either a medical or non-medical setting, as well as male and female differences. As interviews were conducted shortly after they had become clients of the agencies to which they were referred, their couples' accounts are more reflective of attitudes and experiences of the beginning or early stages of couples therapy rather than the overall process.

Gendered perspectives. Initially, it was wives who felt there was something wrong in their relationships, while the husbands tended to deny or ignore their wives' complaints. Husbands often diverted attention from themselves or their relationships onto a range of health problems that they then located in their wives. Women were also more likely to consult an agency for assistance. Where men occasionally sought help, it was usually as a result of prompting by their wives. Further, men were far more reluctant to disclose that there were problems in their relations, or to talk about them, than the women. Reflected in the women's accounts was an emphasis on the risks and consequent need for safeguards for fear their disclosures might adversely affect others and their relationships with them. Brannen and Collard explain that wives more than husbands were more concerned about being disloyal to their spouses if they revealed what they regarded as "discrediting information about their marriages" (p. 235). Men, on the other hand, seemed to avoid disclosure out of a fear of losing their self esteem.

Medical & non-medical settings. There were striking differences in how couples experienced the help received in a hospital versus a marriage guidance agency. In the former, doctors were seen as offering highly specialized knowledge and competence. Couples felt that this

expertise was largely unintelligible and inaccessible to them, however. They also considered it inappropriate in understanding problems in personal relationships. Still, respondents deferred to the medical practitioners, rarely questioning their information or the lack of it. Women in particular feared their doctors would be dismissive or think they were silly. Clients in non-medical settings, meanwhile, felt they had a more egalitarian relationship with their therapists, and did not experience a strong power differential. Women described their therapists as unbiased friends or allies, and where their therapists did not act this way, it was expected that they should. Men, however, wanted a more directive approach from their therapists, to be told 'what's wrong and what to do.' Further, men were less deferential to their therapists in the marriage guidance than in the medical setting. In fact, their accounts convey a sense of disappointment with and denigration of the client-therapist relationship in marriage guidance settings as an example of 'women talking.'

Working with Reflecting Teams (Smith et al., 1992, 1993, 1994)

Exploring how therapy participants experience the use of reflecting teams in their sessions, Smith and his colleagues (Smith et al., 1992, 1993, 1994; see also Sells et al., 1994) have published four reports on their interviews with couples and their therapists at a university-based clinic in Florida. Developed by Andersen (1987), the reflecting model is a way of working in which members of an observing team are invited part way through a session to comment on the thoughts and feelings generated in them by what they have seen and heard so far. The team may be in a separate room watching on a monitor or from behind a one-way screen before entering the therapy room to make their reflections. Or they may already be present in the room, sitting off to one side, silently listening in on the conversation. During the reflecting process, members face each other in a semi-circle and converse while the clients and their therapist listen. For theoretical and pragmatic reasons, while team members are in the therapy room, interactions between them and clients and/or their therapists are discouraged (see Andersen, 1987, 1991). Following the team's brief reflections, members either leave the room or sit quietly again while clients are invited to offer comments, and the therapy proceeds from here.

In their initial study, Smith et al. (1993) reported conducting two separate interviews over a three-month period with each of three married couples seeking help for "relational difficulties" (p. 32). This was followed by a study in which Sells et al. (1994) interviewed seven similar couples and their therapists twice over a four-month period. In a follow-up study, Smith et al. (1994) also reported on the results of their separate interviews with the partners of 11 couples (seven from the Sells et al. study) and the same five therapists. In the latter two studies, the researchers reported that the couples were interviewed immediately following the first reflecting team session and once again several weeks later to verify and expand on statements from their initial interview. The therapists, four doctoral students and a supervisor from a marriage and family therapy program, kept field notes of their comments and observations of the reflecting team after each session, and were also interviewed three times in a group discussion format. Analyses by Sells et al. suggested

six general domains of experience: (1) the benefits of a reflecting team, (2) reasons for having male and female members, (3) times when the team is effective, (4) when it is not effective, (5) the sense of spatial separateness in the room, and (6) the process of hearing what team members say.

Benefits. The couples felt that working with the team presented them with more opinions, perspectives, and commentary than with a therapist alone. The teams also helped them and their therapists to gain more insight into their difficulties and to see them differently. Some couples reported experiencing team members behind the mirror as judgmental and critical, while others felt nervous and uncomfortable knowing they were there. As members came into the room, however, the couples said they liked being able to see who they were, and that they then felt less intimidated, more confident, and comfortable. There was also less of a sense of mystery about them, which Sells et al. (1994) note was "a crucial benefit" (p. 257). Couples also appreciated that the members had been listening to them, and that their attentiveness had made a difference. The therapists also agreed that getting more opinions and perspectives on their difficulties had helped the couples and themselves. By presenting the couples with different themes or frames for their problems, the team also freed up the therapists so they could entertain alternative possibilities and present these to the couples to explore. "New perspectives and new ideas perhaps moved the couple into new territory that the therapist had not dealt with" (Sells et al., 1994, p. 257). Comments by some of the therapists, however, also revealed more concern in their sessions with creating a context or atmosphere in which they could be helpful to the couples by providing them support, promoting a positive experience, and lowering their nervousness by getting them to relax.

Reasons for male & female members. Couples said that having men and women on the team was not only beneficial but necessary because men and women look at things differently, with each gender having different feelings about the same subject. "You see it from both points of view" (Sells et al., 1994, p. 258). Partners also said they would feel intimidated or "ganged up on" if the team consisted entirely of members of the opposite gender. Others felt their spouses would be more open to what was said by a member of the same gender. Further, some partners noted that even when they were challenged by a team member of the same gender, they still felt supported by them. As for the therapists, Sells et al. (1994) note that none of them spontaneously reported gender to be an issue for them. When asked about his, however, therapists felt it was important to have a balance of both genders on the teams. As one therapist noted, it was vital to have "male and female voices. No matter how good the therapist is, he or she is not going to be able to get both genders in" (Smith et al., 1994, p. 279).

Effectiveness. Couples said reflecting teams were effective when they offered options about what to do, or when they sensed they were too close to their problems or had too many to solve. One partner said the team gave him more thoughts and ideas to help him "better figure out what it is that is really going on." (Sells et al., 1994, p. 258). When they were angry with one another or afraid to say something, couples felt the team acted as a "buffer." They noted that team members can say things a spouse might feel pressured not to say. One husband described a

scenario, for instance, in which a wife might withhold "because of possible consequences from the husband. She might regret saying it later, but it had to be said. The team can maybe notice that and say that for her" (Sells et al., 1994, p. 258). Some therapists, meanwhile, felt teams were most effective when couples were stuck on an issue or there was a crisis. Otherwise, they were redundant and served more as a mere "pat on the back." Others felt that reflecting teams were effective when they were being supportive as well. Generally, therapists endorsed a team's effectiveness when it was able to help them out of situations -- times when the team stirred things up, provided an occasion for therapists to collect their thoughts, gave them more ideas, or helped them to get "centered." Teams also "cooled things off" if interactions between spouses were escalating. Noted one therapist: "I'm thinking that maybe it's getting too hot and before it escalated, I wanted to put in a stopping point" (Sells et al., 1994, p. 259). Such escalations could be interrupted by turning to the team, which not only helped the couples to cool off, but eased the tension for the therapists and helped them to decrease their own level of anxiety as well.

Ineffectiveness. Some couples reported that the team was ineffective at the beginning of therapy when trust needed to be established with their therapist. They said it would be too intimidating to bring in "strangers" in the first few sessions, and that they needed time to feel secure, to relate individually with their therapist, and to open up. While one husband, however, said that he "wouldn't mind it all of the time," his wife preferred at the start "to get it out to just one person. Sometimes I don't want to hear anybody. You've got to open up, there's got to be some trust first" (Sells et al., 1994, p. 259). Therapists, meanwhile, said teams served little purpose when there were no major problems to solve, no goals in mind, or no crises. One thought the team's reflections were "very boring because the couple was doing well. There wasn't a lot to talk about. I was worried about just making words for the sake of making words" (Sells et al., 1994, p. 260). The couple, however, felt that the reflecting team supported them and that it was a valuable experience. "It made me feel real good to hear their support that we were beginning to listen to each other and were talking...I think that was the one thing I was really scared of more than anything when I even began this whole process was whether or not I was going to hear anything positive and where it would be in relation to us" (Sells et al., 1994, p. 260). Such differences were often reported by other therapists and couples in the studies as well.

Spatial separateness. The couples were very aware of the teams' efforts to distance themselves from them, or to create a sense of spatial separateness in the room, and saw this as a process that took place in two phases. In the first, they noticed that team members would look elsewhere and try not to stare at them. This was less intimidating for the couples, and made them feel more confident and comfortable. "They're not looking at me and judging me. They're not interested in what I look like, they're interested in what I'm saying" (Sells et al., 1994, p. 260). In the second phase, the couples were conscious of a "mirror" going up between them and the team, which cued them that it was time to listen. Although the couples reported wanting to interrupt or object to what was being said, they appreciated that the spatial separateness forced them to think

about what they were hearing. One respondent said she was shocked at first, and "didn't know how to take it until I stopped being insulted and started listening to what they were saying. And that had all the validity" (Sells et al., 1994, p. 261). While the couples felt this separateness or a sense of distance from their problems, none of their therapists commented on it at all.

Hearing team members. Finally, the couples reported gaining a new perspective on their difficulties from what they were hearing from team members.. For the couples, this unfolded as a four-step process that began as they presented an issue or problem in their relations. The therapist might then address this directly, or call in the team. Step two commenced as the "mirror" went up and members began their reflections. As the couples noted, they were forced to listen to what was being said. In step three, the spotlight shifted onto the team, and the couples felt like the pressure was off them. They described this as feeling like they were on the outside looking in. "It was like you were a bug on the ceiling looking down and listening to your problems" (Sells et al., 1994, p. 261). In the final phase, couples said it was like they could sit outside their difficulties and see them from a different perspective -- to eavesdrop on their own problems -- which allowed them to be more objective about themselves and helped them to explore more options. Many said that being forced to listen led them to momentarily put their own thoughts on hold. "The longer I had to sit there and not object, the more I understood" (Sells et al., 1994, p. 261). The therapists, meanwhile, noted this same process but saw it as less an unfolding process than a series of techniques or strategies the team used to help the couples get a different idea of the problem. These included times when team members used the couples' own words in their discussions, or agreed with their points of view. Note Sells et al. (1994): "These were not steps or stages but more of a means to an end, ways to get the couple to hear things differently" (p. 262).

A First-hand Account (Paul & Rosanne, 1990)

In a first-person account of couples therapy, Paul and Rosanne (1990), two therapists whose "tensions and conflicts" were causing them "much anguish" (p. 41) in their two-year relationship, described their thoughts and feelings during their three months of couples work.

First session. Of their initial session, Rosanne (Paul & Rosanne, 1990) noted feeling nervous, vulnerable, and aware of her pregnancy throughout the interview. Initially she was "holding back" in the session because she did not want to "push in and appear competitive," and because she wanted to see if the therapist "would take care of me by giving me my turn" (p. 43). Rosanne also revealed that her lack of control over the process was "frightening... I was not in control of what was revealed by Paul, and it reminded me of being a little girl and wanting my friends, brothers and sisters not to 'tell tales on me'" (p. 43). As a woman with two men in the room, she also feared being left out of the process. Further, she felt angry because Paul omitted important details such as her pregnancy from his story of their relationship. Finally, Rosanne noted that she hoped be taken seriously and understood, and that she left the meeting feeling as though the therapist was "warm" and had provided a "haven" for both her and Paul.

Experiencing the process. As the therapy unfolded, Rosanne (Paul & Rosanne, 1990) occasionally was angry with the therapist, feeling like he was trying to "persuade me to adapt to Paul's needs in a way which did not seem right to me" (p. 44). Elsewhere she was upset with the therapist's interpretations and "conflicting observations," and experienced him as "intrusive" (p. 45). She said Paul felt the same way, and that the therapist was belittling him and unfairly placing responsibility on him for difficulties they both created. Though Rosanne said she differed with and challenged the therapist's interpretations, Paul did not express his anger because the therapist was another of "the male authority figures whose opinions he generally respects" (p. 45).

Paul, meanwhile, wrote about the "important insights" (p. 46) the therapist gave them, which helped him to feel understood. He also liked the therapist's "simple, down-to-earth practical advice" (p. 47) on sexual matters, which he found helpful but which Rosanne found to be "too technical" (p. 47). Notably, Paul also liked and found useful a code that the therapist imposed on the couple to contain their arguing. This also made Paul feel safer having some "ground rules" to follow. But Rosanne did not like the code because she felt "doomed" to fail in practicing it. She also experienced it as "something imposed from the outside to modify my behavior, while it could not help me with the feelings I had on the inside" (p. 49). In keeping with Rosanne's comments, Paul also noted that a particular comment the therapist made about his sexuality seemed to reflect disregard for his feelings. Although Rosanne found the comment humorous, it saddened Paul because the therapist "was not really tuning into the despair I felt about my sexual experience" (p. 47). He later wrote that the least resolved area of their therapeutic work was their sexual difficulties, because "we had not probed very deeply" (p. 47).

Four steps. Paul and Rosanne (1990) sensed four distinct phases in their experience of the process. The first was (1) an opening period in which they explored their relationship. This was marked by a feeling of improvement in their relations, as well as a growing understanding of themselves and each other. Following this was (2) a rock bottom period when their relationship seemed to deteriorate and their feelings intensified into fear, distrust, and paranoia. At the end of one particular session, Paul felt there was nowhere to go but upwards: "Having centred ourselves, we approached the next session quite differently, looking for ways forwards to heal ourselves and our relationship" (p. 50). From here, Paul noted that the therapist, sensing the transition, helped him and Rosanne into the next phase of the process (3), which they called resurfacing. In this, the therapist gave them an exercise that evoked positive feelings in the couple, leading them to feel hopeful as they worked towards harmony in their relations and meeting one another's needs. In the final stage of the process (4), ending, Rosanne said that they left therapy feeling "the strength of facing 'the worst' together and surviving it, combined with the tremendous relief of being understood by the counsellor" (p. 51). She added, however, that for her, the couples therapy experience still "continues as part of an inner process long after the sessions are ended" (p. 52).

One Couple, Four Realities (Larry & Jennifer, 1990)

In another first-hand account of their therapy, Larry and Jennifer (1990) share what it was like to work with four well-known therapists who each conducted a single interview with them for the 1983 Harvard Couple Therapy Conference (see Chasin et al., 1990). The intent here was for each of the therapists -- Peggy Papp and Carlos Sluzki, both systemic and strategic in approach, and James Framo and Norman Paul, more psychodynamic in orientation -- to conduct a demonstration interview with the couple for videotape and later replay to conference attendees (Chasin et al., 1990). Without any direction from the therapists or conference organizers, the couple also volunteered a written report of their experience, which they submitted a day after the last of the scheduled sessions. This was followed by an interview Chasin and Grunebaum (Larry, Jennifer, Chasin, & Grunebaum, 1990) did with the couple six months later.

Although Chasin et al.'s (1990) report on the conference includes reflections by each of the four therapists on their interviews with Larry and Jennifer (see Framo, 1990; Papp, 1990; Paul & Paul, 1990; Sluzki, 1990), there is little to indicate what they might have experienced first-hand in their work. Instead, their narratives reflect more their theoretical approaches to working with couples, along with their therapeutic strategies, techniques, and plans. Interspersed with their selected transcriptions of their interviews with the couple, for example, are comments generated more out of a sense of "doing" rather than "being," each of the therapists more intent on discussing "what they were up to" in lieu of how they might have been experiencing the sessions themselves. Where the therapists touch on their "subjectivities" in their accounts, they tend to focus on regrets that they did not have more time to illustrate a particular technique or strategy, or that they were only able to do so much in the context of a "demonstration case."

The day after

Larry and Jennifer (1990) had little knowledge of therapy other than a few individual and couples sessions prior to their interviews. Both were university students who had been living together for 10 years. In their initial report, the couple commented on the positive and negative aspects of their meetings with each of the therapists.

Peggy Papp. Larry and Jennifer (1990) felt that Papp's use of fantasy for restating problems made them feel safe, clarified their conflicts, and brought them closer by helping them to understand their needs and feelings. They noted, however, that this focused on problems in their relations more than solutions or reconciliations. They were sometimes left feeling cold and without hope of improvement -- "two different people who will never be able to meet each other's needs" (p. 351). The couple also experienced her method as too theatrical, contrived, and predictable, and perhaps better for couples wishing to divorce rather than reconcile. On a scale of 1 to 10 in terms of helpfulness, Jennifer rated their interview with Papp as a 7, while Larry rated it a 6.

The Framos. Larry and Jennifer (1990) said that their family-of-origin work with the Framos was very positive. She gave the session a 10, while he rated it as a 9. A highlight was the direct confrontation among members of Jennifer's family, leading her to feel freer with her

emotions and to have a sense of entitlement to them. Larry also felt liberated from feeling responsible for Jennifer's feelings about her mother. Jennifer said that although she was distraught after the meeting, Larry's support left her feeling more trustful and closer to him. The couple was also impressed with the Framos' empathy, sincerity, and honesty, which were instrumental in helping everyone to express their feelings. The couple said that this "will hopefully serve as a beginning for establishing a real relationship" (p. 352) among members of Jennifer's family. Given everyone's anxiety and fear as they anticipated their meeting, however, the couple felt that reassurance and encouragement before the session as well as follow-up work should have been offered. During the meeting itself, Jennifer said that although Mary Framo seemed to understand her, she still felt alone and unsupported emotionally, "stripped of something in the process [and] the therapists got what they wanted" (p. 353).

The Pauls. Larry and Jennifer (1990) noted that they also found the Pauls' family-of-origin work, this time with Larry's family, helped them to share their "vulnerabilities and inner feelings (especially the sad ones) with one another" (p. 353). Jennifer said the meeting underlined striking similarities between Larry and his parents, and helped her to see how he was emotionless like his father. She also saw how she was controlling, frustrated, and emotional like Larry's mother, and unable to connect with or share with the other. While the session helped to reveal why Larry could not allow himself to feel and discuss his sadness, the couple wondered if this insight was enough, and felt as if these problems were left unresolved. They also said the therapists misunderstood their reason for being in couples therapy, adding that although Jennifer felt the interview helped her to better understand Larry's behavior, it "will probably not help the relationship" (p. 353). Jennifer rated the session as an 8. Larry, who felt threatened by the interview's videotape review technique, gave it a 5.

Carlos Sluzki. Larry and Jennifer (1990) felt that Sluzki had a practical, unbiased, and direct approach to their problems, although they found it was disjointed and sometimes "difficult to understand what the therapist was driving at" (p. 354). They liked that he emphasized the positives and did not delve into the past. The couple also said their session was not as informative as the others, but that they appreciated his suggestions for "breaking the 'vicious cycle' which has existed for so long via behavior modification" (p. 354). Jennifer rated this session least helpful of the four, assessing it a 6. Larry rated it second in terms of helpfulness, giving it a 7.

Six months later

In their follow-up interview with Chasin and Grunebaum six months later, Larry and Jennifer (Larry et al., 1990) highlighted how the therapy had helped them to communicate within their respective families. This led Jennifer to feel closer to, safer with, and less threatened by her mother. She noted how she and her mother "had both started crying and we opened up to each other" (p. 357). In Larry's view, this not only brought about a tremendous change in how Jennifer and her mother related, but also had an impact on how he and Jennifer got along. Larry said he now felt more confident and secure with Jennifer, and less abandoned by her. As Jennifer pointed

out, her newfound openness with her mother had also given her confidence to be open with Larry: "I think now if I'm upset or angry I'm more open about it and I can express those feelings and not feel like he's going to leave if I get angry...I think he senses that I'm more open about things and I think he's been a lot more open about things, too" (p. 359). She added that there also seemed to be a lot more trust in their relationship.

The couple noted that the interviews also had an impact on relations between Larry and his father. The two were now able to get into "deeper conversations" (Larry et al., 1990, p. 360), so that Larry might talk about his feelings and what was going on for him much more than before. For Jennifer, this brought about a sense of openness not just between Larry and his father, but between Larry and her. As a result, the couple was more expressive of their feelings, and more spontaneous and affectionate with one another. The interviews also helped them to see the complementary roles they played in their relationship, and how these fed their problems. Noted Larry: "I'm sort of the attenuator and Jennifer is sort of the amplifier...and I think I have become much more of an attenuator than I would have been if she weren't an amplifier. It's sort of a non-linear system..." (Larry et al., 1990, p. 362). Where formerly Larry was hesitant to confirm or validate some of Jennifer's feelings for fear she might get "worked up," he now felt safe to play around with "the feedback system" (Larry et al., 1990, p. 363).

Larry and Jennifer also felt everyone had gone into the exercise emotionally unprepared. Although they all agreed that a lot of positives emerged, they sometimes felt anxious, terrified, horror-stricken, confused, manipulated, and even traumatized by what took place. Jennifer remembered having "severe anxiety attacks" (Larry et al., 1990, p. 369) afterwards. The couple also said that the therapists should have placed more emphasis on what was good in their relationship. In Jennifer's view, stressing the negatives made her feel somewhat empty and insecure afterwards. Larry, meanwhile, found it difficult to understand how none of the therapists had asked if they loved each other. As Jennifer noted, given that they had been together for 10 years, there had to be something positive going on. Added Larry: "I think that could have been stressed more than it was" (Larry et al., 1990, p. 367). Overall, the couple felt that the experience had brought them much closer together, and, as Jennifer said, to feel "emotionally committed [and] a lot closer and lot more committed to the relationship than we did in the past. And more secure about the relationship" (Larry et al., 1990, p. 365). They noted that since the meetings, they had been making more effort to do things together and to work things out. As Larry put it, "it's sort of the whole structure of the relationship that has improved so we've been able to work things...out better" (Larry et al., 1990, p. 367). The couple also felt as if their desire for each other had increased, and that their need for one another was now stronger than before.

Third-party process research

In addition to qualitative approaches to understanding couples therapy and the use of first-person narratives to gain access to what its participants think and feel, a number of process studies

have been done in which case reports, questionnaires, and various measures have been used to access how couples experience their sessions.

Hollis (1968a, b). In an early study of marital therapy, Hollis (1968a, 1968b) examined casework notes on clients with relationship problems. Although most of her data was based on interviews with only one member of the couple, she found that the emphasis was on partners being able to tell their side of the story and to ventilate. Sessions also tended to focus on the here-and-now rather than on personality dynamics and early causes of problems. Hollis also found that clients who quit therapy were lower in description-ventilation, and that interviewers in conjoint sessions were more reflective and less sustaining or supportive in their work.

De Chenne (1973). In another relatively early study, De Chenne (1973) used the Experiencing Scale (Klein, Mathieu, Kiesler, & Gendlin, 1969) to compare whether partners in conjoint sessions tended to experience greater feeling in response to something their partner said, or in response to therapist statements. Sampling from hour-long tape recorded sessions with nine couples, De Chenne found that each member of the couple was involved in two distinct experiential systems, one with the therapist and another with their spouse. In addition, where "peak" moments of experiencing were compared in these two "systems," it was found that greater emotional experiencing followed on therapist statements rather than on what was said by their spouse.

Brown-Standridge & Piercy (1988). More recently, Brown-Standridge and Piercy (1988) examined how partners differentially responded to therapists' use of reflection and reframing strategies in their couples work. Thirteen couples were administered the Brown-Standridge Marital Therapy Interaction Scale to code client behaviors during early portions of therapy sessions in which reframing (or challenge) and reflection (or understanding) were determined to have taken place. When husbands were less accessible in their behaviors, the therapists tended to use reflection in their work. This was not the case when their wives exhibited similar behavior. It was also found that following therapist interventions, men tended to respond more positively to reframing, whereas women responded more positively to reflecting. Interestingly, when the therapists were questioned about how they decided whether to reflect or reframe, 80% of them denied having behaved differently with husbands and wives.

Cline, Mejia, Coles, Klein, & Cline (1984). Additional gender differences in the experience of couples therapy were also reported by Cline et al. (1984) in their study of the relationship between therapist behaviors and outcome for middle- and lower-class couples in marital therapy. Based on a sampling of 10-minute excerpts from the first two and the last two sessions for each of 72 couples, and a comparison of the therapists', wives', and husbands' behaviors within each of the socioeconomic groups, notable differences were found between husbands and wives in each group. For the middle-class couples, therapist directiveness was negatively correlated with outcome at each assessment point. Further, directiveness was inversely associated with increases in positive behaviors such as agreement, approval, and accepting responsibility over time. These couples tended to increase their expression of feelings when the

therapists were less directive and used more reflections and probes for affect. Notably, this pattern was more pronounced for husbands than it was for wives.

Cline et al. (1984) found that lower-class couples experienced the process differently. Here, therapist directiveness predicted increased positive behaviors and successful outcome from the wives' perspective. It was also found that for husbands, therapist directiveness in the form of questions and reflections designed to explore affect were most predictive of outcome. The major difference between the two groups seemed to be in how the husbands experienced the therapy. As Cline et al. (1984) explained, husbands in the lower-class group appeared to be affected more by understanding the dynamics of their marriage without changing their communication styles. Husbands in the middle-class group, however, were helped by expressing their feelings, which in turn gradually led to improvements in the communication style of the couples.

Bourgeois, Sabourin, & Wright (1990). Further gender differences were also demonstrated in a study of group marital therapy by Bourgeois et al. (1990), who had couples and their therapists complete the Couples Therapeutic Alliance Scale (CTAS; Pinsof & Catherall, 1986) following their third session of therapy. They found that the scale was significantly predictive of treatment success as measured by the Dyadic Adjustment Scale (DAS; Spanier, 1976, 1979). Further, their study also revealed that for the women, the therapeutic alliance had little relevance to outcome. Bourgeois et al. did find, however, that the alliance was significantly related to husbands' post-therapy marital satisfaction, although this finding was only modestly supported. As Bourgeois et al. concluded, for men to be successful in group marital therapy it was important for them to "feel understood and for the tasks and objectives to be clearly stated and agreed on in the early sessions of the intervention program" (p. 613).

Heatherington & Friedlander (1990). Heatherington and Friedlander (1990) also asked couples to report on their therapy experience using the CTAS and the Session Evaluation Questionnaire (SEQ; Stiles & Snow, 1984), a measure designed to assess a client's perception of a session in terms of its depth and value, as well as its smoothness and ease. This was done from the third to the sixth session of therapy. From the couples' perspectives, the alliance did not correlate significantly with how they evaluated these particular sessions. The researchers noted, however, that one of the three subscales of the CTAS correlated significantly with the couples' perceptions that the sessions had been valuable ones. This measured the belief by the couples in their therapist's power and methods, and in his or her ability to understand the couple and to be helpful. Otherwise, there were few significant relationships between ratings of the therapeutic alliance and the couples' perceptions of their therapy sessions.

Holtzworth-Munroe, Jacobson, DeKlyen, & Whisman (1989). In a related study, Holtzworth-Munroe et al. (1989) sought to determine if relational or alliance factors predicted successful response to treatment using Behavioral Marital Therapy (BMT). The researchers had 13 therapists and 32 couples rate therapist and client behaviors after each therapy session to determine the degree of affiliativeness and collaboration in their work. Averaged ratings were

computed across all the sessions and composite rating scales were formed. Ratings by therapists showed that facilitative behavior was the best predictor of marital satisfaction at termination. Couples who responded positively to BMT had therapists who saw them as collaborating and participating in therapy, and who also saw themselves as able to bring about collaboration between the spouses. Meanwhile, couples who rated themselves as collaborating and engaged in their sessions reported the greatest marital satisfaction on the DAS at termination. As the researchers noted, their study suggests that success in BMT is furthered by client involvement and engagement with a therapist who reports knowing how to facilitate this kind of collaboration.

Greenberg et al.(1988, 1993). Greenberg and his colleagues (Greenberg, Ford, Alden, & Johnson, 1993; Johnson & Greenberg, 1988) focused their psychotherapy process research on in-session moments of Emotion Focused Therapy for Couples (EFT; Greenberg & Johnson, 1988; Johnson, 1996). In an earlier investigation, Johnson and Greenberg (1988) conducted an observational study of brief EFT with six couples, examining change processes in their "best" sessions as rated by therapists. The researchers then coded verbal statements in the latter half of six best sessions with respect to quality of interaction on the Structural Analysis of Social Behavior Scale (SASB; Benjamin, 1974) and level of experiencing on the Experiencing Scale (Klein et al., 1969). The more successful couples, as determined by their scores on the DAS, demonstrated proportionately more affiliative and autonomous responses, along with higher levels of emotional experiencing. On closer examination, it was also revealed that among partners in this group, those who appeared to take the "blaming" position contributed most to the elevated scores on the Experiencing Scale, and the higher proportion of affiliative and autonomous responses. These results reinforced the importance of a "softening" in the EFT process -- a moment when a "blaming, dominant spouse accesses vulnerability and asks for closeness or comfort from a previously distant partner" (Johnson & Greenberg, 1988, p. 176).

In more recent process research, Greenberg et al. (1993) reported on an attempt to identify specific change events in EFT sessions that could be linked to successful outcome as measured by the DAS. In the first of three studies, they used the SASB to select conflict events between couples (negative complementarity or reciprocity) followed by a therapist intervention focusing on emotions or needs. Results showed that the behaviors of couples (N = 22) were significantly more supportive, affirming, and understanding in session seven than they were in session two. There was also a significant reduction in hostile, controlling behaviors in later sessions. In their second study, "peak" versus "poor" EFT sessions based on post-session ratings by 16 couples were compared. Greenberg et al. selected three negative talk speaking turns by couples. which were then followed by a therapist intervention in which a partner's underlying affect was explored. Results indicated that peak sessions were distinguished by deeper experiencing levels and proportionately more positive statements (disclosing, expressing, approaching, and enjoying) by partners. Finally, in their third study, the researchers used sessions that had been rated moderately positive by a couple and their therapist to explore change events in which intimate self-disclosure

had occurred. In this, five speaking turns by the partner who was the recipient of the intimate disclosure, preceded by a feeling-based exchange between the therapist and the disclosing partner, were used to bracket or mark a change event. Each change event was then compared with a control one that occurred prior to the event. Significantly more affiliative responses were observed in the change events than in the control episodes, whereas there were significantly more disaffiliative responses in the control events. Greenberg et al. noted that results provided empirical support for the notion that change in EFT derives from the expression of feelings and underlying needs, which then leads partners to be more responsive to one another in their actions and deeds.

Summary & Discussion

As a search of the published research in the area reveals, studies of how couples and their therapists collaborate in and experience their psychotherapy are relatively rare in the literature (see Conran & Love, 1993; Friedlander et al., 1994; McLeod, 1990a, 1990b; Reimers & Treacher, 1995). In addition, it appears that where the participants of couples therapy have been asked to give their perceptions of their work together, their accounts have been presented in terms of general categories or descriptions of what they felt were important, significant, or helpful incidents in their sessions. Missing from many of these studies is a first-hand, "inner" view of what it is like to actually experience sessions of therapy. Further, there is little sense of how, out of their varying perspectives and experiences, the participants in these meetings create a process in which change appears to be the result. Rather, it seems that in much of the research it has been more the rule to explore the couple's experience and to ignore the subjective experience of the therapist, or to focus on his or her therapeutic agenda, strategy, orientation, or approach (see McLeod, 1990b).

Divergent views. A recurring theme that appears in many of these accounts is the divergent and often dramatic differences therapists and couples have in how they view and experience their sessions. As Wark (1994a, b), for example, concludes, based on what the participants in her investigations identified as critical or significant to their therapy, "what clients thought was important to therapeutic change was vastly different than what therapists thought" (Wark, 1994b, p. 33). Further, she reports that these divergences occurred both between and within therapist-couple groups. Smith and his colleagues (Smith et al., 1992, 1993, 1994; see also Sells et al., 1994) make a similar observation, highlighting how therapists and couples differed in their views of what was effective and ineffective about reflecting team practice, as well as the processes involved. They note, in fact, that one of the most intriguing aspects of their research was "how couple and therapist perspectives differ" (Smith et al., 1994, p. 283).

The therapist's perspective. Such differences are also evident or implied in the accounts of their therapy offered by the couples in many of the other studies and reports reviewed here. A significant number of partners, for example, emphasized wanting their therapists to give them advice and counsel and to take a more directive role in their sessions rather than "merely talking." Their therapists, however, continued to adhere to their own views, waiting, perhaps, for the

couples to "come around" to their preferred way of doing things. Overall, in studies where the therapist's perspective is represented or implied, this seems to reflect a focus on theory and technique, an emphasis by them on doing therapy rather than on what they are experiencing in the sessions as they unfold. As Wark (1994b) speculates, it may be that therapists' views of change are based primarily on the model-driven concepts of their training rather than on any client-based descriptions of their work. These findings, she writes, "support the idea that therapists do not have knowledge of their clients' experiences of therapy (i.e., an insider view) and operate from their own world view" (1994a, p. 49). Sells et al. (1994), meanwhile, point to how their couples repeatedly stressed what they liked about reflecting teams and the process that allowed them to hear their problems differently. Their therapists' accounts, however, reflected more an emphasis or concern with "the strategies of therapy outcome than with therapy process" (p. 282). Similarly, as Timms and Blampied (1985) found with some of the therapists of the couples in their study, their descriptions of the therapy process "relied heavily on the first person singular of quite active verbs -- steering, moving, pushing, probing, shifting, pointing out, stressing, more or less telling, selling (ideas) and [a concern with] cases making progress" (p. 41).

The couple's perspective. The narratives of the couples, on the other hand, often appear to reflect their experience of being misperceived or misunderstood by their therapists, or of being on a different or parallel track with them. Indeed, as Wark (1994a, b) notes, her couples spoke very strongly about feeling misunderstood by their therapists. Further, the accounts of the couples not only convey their sense of being off track with their therapists, but of sometimes being angry with them because of what they said or did not say. As Greenberg et al. (1988) note, and as the participants in these accounts also acknowledge, feeling understood -- both emotionally and intellectually -- is an extremely important element in the couples therapy process. In addition, in keeping with others whose work reveals the covert processes that take place in individual therapy contexts (e.g., Angus & Rennie, 1988, 1989; Elliott, 1989; Fessler, 1986; Rennie, 1990, 1992, 1994c), these findings also indicate how some of the views of couples similarly remain hidden from their therapists in their sessions. A number of the couples in this review, for example, reported experiencing a range of intense feelings growing out of their therapeutic work. Some came to their encounters already full of trepidation, feeling either fearful, confused, ashamed, or embarrassed, and unprepared emotionally for what was to come. Others, meanwhile, reported being intimidated, terrified -- even horror-stricken and traumatized -- by what happened in their sessions. Notably, however, few of the therapists in these studies appeared to convey their appreciation of just how intensely emotional these sessions can be for either one or both partners. Rather, where therapists referred to such emotional instances in their accounts, it was more their own anxiety they seemed concerned about.

Further, it is evident from these accounts that couples experience a good deal of uncertainty regarding their relations with their partners, and that reflecting the positives in their otherwise distressed interactions is needed and felt by couples as being helpful. Being able to open up and

communicate with one another in a safe and supportive atmosphere is another recurrent theme. Constructing a story of what seems "wrong" in their relationship, or working to gain a deeper understanding of their difficulties and problems, even if it means wrestling with painful issues and being challenged or pressured into doing so, seems yet another vital component of the couples therapy experience. Judging from these accounts, however, it is apparent that this is not possible without the help of therapists who can establish a relationship with both partners in which they are seen as "formally" friendly, warm and understanding, directive in a supportive manner, clearly-intentioned and effective, yet flexible enough to allow couples to have a sense of determining their own aims and goals. Integral as well to the couples therapy experience, regardless of the model, is the therapist's ability to provide a sense of structure and process to the encounter -- some kind of a map to guide them through the experience (see Hunt, 1985) -- along with the reassurance that partners will have an equal opportunity to tell their side of the story and to voice their concerns.

Looking at gender. It is also apparent from a reading of the literature that gender is an important consideration for couples in the therapy context. Where males, for instance, appear to emphasize insight in their accounts of their sessions, females tend to stress the chance they have to express their feelings and reflect on what is happening in their emotional lives. Further, it seems that men initially, at least, are reluctant to engage in therapy when "talk" is emphasized, preferring a more action- or results-oriented approach. Judging, however, by the first-person accounts of many of the men in these interviews (see especially Greenberg et al., 1988; Larry & Jennifer, 1990; Paul & Rosanne, 1990), it appears that gaining access to their emotions, being able to express them, and having them understood, is as important to them as it is to their female partners. Indeed, it seems that part of the change process in couples therapy is the opportunity it gives them to slowly open up with their partners in a safe, contained environment where they can feel esteemed and protected and where their feelings and perceptions can be honored and validated. Growing out of this is the experience of not only gaining a new perspective on their difficulties -- of seeing themselves, their partner, and their interactions in a new light -- but of feeling truly understood by their partner, some for perhaps the first time in their relationship, as well.

Learning from Experience

Reflecting on the results of their study, Greenberg et al. (1988) emphasize that couples' accounts of their therapy experience represent valid sources of information about how change takes place in their couples sessions. They add that these serve to not only corroborate or validate certain aspects of the particular model of couples therapy -- in this case, EFT -- being explored, but to also inform its theoretical rationale so that changes in one's approach to therapy with couples can also be considered and tried out. As Greenberg et al. point out, for example, the notion that expressing underlying feelings might lead to changes in interpersonal perception was not something they had previously theorized or incorporated into the EFT model. Based on what the couples in their study said about their experience, however, the researchers were led to conclude that the importance of

expressing such feelings in couples therapy may lie in changing partners' interpersonal perceptions and how they respond to each other, rather than simply changing how they view themselves.

Although the other four change processes reflected in the respondents' accounts of their therapy experience are similar to processes described in the couples therapy literature already, Greenberg et al. (1988) point out that these also serve to support certain views about how couples might be most usefully helped in therapy, regardless of the model being used. As they note, given what the couples in their study said was helpful or significant to them in their therapy, it appears that when partners generally feel understood on an emotional and intellectual level in their sessions, when they can focus on themselves as well as their partners and feel safe expressing their feelings and needs to one another, and have these validated, then changes in their views of themselves, their partners, and in their interactions with one another, and thus their relationship, can begin to unfold.

As Wark (1994a, b) observes, implied here is the notion that no one therapy model or approach can benefit or adequately fit for every couple, and that consulting with partners about the process might lead them to feeling better helped and understood. Further, judging by the varied perceptions of its participants, it appears that creating a shared reality within a couples therapy context may not be as easy or as common a process as the marital and family therapy literature would seem to suggest. Indeed, following on their accounts of their experience, it seems that many of the couples in this review were more frequently called on to accommodate to the therapist's world view rather than the therapists being called on to accommodate to theirs, or to collaborate in the creation of a shared view. However, as Wark (1994b) points out, at the core of clinical inquiry is an effort to understand clients and the meanings they give to their experiences, thus making the process an "interactive mode of knowing" (p. 36). Given that multiple realities are present in any therapeutic relationship, she warns that to conduct therapy without considering the views of couples may result in work that "lacks soundness, good sense and efficacy" (1994b, p. 36). As a result, she urges that couples' voices be highlighted in their sessions, adding that an approach based on consistently consulting or checking in with partners on their ongoing experience might lead to better process and outcome (see also Duncan et al., 1994; Hardesty, 1986).

The Present Inquiry

First-hand experience. In a discussion of their findings, Sells et al. (1994) note that the different perceptions of the couples and therapists in their investigation suggest separate worlds of meaning and interpretation, which result in different appraisals of both the process and outcome of therapy. Citing Steier (1985), they add that "this understanding is precisely what researchers should be striving for when they study changes that co-occur with family therapy" (p. 282). Consistent with these ideas, the present inquiry marked an effort to explore these seemingly separate worlds. In addition, it took a qualitative approach to investigating how couples and their therapists collaborated in and perceived their ongoing sessions of psychotherapy by asking them for their first-person accounts of their experience. However, unlike Wark (1994a, b), and Smith

and colleagues (Smith et al., 1992, 1993, 1994; see also Sells et al., 1994), it sought out the subjective thoughts and feelings of two experienced, well-known marital and family therapists whose methods and approaches to working with couples have evolved and developed not only out of their training and reading of the literature, but their many years of therapeutic work. Similarly, unlike Greenberg et al. (1988), the study focused not so much on participants' retrospective views of couples therapy and what they felt was important or significant in their sessions months after. In keeping with the notion that therapy is more an improvisational than a predictable engagement (Keeney, 1991), and that clinicians might also want to learn from how it is experienced in the present, the study used Interpersonal Process Recall (IPR) to get as close as possible to what its participants were thinking and feeling during their therapy sessions as they unfolded.

Similarity & difference. In contrast with the studies reviewed above, the present inquiry also set out to compare and contrast the experiences of couples and their therapists as they worked within two overlapping but different approaches to couples therapy. My intent, however, was not to determine which of these might be better or more effective, or which of the therapies couples seemed to prefer. Rather, I was interested in how each of the participants -- and more particularly the couples -- viewed their sessions of narrative and emotion-focused therapy, and to delineate from their unique perspectives how these two approaches might actually be experienced -- whether similar and/or different -- despite their apparent dissimilarities from both a theoretical and practical point of view. Similarly, in keeping with some of the comments and experiences of the couples discussed in my review, I wanted to explore the gendered perspectives of the participants in order to compare and contrast how men and women experience their couples therapy. In this, I was especially interested in how the accounts of males and females might differ or reflect similar experiences as they went through sessions of emotion-focused and narrative therapy with their partners, as well as how they might be influenced by the gender of their respective therapists.

Honoring context. Departing from much of the critical-incident or events-focused research represented in many of these enquiries, the study took a more open-ended approach to investigate how clients and their therapists collaborated in and contributed to the change process in couples therapy. In keeping with Rennie (1994a), whose process research points to narratives or stories whose themes emerge out of and continue across complete courses of therapy, my intent was to honor the context of the participants' encounters by using IPR to chart their thoughts and feelings over entire sessions that they themselves selected as being meaningful, significant, or otherwise worth investigating. This was also consistent with the exploratory nature of my inquiry, leaving open the possibility that, from the participants' perspective, critical incidents may not be at the heart of what makes therapy work. Using videotape replay to help them recall their experience across a completed session also left space for participants to elaborate on the meanings they co-constructed out of the ongoing flow of their "therapeutic" conversation.

Linking process & outcome. In addition, my study was designed to invite participants to reflect on their therapy experiences at the beginning of the process in their initial session with one

another, as well as twice more over the course of their therapeutic work. At the same time, given the accounts of the many partners who expressed fear and anxiety in anticipation of their initial sessions, open-ended interviews were conducted with the couples before their therapy began. This allowed me to explore their feelings and attitudes at the very start of the therapeutic process. At the same time, these interviews also allowed the couples to tell their pre-therapy "stories" or "theories" of their relationship difficulties, which could then be compared with the kinds of post-therapy stories they told in a similar open-ended interview conducted with them once their therapy was complete. These accounts not only served as convenient pre- and post-therapy change measures, however. More importantly, they linked process to outcome by allowing me to explore how the couples' stories connected with their accounts of their ongoing sessions, their narratives slowly revealing the processes by which new stories or realities begin to co-evolve in the context of their therapy encounters, and thus how change in couples therapy takes place.

Weaving stories. The therapists theories and ways of working, along with their ongoing IPR narratives, were also used to delineate how they appeared to influence their respective couples, allowing me to explore how their stories changed as a result (see, for example, Wolpert & March, 1995). While many marital and family therapists have claimed to be helping couples and families to change their stories of themselves and their relations through their "conversational" influence, their research has yet to demonstrate how this "narrative process" works.

The collaborative process. Given the differences in perspectives between couples and their therapists delineated by Wark (1994a, b) as well as Smith et al. (1992, 1993, 1994; see also Sells et al., 1994), the present inquiry also explored the varying views of its participants as they negotiated their realities within the couples therapy context. Unlike this previous work, however, participants were interviewed separately as soon after their sessions as possible. Departing from previous research with couples, tape-assisted recall was conducted with each partner and their therapist. This served to bring me closer to the couples therapy experience than was possible in the interview methods used in the investigations reviewed above. At the same time, the method allowed me to explore how couples and their therapists viewed the differences and similarities in perspective that evolved among them, and how these affected their therapy. It was possible, for example, that a certain degree of perceptual incongruence was important to the progress of therapy, and that couples and their therapists might agree that it was, indeed, the "difference" among them that made a difference in their couples work. As Wark (1994a) notes, there is little in the therapy literature to support whether common perceptions are related to important dimensions of therapy such as the therapeutic relationship, therapeutic effectiveness, and client satisfaction, or whether congruence in perspectives facilitates or hinders change. As she asks, "At what point in therapy is disparity of views important for change?" (p. 50). Indeed, as Weingarten (1992) suggests, it is perhaps in the acknowledgment and repair of the inevitable lapses in understanding that occur between therapists and clients that opportunities for profoundly meaningful collaborations arise.

An open-ended approach. Finally, it should be noted that in keeping with the spirit of its

exploratory, discovery-oriented approach, the study made no predictions about what it might "discover" or "reveal" regarding the experiences of its participants, or what they would have to say. Similarly, it did not attempt to follow any explicit theories, and had no hypotheses to confirm or refute. Though it borrowed from methods and adopted some of the approaches of previous similar studies, it neither attempted nor pretended to replicate any of these earlier enquiries. In its broadest terms, the study was an effort to explore the first-person perspectives of the actual participants of couples therapy. In doing so, it used a qualitative methodology to track the reported thoughts and feelings of partners and their therapists, and to analyze and compare their impressions of their experience. Unlike previous discovery-oriented studies of the therapeutic process, however, it did not focus on any one event or class of events to be investigated (e.g., Elliott, 1989; Elliott & Shapiro, 1988, 1992; Greenberg, 1984, 1994; Rhodes & Greenberg, 1994). Rather, it took a more open-ended approach, using the grounded theory methodology developed by Glaser and Strauss (1967; see also Addison, 1989; Rennie et al., 1988) to search for patterns and/or categories of similarities and dissimilarities in the participants' views of their encounters in the hope of shedding further theoretical light on the couples therapy process.

Chapter 6: Method

Interpersonal Process Recall (IPR): Tracking the Moment

Central to the method of the present study was the interview technique used to gather its narrative data, and the qualitative grounded theory approach chosen to help this data make sense. The former follows closely the IPR method developed by Kagan (Kagan et al., 1963, 1969) and later modified by Elliott (1986; Elliott & Shapiro, 1988) and others (e.g., Fessler, 1986) for their events-focused research. Normally, the IPR procedure requires making an audio or videotape of a therapy session. As soon after as possible, a recall interview takes place. In most studies in which IPR has been used, a client or therapist is separately interviewed by the researcher or recall consultant and is invited to review the tape as it is replayed on a video monitor or audiotape device. With this as a stimulus, the participant is then invited to respond to questions the interviewer might have about the session, or to volunteer what he or she might have been thinking and feeling at the time. Usually, respondents are given the remote control device that accompanies the play-back equipment so that they can pause at particular moments they or the researcher wish to explore. In the present inquiry, each of the partners and their therapist followed this procedure as they separately reviewed tapes of their sessions, tracking the experiences they had during their therapy.

Originally, IPR was explored as a means of helping to accelerate therapy (Kagan et al., 1963). Later, its potential in educating therapists and examining group processes, as well as revealing the subtleties of interpersonal behaviour, were also considered (Kagan et al., 1969). Elliott (1986), however, along with Fessler (1986) and Rennie (1990), recognized and developed the method as a data collection procedure, adapting and incorporating it into their therapy research methodologies. Eventually, IPR came to be used more as a means of zeroing in on discrete moments in therapy rather than looking at complete sessions. Rennie (1990, 1992, 1994a, b, c), however, has recently explored its ability to open up the meaning of entire therapy sessions. Departing from mainstream events-focused research, which usually also constrains participants to quantitatively represent their experiences afterwards using various rating scales (e.g., Elliott, 1989), Rennie allowed clients to review their tapes unrestricted. Their accounts were then qualitatively analyzed using a modified version of grounded theory.

Rennie (1990, 1992, 1994a, b, c) has found that IPR adds a depth to the therapy process that might not otherwise exist. He notes how its self-reflective process provides clients with a way to objectify their own processes, putting them in a better position to assume control over them. It also clarifies the intentions that lie beneath what clients and therapists do and say, and in so doing eliminates misunderstandings. Elliott (1986) also notes how IPR reveals each person's intentions for the therapy, thus opening up the possibility of a negotiated set of plans and strategies. Finally, Rennie has found that IPR gives clients a "heightened sense of equality with the therapist, which in turn increases [their] personal sense of power and self esteem" (1990, p. 170).

McLeod (1994) has also noted that IPR helps to slow down the process of interaction in

therapy sessions, opening up a richness of experience that might not otherwise be available to respondents as they attempt to remember what took place. In so doing, the procedure allows them to "unfold more of their experience and awareness than they would normally be capable of disclosing" (McLeod, 1994, p. 147). At the same time, it may also provide them with a context in which they can feel safe enough to reveal facets of their therapeutic experience that they likely would be reluctant to divulge to their therapist, and in the case of the present study, to their partner as well. As Elliott (1986) adds, IPR interviews allow process researchers to gather fine-grained, moment-to-moment perceptions, impressions, and descriptions of therapy "which are missing from even the best [therapy] transcriptions or recordings" (p. 505).

An Open-ended Process

In most research studies in which IPR has been used, the procedure is intended to be as open-ended and non-directive an interview process as possible. Generally, the goal of IPR is to track the moment-by-moment thoughts and feelings of clients and/or their therapist as they review videotapes of their therapy sessions. In this, the researcher acts more as a facilitator than a bona fide interviewer, helping participants to elaborate on their descriptions of their experience rather than relying on an interview protocol. Usually, however, it is the researcher's responsibility to provide a framework to the process to help participants recall and expand on what they were thinking and feeling during the sessions under review. In the present study the IPR process began with an explanation of the process and what participants were expected to do. For example:

RESEARCHER: So far, I've given you a brief description of the research and how this part of the process works. But before we begin, I thought we might go over how we're going to proceed. Basically, the idea will be for us to take the tape of your session and to watch it from start to finish on the monitor here. As we do so, I'll be interested in what was going on for you during your meeting. What I'd like, in other words, is your moment-by-moment impressions of the session -- your own very personal and private experience of things as they took place. I'm thinking here, for example, of different thoughts and feelings you might've had as the session unfolded, or times when you felt like something especially meaningful or significant was taking place, or an event really stood out for you. Or if maybe there were times when you wanted to say something -- to share a thought or feeling you had at the time -- but decided to keep it to yourself. These are some of the kinds of things we might be exploring. Any questions or concerns that occur to you at this point?

If there were no questions or concerns, the next step was to reiterate that the interview would remain strictly confidential, and that whatever participants chose to reveal to me would not be shared with their partner nor with their therapist. I then explained:

RESEARCHER (handing the participant the remote control device): Here, I'll let you use the remote control to stop the tape at whatever moment you feel might be worthwhile exploring, or where you'd like to share what you were thinking or feeling at the time. First, though, before we start, I was wondering if we could talk a little about your general impression of the session as you remember it right now. How was it, for example? What was it like?

Here, participants were given space to talk about their impressions of the session while I

used non-directive paraphrasing and questioning techniques to help in the elaboration process. Generally, the same approach was used throughout the IPR procedure to explore and amplify on the various thoughts, feelings, and impressions raised by participants as they identified and talked about different events, moments, and incidents in their sessions. For instance:

PARTICIPANT: I thought it was a pretty good session.

RESEARCHER: A pretty good session...

PARTICIPANT: Yeah.

RESEARCHER: What was it about the session that leads you to say it was a pretty good one?

PARTICIPANT: I'm not sure. It just felt good to me.

RESEARCHER: The session left you with a good feeling? That came from...?

PARTICIPANT: ...

RESEARCHER: For example, was it something about the session in general that made it a good one? Or was it one or two things in particular...? Maybe some things you remember that stood out for you, or that you thought were important or significant?

None of the participants had difficulty summarizing their overall impression of their sessions or describing their experiences. They were also able to depict the session and how it might have been experienced from both their partner's and their therapist's perspective. Once this portion of the interview was complete, participants were ready to see the actual session videotape. At this point I would clarify in the following manner:

RESEARCHER: As we go over the tape, one of the things we might explore is what made it feel like a good session for you... At the same time, I'd like you to stop at any other places in the session where you'd like to talk about what you were thinking or how you were feeling at the time. At this point, it's probably hard to remember all the details. But as you go over the tape and things start to come back, maybe you can just talk out loud about thoughts, feelings, impressions you were experiencing during the session... Do you have any questions? OK, why don't we start the tape, then... Just press on the play button, and we'll begin...

At this stage, it was my job to help participants to explore and describe their experience rather than to prompt them by asking questions that directed them in a particular way.

PARTICIPANT (Using the remote to stop the tape at a particular moment in the session): Now here! I remember this part here! I was feeling a little awkward and...sort of... uncomfortable with what was being said. It made me feel like maybe I should be... I'm not sure... I mean, look at me, I'm moving around in my seat there...

RESEARCHER: Awkward and uncomfortable... Something's being said here and it seems to be having an effect on you. You said it was making you feel...?

PARTICIPANT: I'm not sure if I can put my finger on it...

RESEARCHER: Can you put yourself back in the chair there..? Feeling the way you were feeling at the time...and not how you might be feeling right now. You mentioned awkward and uncomfortable. Then I think I heard you say it was something being said...

Where it was difficult for participants to find words for their experience, I tended to explore the language they used -- their use of terms such as "awkward" and "uncomfortable," for example -- to describe how they were feeling. I also tried to encourage participants to get in touch with what their internal dialogue might have been at the time. "So if I were inside your head, tuned in to what you might've been thinking or feeling right then and there, what sorts of things do you think

I'd be hearing you say to yourself?" On occasion I also noted that we could rewind the tape to the point where the feeling they were describing started, thus allowing them to relive the experience and thus better describe it. It was rare, however, for participants to be unable to describe the moments they picked out and how these were experienced. Where this did happen, I suggested that we continue, noting that we could go back to it later.

Once the tape of the session had been reviewed, participants were asked to comment generally on their experience of the session now that they had had a chance to see it again. Typically, I would enquire, "Having gone over the tape, as you look back is there anything now that kind of stands out for you in the session? Or maybe something you carried away from the session that you perhaps weren't as aware of before we began our review?" Finally, I asked participants to comment on their experience of the IPR process itself. I wondered, for example, what it was like for them to go over the tape of their session with me. I also noted that I was interested in any comments or suggestions they might have about the process of reviewing the tape, and if there was something that we might do differently next time we met. If participants had no further questions or comments, the recall interview ended at this point.

Validity & Reliability of IPR

Questions regarding the validity and reliability of IPR have been raised by those using the technique in their process studies. Does it, for example, actually stimulate participants to recall the thoughts, feelings, and internal states they had during therapy (Katz & Resnikoff, 1977)? In a study of this, results suggest that conditions tending to increase someone's sensitivity to feelings in vivo can lead to "significantly greater reliability of recall" (Katz & Resnikoff, 1977, p. 152). Such claims have also been substantiated in a study by Young (1985), whose data support the reliability of recalled affect using IPR. Another question raised by the technique is whether participants reconstruct or fabricate their accounts of how they felt during their therapy session, or maybe even withhold information from the interviewer (Elliott, 1984, 1986; Rennie, 1990). Elliott (1984, 1986), a leading proponent of IPR, admits that investigation of its theoretical basis and validity has been scant. He notes that most researchers who use IPR are careful to point out the assumptions they make in using it, and the limitations affecting its validity or range of application. As he notes, "The validity of IPR depends on a network of assumptions" (1986, p. 518). Elliott adds that potential violations of these assumptions is what gives rise to IPR's particular validity threats.

One assumes in IPR, for example, that people are able to track their conscious thoughts. In Elliott's (1984, 1986) experience, this is indeed the case. He also notes that during IPR, participants show that they are in touch with subtle defensive processes. The second assumption cited by Elliott is that people remember during recall what they were experiencing in their therapy session. In fact, in Elliott's experience, IPR is a powerful technique for stimulating memory, although it follows the standard decay curve and is difficult if delayed by more than a few days. IPR also assumes that clients are able to describe what they perceived and felt during their therapy

encounters, and that they have the language available to put their thoughts and feelings into words. Where this is doubtful, the technique depends on the recall consultant to use nonleading probes such as "could you explain further," or "help me understand how you might've been feeling at this point in your session" to encourage participants to express themselves. Two other threats to the validity of IPR identified by Elliott are social desirability and fabrication. The assumption here is that the recall consultant is able to conduct the sessions without unduly influencing or pressuring participants to respond one way or the other, or to make up their responses to please the interviewer. The way around this, says Elliott, is for consultants to encourage informants to respond only to what they were thinking and feeling "then" rather than "now." They should also be given permission to remain silent where they really have nothing to report.

Following extensive use of the recall technique, Elliott concludes that IPR measures of several areas of therapy process are "psychometrically adequate for wider research use" (1986, p. 523). He cautions, however, that these measures fall short of meeting the requirements usually stressed by "methodological purists," adding that further work is needed to determine IPR's reliability and validity. Given the recent trend towards the use of more naturalistic, discovery-oriented research in understanding the therapeutic process, however, it could be argued that such issues of validity and reliability raise questions about the suitability of applying the research criteria of the positivist, scientific paradigm to IPR's more interpretative, phenomenological approach. As Brown, Tappan, Gilligan, Miller, and Argyris (1989) note, for example, traditional psychometric conceptions of the validity and reliability of psychological measures are based on assumptions that render them inappropriate for interpretive approaches. "The interest in interpretative methodologies among psychologists at present calls for a redefinition, in hermeneutic terms, of these basic notions of research practice -- a rethinking of what reliability and validity mean and what concerns these concepts address" (Brown et al., 1989, p. 156; see also Lincoln & Guba, 1985).

Philosophical arguments aside, the present study operated on the assumption that its participants made genuine attempts to render the thoughts, feelings, and impressions they had in their therapy sessions to me during the IPR procedure. Along with Rennie et al. (1988), it also assumed that IPR was an effective means of gathering the subjective experiences of clients and therapists during therapy. At the same time, in keeping with Angus and Rennie (1988, 1989) and Rennie (1990), along with the advice noted above by Elliott (1986), it was acknowledged that my role as the interviewer in IPR was strictly limited to stimulating participants' recall of their therapy sessions, the emphasis being placed on events as they transpired in actual therapy meetings, and not on what they might have been experiencing during the IPR process itself.

Finally, the study rested its case for IPR on the experiences of those who after numerous investigations have found it to be an effective means of conducting clinically useful and meaningful therapy research. As Elliott (1986) writes: "It is common among clinical researchers to lament the lack of influence of their research on clinical practice, including their own. However, I have found personally that my research with IPR has changed how I do therapy. In using IPR over the past

few years I have seen that clients are much more aware of what is going on in the therapy process than most therapists are willing to give them credit for... This understanding has helped me to discover the usefulness of carrying out IPR-like procedures during therapy sessions and has led me to be much freer in discussing the process of therapy with clients" (p. 524).

Grounded Theory: Data that Speak for Themselves

In keeping with the naturalistic, phenomenologically based IPR method used to gather its data, and inspired by investigations adopting a similar approach (e.g., Angus & Rennie, 1988, 1989; Fessler, 1986; Rennie, 1990, 1992, 1994a, b, c), the present study did not use process measures, questionnaires, or other instruments to quantitatively assess the impressions of its participants. Rather, it used a qualitative approach to interpret the couples' and therapists' narratives of their experiences. This involved subjecting the interview material following each selected therapy session to the grounded theory analysis developed by Glaser and Strauss (1967) and later amplified by Glaser (1978) and more recently by Strauss (1987; see also Addison, 1989; Layder, 1993; Rennie et al., 1988; Strauss & Corbin, 1990). This entailed pouring over the data, comparing and recombining the participants' perspectives in order to generate descriptive categories based on emerging patterns or themes in the data. These were like working theories that were then used to reformulate the approach taken during later recall interviews -- a procedure referred to as theoretical sampling (Glaser & Strauss, 1967), or theory-based data selection (Rennie et al., 1988). At the same time, participants also took part in the research by corroborating or disconfirming these hunches that arose as the study proceeded -- a common feature of this kind of qualitative study (McLeod, 1994; Moon et al., 1990; Stiles, 1993).

In a final comprehensive analysis, further descriptive categories based on the complete sets of data collected from the IPR procedures were then generated. These complemented and revised the categories already obtained. Wider ranging categories were then developed that explained the descriptive ones, and delineated relationships among them. The aim here was to devise a conceptual structure for the categories, and ultimately a few core categories under which the others could be subsumed (Glaser & Strauss, 1967; Rennie et al., 1988; Strauss & Corbin, 1990). What these descriptive, structural, or core categories were going to be, however, was unknown before the study began. Grounded theory is not designed to test theories, but rather to generate them (Glaser & Strauss, 1967). As Rennie et al. (1988) note, researchers using this method attempt "to rid themselves of preconceptions about the phenomenon under investigation so that its 'true' nature will be allowed to emerge in the analysis" (p. 141).

In Search of Theory

Increasingly, qualitative studies that use grounded theory to make sense of their narrative material have tended to produce a more descriptive sense of the phenomena under investigation

(Polkinghorne, 1994). Such inquiries have helped to reveal and delineate categories of experience that might not otherwise have been identified. Further, they have enriched our descriptions and conceptual understanding of previously unexplored events. However, as many who have used grounded theory in their investigations have pointed out (see Polkinghorne, 1994; Rennie et al., 1988; Strauss & Corbin, 1990), the strength of the method is its ability to help researchers to go beyond the delineation of general categories, and to generate a conceptual understanding or theory from their material. As Polkinghorne (1994) notes, the grounded method is a constructivist approach in which a theory is generated that can "make a process more understandable by . . . providing a conceptual network that displays relational consistencies within the phenomenon under investigation" (p. 510). In keeping with Polkinghorne, rather than a mere delineation of descriptive categories, the intent of the present research was to generate a theory or a way of looking at couples therapy that emerged out of and was grounded in its participants' narratives.

It should be clarified, however, that given its limited nature, the intent of the present study was to produce a substantive theory of the couples therapy experience rather than a formal one. As Glaser and Strauss (1967) explain, grounded theorists may generate out of their data two distinct types of theories, depending on the range and method of sampling being used. The first of these is formal theory, which is what most social scientists have traditionally been trained to want to provide. This is much wider ranging, however, than the second type of theory more commonly produced by grounded inquiries, which is substantive. Strauss and Corbin (1990) note that a formal theory emerges from a study of a phenomenon examined under many different types of situations. A substantive theory, on the other hand, tends to be more local, evolving from the study of a phenomenon that occurs in one particular situational context. As Gilgun et al. (1992) clarify, in substantive grounded theory, the concepts and hypotheses developed by researchers are based on data focusing on one area of study, their analysis aiming to produce or generate an understanding or a way of seeing "what's happening" that draws all of the data together in a way that makes convincing conceptual sense. Charmaz (1983) points out that such analysis need not remain at the substantive level, however, and adds that by taking the analysis to higher levels of abstraction and conceptual integration, grounded theory provides the means to develop formal theories. In this process, grounded theorists take the understanding that they have developed -- i.e., their substantive theory -- and sample this across a variety of situational contexts and groups in which the understanding or central concept that they have generated applies. In so doing, the theorist in effect analyzes the boundaries and applications of the developing theoretical framework, working to produce a formal theory. As Gilgun et al. write, "Discovering similar concepts and hypotheses across areas of study, time, setting, and informants leads to formal theory" (p. 30).

According to Charmaz (1983; see also see Gilgun et al., 1992; Polkinghorne, 1994; Rennie et al., 1988; Strauss & Corbin, 1990), the grounded theory approach has been used primarily to develop rich substantive analyses, or as Gilgun et al. (1992) point out, "thick descriptions" of the phenomena under study. Although these have been more modest in scope and power than analyses

at the formal level, they have given process researchers the means to generate convincing understandings of the growing body of narrative material they have been accumulating on people's subjective experiences of their psychotherapy. With this in mind, it is important to note that given its limited sampling, the present study falls into this same category. As such, it restricts its claim to having produced a substantive theory of the couples therapy experience, and by no means a formal one. In generating its theory, however, it nonetheless offers a way of conceptualizing or looking at "what's happening" in couples therapy that is grounded in what its participants said about their experience, and thus may serve as a starting point for similar ongoing investigation. As it did so, the study followed the methodology in Strauss and Corbin (1990), adhering to a process of open, axial, and selective coding to construct its conceptual understanding of or way of looking at the couples therapy experience from the perspective of those who participated in it.

Step 1: Open coding: generating categories. In keeping with Strauss and Corbin (1990), the initial step in my analysis involved going through the qualitative data generated out of interview material and breaking these down into meaning units. Such units sometimes comprised a word or two spoken by one of the participants in an interview, or a whole phrase that was suggestive of a meaning or concept. As I reviewed the entire material, each of these emerging units was labelled or coded in a process called open coding. In this manner, the material was broken up or divided into a number of meaning units for later grouping into larger descriptive and conceptual categories. As Charmaz (1983) explains, it is important to differentiate here between the kind of coding that takes place in grounded theory, and what is commonly referred to as quantitative coding. Where quantitative coding requires preconceived, logically deduced codes into which the data are placed, open coding means creating categories out of interpretation of the data. Rather than relying on preconceived categories and standardized procedures, this has its own distinctive structure, logic, and purpose, which largely arise out of and are thus grounded in the data themselves.

Step 2: Axial coding: linking categories. Where the open coding was a preliminary process of sorting and categorizing -- codes serving as "convenient shorthand devices to label, separate, organize and compile the data" (Charmaz, 1983, p. 111) -- the next step was a more conceptual process called axial coding in which these segments or meaning units were grouped into larger categories (Strauss & Corbin, 1990). Such groupings were suggested by what appeared to be commonalities among the coded segments, and involved examining all the categories that seemed to relate to the same phenomena. In essence, this step involved "a set of procedures whereby data are put back together in new ways after open coding by making connections between categories" (Strauss & Corbin, 1990, p 96). By looking at the relationships that appeared to exist among, and in some instances connected, the developing categories, it was then possible to sense a few themes or story lines emerging from the narratives of the therapy sessions as they were described. In effect, these reflected what was slowly being perceived as the underlying themes of the participants' descriptions, and thus brought me closer to discerning the essence of the couples therapy experience. At this point, however, these were only preliminary themes or working

hypotheses of their experience -- possible stories, but not the story. As Strauss and Corbin (1990) explain, it is at this point in the development of grounded theory that tentative ideas, hypotheses, and nuances of meaning form as the data begin to "make sense." They advise, however, that such notions and hunches be set aside by writing them down and collecting them in a memo file. This serves to bracket emerging ideas as the data continue to be collected, coded, and categorized. At the same time, they can also be used later as the researcher more openly engages in the process of constructing an interpretation of the material.

Step 3: Selective coding: generating theory. The final step in my analysis took place on a more analytic level, which Strauss and Corbin (1990) call selective coding. An interpretive process, this involved looking for larger patterns, relations, linkages, and connections in and among the conceptual categories that emerged out of the data. Here I searched for commonalities among categories, my aim being to create or construct higher order categories which could then be related to one another to eventually produce a story or theory of the couples therapy experience. At this stage there was a movement between inductive and deductive thinking as I continually referred back to the original data and extended the sampling process to verify that my themes and story lines were consistent with the material out of which they were constructed. As Osborne (1994) puts it, this successive formulation of theories about the inter-relationships among categories is a trial-and-error process that continues until a final inclusive theory or story that fits the data is produced.

It should be noted that the processes of open and axial coding were ongoing, taking place while further sets of narrative material were being collected. Thus, the stories generated out of these analyses were more like hunches whose validity or "narrative truth" (Spence, 1982) depended on further sampling of other sets of interview data for recurring categories that might serve to corroborate or disconfirm what had been discerned so far. At the same time, this "theoretical sampling" (Glaser & Strauss, 1967) also proved valuable in suggesting new categories that amplified my developing themes. Again, this helped to not only reconfirm whatever initial hunches were generated by the analysis, but also created additional conceptual categories that were added to the developing hypotheses or "stories" being generated by the narrative data.

Given the recursive or iterative nature of this kind of qualitative work, Strauss and Corbin (1990) stress the importance of remaining open to novel lines of enquiry that might suggest themselves at any stage of the process. As they advise, this will occur often throughout the analytic process, leading to the revision, elimination, and sometimes creation of new conceptual categories that seem to better fit what is taking place. This occurred in the present study, so that eventually, as more and more descriptive material was accommodated by fewer and fewer categories, it was possible through selective coding to begin to subsume one conceptualization under another until something substantial began to materialize. Slowly, as Strauss and Corbin suggest, a central or core theme that seemed to describe "a central phenomenon around which all the other categories are integrated" (p 116) began to emerge and be identified. This was the category around which all the others generated out of the narrative material of the couples and their

therapists seemed to revolve. At the same time, it was what linked all the categories to each other, connecting them and thus giving them meaning in a relational sense. As Polkinghorne (1994) suggests, this central category or theme was the one that most aptly provided the conceptual network that displayed the "relational consistencies" (p. 510) or story line that made the couples therapy process more understandable. At this point, I had arrived at not just a mere description, but an overall theory or story -- indeed, the story -- that seemed to best encompass the participants' descriptions of their experience of the couples therapy process and how it "works."

The Heart of Grounded Theory

Broadly speaking, grounded theory is an inductive approach whose narrative material is used to generate descriptive data which are then subjected to increasing levels of conceptualization. Although interpretation is a part of the process, central to the method is the recursive fashion in which data collection and analysis proceed concurrently or follow a spiralling pattern as the researcher's interpretations or emerging hunches influence subsequent data collection, and vice versa. As Rennie (1994c) explains, this cyclical process of data selection and analysis proceeds in grounded theory until the information from new data sources adds little to the understanding of the phenomenon. At this point the categories resulting from the analysis are saturated and data collection can be ceased. In addition to incorporating feedback from the data to determine how well their emerging theories or stories appear to fit with what the data are suggesting, grounded theorists also periodically check with their informants to determine just how well their evolving theories or stories fit with them as well.

According to Moon et al. (1990), at the heart of grounded theory is the process of "discovery." Researchers do not start with any preset theoretical framework. Rather, their aim is to generate out of the data of the study a theory that they can be confident both "fits" and "works." As Glaser and Strauss (1967) explain: "By 'fit' we mean that the categories must be readily (not forcibly) applicable to and indicated by the data under study; by 'work' we mean that they must be meaningfully relevant to and able to explain the behaviour under study" (p. 3). According to McLeod (1994), grounded theory aims to develop a theory or "story" of the phenomenon being investigated that is demonstrably faithful to the actual lived experience of the people being studied. Similar to other qualitative methods, the researcher's basic starting point in generating these grounded theories is to ask "What is going on here and why?" As Moon et al. put it, the researcher is "working to make 'the familiar strange,' to see events in a new way before interpreting what they see" (p. 359). In this sense, the method is particularly suited to both investigating and understanding psychotherapy process, and answers a number of criticisms of approaches that have been said to fall short of producing the kind of meaningful information clinicians say they want.

The method, for example, cannot be faulted for examining verbal exchanges between participants out of context (see, for example, Heatherington, 1989). One of its strengths, in fact, is "its emphasis on systematically developed, processual, contextual accounts of social behaviour"

(Addison, 1989, p. 42). Similarly, grounded theory is not intended to study trivial behaviours of questionable clinical significance only because they are easy to measure (Hill, 1990). Rather, its explorations are designed to look at events and actions in a holistic rather than a reductionistic manner (Moon et al., 1990). Above all, grounded theory strives to both "discover" and delineate relationships and patterns among its data, which in the case of the present study was the interview material generated by IPR (Charmaz, 1983; Glaser & Strauss, 1967; Rennie et al., 1988; Strauss & Corbin, 1990). Using the constant comparative method, it seeks connecting threads that tie the data together in ways that generate an understanding of what is being examined -- a theory, in other words, about the phenomena under study (Moon et al., 1990; Taylor & Bogdan, 1984). For Rennie et al. (1988), as an approach that is slowly gaining a foothold in psychological research, grounded theory is both a rigorously systematic and potentially powerful strategy that provides researchers with "a heady freedom in exploring complex phenomena. Having the method in hand is like carrying a flashlight that can be beamed on any aspect of a cluttered attic...[We] have the sense that we are getting close to the bone" (p. 145).

Limitations of Grounded Theory

As promising and effective a method as it appears to be, however, grounded theory is not without its critics (e.g., Addison, 1989; Layder, 1993). Addison (1989), for instance, feels that it places too much emphasis on data -- data collection, data coding and data analysis -- which in turn gives it the "scientific air" it presumably is attempting to eschew. Notes Addison: "Use of the term 'data' often carries the implication of concrete, independent, objective fact" (p. 41). As he adds, such an emphasis turns grounded theory into more an inductive rather than an interpretative process, with theory being generated out of the data alone. An interpretive approach, on the other hand, readily acknowledges the role the researcher plays in formulating theory out of the "preunderstanding that affects how he or she perceives the world and selects 'data'" (Addison, 1989, p. 41; see also McLeod, 1994; Osborne, 1994; Taylor & Bogdan, 1984).

According to Lincoln and Guba (1985), it is often argued that grounded theory is also plagued by a closely related problem they call underdeterminism. That is, any given set of so-called facts is open to a variety of interpretation, depending on the theoretical orientation of the person doing the observing. No theory, in other words, whether it is generated by a method that firmly grounds it in data or not, can ever be logically or objectively determined. "Every act of theory development, whether grounded or a priori, is creative in nature, going well beyond the empirical data or conceptual imaginings that suggested it" (Lincoln & Guba, 1985, p. 207). Similarly, Lincoln and Guba note that it can also be argued that grounded theory is impossible to devise "because the raw data are themselves 'facts' only within the framework of some other (perhaps implicit) theory; thus a theory can only discover itself" (1985, p. 207).

Taylor and Bogdan (1984) make the same point. They note that grounded theory is "fundamentally a method of producing definitions of social phenomena" (p. 128), and add that

explanations based on analytic induction may be circular. As Lincoln and Guba (1985) explain, however, these kinds of arguments "overlook the use of tacit knowledge; both observational and theoretical languages are themselves propositional" (p. 208, original emphasis). What it comes down to is a chicken-and-egg situation in which it is as easy to argue that facts presuppose theory as it is to argue that theory presupposes facts. What is more likely, say Lincoln and Guba, is that emerging grounded theory and the relevant facts presuppose one another and develop together. Further, they note that whether you argue one way or the other, it is clear that "felt" knowledge, whether it is tacit or intuitive, plays a role in naturalistic, qualitative investigations. Admitting this kind of knowledge, however, far from limiting the research, "not only widens the investigator's ability to apprehend and adjust to phenomena-in-context, it also enables the emergence of theory that could not otherwise have been articulated" (Lincoln & Guba, 1985, p. 208).

Finally, a more serious criticism of grounded theory is raised by Rennie et al. (1988) concerning its generalizability. Here the method runs into problems because grounded analyses are usually conducted on small numbers of selected participants. In the present study, for instance, it is likely that the perceptions and experiences of its participants might have been quite unique to them alone. As a result, applying theoretical statements generated by the study to other therapists and couples would be suspect. This, as Lincoln and Guba (1985) note, raises a question for those who favour the traditionally accepted approach to psychological research. As they write, "So convinced are many scientists that generalizations are the be-all and end-all of inquiry that they seriously question whether scientific activity aimed at something other than the establishment of generalizations is worth the effort. They assert that if one rejects the goal of achieving generalizations, all that can be left is knowledge of the particular -- and they ask, 'What value could there be in knowing only the unique?'" (p. 110).

As Rennie et al. (1988) see it, however, grounded theory offers something of a trade-off: intimacy with the phenomenon versus the so-called hard evidence of generalizability. Its object, they argue, is to create new theory that is directly tied to the expressed or discursive reality of individuals. They write: "The problem of limited generalizability of grounded findings is not resolved but is accepted by grounded researchers as a legitimate price to pay for research that is intimately tied to the phenomena it addresses" (p. 147). Perhaps, however, the issue goes deeper. Indeed, as Packer and Addison (1989) and Lincoln and Guba (1985) imply, the question of generalizability belongs to a positivistic tradition that takes to heart the notion that there are basic rules of nature that govern situations under all circumstances. Further, to follow this line of argument, these rules actually exist in nature, are real and waiting to be discovered, and are in no way mere inventions or constructions of the mind. To adherents of this approach, generalizations are assertions of enduring value that are context free. All events, however, take place within a given context, and as Lincoln and Guba (1985) argue, generalizations exist only in the minds of the persons making them. As they and other constructivists (see Steier, 1991) have argued, generalizations are not found in nature, but rather are active creations of the mind. As Lincoln and

Guba note, "Empirically, they rest upon the generalizer's experience with a limited number of particulars... From that experience springs...an imaginative generalization, one that goes beyond the bounds of the particulars, making assertions that presumably apply not only to its generating particulars but to all other similar particulars" (p. 113).

It would make more sense, then, to subscribe to what Lincoln and Guba (1985) call naturalistic generalization "but with a new formulation proposed by Cronbach (1975): the working hypothesis" (p. 122). As they argue, there are always features or factors in a situation that render it unique, thus making it useless to try to generalize. Investigators are, however, in a position to appreciate such factors and to take them into account. Thus, as the inquirer moves from situation to situation, Lincoln and Guba argue that the task is "to describe and interpret the effect anew, that is, in terms of the uniqueness found in each new situation [so that] when we give proper weight to local conditions, any generalization is a working hypothesis, not a conclusion" (p. 124).

The present study concurred with this view, seeing grounded theory -- with its emphasis on constant comparison and theoretical sampling techniques -- as the most fitting candidate for producing the kinds of working hypotheses Lincoln and Guba (1985) discuss. It was not concerned with the generalizability of its findings. In line with Lincoln and Guba, it preferred instead to leave this sort of empirical verification or transferability to someone else. As they argue, if there is to be transferability, the burden of proof lies less with the researchers or their particular investigation than it does with those seeking to apply its findings elsewhere. The original inquirer cannot know the sites to which transferability might be sought, but the readers of the research and those who might wish to apply it can, and do. According to Lincoln and Guba, the best advice to give those seeking to make a transfer is to accumulate empirical evidence of contextual similarity. The original researcher's responsibility is to provide "sufficient descriptive data to make such similarity judgments possible" (p. 298)

Participants

Participants in the study were heterosexual couples and their therapists who volunteered to take part in an investigation of the experience of bona fide, ongoing sessions of couples therapy. Two Canadian marital and family therapists with more than 40 years combined experience were recruited for the study. Each was considered a prominent representative of the distinctive approaches to working with couples being examined in the investigation. Specifically, Dr. Susan Johnson of Ottawa was invited to participate as the therapist whose couples work is generated out of her emotion-focused model, while Dr. Karl Tomm of Calgary was asked to contribute as the therapist whose focus in his therapy is informed by a narrative point of view. The couples were male and female partners consulting with each of the therapists in their private practice for help in resolving issues that arose in the context of their intimate relations as individuals who had been living together for at least a year. Scores on the Dyadic Adjustment Scale (DAS; Spanier, 1976, 1979) were used to assess the level of their difficulties, 97 or less for one of the partners being an

indicator that the couple's relationship was distressed.

Two adult-aged couples were invited to take part in the study by each of the therapists, thus making for four couples in all. The couples were each briefed by their therapists on the nature of the study. Those expressing an interest in participating were then given material that explained the investigation further (see Appendix I). It was understood that collaborating in the study was by mutual agreement of both partners, and that any decision not to take part in the investigation or to withdraw from it at any time would in no way jeopardize or otherwise affect their therapy.

Only couples who expressed a genuine interest in improving their relationship rather than mediating its dissolution were chosen for the research. Generally, the couples chosen were representative of the kind of client load most marital and family therapists could expect to meet in the course of their practice. Research Couple #1, for example, had been married for eight years and had two children three and six years old. He was a professional in his mid-40s. A former airline hostess, she was 31 years old. The presenting issue was a recent affair. Couple #2 were both in their late 20s and had known one another since late teenagehood. Married for four years, they had a daughter three years old. Both partners had experienced problems with drugs and alcohol, although their presenting issue was connected to "relationship issues." Couple #3 had been living together for the past five years but were not married. Both were in their mid- to late-30s and had previously been married and divorced. He worked for a local moving company while she travelled extensively as a sales agent. Their presenting problem was their often dramatic fights and their inability to talk them through. Couple #4 were both professionals in their late 30s and mid-40s. Married for almost two decades, they had known one another since their teens and had three young children aged six to eleven years. Their presenting issue was the distance they had come to experience between them, which she described as a lack of emotional connection.

Procedure

Pre- & post-therapy couple interviews. Prior to their therapy sessions each of the couples was interviewed to gain an account of their relationship that was narrated in their own words and from their own point of view. The intent here was to gather each couple's own theory or story of themselves and their relationship before it began to be shaped and fashioned by their respective therapist's story of what might be contributing to their distress. These interviews, conducted jointly with the partners, took about one hour each. A final interview was also done with each of the couples once they and their therapists agreed that the therapy process was complete. These also took approximately one hour to conduct. Couple #1, however, decided to separate and did not agree to be interviewed together, although the husband consented to tell their "final" story from his point of view. Together these pre- and post-therapy interviews generated some seven hours of narrative material. These were audiotaped and transcribed for later analyses.

As with the IPR procedure, these pre- and post-therapy interviews were open-ended so as to elicit each couple's account or story of their relationship in their own words. Thus, there was

no fixed interview protocol. The following initial question, however, was asked of each of the couples to help them to get started in their story.

RESEARCHER: We've talked briefly on the phone about our interview here today. I mentioned that I'd be interested in how you see things between you before you meet with the therapist, who'll inevitably be asking you questions about your relations and so on. But at this point I was wondering if I could get you to tell me the story of your relationship with one another, and what it is you feel leads you to come to therapy at this point in your lives..

Where the couple began describing their relations, they were left to tell their story in their own words and in their own way. In the case of two couples who were not sure where to begin, the response was, "Probably the best thing would be for you to begin wherever you wish, wherever you feel it makes most sense for you, and to continue until you feel like neither of you has anything more to add.." Meanwhile, where one partner seemed to speak more for the couple than the other, tending to dominate the telling, there was no effort to intervene or point this out. Rather, this was used to provide a sense of how the therapeutic process had not only changed the story the couples told once their therapy was complete, but also the extent to which one or the other of the partners had changed his or her contribution to the story, or how it was told. During their initial pre-therapy interview, the couples were also asked what they expected might happen in therapy and how it would unfold. Similarly, they were also asked to talk briefly about their goals in therapy and what changes they hoped to achieve.

Questions asked during the post-therapy interview, meanwhile, served as a follow-up to the pre-therapy questions outlined above. Here the initiating question was:

RESEARCHER: Now that you've finished your therapy, I was wondering if you could tell me the story of your relationship with one another now, what sorts of changes you've experienced, and how things are between you now.

The couples were then left to unfold their story in their own words and in their own way. In keeping with the general procedure outlined above, follow-up questions were also asked of the couples regarding their general experience of the therapy, what they felt they had achieved, and if they considered that their goals had been reached.

Outcome measure. At the beginning and end of the therapy process -- with the exception of couple #1, who decided to separate -- each of the partners completed the Dyadic Adjustment Scale (DAS; Spanier, 1976, 1979) as a measure of therapeutic change. (For further information on the DAS, please see p. 103 below) Initial administration of the instrument took place following the pre-therapy interviews conducted with the couples. Its final administration occurred once it was determined by the couples and their therapists that therapy would no longer continue or was complete. This preceded the post-therapy interviews conducted with the couples described above.

Therapy sessions. For each of the couples, where and when they met for their therapy sessions was mutually agreed to by both the partners and their therapist. In the case of Dr. Tomm,

the two couples met with him in Calgary between February and August 1996, while Dr. Johnson worked with two couples in Ottawa from October 1996 to June 1997. In addition, the number and frequency of their therapy sessions was also determined by the participants. Each of these meetings was videotaped. The contents of these tapes were then used as stimulus material during the recall interviews that followed the particular therapy sessions selected by the participants as worthy of investigation. It should be noted that these were bona fide sessions of therapy in which the couples raised issues of genuine concern to them in their ongoing intimate relations.

Recall (IPR) interviews. Each of the participants engaged in a total of three recall interviews over the course of their therapy. The first of these was conducted following their initial session. The two remaining IPR interviews then took place following therapy sessions selected by the partners and their therapist as being especially meaningful and worthy of investigation. In making their selection, participants were invited to choose their first such session from the middle or working phase of therapy, and the second from the latter stages of their therapeutic work. The idea was to provide a better sample of their experience across their course of therapy. As the therapists in the study each subscribed to a brief model of therapy, it was anticipated that the therapeutic process with each of the four couples would take some 16 to 20 sessions to complete. (Table 1 below sets out the total number of therapy sessions conducted with each couple and which sessions were reviewed using the IPR interview technique.)

Table 1

IPR Sessions

	Total sessions	IPR #1 Session	IPR #2 Session	IPR#3 Session
Couple #1	10	1	7	10
Couple #2	12	1	6	9
Couple #3	15	1	8	12
Couple #4	15	1	9	13

To help in the selection process, participants were invited to complete a post-session questionnaire after each session (see Appendix II). In this, which takes only minutes to fill out, they were each asked to evaluate on a scale of 1 to 10 their progress in the session, how effective they thought it was, and how much closer they felt it brought them to achieving their therapy goals. On the same 1 to 10 scale, participants were also asked to rate the session in terms of its significance or how much it stood out or impressed them. Where the combined rating of the two partners and their therapist was close to an 8 or higher, meaning the session was an especially good one in terms of the above criteria, a separate recall interview with each of the participants was arranged. It should be noted that such a rating is based on anecdotal and research evidence offered

by a number of solution-focused and other therapists who subscribe to various brief therapy models (see, for example, de Shazer, 1988, 1991; Lipchik, 1988; O'Hanlon & Wilk, 1987).

Recall (IPR) procedure. The recall interviews were conducted separately with each of the partners and with their therapist. (For a description of the general IPR procedure followed in the study, please see p. 82 above.) Generally, these took place within three to five days after their initial meeting and following the sessions identified by the participants as worthy of investigation. As no published studies could be found in which such interviews were done with couples, no precedent was followed regarding who should be interviewed first. Such a decision was based on questions of convenience and availability of participants at the time, and varied with each couple.

Depending on the length of the therapy meeting under review, the recall interviews took between two and three hours to complete. Each of these was audiotaped and later transcribed, thus forming much of the narrative data for the study. At no time during the investigation did I reveal or convey what was said during any of the IPR procedures to any of the other participants. Further, it was agreed that if at any point during the recall sessions or the entire investigatory process one or both of the partners or their therapist felt that the quality of their couples work was being adversely affected by the research, it would be terminated. At no time did this occur.

A total of nine recall sessions were conducted over each completed course of couples therapy. The IPR process thus generated 36 recall sessions. As each recall interview produced approximately two to three hours of transcribable material, taken together the IPR sessions contributed some 90 hours of narrative data for analyses. To these were added the eight pre- and post-therapy interviews with the couples. This made for a total of 44 interviews throughout the investigation, or approximately 100 hours of narrative material that was transcribed and analyzed.

Chronological Summary

Using Couple # 2 (Jim and Susan) who worked with Dr. Tomm as an example, the research procedure thus unfolded in the following manner.

Step 1. Jim and Susan were contacted and given written information about the study. After their consent to participate in the investigation, an open-ended, pre-therapy interview was conducted with the couple. The intent here was to gain an account or story from Susan and Jim of their relationship, and what seemed to be troubling them in their own words.

Step 2. Jim and Susan were each given a copy of the DAS to fill out.

Step 3. The couple met with Dr. Tomm for their first session, following which they evaluated their meeting using the post-session questionnaire.

Step 4. The first set of IPR interviews with participants was conducted. Jim went first, the IPR procedure previously outlined being followed. The same recall process was then undertaken with Susan. This was followed by an IPR interview with Dr. Tomm.

Step 5. Ongoing therapy between Dr. Tomm and the couple was conducted. At the end of each session, the meeting was evaluated to determine if it should be explored. Where participants

agreed sometime around the middle of the process that the session merited exploration, a second set of IPR interviews was arranged.

Step 6. A separate IPR interview with each of the participants took place.

Step 7. Therapy between Dr. Tomm, Susan, and Jim continued until a third especially significant or impressive session was chosen.

Step 8. A separate IPR interview with each of the participants took place.

Step 9. Therapy continued until participants agreed it was time to end.

Step 10. Following their completed therapy, partners each filled out the DAS.

Step 11. A final open-ended interview was conducted with the couple to gather their account of how they saw their relationship now that therapy was over.

Step 12. A comprehensive grounded analysis was conducted on the narratives generated out of the sets of IPR interviews as well as those conducted with the couples both before and following their therapeutic work (for details, see Analyses below).

Analyses

Pre- & post-therapy couple narratives. The pre-therapy interviews with the couples were analyzed and compared with those conducted once their therapy was complete. Central themes in each of the couple's stories were identified, as were the ways in which these differed and/or remained the same. Analyses also indicated how the therapists had influenced and, by implication, collaborated in the creation of a new, alternative story to the ones the couples originally told. At the same time, differences were sought in how couples told their stories and the extent to which they reflected the distinctiveness of whichever of the two therapy approaches they experienced.

Outcome measure. Statistical analyses were not conducted on the results of the DAS. Rather, the measure was used as a means of assessing the extent to which each of the partners perceived that some kind of change had taken place, and that their therapy had been effective -- at least as it was reflected in the items in the DAS.

IPR narratives. Analyses of the narrative material produced by the IPR interviews was conducted following the grounded theory method outlined above. In completing these analyses I also used material from the participants' pre- and post-therapy narratives to arrive at a more comprehensive understanding of the principal phenomenon I wished to study: what it is like to experience sessions of couples therapy from the point of view of those who collaborate first-hand in the process. Based on the IPR interviews, the following sub-analyses were also conducted.

(a) Experiencing narrative & EFT. The varied accounts of the partners and their therapists were used to compare how they experienced the two distinctly different narrative and emotion-focused approaches to therapy in the study. In this, I combined the 16 accounts of Dr. Johnson's couples and compared them with those of the couples working with Dr. Tomm, looking to discern possible patterns of difference and similarity in what they said. Similarly, I examined the combined narrative accounts of Dr. Tomm and, comparing them with those of Dr. Johnson,

analyzed these to detect possible differences and similarities between the two.

(b) Gendered views of couples therapy. To discern how different and/or similar the subjective experience of couples therapy might be from the point of view of males and females, I drew on the IPR and pre- and post-therapy narratives. In this, I combined and analyzed the 12 IPR interviews conducted with the male partners and compared these with those of the females, looking to detect how and to what extent their views diverged from one another as well as overlapped.

(c) Collaborative processes. Here I used the participants' IPR narratives to explore how they interacted and collaborated to create change. This involved examining their recall narratives for descriptions of their experience and what they felt was significant about their sessions. These descriptions were then analyzed to determine if there was a pattern in their occurrence that was peculiar to either of the therapeutic approaches, or if it was attributable to the collaboration and interaction of the participants themselves, regardless of the therapist's theoretical views.

Psychometric Measure: The Dyadic Adjustment Scale

The Dyadic Adjustment Scale (DAS; Spanier, 1976, 1979) is a 32-item instrument meant to give a general indication of a couple's functioning, as well as more specific information on possible problem areas (for a copy of the DAS, please refer to Appendix II). To this end, the scale comprises four subscales: (1) Dyadic Consensus, or how much partners agree on matters important to their relationship; (2) Dyadic Cohesion, or how often members of the couple do things together; (3) Dyadic Satisfaction, meaning partners' level of satisfaction with their relationship and how committed they are to keeping it going; and (4) Affectional Expression, or how satisfied partners are with the sexual aspect of their relationship and expressions of affection.

The DAS was chosen for the study as it is the most commonly used self-report measure of marital adjustment (Glenn, 1990). Its popularity notwithstanding, the DAS has been the subject of criticism since its initial development. Concerns have been raised about Spanier's definition of marital adjustment. There have also been conceptual disagreements over how appropriate it is to define marital quality as a multidimensional construct. Further criticisms of the DAS have focused on measurement concerns, and more particularly on its item scaling and subscale weighting (Fincham & Bradbury, 1987; Norton, 1983; Sabatelli, 1988). Despite these issues, however, the DAS has been used in hundreds of studies of marital functioning and marital therapy (Spanier, 1985). Indeed, as was noted in a study of a shortened version of the instrument (Hunsley, Pinsent, Lefebvre, James-Tanner & Vito, 1995), as a measure of marital adjustment the DAS is a mainstay in both the marital functioning and couple treatment literature, and is considered an optimal choice for studying marital and cohabiting relationships.

Description. The scale is a pencil-and-paper instrument to be filled out separately by partners in only a few minutes. There are no divisions among the instrument's four subscales, although they are generally grouped one after the other, with two of four statements related to affectional expression appearing towards the beginning of the scale, and the other two towards the

end. Thirteen items relate to consensus on matters such as finances, philosophy of life, recreation, time spent together and career decisions. Ten items probe dyadic satisfaction, and ask partners to indicate how happy their relationship is and how far they would go to retain it. Five items reflect cohesion -- how often partners laugh together, have a stimulating exchange of ideas, or work together on a project. Affectional expression items probe demonstrations of affection and sexual relations, two of which ask if either being too tired for sex or not showing love has been a problem in the last few weeks (Spanier, 1976; Spanier & Filsinger, 1983).

Scoring. Responses to most of the subscale items are measured on Likert-style scales, with anchors going from always agree to always disagree, all the time to never, extremely unhappy to perfect, and all of them to none of them. A total score is the sum of the numbers or points assigned to each item, ranging from a theoretical zero to 151 points -- the higher the score, the higher the rating of adjustment. Couple scores can also be derived by adding individual scores and computing their difference, averaging them, or both (e.g., Filsinger & Wilson, 1983). The most meaningful indicator of dyadic adjustment is a person's total score on the DAS, although subscale scores and scores on specific items may also be "examined for clues as to the origins of problems" (Spanier & Filsinger, 1983, p 164). The DAS and its scoring scheme (see Appendix 1) appear as an appendix to the first published work on the instrument (Spanier, 1976, p. 27-28).

It has been suggested that partners might be distressed if one of their scores is less than 100, although such a criterion "must be considered arbitrary... Given the continuum of possible scores, it is inadvisable to recommend a fixed cutoff point (Spanier & Filsinger, 1983, p 164). Studies using the DAS have indicated a range of cutoff scores, depending on the population being investigated (e.g., Casas & Ortiz, 1985; Kazak, Jarmas & Snitzer, 1988; Spanier & Filsinger, 1983; Walker, Manion, Cloutier & Johnson, 1992). For the married and divorced samples (see below) used to establish the criterion validity of the scale (Spanier, 1976), the mean total scale scores were 114.8 for the married sample and 70.7 for the divorced sample. Generally, however, a distress cut-off point of 97 has been set at one standard deviation (17.8) below the mean for the married sample. Thus, a couple scoring below 97 is considered to be distressed

Spanier notes that his intention in developing the DAS was "to meet the need for relevant, valid and reliable measures which can be used in survey research on marital and nonmarital dyadic relationships" (1976, p 25). To this end, the scale can be employed to quickly measure overall dyadic adjustment. In addition, Spanier (1979) notes that the scale was also developed with the clinician in mind, though it was not originally meant for individual or couple diagnosis (Spanier, 1979; 1988). "However, it is my opinion that the scale can be used confidently in this way if it is used cautiously" (Spanier, 1979, p. 297). In keeping with the spirit of his own advice, Spanier (1976) did not claim to have established cutoff scores when he was developing the DAS, and offers no firm guidelines for determining if a couple is weathering a maladjusted relationship.

Validity & reliability. The Dyadic Adjustment Scale was developed as a more theoretically grounded and psychometrically sound measure of relationship satisfaction between couples either

married or living together than was available at the time. Reliability of the scale was established for each of the component subscales, as well as for the total scale, using Cronbach's Coefficient Alpha. Reliability coefficients ranged from .73 to .94 for subscales. The total scale reliability was computed at .96. Content validity was determined by three judges who evaluated each item in terms of its relevance to contemporary relationships, its consistency with nominal definitions of adjustment suggested by Spanier and Cole (1976), and for its careful wording with appropriate fixed choice responses. Items not meeting these criteria were eliminated.

To establish its criterion-related validity, Spanier (1976) administered the scale to married and divorced samples, checking if each of the 32 scale items correlated significantly with the external criterion of marital status. Using a t-test to assess difference between sample means, he reported that for each item, the divorced sample differed significantly ($p < .001$) from the married sample. Significant differences at the $p < .001$ level were also demonstrated for the means of the subscale totals for the two samples. Construct validity was established through factor analysis and a correlation with the frequently used Locke-Wallace Marital Adjustment Scale. Correlations with the Locke-Wallace were .86 for married and .88 for divorced respondents.

Summary

Much has been written about the psychotherapeutic process in the past few decades (Rice & Greenberg, 1984; Russell, 1994). The majority of this has been authored by psychotherapists themselves (Conran & Love, 1993). Many of these writers have concentrated their efforts on theorizing about how change takes place in therapy contexts (Friedlander et al., 1994). Others, however, have set out to systematically research the process and subsequently report on what they find (Greenberg, 1994). Among the latter, there has been a good deal of disagreement about how best to study the therapeutic process so that results can be made meaningful to clinicians wanting to learn from and use them (Talley et al., 1994). Many of them have agreed, however, that given the apparent complexity of psychotherapy, an exploratory, discovery-oriented approach is more appropriate to their study at this stage (Hill, 1994; Mahrer, 1988; Moon et al., 1990). This has led to an increase in the number of qualitative inquiries appearing in the therapy process research literature. At the same time, it has opened up a window on how the participants of psychotherapy, both clients and their therapists, view their therapy (Toukmanian & Rennie, 1992). My study was designed to follow in the wake of this kind of exploratory, qualitative work.

Perhaps because of the difficulty of the undertaking, research into the therapeutic process has concentrated its focus on meetings between therapists and individual clients (Gurman et al., 1986; Wynne, 1988). Research in marital and family therapy settings, meanwhile, has tended to reflect on the outcome of its processes rather than the processes themselves. As a result, very little is known about how interpersonal change takes place in this kind of work (Friedlander et al., 1994). Further, where research has been undertaken to investigate the therapeutic process in marital and family therapy, it has tended to reflect methods and approaches that are inconsistent

with the discipline's systemic views (Auerswald, 1988). As a number of writers have noted, research is needed in which the multiple perspectives of its participants must be explored if the therapeutic process in marital and family therapy is to be adequately reflected and understood (Alexander et al, 1994; Friedlander et al., 1994). The present study marked an effort to begin the kind of research that both honors and reflects these concerns.

In keeping with the spirit of one of the acknowledged founders of a systemic perspective, Gregory Bateson (1972, 1979), the present study proceeded in a comparative fashion by exploring the subjective views of couples and their therapists as they experienced two distinctly different approaches to therapeutic change with couples. In doing so, however, it was interested in not only exploring and revealing the differences that make a difference in narrative (Tomm, 1993) and emotion-focused (Johnson, 1996) therapy for couples. It was also intent on exploring and revealing the patterns between them that connect. Consistent with this focus, the study also employed a qualitative methodology -- grounded theory -- which proceeded in a recursive manner by making constant comparisons in what its informants said regarding their experiences. In the process, it searched for themes and patterns in their narratives that might reveal how they each collaborated to create therapeutic change. Further, in keeping with the constructivist underpinnings of the two approaches it explored, the study placed experience and how it is expressed in language at the centre of the investigative process, attempting to elaborate how its participants co-constructed new realities within the context of two apparently different therapeutic worlds (McNamee, 1994).

Finally, there has been much discussion regarding gender and psychotherapy (e.g., Burck & Speed, 1995; Hare-Musten, 1987; Ussher & Nicolson), but little research that actually explores how men and women subjectively experience their therapy, or what they might prefer (Friedlander et al., 1994). On the basis of the little that has been written, it appears that women tend to favor an approach based more on talk and the expression of feelings. Men, on the other hand, tend to want a more action-oriented approach that brings them insight and solutions (see, for example, Brannen & Collard, 1982; Hunt, 1985). Such preferences might be accommodated in individual therapy. But how, we might ask, are these views expressed and played out in a couples therapy context, and how are they accommodated here? Further, given the increasing interest in how men and women apparently see or construct the world differently (Burck & Speed, 1995; Noller, 1993; Tannen, 1990), a study of their experiences as they went through and perhaps resolved their "differences" in sessions of couples therapy also seemed both timely and appropriate (see also Jacobson & Addis, 1993; Johnson, 1991). The present investigation marked an attempt to at least begin an exploration of these issues as well.

In carrying out my study, I focused on the first-person perspectives of partners and their therapists following selected sessions of therapy using an interview procedure called Interpersonal Process Recall (IPR; Elliott, 1986). Briefly, this involved replaying videotapes of the participants' sessions to gain an account of their impressions of their meetings. These IPR interviews took place as soon after their selected sessions as possible. In addition, the couples were interviewed

both before and after their completed course of therapy to gather their accounts of their relationships and how these might have changed. These interviews were audiotaped and transcribed. The narratives they generated were then analyzed using the grounded theory approach mentioned above (see Addison, 1989; Strauss & Corbin, 1990).

Guiding Questions

Out of its procedures and the reading of the literature that generated them, the following questions served to guide my inquiry. In keeping with most qualitative studies, however, these were considered more formative than fixed at the initial stages of the process (see Gilgun, 1992). As Packer (1985) has suggested, it is often prudent when planning visits to unfamiliar places to study maps, guides, and other such resource materials before setting out. Once there, however, it is also a good idea to talk with the people who actually live and experience what can only be dimly suggested by the lines on the maps you have studied and the descriptions you have read. As informants in these places, these people might familiarize you with what you had expected. But they might also lead you to discoveries you would never have known were there. With this in mind, the following questions served as tentative guidelines to my exploration rather than hypotheses or hunches to be either refuted or confirmed.

(1) How will couples and their therapists experience couples therapy? What will their perceptions be of their work together? How will these differ and/or be the same?

(2) How will couples experience emotion-focused and narrative therapy, and will their perceptions of these be different and/or the same? What about their therapists? Will their accounts of their experiences reflect far more similarity than we might suspect?

(3) Will men's and women's experiences of therapy be different, and if so, how?

(4) Will the couples' pre- and post-therapy stories differ? Will they reflect the influences of the therapists and their narrative and emotion-focused work?

(5) How will participants have collaborated to produce new stories that the couples tell at the end of therapy? To what extent will results reflect therapy elements previous researchers have already identified, or will they suggest other change processes that seem to be at work?

(6) Will results generate an explanation or a way of looking at couples therapy -- a theory, in other words -- that can be said to emerge out of or be grounded in the experiences of its participants? What will this theory be?

Chapter 7: Results

This investigation was guided by a number of questions that hopefully would be answered by the people who agreed to participate in it as therapists and clients meeting in the context of doing couples therapy together. What now follows is my attempt to reflect and convey what they said in answer to these. It should be noted, however, that these responses are based primarily on the IPR interviews conducted with partners and their therapists following sessions that they selected as being significant, special, or meaningful in some way. As such, they reflect descriptions of their moment-by-moment experiences as they were narrated to me, and are not to be taken as objective assessments or comparisons of either of the two therapists or their therapies. Further, these descriptions have been organized and filtered through the lens of a researcher, and so reflect to some extent my "take" on what they shared with me. With this in mind, I have tried to honor the voices and experiences of the study's participants by sticking to the spirit of what they chose to convey, and in doing so to provide readers with representative quotes that serve to substantiate my reading or interpretation of what was said.

In reporting on and organizing my results, I have chosen to answer the questions that informed my study in the following order. As a way of introducing the partners and their therapist, I initially present the changes to the pre- and post therapy stories the couples told me, and how these were connected to the influences of the therapists they saw. I then report on how the participants -- the couples and their therapists -- experienced their sessions of couples therapy. In addressing this, I first present the couples' perspectives on their experience. This is then followed by what their therapists had to say. Results of the participants' experience of narrative or emotion-focused sessions are presented in a similar fashion. Following this, I give results of my analysis of male and female experiences of therapy, delineating differences between the two. I then conclude by presenting results of what the couples and their therapists said, both directly and implied, about their experience of the therapeutic process. From this I briefly describe a way of looking at the couples therapy experience that emerges out of or is grounded in what participants shared with me -- a substantive theory, in other words, of couples therapy -- which is then more fully elaborated in the Discussion section following my results.

The Couples' Pre- & Post-therapy Stories

Grounded analyses of the pre- and post-therapy interviews with the couples in some instances reflected significant changes over the course of their therapy, while in others these were modest and perhaps felt more by one partner than the other. As I present below, discernible themes were produced by each of the couples as they described their relationships and what they felt their difficulties were both before and following their therapy. In general, these were offered by the couples as "theories" or "explanations" for what they felt was troubling them. Communication, for example, emerged as a common theme for many of the couples, as did issues related to their sense

of identity or their personal and interpersonal growth and change processes. Other themes included age differences, sexual relations, fighting and arguing, and children and the role the couples felt these played in their ongoing difficulties. Results also demonstrated that the narratives generated by these pre- and post-therapy interviews clearly revealed the influences the therapists had on each of the couples' stories and the changes they underwent. Indeed, a comparison of the couples' narratives before and following therapy shows their therapists to have had a significant hand in their rewriting. Less obvious, however, were the ways in which these post-therapy narratives could be seen to reflect the model of therapy the couples experienced. Analyses revealed few if any discernible language or stylistic differences, for example, between the post-therapy accounts of the couples who worked with Dr. Johnson -- Alan/Carol, and Valerie/Paul -- compared with those of Chris/Helga, and Susan/Jim, who worked with Dr. Tomm. There were, however, traces of the therapists' respective theoretical ideas in the couples' emerging stories, which I present and discuss below.

Along with the narrative outcomes reported on below, their DAS scores are presented in table form at the end of this section. The DAS results provide a more structured comparison of the partner's pre- and post-therapy perceptions of their lives together in a number of areas. In keeping with the procedure outlined in the Methods section of the study, the instrument was filled out separately by each partner following their pre-therapy narrative, and with the exception of research couple #1 (see below), was completed again prior to the post-therapy interviews with the couples. As result indicate, however, the DAS scores before and following therapy tend in most instances to be inconsistent with both the degree of distress and satisfaction that is reflected in the stories the couples told about themselves. This issue is taken up later in the Discussion section.

Couple #1: Chris & Helga

Pre-therapy narrative. Helga and Chris had been married for eight years and had two children three and six years old. Chris was a professional in his mid-40s. Helga, a former airline hostess, had just entered her 30s. Their presenting issue was Helga's recent affair. Chris began the interview and took up most of the conversational space throughout. Helga contributed occasionally, often agreeing with Chris's statements and sometimes quietly advising him what it would be okay to say next. When it seemed as if Chris had had the opportunity to tell his side of the story, Helga then offered her views. According to the couple, their relationship difficulties and the affair were connected to the following related themes.

(1) Age difference -- Chris first mentioned the 15-year age difference between the two. He then talked about Helga's youth and beauty, her vivaciousness, and her very outgoing, social nature. "She likes to go out a lot. I'm not so social. I like to stay at home." In keeping with this theme, Helga added that Chris "has no friends," and that it was as if he lived his life through her. "I'm everything to Chris." She also noted that she was "still young," that she wanted "some freedom," that her stay-at-home relationship with Chris had become boring and that "we're

different people." In Chris's view, if he and Helga were more the same age they would enjoy the same things together and some of these problems might not exist. Noted Helga, "I think that Chris should realize that he has a young wife and that he maybe has to put more effort into it."

(2) Children -- For Chris, everything in their relationship seemed to be going well until the birth of their children. This led to considerable "stress" in the marriage. In Chris's view, Helga's staying home to care for the children had led to her "unhappiness" and "restlessness." Further, her role as wife and mother also made her less the focus of his attention, so that despite his love for them, it had perhaps been a mistake to have children. Chris noted that maybe "a good babysitter" was the "solution" to their problems. For her part, Helga noted that she was not "just a wife and mother." She loved the children, but there was more to life than staying at home and taking care of kids. As she exclaimed, "As soon as the children came, he's never asked me if I want to go dancing or to a club or whatever. Never! You've never asked me that!" For Helga, the evenings with her girlfriends were the "beginning of her day," while for Chris they were his day's end.

(3) Sexual relations -- Chris and Helga said that their sexual relations had "gone downhill" in recent years. This was attributed to Chris's fatigue. Chris noted, for instance, that his career took up a lot of his energy. Both agreed that he did his share around the house as well. As Chris explained, however, in caring for their home and children he was trying to "take the stress off Helga" so that she would be easier to be around. All this led Chris to become "tired," however. Indeed, in Helga's view, he was "tired all the time." As she noted, Chris frequently "fell asleep on the couch" in the evenings, and she had become bored "sitting at home at night watching him sleep." As a result, their sexual relations had been less frequent and less satisfying for both. As they implied, Helga's affair was thus more a physical than an emotional entanglement. Noted Chris: "There was a tremendous physical attraction. That's what she told me." Helga, meanwhile, commented: "I don't love this man. I don't even know why this happened."

(4) Communication -- The couple noted that their relations had also been undermined by their "communication problems." As Chris said, they never seemed to have the time to talk. In Helga's view, Chris had never taken conversation with her seriously. "Chris never talks with me. He's not interested." Further, when they did talk Chris "never listens. It's like he's somewhere else." Helga also noted that Chris tended to contradict whatever she said and to cut her off a lot of the time. "Every time I say something, he always says it's not true. And he doesn't let me finish my sentences." Further exacerbating their problem was Chris's sense of Helga's "lying" to cover up the "double life" he felt she lived. This had led to confrontations and arguments. They had now reached the point where they could not talk things through without fearing that it would "get out of hand." Noted Helga: "We might end up not saying anything to each other for the next ten years."

(5) Identity issues -- Helga noted that she had "changed a lot" since their marriage. "I think I've changed more than he has. He's done it all and seen it all and I feel that I've missed out on a lot of things." In her view, Chris had to learn "to let me be myself sometimes," which meant "giving me more freedom" and "letting me have my own voice." As she added, although Chris

loved her, "sometimes I think he loves me too much." In addition, for Helga life felt "very confined" as a wife and mother. "On the weekend I think: I don't want to be at home anymore. I don't want to see the kids for awhile anymore. I don't want to see my husband anymore. I just want to go." As she later added, "I want to be a little more independent. I want to be me!"

Post-therapy narrative. By the end of therapy the couple had legally separated and was about to institute divorce proceedings. Chris, however, consented to participate in the post-therapy interview, although he felt it would be best if he did this alone. Helga, meanwhile, indicated that she did not wish to be interviewed again, neither separately nor with Chris. Final DAS results were not available for this couple. Comparative analysis of the pre- and post-therapy narratives, however, revealed modest changes in the story Chris now told.

(1) Age difference -- Chris still felt that the 15 years between them had been a factor in their relationship difficulties, although not to the extent he originally thought. "Me giving her less attention than she required, and having the children, and me being 15 years older, although I think that's less of a part... I think she just needed to look for something else." Chris also felt that their past relationship and his attraction to Helga because of her youth and beauty had made theirs an "immature love." As he said, "I don't know that the way we fell in love with each other was the most mature way. I think there was, you know, a lot of maybe less than mature reasons for falling in love with each other." Indeed, Chris felt their relationship had served to "weaken each other. I don't think we clicked very well in strengthening each other. We weren't strong for each other."

(2) Children -- For Chris, the children remained one of the primary reasons for the problems in his relationship with Helga. As he noted, "Early on I could give her a lot of attention. Once the children came into the marriage, the attention I could give her was less than I think she needed. Having the children and being a full-time mother was too much for her to cope with." In Chris's view, having to share attention with the children led Helga to seek out "something else" so that she could have this "need" in her fulfilled. "I think that's how she found this other person."

(3) Sexual relations -- Related to the above, Chris felt that Helga had been unable to have a "more mature" relationship with him in which she could be "happy" with the kind of attention he gave her, sexual or otherwise. As he noted, "I think she became somewhat unhappy with me and started going out more, and with her friends. Looking around and seeking some more or different attention directed towards just her by the person she was involved with. That's what happened."

(4) Communication -- Chris noted that he and Helga were living in separate homes and had been "communicating better. On the whole we communicate quite reasonably when we do communicate." He also felt that things were "calmer" between him and Helga, and that they were able to discuss issues without things "heating up." "We don't have too much conflict going on now. It seems to be getting less and less." Their agreements, however, were centred more around the children and their co-parenting arrangement, which Chris said was going well.

(5) Identity issues -- Chris said that he was giving Helga the space she needed to create a life for herself on her own, whether it was with "this new man" or someone else. As he noted, he

now wanted to try to be "a wise person" and to follow some of what he learned in therapy. For Chris, this meant being mindful of Helga's experience, making space for her "to be who she is," and avoiding imposing his "strong convictions" on her. Chris felt he was following this and was thankful that the therapy had helped him through the "trauma of my loss." "We have a certain type of relationship now because of the children, and I want to try and make that as good a one as I can." He added that he now hoped that he and Helga could be "friends rather than enemies."

Therapy influences. Despite its outcome, it is apparent that the therapy had some influences in the creation of Chris's newly emerging story. During their ongoing difficulties, for example, Dr. Tomm had counseled Chris to give Helga more space to explore her "confusion," advice Chris reported complying with to some extent. In an individual session Chris had also been given a "prescription" to follow in his dealings with Helga so as to avoid alienating her even further with his "crushing convictions" of how she should live her life. The prescription had also suggested that Chris become more "curious" about Helga's experience, and that he try to see things from her point of view. Here again, it was evident in Chris's post-therapy narrative that these influences had to some extent been incorporated into his evolving story, and thus had "taken" or had had their effect. Similarly, the therapy had also included a reflecting team whose members behind the one-way mirror had talked about love and how it evolves and matures. Members had also speculated about how Chris and Helga seemed to be working "at odds" with one another and the effect this might be having on their children. These, too, appeared to be messages that had been incorporated into the story Chris now told. On the whole, however, therapy's influences had not been enough to counter his understanding and convictions of what went wrong in their relationship and the part Chris felt he -- but especially Helga -- played in this. Indeed, as Chris indicated, he still felt that "the problem" was Helga, and that she was a "troubled woman" who would continue to cause difficulties in whatever other relationships she might now have.

Couple #2: Susan & Jim

Pre-therapy narrative. Jim and Susan were 29 and 28 years old respectively and had been together since their late teens. They had been married for four years and had a daughter three years old. Jim was a construction worker while Susan was a stay-at-home mother. Both had had problems with drugs and alcohol, although their presenting issue was "relationship difficulties." Jim spoke for the couple during most of the interview, becoming frustrated when Susan did not include herself in it as much as he would like. As if to give her space at the end of the interview, Jim left the room. During this time Susan spoke more freely, agreeing with Jim's assessment of their problems but resenting the idea that they were "all my fault." The following themes emerged.

(1) Communication -- Jim noted that a large part of the problem was their inability to "communicate." By this they meant that they "just can't talk" about certain "sensitive issues" or even raise them. Or if these did get discussed, an inevitable pattern would emerge. "We sit down. We have a big long discussion. That sort of lets all the steam out. Then time goes by. Nothing

changes. So we get to a point where things kind of blow up and then there's threats of leaving. So we have a discussion again. Nothing changes. Blow up. Threats of leaving. And so on. It's just the same thing over and over again." As Jim saw it, he would try to "get through" to Susan, but she would always "close off. It's like hitting a brick wall and I can only pound a little tiny bit of information through those cracks." In his effort to "communicate," Jim said that he had tried "being careful, tap dancing around the eggshells," but that eventually he would go "stomping through there, kicking egg shells out of the way, frustrated and fed up."

(2) Growth & change -- Although both Jim and Susan felt they had made major changes in stopping their use of drugs and alcohol, Jim noted that he had continued to change and grow while Susan had not. As he said, "One of the things that's important to me in my mate is the ability to look at things, to communicate, and grow and change. And it's important for me to be with somebody who's going to be continuously growing and changing and looking at themselves and at us." Jim added that he had made major changes in himself. Susan, however, "has only changed the things that she wants to change." Further, although Jim sensed that Susan knew what other changes she could make in herself, "there's been no action on her part. We talk about these things, but then there's never any follow-up by her." Susan said she was open to changing but wondered, "What's wrong with me the way I am? I can be lazy and unmotivated and those are things I should change. I know that. But overall, I don't see that things about me are so bad..."

(3) Self-awareness -- The couple also talked about their different views of self-awareness. Through counseling, for example, Jim felt he had become quite self-aware in the last few years. Susan, however, had not been "taking a look inside herself" in the same way he had. As he implied, if she were more self-aware he would have "someone to talk to" about their mutual insights. Further, one thing Jim said he was hoping for from therapy was to become even more self-aware. "By better knowing myself, I know what I want out of a relationship. So that when I come to a fork in the road and I make the decision, I'll be happy with either one." Susan, meanwhile, described herself as a "follower" and felt she was not a self-aware person. Her hope, however, was that the therapy would "help me to get in touch with myself deeper and give me time to become more self-aware and for these changes to happen so things can be better between us."

(4) Sexual relations -- Initially, the couple's feelings of sexual incompatibility had led them to see a sex therapist. The problem, said Jim, was Susan's withdrawal from him. "I woke up one day and Susan wasn't the person I'd been spending the last few years with. Something happened and everything changed." For Jim, sexual intimacy was an important "missing element" in the relationship, but it was "one of those sensitive issues we can't talk about." As he noted, "It's such a big problem between the two of us and there's a lot of dissatisfaction and arguments and a lot of uncomfortable feelings, but I feel it's a topic I can't discuss with Susan. She has a tendency to close off." Following their initial meeting with the sex therapist, however, the couple was advised to seek out marital counseling for their relationship difficulties instead. They both agreed with this.

(5) Critical blame -- A problem in the relationship for Susan was the criticism she heard

from Jim and the blame she experienced. All she heard was "I haven't done enough, I haven't changed this or I haven't changed that. Or we've talked about these things but I haven't taken any action to do them, to make these changes, or whatever..." Susan noted she was relatively happy with Jim and the changes he had made, but "now it seems that all the problems he has are with me or the way I am or what I do and don't do. It feels like it's all me and I'm the cause of all this." She added that were it not for Jim and his dissatisfaction, they would not be going for couples therapy. However, she said that in the process she expected to not only work on changes to herself, but "also to focus on the relationship as a whole and not for the spotlight to be just on me."

Post-therapy narrative. Susan and Jim contributed equally to the interview that took place following their final session of therapy. Unlike their pre-therapy interview, however, Jim did not seem to feel the need to encourage Susan to voice how she now experienced their relationship and the story she had to tell about it. In fact, it was Susan who began the interview, with Jim following her lead this time. Analysis of their post-therapy narrative reflected some significant changes to the couple's pre-therapy themes.

(1) Communication -- The couple agreed they were more able to talk about certain sensitive issues, and that they could be calmer in talking about them. "If you were in the house with us, you'd see us discussing things more calmly and rationally now. Things are discussable whereas before that wasn't the case. There's been an increase there." Jim said their conversations felt like they were "working together" to improve relations rather than at odds. For Susan, having felt safe to "say what we wanted and hear one another say it" during therapy, it now felt safer to do the same at home. They noted, however, that some issues were still hard to raise and talk about.

(2) Growth & change -- Susan in particular felt that she had grown and changed and now experienced herself as being far more open and less likely to "shut down" Further, "there's not so much disagreement on my part." As Jim noted of Susan, "I don't feel so much resistance if I make a suggestion that's meant to be a positive change for us. Susan tends to be a little more encouraging and supportive of me." Noting how she experienced Jim differently, Susan felt less pressure to change. "I feel freer to be happy with me and the way I am. Not forced to change or do things that I don't want to do or would be unhappy doing. It's more relaxed that way now."

(3) Self-awareness -- The couple felt the therapy gave them "increased awareness." Susan said, "It helped me to see or know myself better and to find out things about myself." It had also helped her to think about her "patterns of behavior," leading her to "make connections between my father and Jim. Like, not being appreciated for things I did and degraded for things I didn't do by my father and by Jim." As she added, she and Jim also "made connections that didn't just come up in the counselling, and we had some conversations about that." Jim noted how the therapy had left him "stunned sometimes with a new thought or a new idea," leading him to reflect on "how I am and who I am in a relationship. To become more aware of some things that, if I were on the receiving end, I wouldn't appreciate very much." As a result, Jim said he was "offering her praise more often 'cause that's something she didn't get." The couple also had a "better understanding of

each other" and were "more aware of our reactions and where they're coming from."

(4) Critical blame -- Susan said she experienced the therapy as being "fair and equal," and "at no time did I feel the finger was pointed more at me or at him." She felt this had helped them to be less blaming of one another, so that "my experience of Jim saying things is different now. I accept it more as his opinion. There's not so much demand." As a result, she was "more open to suggestions and not so closed." Jim, meanwhile, said that the therapy had invited him to "look at myself better and realize I've been a lot more blaming than I thought I had. So now it's a healthier relationship and things are discussed where there's less blaming involved." Further, Jim felt he could state his opinion and now it was "accepted as my opinion, whereas before I would've been accused of being critical and blaming and judgmental. That's less the case now."

Therapy influences. Although Jim felt that their relationship was "less than perfect" and they still had "a lot of work to do," the therapy clearly helped to change the couple's pre-therapy narrative, and had traceable influences on the story they now told. In keeping with Dr. Tomm's intent to help them "experience one another's experience," for example, Jim and Susan reported being more "in tune" with one other than ever before. This was especially evident in Jim's contribution to their post-therapy story and the sensitivity he now had to the criticism and blame his voice had once had. Also evident was the work Dr. Tomm had done to "interrupt" the couple's "pathologizing pattern" of blaming and shutting down by "opening up space for Susan to speak her own experience, and for Jim to listen better and actually hear what she had to say." In the process, Susan had also gained more confidence in being able to fulfill the therapist's intentions of helping her to "claim more initiative" and to "take up more conversational space for herself with Jim" Although Susan did not overtly state this as her current experience in the relationship, it was clearly manifested in the "space" she took up during the post-therapy interview and in her initiative to go first. Another important element in Dr. Tomm's work was to help the couple become more aware of their own individual patterns and how these affected their feelings and perceptions of both the past and present. Jim's and Susan's contributions to their post-therapy narrative are strongly reflective of this as well. Finally, Dr. Tomm's influence on their evolving story was also clearly evident in the couple's new understanding of their reactions and responses to one another. As Dr. Tomm noted, part of the intent behind the therapy was to help the couple to see one another "differently" and to let them experience in the actual therapy itself how powerfully they could affect the other through what they did and said. As the couple noted in the post-therapy interview, therapy had helped Jim to see and experience the contrasting positive and negative influences praise and criticism had on Susan, while it had helped Susan in turn to experience how her shutting down and opening up had similarly powerful effects on Jim.

Couple #3: Alan & Carol

Pre-therapy narrative. Carol and Alan had been living together for five years but were not

married. Both were in their mid- to late-30s respectively and had previously been married and divorced. Alan had an eight-year-old daughter who lived with his ex-wife. He worked for a local moving company while Carol travelled extensively as a sales agent. Their presenting problem was the dramatic fights they engaged in, and their inability to talk them through. The couple took up about equal space during their interview, each feeling free to offer his or her respective points of view. Midway through the interview, however, upset that he and Carol were "taking up time and oxygen" talking about his parents, Alan left to go outside for a cigarette. As he noted, "I didn't know we were going to be getting into this kind of stuff!" Alan and Carol spoke quite openly about their relationship difficulties and felt that their problems were related to the following.

(1) Ambivalence & mistrust -- Carol and Alan described an up-and-down, roller-coaster relationship colored by strong feelings of ambivalence and mistrust. As Alan noted, his previous marriage had been "totally lacking" in passion, connection, or communication: "I just existed." With Carol, however, he said, "I've never felt so good in my life!" But worried that "home" and "children" with her might lead him to how he felt in his marriage, Alan was "reluctant to come around. I didn't want anything to do with any of that stuff." Thus, he had trouble "committing" to Carol and trusting that the feelings in their relationship could last. Carol, meanwhile, said that after being "thrown out by Alan pretty near every February" she had trouble trusting him again. His past relationship with his ex-wife and especially his daughter also caused her some concern. "I'm just afraid something's going to change later and I don't know if he'd be ready for that. Like, if she comes knocking on the door when she's thirteen, how's he going to deal with that? That's my biggest issue." Alan's ability to "cut off" emotionally also fed into Carol's feelings of mistrust.

(2) Intimacy & connection -- The couple felt more like two "roommates" with one another rather than intimate partners. "There's no connection, no intimacy. Everything's just surface. We live together but there's no connection there." Further, whereas Alan was "wanting that connection back again" and said he was willing to "fight for it," for Carol "there isn't that desire to always be together anymore." She had been "hurt" one too many times by Alan and so had "backed off" and become "disengaged. We're not very intimate anymore, but I just don't care and he does." Carol later noted that "somewhere deep down I want it to work. I really do! I want to feel intimate and I want to feel that sexual thing with him, but right now..."

(3) Fighting & arguing -- Alan and Carol described frequently fighting and arguing, their disputes sometimes ending in lengthy separations. As Carol noted, Alan "just explodes. The time bomb builds and builds, and then boom, he blows. Every February, and then he throws me out." In Alan's view, "I hold things in. My dad and brother are the same. You should sit and discuss things instead of letting it build up and then the slightest stupid little thing doesn't turn out to be a big explosion and everything ends over something." For Carol and Alan, although the sense of their relationship had been of "highs so high like we've never felt before," the fighting and arguing had given them "lows so low that we've never felt those either." As they noted, at times it was as if "we can never talk. We don't know how, we just argue and fight. It's been a collision course."

(4) Unresolved issues -- In Alan's view, Carol's previous abusive relationship had left her "testing me all the time." As he explained, Carol would push to see if he was going to hit her. As Carol admitted, "I was saying awful things to him. I'd take him up, up, up. Then boom, I'd pull the carpet out." Carol's testing had led Alan to "lose it every now and then, and then I'd blow up and it'd get out of control. I wouldn't hurt her physically. Never. But I'd just get mad." Carol, meanwhile, felt that Alan's "baggage" from his previous marriage was responsible for much of his anger and frustration, and that this had never been "dealt with. I think there's a lot of issues from his past that he hasn't dealt with. He carries so much shit around and doesn't talk about it. I bring up stuff with him, he just gets wild. He's so angry. So it must still be there."

(5) Selfishness -- The couple felt that Alan's "selfishness" had also played a role in their problems. As he noted, "Me being selfish. That's how things got this way." Alan explained that in his marriage he had always been "able to do whatever, whenever. I came and went as I pleased. Did what I wanted. Never spoke the whole time. Never." He was used to few demands being made on him, emotional or otherwise. When he met Carol, "it was like putting my hand in a fire for the first time. 'Hey, you can't do that! That's not right!' Stuff like that." Although he had learned to appreciate Carol as an equal, Alan said that it was trouble adjusting. At the same time, Alan's admitted selfishness led Carol to mistrust his motives for doing things, her feeling being "what's he going to get out of it? That's why he's doing this. This isn't for me, it's for him."

Post-therapy narrative. After 15 sessions it was agreed that Carol might benefit from extended individual therapy to help her deal with trauma from her past, and that the couples work should end at this point. In their post-therapy interview, Carol began and initially did much of the talking while Alan sat as if listening for signs of increased commitment to the relationship from her. Analysis reflected significant changes to certain of their pre-therapy themes.

(1) Ambivalence & mistrust -- Carol could see "more of a future" in the relationship where she did not see one before: "Splitting up isn't an option anymore." She added that "where before I felt like it didn't matter, I'm invested in it now. It matters more times than it doesn't." Indeed, Carol pointed out that she had "left the safety of the road" to risk her and Alan living together "like a normal couple" for the first time. She wondered, however, as she revisited her abuse in her upcoming therapy if Alan could substitute as her "safe place." "Like, you have to have a safe place when you come home. So is there enough in the relationship for us to even hold it where it is? I'm cautious, still waiting to risk." But Alan felt more committed than ever. "It's like we're going down the hall now where there's doors that have to be opened that've never been opened. It's going to be scary because I have to deal with that part of it too. But I want to be there to help."

(2) Intimacy & connection -- Alan and Carol said they did not feel "like roommates anymore," but as she added, "it's like mom and dad after 50 years. They're together, but there's not that link." Carol felt, however, that they were "way ahead from where we were." In fact, sometimes the relationship felt "more dangerous," which was "more meaningful than feeling distant and indifferent." But as the couple explained, for things to change even more, Carol would

have to deal with the past trauma. As afraid as she was to face and struggle with this, she felt that because of how things were now, she was prepared to "meet the dragon." Alan felt that "pretty well everything's changed except the sex end of it." He noted, however, how that morning Carol had asked him to dance with her to a song on TV. "That's something you never would've seen before. And Carol doesn't do stuff just to make you feel good, so she's got to feel something."

(3) Fighting & arguing -- The couple said they had far fewer fights and arguments. Noted Alan: "We talk more. I don't fly off the handle and do that cut-off thing." Discussing a recent dispute they had, they said, "no one moved out. Things weren't thrown out onto the front lawn. Nine months ago it would've been a big blow-up and fuck you and I'm outta here!" As Alan added, "We discussed it the next day, whereas before I would've clammed up and not said anything." Carol noted that it felt safer to touch on certain issues. "There was so much we couldn't talk about 'cause I was afraid of the blow-ups. That's not there now." In fact, the couple said that "ninety-five percent of what we couldn't talk about before, we can discuss or raise now." The other five percent were things that Carol was "scared to raise with anybody. They're nothing to do with him." Alan explained: "I see myself different now. I talk and open up more." Because of therapy, Alan had also learned to "listen and think: 'How would I feel if I were in her shoes?'"

(4) Unresolved issues -- There was little mention in the interview of Alan's "unresolved issues." Rather, the focus had shifted to Carol's past abuse and an appreciation of how seriously traumatized she had been by this. Seeing her past in this light not only helped to validate Carol's experience, but also had a considerable impact on Alan. Where Alan had been disqualifying her -- "Are you ever going to get over that shit? It's been four years now! Jesus Christ, what's the problem!?" -- he now admitted how "hard" he had been on Carol, and how important it was for them to work on helping her to heal. "It's a bridge we have to cross for this whole thing to come together. I realize now, we're only just starting to have a relationship, and that I'm going to be able to help her with this." More sensitive to Carol's struggle, he also said he could see the effect the trauma had on their relationship. "Before, the feeling was always like Carol was rejecting me. But now... She's been through a lot and there's trauma there, and I see now how scared she is."

Therapy influences. As they began their therapy, trauma was not a part of this couple's story, or even of their vocabulary. Thanks to the influences of Dr. Johnson, however, it ran through their post-therapy narrative like a thread that tied their seemingly disjointed experiences together into something that "made sense" of what had been happening in their relationship. As Dr. Johnson had speculated during their initial session, "This woman has been traumatized. All the signs are there." She had then set out to create a climate of safety for Carol in the relationship. On the one hand, this involved helping her to learn how to "risk and trust again." On the other, it also meant encouraging Alan to "come out and make a safe emotional connection with Carol. To be with her." As it turned out, the evidence of this work was strongly reflected in Alan's experience of himself as now taking the time "to listen and think before I say things" as well as in his efforts to validate and empathize with Carol's experience, and to put himself in her shoes. Dr. Johnson

also worked to build Alan's confidence in himself as a valued person in Carol's life and someone who could help her in the healing process. As Alan had noted of himself at the beginning of therapy, "I'm just a dumb old truck driver. I don't know anything about this kind of stuff." Evident in their post-therapy interview, however, is Alan's new story of himself as someone who, far from being impatient with or disqualifying of the trauma, now respected and understood it, and wanted to help Carol in whatever way he could. Perhaps more importantly, evident in the couple's newly evolving story is the assumption that Alan was also capable of being Carol's "safe place." Indeed, implied here is the very significant influence Dr. Johnson had in helping Carol to change her story of herself and how it had been contributing to the narrative the couple constructed at the start of therapy. Where initially she had expressed far more ambivalence and mistrust of Alan and of their relationship, for example, by the end of therapy Carol had now quit her job and left the "safety of the road" so she and Alan could build a relationship based on "really living with one another for the first time. It's like we're just starting to have a relationship." Further, Carol no longer perceived Alan as the "villain" in their relations, "selfish" and "to blame for everything that's going wrong," and had now begun to trust. Through the influence of Dr. Johnson, Carol's story of distance and self-protection had evolved over their sessions to be replaced by one in which commitment, connection, and feeling the "danger" of the relationship, but wanting to "open up and risk," now formed its major theme.

Couple #4: Valerie & Paul

Pre-therapy narrative. Paul and Valerie were both professionals in their mid-40s and late-30s respectively. Married for almost two decades, they had known one another since their teens and had three young children aged six to eleven years. Their presenting issue was the distance they had come to experience between them, which Valerie described as a lack of emotional connection but which Paul said he did not really feel or understand. Paul began the interview very matter-of-factly, initially giving the story of their relationship in three short sentences. Valerie, meanwhile, admitted being extremely nervous both about the interview and initiating therapy, and spoke quietly and hesitantly about their relationship and what she felt needed to happen if it was to survive. Both contributed about equally to the interview, which produced the following themes.

(1) Emotional connection -- Paul said coming to therapy "related to some emotional things." Valerie, he said, had told him she "wasn't getting the emotional feelings" from him that she wanted. He had tried hugging and holding her more frequently, but this had not worked. In Valerie's experience, Paul's efforts felt more like "a job or an act that's being performed" rather than a warm and spontaneous demonstration of affection. What Valerie described seeking was "to feel emotionally connected to Paul. I'm looking for more the emotional side of the relationship." Although she "knew" Paul loved her and could articulate it intellectually and sexually, what was missing was "the in-between where emotionally he doesn't have to say or do anything. And I know it's there because I see him do it with the children. I want the same for me." For Paul,

"from a functional point of view the relationship's pretty good... I wake up in the morning and I go to sleep at night and I know that Valerie loves me and life is great and things are fine."

(2) Personality differences -- Paul noted that he and Valerie were "quite different" when it came to emotions. "I'm a great intellectualizer, rationalizer, and Valerie's at the other end of the spectrum... I'm just not an emotional guy." Appreciative of Paul's intellectual side, Valerie nonetheless felt frustrated and angry with him. As she explained, seeing his ability to connect emotionally with the children told her that what she wanted was "in him," making her wonder: "So is it something about me?" Valerie also felt that there was "a lot about my response to Paul when we were young that certainly facilitated" their differences. Paul, however, felt Valerie was asking that he change fundamentally who he was. "You're asking me to be somebody different." For Paul, this implied there was something "wrong" with him. As he noted, "I'm motivated to make the relationship better for Valerie, but I don't feel motivated to change who I am to that extent."

(3) Growth & change -- Valerie felt that since meeting when they were "very young," she had grown considerably. "He married a young girl and there's no question that in the years we've been married I've grown up and emotionally changed." Valerie noted she had "grown more into myself," becoming a woman in the process. Further, she felt that these changes had given her "more confidence;" allowed her "to ask for things I want;" helped her to "take Paul down from the pedestal, which I've put him on;" and to make demands of him that she could "never make before." She said she was asking that Paul "go forward with me," and to also change and grow. Paul's feeling, however, was that over the years he had accommodated to Valerie's growth, so that now it was her turn. He noted: "Is the idea for couples to change each other, or to live with each other?" As Valerie then stated, "I don't just want to live with him. I think that's the problem. I'm asking him to move forward with me. He was never asked to do this before. Now he is."

(4) Communication -- Paul had a hard time understanding what Valerie was demanding from him. "Valerie's tried to explain it a couple of times, but I'm not sure I understand exactly what the request is." As he noted, he was hoping that the therapy process would be a chance for him to "try and understand what Valerie's asking for, and then to see what I can do to satisfy that request." Valerie, meanwhile, said that she found it difficult articulating her request. "I don't want to change him. I want to facilitate something from him." She added, however, that "for whatever reason" she had been unable over the years to communicate to him what she wanted to facilitate. "I keep using the word emotion, but... So I guess I hope that that's where the therapist can help me to define it for myself in a way that it can be facilitated in him. I've tried and failed."

Post-therapy interview. Again, Valerie and Paul shared equal space during their interview. Paul began and talked more at length this time about how he saw and felt about their relationship. Valerie, meanwhile, agreed with much of what Paul said, but was more inclined to qualify how far she felt they had come. Though the changes to their initial couples narrative were significant, they thought that "we still have a lot of work to do on our own."

(1) Emotional connection -- For Paul there was "generally more emotional connection." He

and Valerie were now "trying to work together instead of independently." Paul also noted that "I need to be involved a bit more. So even though I was satisfied before, I realize now that's not enough." For Valerie, there had been a "significant effort" to understand her concerns and to "try to develop an emotional connection between us." Her sense was that the process had helped Paul to understand "what I'd been looking for from him in terms of emotional connection. Very much so. But the concept is just the first step. One has to work at doing it." As she noted, they still fell back into "old patterns." Her feeling was that "there's a lot of work ahead [but] I don't know if we'll ever get there." Although there was "less tension in the air" and more feelings of "comfort" between them, Valerie did not think the "demonstration of affection or real personal interaction" she was seeking was there yet. "It's something that I'd like to have but I don't see it quite yet."

(2) Personality differences -- Neither partner pointed to personality differences as a part of their relationship difficulties any longer. In Valerie's view, both individually and as a couple they now had "patterns of behavior" and "old habits" that they had begun working on and were doing this "together." Whereas Paul initially felt that a "personality overhaul" might be expected of him to give Valerie what she wanted, he now realized "it's not quite changing who I am but some of the things I do and how I do them." More significantly, Paul now acknowledged that he had emotions and feelings, but "I process them so quickly the emotion doesn't become apparent, but it's there." As a result, Paul felt that he did not have to learn to "be emotional," but to "slow my processing down. So I'm trying to count to ten now or go back and think about those things."

(3) Growth & change -- Valerie felt she had grown and gained more of a "voice" for herself with Paul, and was more able to "speak up" and articulate her needs. Therapy had helped her to "say things I was afraid to say after so many years of being rejected." Further, this had "levelled things between us and brought us forward. The process has allowed something to start moving forward." Paul, meanwhile, felt that he had come to realize that on an emotional level "I have needs in the relationship as well. That's not something you would've been hearing from me before." Though Paul admitted that he had yet to clearly define what these needs were, he now knew "it's something I need to work on."

(4) Communication -- The couple were now "talking a lot more," and not only "just listening, but hearing and trying to understand." Noted Paul: "We listen rather than just hearing the words." Further, Valerie had been able to "get through" to Paul at a level where she felt he grasped what she had been trying to convey for so long. "He heard what I was saying before, but it was interpreted at a certain level and in a certain way so that it was never understood at the level I was trying to make it understood." In their therapy, however, they were "able to bring it to a new level." Paul also felt that the comfort they had in the relationship was attributable to their increased ability to "talk things through. Like, we pay attention to each other more. There's a major effort to discuss things and communicate." Paul also realized that he had to become more expressive with Valerie. As he noted, "I have needs in the relationship, and I need to work on expressing those."

Therapy influences. Where initially Paul felt that "life was great and things were fine," the

therapy's influence was clearly reflected in the story he now told of how he felt. Indeed, it was Paul who first emphasized the "work" that still lay ahead of them if he and Valerie were to "have a relationship that's even better." In keeping with Dr. Johnson's intent to help Paul to open up his "emotional world," his contribution to their post-therapy narrative also reflected important changes in how he understood himself. No longer a just an "intellectualizer," for example, Paul now saw himself as someone who had emotions but who merely processed them more quickly. Also evident in Paul's emerging story is an understanding of what Valerie had meant by "emotional connection," as well as his validation of its place and importance in their lives. Perhaps even more significant, however, reflecting Dr. Johnson's tendency to "go beneath the surface of experience and get at underlying feelings," is the emergence of Paul's own unarticulated desire for emotional connection. As he said, the therapy had awakened in him the feeling that he too had "needs" in the relationship, and that although unsure what these might be, they had to be expressed. Valerie, meanwhile, had been encouraged by Dr. Johnson to relinquish her "one-down" position and feel entitled to exercise a "stronger voice" with Paul. As Dr. Johnson first wondered, "Where's her anger? She's angry on some level, but that's something he doesn't hear." Evident in her post-therapy narrative, however, is Valerie's feeling that she was able to "get through" with Paul and be demanding of him in a way that he would respond. Further, the therapy brought her to a point where although she agreed that Paul had the "concept" of what she wanted from him, he had yet to enact it "from the heart." Indeed, evident in her post-therapy narrative is a stronger sense of entitlement to say to Paul, "I want more. This still is not enough." In the end, it is a testament to therapy's influence on Paul and Valerie that she was able to change her story of herself as "timid" and "afraid to make demands," to someone who could question the status quo with Paul, while he in turn was able to openly listen and take in what Valerie said.

Table 2
DAS Scores

		Pre-therapy	Post-therapy
Couple #1	Chris	82	n.a.
	Helga	94	n.a.
Couple #2	Jim.	68	69
	Susan	85	102
Couple #3	Alan	93	117
	Carol	102	105
Couple #4	Paul	107	111
	Valerie	107	111

The Couples' Experience

The open, axial, and selective coding generated by my reading of the interviews with the couples suggested that their therapy tended above all to be an emotional experience in which a range of sometimes unpredictable feelings might be present at any turn. Indeed, inherent in their IPR reviews -- and in the subsequent codes that these produced -- is the essentially emotional, feeling-based nature of their experience. In fact, of the more than 800 open coding categories that were generated by my reading of the couples' combined transcripts, 570 of these -- slightly more than 70% -- referred to either an emotion or a feeling that partners described experiencing during their selected sessions (please see Appendix III for lists of open, axial, and selective codes referred to here). In some cases, for example, the therapy process was described overtly as "a hell I had to go through," "an emotional roller coaster from start to finish," "something you had to put your heart and soul into," and "a place where all the emotion inside got turned outside." Generally, however, it was the participants' descriptions of their moment-by-moment thoughts and feelings during their sessions that most reflected the emotional, feeling-based nature of their experience. As their accounts revealed, the couples experienced an impressive range of emotions and feelings throughout their therapy. Depending on the person and where they were in the process, these fluctuated from feelings of hope, fear, threat, sadness, anxiety, blame, hostility, and rage, for example, to feelings of shame, confusion, safety, ambivalence, support, validation and relief. As results clearly demonstrated, pausing the action at any moment and taking a slice of what they were experiencing led inevitably to a description of these or a number of other similar feelings occurring at the time.

In addition to demonstrating the array of emotions and feelings participants described in their IPR interviews, evident during the axial coding procedure were the ways in which these feelings were tied in with or closely connected to (1) the influence of the therapy context itself and the assumptions and beliefs partners held about therapy, (2) the reciprocal effects partners had on one another, (3) the therapist and what he or she was saying or doing at the time, and (4) the relationship dynamic between the therapist and each partner. The process of axial coding also generated categories that underlined or highlighted participants' descriptions regarding the importance of (5) feeling "safe" in therapy, (6) the "feeling work" that it entails, (7) therapy as a novel or "out-of-the-ordinary" experience, (8) the process of exploring and naming experience, (9) searching for "depth of feeling" in therapy, and (10) the experience of therapy as a "presentational space," or a context partners use to present or convey who they are to the therapist and to one another. Following their emergence, these 10 codes or categories were subsequently collapsed or combined with one another, and the selective coding process used to produce a common or core theme that was descriptive of the couples experience of their therapy. These are presented here as offering empirical or "grounded evidence" of the emotional bases of couples therapy, and of the feeling current or tone that for the couples, at least, seemed to permeate the experience.

(1) Therapy assumptions. As none of the couples in the study had much exposure to

couples therapy, they were unsure what to expect. Some participants came to their sessions feeling blamed by their partners for the problems in their relationships, burdened by guilt, and sensing that the focus of the session was going to be on them. Further, they anticipated that the therapist was going to agree with their partner and thus side against them in their talk. As they noted, they expected to be judged and criticized by their partner and by the therapist. For them, therapy was a kind of fault-finding exercise in which blame had to be pinned on someone, and it was probably going to be them. Understandably, they reported feeling highly nervous, anxious, and defensive, planning that when things became "too hot to handle" or "blew up," they would walk out. Similarly, partners came to their therapy sessions anticipating that a kind of "personality" change might be expected of them, which caused them to feel highly vulnerable during any perceived line of enquiry about themselves and their personal or family history. They assumed they were going to be judged and even pathologized by the therapist, thus corroborating the attributions their partners had been making about their character and so on. This also led to high levels of anxiety and defensiveness during the initial stages of the therapy process, feelings that stayed with them until it became evident that this was not what couples therapy was going to be about.

Further, all four couples expressed coming to therapy as a "last resort" for the troubles in their relationships. As they saw it, if the therapy could not do it for them then nothing could. With no other perceived resource to help them out, this led participants to experience undue pressures to make sure they engaged fully in therapy. At the same time, however, they expressed having to proceed cautiously, frequently withholding stronger feelings such as anger for fear of alienating their partners and sabotaging the therapeutic process. Out of this emerged a kind of double-edged experience in which feelings they sensed might be helpful to a process of mutual understanding, and thus to their relationship, were knowingly suppressed for fear of the "hurtful" and "damaging" effects they might have. This created ongoing feelings for certain participants of considerable tension in the therapy, which in some cases never seemed to be resolved.

As well, there was the generally unspoken stigma of going to therapy, which generated mild feelings of shame and humiliation for the partners. Imagining what others might say about them if they found out they were in therapy, the couples came to their sessions in a secretive, guarded fashion, as if obliged to enter such an experience "through the back door." In addition, couples expressed feelings of inadequacy for having to resort to therapy in order to resolve something they were somewhat embarrassed to admit they had not been able to "work through" for themselves. There was also the feeling that if you had to go to therapy, you must be "crazy" and ready for the "rubber room," the implication being that it was a blemish on a couple's reputation if they were unable to manage their difficulties without having to depend on therapy to help them out.

Participants also experienced performance anxiety during their couples work. Some assumed, for example, that in therapy questions had right and wrong answers, leading them to worry about the quality of the ones they were giving. Others felt embarrassed when they did not understand questions, comments, or explanations offered by the therapist. Rather than framing

this, however, as the therapist being off track somewhat or using language that was out of keeping with theirs, participants felt they should be better clients by trying harder, performing better, or paying closer attention. Partners also described feeling anxious when asked to participate in various technique-based interventions, some of which they said were "really hard to do." At these times they became preoccupied with "how well" they were doing, sensing they had not performed up to scratch, that what they did was "lame," or that they had "failed." Similarly, participants tended to compare their therapy performances with their partner's, feeling that the other was doing "so much better," which led them to feel discouraged and disappointed in themselves.

Finally, all four couples assumed that therapy was about opening up, getting in touch with and talking about feelings, and exploring problems that they were unable to discuss successfully in their "everyday lives." Thus, issues they tended to avoid, had a great deal of difficulty talking about, or even raising in their home context, were going to be put on the table and "worked through." This led partners to feel especially cautious, nervous, and even fearful going into their sessions, anticipating that they were going to be engaging in "dangerous dialogue" that had the potential to "explode." Similarly, the couples assumed that in trying to resolve their difficulties, their "deeper" thoughts and feelings would also have to be touched on in the process. This could mean having to change their personality to salvage the relationship, revealing secrets they were terrified to disclose, digging up things out of the past, or getting in touch with vulnerabilities they were unwilling to show the therapist or their partners for fear of being rejected, criticized, judged, demeaned, or otherwise shamed. Therapy, in other words, was a context in which you would be either invited or directed, depending on the therapist, to drop your defences and "put your guts on the table," "get out the garbage," "let it all hang out," and "look at the rot." As the couples confided, such assumptions tended to generate feelings of extreme anxiety, nervousness, and fear not only in their initial sessions, but throughout much of their ongoing therapeutic work.

(2) The partner's influence. Results indicated that partners often took their emotional cues from each other in their sessions, and that they tended to be quite sensitive to one another's "moods." As their IPR narratives indicated, while to an observer partners might seem active and engaged in the therapy, in fact they were frequently off on a track of their own, preoccupied and speculating about what the other must be thinking or feeling at the time. Such speculations seemed to be based primarily on a "reading" of their partner's body language. A certain gesture, for example, a familiar look, or a tone of voice would lead them to sense that their partner was feeling either angry, sad, frustrated, misunderstood, challenged, supported, relieved and so on. Sometimes, too, a partner's sudden shift in the conversation, or an unexpected choice of topic, would be taken as an indication that he or she must be feeling a certain way, or was in a certain mood, at the time. This, in turn, would have a reciprocal effect on the person doing the "reading," their feelings now being affected or influenced by their partner's perceived mood.

Frequently, for example, anger, frustration, or impatience in the other would be "picked up" by their partner. As they then experienced this feeling "rubbing off" on them, they would

begin to feel unsafe, intimidated, fearful, and thus hesitant to say anything that might "push" their partner further, or otherwise exacerbate their mood. The feeling was of having to proceed cautiously, to "walk on eggshells," and "bite your tongue." This was especially the case for partners whose hopes were more heavily invested in the therapy than the other's. As they noted, they were left feeling that it might be more prudent to remain silent during these moments rather than challenge their partner or go public with how they felt. A perception of sadness in one partner by the other might have a similar effect, leading them to attempt to shift into a kind of feigned cheerfulness or to introduce an element of levity into their talk. Where a partner's "antennae" would pick up vulnerability in the other, however, they would often describe a sudden softening of their feelings, sometimes becoming quite empathic where only moments before they might have been experiencing a quite different and perhaps even hostile mood.

Also evident was the way in which the feelings participants described experiencing seemed almost unpredictably to fluctuate with what their partner was saying at any given moment in a session. Indeed, it was as if beneath their seemingly calm exterior a whole range of feelings were being stirred up by whatever conversation or story their partner was sharing with the therapist at the time. In one instance, Chris, for example, began talking in a fairly innocuous manner about his relations with his mother and telling a story that included her. Helga, meanwhile, seemed to be listening attentively, smiling and even nodding politely. Beneath this demeanour, however, her inner experience was of a whole stream of interconnected feelings welling up inside. As her IPR review revealed, initially Chris's talk raised mild feelings of annoyance and disagreement with what was being said about her mother-in-law. Suddenly, however, she shifted to feeling angry as she recalled an encounter with her mother-in-law in which she had felt humiliated and demeaned. This scene, in turn, called up others whose details eventually led her to begin to experience feelings of loneliness and isolation, her sense of being shunned by Chris's mother and family now coming up for her. This process continued until, in the end, a profound sense of sadness came to dominate her momentary experience in the session, although neither Dr. Tomm nor Chris indicated in their recall interviews that they had any sense of this at all.

Time and again examples of this phenomenon presented themselves in the IPR interviews. One partner might respond to the therapist by relating an incident or telling a story. His or her companion, meanwhile, while listening wholeheartedly, might at the same time be off "somewhere else," experiencing a different world of feelings and thoughts. Although initially these might have been stimulated by and connected to the talk at hand, in effect they went on to open up a whole other story that at the time often remained untold. Invariably, however, these narratives had a strong feeling tone to them, seeming to centre around themes such as longing, hurt, betrayal, unfairness, jealousy, and emotional needs. Some of these stories and their themes eventually would emerge in a later session. But where they did not, participants were left feeling that the therapist did not have the full story. These narratives, however, tended to be offered and freely shared in the context of the research interviews. As their IPR sessions indicated, participants'

tendency to withhold them in the therapy seemed to be a function of the couples context and how safe and vulnerable they felt in their partner's presence.

A common experience for participants was also the feeling of never really knowing what one's partner might choose to divulge in a session. This led to ongoing feelings of anxiety that were based not so much on what partners were saying at a given moment, but rather on what they might say. Thus, unlike individual therapy clients who have a sense of control over what is brought up for discussion, the couples found themselves in a context in which a certain fear of the unpredictable was always there. As they noted, despite their best efforts to control the talk or steer it in a particular direction, the presence of their partner meant that they were at their mercy, never knowing what might be "sprung upon them," and thus where the talk might take them or end up. That their partner was the one person in the world who perhaps knew them best -- "weaknesses and all" -- made the threat doubly real for them. At the same time, it made it doubly significant, for as well as being someone who perhaps knew them best, they also saw their partner as the person from whom they most needed care, compassion, understanding, and support. In effect, what participants seemed to be saying was how vulnerable they felt to being exposed by their partner, afraid of being somehow shamed and humiliated in front of the therapist, and thus of losing face.

Although fearful of and reactive to remarks they experienced as demeaning or hurtful, participants also described being especially moved as a result of expressions of compassion, appreciation, and understanding by their partners. Indeed, an entire session might turn on a partner's positive remark. This was especially true when it emerged spontaneously rather than seeming to be cued up by the therapist, and was experienced as coming "from the heart." Such remarks elicited powerful feelings of validation. As they noted, they felt accepted, valued, and respected, as though they were somehow "desired" or that they "mattered" in their partner's life. Indeed, the experience was of a kind of softness coming from their partner, as if the "edge" they had been feeling -- one of criticism, for example, hostility, coldness, withdrawal, anger, or indifference -- was gone. This was replaced by a sense of heartfelt engagement with them, which influenced participants to feel similarly, becoming more open and less defensive in return. As Valerie noted, she could actually feel herself responding to the softness in Paul's voice as he told her of his care for her and how much he needed and wanted her in his life.

(3) The therapist's influence. The participant's research interviews clearly indicated how much the feelings they described experiencing were also intimately connected to the therapist and what he or she said or did. This influence was not only traceable to the therapist's actions, as I will discuss below, but to his or her personal and professional qualities. As participants noted, for example, they had gone into therapy feeling guilty and blamed, fully expecting that it would be an aversive experience and that the focus was going to be on them. Following their initial sessions, however, they left feeling deeply relieved and wanting to return. In explaining this "change of heart," partners attributed it to the feelings of safety, security, and comfort they experienced with the therapist, who they described as being warm, non-judgmental, accepting, empathic, and fair.

In their experience, the therapist "listened" and "genuinely cared" for them as a person, was "easy to be with," "respectful," "honest," and "up-front." There was also a feeling of "chemistry" with the therapist, which was difficult to define. As Carol and Alan explained, initially they thought the person who greeted them in the waiting room -- Dr. Johnson -- was an administrative assistant whose job was to show them to the therapy room. Along the hallway, they chatted and felt instantly at ease with her. Then, as all three entered the therapy room and sat down, the couple suddenly realized this was going to be their therapist. As they noted, they both breathed a sigh of relief, feeling that the "chemistry" was right and that this was "the person for us."

For some participants, what they referred to as the therapist's "personality" was all important. Indeed, it was almost as if they were saying that the therapist was, in effect, the therapy, or that in their experience the therapist was synonymous with the therapy itself. As they explained, someone else might have been equally competent and professional. They might have used the same techniques, been able to ask the same questions and convey the same sort of information. And all this might have been experienced as helpful for them in their relationship difficulties. But they doubted that they would have "touched on" certain issues, "opened up" as much as they did, or gone as "deeply into things" with another therapist as they did with theirs. When asked what in the therapist's personality led them to feel this way, the couples consistently pointed to how safe and comfortable they were made to feel by the therapist. They added that although they saw the therapist as a "professional" and not someone with whom they were going to establish a lifelong "friendship," they nonetheless felt "easy" in their relationship with one another. In their descriptions, there was no feeling of hierarchy or one-upsmanship. As Alan put it, Dr. Johnson was never "hoity-toity" with him and Carol. Rather, they experienced the feeling of a "threesome," as though Dr. Johnson was "on our level with us" and that they were "all in it together," collaboratively engaged in exploring and working things through.

At the same time, however, the couples conveyed that the therapist's "competence" and "professionalism" were also essential elements in their therapy experience. As their research interviews revealed, their sense of safety and comfort -- their "bond" with the therapist -- not only grew out of a sense of the therapist as a person, but out of a feeling of confidence in his or her experience and expertise. Indeed, seeing the therapist as someone "who's been through this before," and "obviously knows what they're doing" seemed especially reassuring for participants, and fostered significant feelings of trust in the couples. As Susan said, Dr. Tomm could have been friendly, comforting, and understanding, "a nice guy" who felt safe and secure for her and Jim. But they still needed to trust in him as a "professional." For the couples, this meant being able to guide them to places they needed to go, and to challenge them intellectually and emotionally. It also meant being able to "read between the lines," offering them understanding and insight. Further, couples said they needed someone who knew not only how to help them "open up" with one another and "communicate," but how to intervene or what to do if and when things got "out of hand." Finally, "professional" meant someone who was an intermediary, able to stand outside and

inside their relationship at the same time, being impartial, nonjudgmental, and fair

As the couples made clear, the therapist emerged as being central to how they experienced the therapy. In their view, their "feel" for the therapist as both a person and a professional was instrumental in the change process, the therapist's actions being directly tied to their ongoing experience throughout their sessions. Indeed, evident in their IPR reviews was the connection their moment-by-moment feelings had with the therapist as they seemed to shift and change, seemingly subject to dramatic fluctuations depending on what the therapist might be saying or doing at the time. Especially influential, for instance, were times when the therapist's words or actions had the effect of validating either one of the partners or the couple. Such moments elicited strong feelings of relief for participants. As Jim noted, hearing Dr. Tomm's words of support and encouragement for how far they had come in their struggles was "like a huge burden being lifted from our shoulders. It felt really good to know that someone could see how far we'd come. It made us want to go on." For Valerie, Dr. Johnson's validation led her to feel like she was "not crazy after all." Rather, her sense was that Dr. Johnson could "see" what she had been feeling and experiencing in her marriage for so many years. "Finally here's someone who understands. I can't tell you how good that feels!" Similarly, Susan explained how Dr. Tomm led her to feel that what she had been experiencing in her relations were "true feelings" that were "worth something." As Alan also noted, Dr. Johnson's validation led him to feel like he could "put my heart on the table and say just about anything," which he experienced as a "weight off my chest."

Feeling understood was another highly significant experience evoked by the therapist's actions. Helga noted, for instance, that up until meeting Dr. Tomm she had "never met anybody who understood my life." That he could almost think and feel like she could created a strange emotional mix for her, as if Dr. Tomm were "sitting right there inside my head. That feels wonderful, but strange too." For Jim, meanwhile, feeling validated and understood by Dr. Tomm paved the way for him to talk about and explore the "feeling side" of himself, which he had previously only been vaguely aware of and extremely self-conscious about. As he said, it was both "uncomfortable and weird to be talking about feelings and emotions" and made him feel like he was in unfamiliar territory. "Because I've never had to do this, it scares me and makes me feel like I'm in a place where I don't know my way around." For Valerie, however, the feeling of being understood "touched" something within her and brought tears to her eyes. At the same time, however, knowing how good it felt to be understood strengthened her resolve to seek the same kind of understanding from Paul. As she explained, feeling Dr. Johnson's understanding gave her the strength she needed to finally voice her needs.

Participants also described times in the therapy when the therapist's actions or words led them to feeling disqualified or misunderstood. Initially, this seemed to elicit feelings of distrust or disappointment in the therapist, and led to a "sinking" sense of ambivalence about the process. This then tended to undermine their feeling of engagement in the therapy. As Chris noted, he had "issues burning at the edge of my tongue" that he wished to present to Dr. Tomm. His feeling,

however, was that he should "play it safe" as Dr. Tomm did not seem to "understand my situation and I don't want to get upset and walk out." For Carol, the misunderstanding she experienced led her to doubt Dr. Johnson's ability to see her pain. As she stated, "There's a blackness there, a darkness that I'm still hurting from" that Dr. Johnson did not appear to see. "There's no understanding of what it's like to be me." In her experience, Dr. Johnson failed to attend to her deeper feelings and "didn't get in there with me. There was no connection." As a result, she felt less "enthused" about the therapy and adopted a "wait-and-see" attitude instead.

As it turned out, these feelings lingered throughout a significant portion of the therapy for both Chris and Carol, leading them to feel increasingly angry with Dr. Tomm and Dr. Johnson respectively, and with the therapy. Although they kept these feelings "somewhere beneath the surface" in their therapy sessions, they emerged loud and clear in their subsequent IPR reviews. For Chris, the feeling grew into a sense that Dr. Tomm was not only misunderstanding, but was being especially hard on him. He wondered, "What am I supposed to do? Do I get angry right there?! Say right there in the therapy, it's all a pile of bullshit!" As though directing his comment to Dr. Tomm, he then turned and shouted to the wall behind us, "Bullshit! Dr. Tomm, you're full of bullshit!" Feeling resigned and on the point of giving up, he then noted that he would "let them all say whatever. I don't care anymore. It's a waste of time." Carol, meanwhile, not only continued to feel misunderstood by Dr. Johnson, but also blamed for her "inability to trust." This was like the last straw for her, and led to intense feelings of anger. "Right there, I'm livid! Everything's boiling over. I'm shaking I'm so pissed off!" Mirroring the sentiments above, she too exclaimed as though Dr. Johnson could hear her, "Bullshit! Bullshit," adding that if what she felt had occurred earlier in the session, she would have got up and walked out. Again, the feeling was "I'm wasting my time." Rather than say anything, however, she decided to "go along for the ride" until the session was done.

A seemingly chance comment by the therapist, a question, a reflection, or an interpretive remark also exerted a tremendous influence on what partners felt in their sessions. Indeed, it was as if the therapist's words were able to transport them into feeling realms they had never been to before. Such experiences elicited feelings of fear, enlightenment, even exhilaration. Often, they were totally unexpected and seemed to catch participants off guard. As Valerie noted, as much as she tried to anticipate Dr. Johnson's questions, some were "completely unpredictable and hit me hard." They also had the effect of "pushing me that one step further," and could evoke "a million emotions in me." Valerie, for example, found herself taken aback by Dr. Johnson's seemingly out-of-the blue query about how lonely her years with Paul might have felt for her. The word "lonely" took her by surprise, and soon led her to experience "an overwhelming sense of sadness" that she had been "out of touch with" and thus had never articulated for herself. Long after the session was over, the feeling reverberated for Valerie as she thought back on the many years of "emotional love" she now felt she had missed out on. At the same time, the query also helped crystallize not only what she felt was missing in her relationship, but what she now wanted.

Susan, meanwhile, described how one of Dr. Tomm's questions "shocked" her into realizing how Jim had been neglecting to share a significant aspect of his experience with her. As she explained, initially her feeling was "this is his business" and that she had "learned to accept it." She added, however, that just hearing the question implied a sense of permission or entitlement for her to ask and expect Jim to share more. In essence, the question led her to feel "a little more secure" about challenging the status quo. As she noted, had the idea of Jim sharing more with her occurred to her on her own, she probably never would have raised it, let alone pursue it with him. That would have felt "too scary," one of those kinds of issues that "makes you shiver to talk about." But because Dr. Tomm brought it up, it felt "safer" and less threatening for her to entertain it as a possibility that they could now discuss. Jim also expressed being "caught" by the question, saying initially that it raised feelings of defensiveness for him, a momentary need to scramble to justify his position. As he thought about it, however, he felt, "Yeah, I didn't realize... I don't share that with her, do I.?" As he added, the question "struck a chord in me and bells are going off... Something to think about..."

In essence, it seemed that a well-placed intervention by the therapist in the form of a comment or query created a form of "experience" for participants that they had not anticipated, leading them into feelings that might previously have been just at the edge of their awareness, perhaps never quite articulated before or given words. In some instances, they also had the effect of inviting partners into experiencing feelings they described as not even knowing were there. Like Valerie, for whom the word "lonely" seemed to trigger a sadness that she had not known about or felt before the word was said, participants seemed to experience the "evocative" nature of the therapist's influence. In explaining the emergence of these previously "out of awareness" or "unfelt" feelings, they said that the therapist's remark or question had "touched" or "stirred up" something "within." As Susan described it, Dr. Tomm had opened up a lot of "hurts and things I've just stuffed away and thought I'd dealt with. I wasn't expecting any of this at all." Indeed, it was as if participants were being shown themselves to themselves, the therapist inviting them into an emotional realm that was almost as unknown to them as it was to their partner. When asked, for example, if she regretted "opening up," Susan replied that it was "good because it's telling me things I've become upset about and that haven't been dealt with adequately or resolved." As she pointed out, "getting into" these feelings was not something she planned on, "but it happened." And as uncomfortable as it felt, she reasoned that it "not only told me about myself," but it revealed "something about me" to Jim and Dr. Tomm as well.

(4) The therapist-partner relationship. Relations that the therapist and one's partner appeared to establish with one another tended to evoke a strong and sometimes confusing mix of feelings for participants. On the one hand, where the therapist appeared to support and validate one's partner, the other often reported feeling not only reassured that things were going well between them, but relieved that their partner seemed to be understood by the therapist and was feeling safe enough to open up. As Valerie explained, the relationship Dr. Johnson established

with Paul had the effect of eliciting from him things that she had felt unable to "access" in the many years she had known him. As she then noted, she felt extremely hopeful and reassured by this. In her view, Dr. Johnson was "getting somewhere" with Paul, her hope being that Dr. Johnson would be able to "get through to him and convey what I've been trying to for so long and can't." Indeed, she felt that Dr. Johnson's relationship with Paul was fundamental to the therapy, and "incredibly helpful for our relationship."

A similar view was expressed by Alan, who felt he was "in over my head" with Carol, and that the one chance for their relationship lay in the kind of connection Dr. Johnson was able to establish with her. Again, his hope was that Dr. Johnson would be able to help Carol "open up" and not only discuss some of her hurt and pain, but to begin a process of resolving it as well. As his IPR reviews revealed, initially he had felt tentative and cautious during the therapy, "afraid to say the wrong thing." There was a sense of being on edge as he experienced considerable tension between his Carol and Dr. Johnson. As he noted, it was like Carol had "met her match" with Dr. Johnson as they "went at it" with one another. At the same time, he reported that he would often become "upset because she's upset" and feel as though he had to "pay for it" as they drove home in heavy silence afterwards. As Carol gained confidence and trust in Dr. Johnson, however, slowly feeling safer to disclose some of her more vulnerable feelings, he began to experience a stronger sense of relief during the therapy. He also started feeling much easier in his relations with Carol, and considerably more hopeful as well.

For Jim, meanwhile, because of the kind of relationship Dr. Tomm established with Susan, his sense was of finally hearing how she was feeling, which he described as leading him to feel "joyous." "It's like she never lets me know what's going on inside her head." As Jim explained, in previous counselling he had felt obligated to do all the talking while Susan got to be supported and "taken care of" by the therapist. This left him feeling blamed for the problems in their relationship, "like the finger was being pointed at me and it was all my fault." Both members of the couple noted in their separate IPR interviews that although this might have felt good for one of them, it was not very productive for the relationship. "For one thing, I never got to hear what she had to say because the counselor hardly ever asked her anything or challenged her. The finger was always pointed at me." With Dr. Tomm, however, Jim felt "quite joyous about the fact that, like, we're not sitting here and we've got another counsellor saying, 'Let's take a look at you and what you need to change.'" Rather, what he was now hearing from Dr. Tomm was, "Let's look at the relationship. We're going to help you grow and change, but we're also going to help her grow and change too. And I felt really good about that, like this is a good place for us to be."

On the other hand, what also stood out in the participants' research interviews were times when the relationship between the therapist and one's partner were seen by the other as being too one-sided, or there was a perceived "favoring" of one over the other by the therapist. Where this occurred, feelings of mistrust in the therapist, along with a growing sense of unfairness and anger, began to pervade their therapy experience. As Chris noted, the feeling he was left with was "I'm

the bad guy," and that although "it's her who had the affair, somehow it's all my fault!" This put him in an especially difficult bind, as he acknowledged that Helga's relations with Dr. Tomm were vital in her decision to return for subsequent sessions. As a result, he described having to "swallow" his anger as the therapy continued and Helga garnered more and more sympathy from Dr. Tomm while he felt less and less understood. In a similar fashion, Carol related how in their first session she felt like Dr. Johnson was perpetually "coddling" Alan, "holding his hand and making excuses for him," and thus "letting him off the hook." Her sense was that Dr. Johnson was being "hoodwinked" by Alan, which led her to feel less confident in Dr. Johnson's abilities to understand and "see what I see." Although a part of her could acknowledge that it was important for Dr. Johnson to establish a trusting and supportive relationship with Alan, she felt very much ignored and misunderstood in the process. As this continued, she became less and less patient with Dr. Johnson and increasingly angry. At one point, for example, she was so "livid" at the attention Alan was receiving while she felt unheard and cut off that she felt like giving up. "There I am, shut down again. He gets all the kudos -- 'What a good boy he is' -- and all I get are scraps. I'm so mad I can hardly speak. What's the point? That's what I'm feeling right there. Another Monday, wasted!"

(5) Feeling "safe." Consistent in their recall interviews was the emphasis participants placed on feeling "safe" and "comfortable" in their therapy sessions. In contrast to the "anxiety" or "edge" they often experienced with one another in their everyday lives, partners repeatedly referred to therapy as a context in which they could begin to let their "guard" down and "take the risk of opening up." Vital to such a process, however, was their need to experience the therapy setting as a safe place to be. As Susan, for example, noted, she felt like she could "stick my neck out" in their couples therapy and know that she was going to be "supported" by Dr. Tomm. "I felt like I could let it all out. Say things for the first time that maybe I'd never said before 'cause it felt safe being there." As Susan also noted, she did not "shiver" anymore when certain "dangerous dialogues" came up between her and Jim in the therapy "because I was in a place where it felt safe now for me to do that." And as Alan also pointed out, although he felt vulnerable talking about his feelings while Carol "sat there beside me maybe criticizing me for what I was saying," he felt "comfortable enough to do it" because Dr. Johnson was there and "I knew it was safe."

Where such safety and comfort were not present, participants often reported being hesitant, cautious, and holding back, as if playing a game of wait and see. This was most evident in their reviews of their initial sessions when they appeared to be "checking out" the therapy and the therapist. For at least the first third of the interview, for example, the partners' narratives reflected feelings of considerable tension, anxiety, and nervousness. Many noted feeling "awfully uptight" in the beginning, unsure about being there and what would happen. Was the therapist going to be critical and judgmental? How would they defend themselves with their partner saying it was all their fault? What would they do if one of them "lost it" and started crying or got angry and critical? By the end of the session, however, they generally reported feeling relieved at how things had

been handled, "totally comfortable" with the therapist, and looking forward to coming back. Helga noted that her session had felt "like a little clean-up inside." As Alan explained, even though Carol got "pretty wound up," he "breathed a sigh of relief" that Dr. Johnson had been there to "ease things." "I guess that's what happens at these things. You get angry and you get emotional and things come out and you learn how to deal with them." He added that he "wouldn't have had a clue what to do" if Dr. Johnson had not been there to lend support.

Following their initial sessions, the couples' subsequent IPR reviews tended to reflect increased feelings of safety. Evident in their accounts was a growing sense of familiarity with the therapist and the therapy. Partners talked about the "relaxed feel" of the therapy, despite the obvious "hard work" they were putting into it. By this they often meant an easing of the tension they experienced earlier as they withheld some of their stronger feelings. In its place, they now began feeling more confident about the process and their engagement in it. They explained that they were willing to open up and risk more -- to divulge secrets or to let one another in on their desires, needs, and fears. They also felt like they were "making progress." This was exemplified by Susan who midway through therapy decided to raise an especially "sensitive" issue that she and Jim could not talk about at home. As she explained, she could feel Jim sitting beside her in the therapy room "stewing and getting angry but not saying anything. The anger building and the tension, I can just feel it." Knowing how Jim might react, she nonetheless decided to "take a risk and touch on it anyway. But feeling safe because of the environment we're in. Because of where we are and there's a mediator, it feels safe to do this."

As participants implied, had they not felt safe they doubted they would have made much progress no matter what techniques the therapist used or how "expert" he or she was. Paul noted, for example, that feeling unsafe would have meant not being able to "put the real issues on the table. I mean, if I didn't feel comfortable with someone, I'm certainly not going to share certain things with them. And if that happens, then I can't see how this is going to be much good." In fact, where participants in the study sometimes did feel unsafe and hence hesitant to share their "deeper" feelings, they became angry and resentful that the therapist was not providing a space for these to be given voice. As Carol said, she expected that she would be able to "pour out my heart and soul" and finally "feel as though someone understood my pain." Instead, she found that when she tried to bring up the hurt she had experienced, it either went unheard by Dr. Johnson, at times was minimized, or was left unexplored. This led her to feel misunderstood by Dr. Johnson, and quite mistrustful. "I don't feel safe to bring up some of this stuff 'cause I don't know what's going to happen with it. I mean, will it just get thrown back in my face? I've tried a couple of times and it's like I get shut down. So forget it. I'm too angry to say anything now. I'm just biding my time here. It's not worth the effort anymore. I'm too pissed off!"

(6) Doing "feeling work." Frequently, couples expressed feeling that in their home contexts they tended to "gloss over" their relationship difficulties and "play it safe" or give one another the cold shoulder. As Alan explained, "In our everyday lives, when something's

wrong we just give each other the cold shoulder and we don't really deal with it. Maybe things get talked about, but they still don't get dealt with." The therapy context, on the other hand, was one where they were willing to "lay our cards on the table and do whatever it takes so that things can feel better between the two of us." Alan admitted, for instance, how uncomfortable he felt being in therapy, but said that he was willing "to put my heart and soul into it to work things through." Jim also clarified that behind whatever he might say about his therapy was the notion that it was "a lot of hard work." Indeed, common to all the couples was the sense of having to go to uncomfortable places and return feeling "drained" or "exhausted" -- feelings that they then took back with them into their everyday lives. In Carol's account, she described how she and Alan had "gone down into things" during therapy, adding that this had been a "tremendous struggle." Others noted how they had "wrestled" and "grappled" with various feelings in their therapy, while still others admitted how they had put a lot of energy into "stifling," "swallowing," or "stuffing" certain feelings because they did not feel prepared to "deal" with them yet. At the same time, they also revealed how much energy it had taken to let their feelings "come to the surface," to "admit to" or "face" them as they emerged, and again to "work them through."

Strongly implied in what participants said about their therapy was not only that it was work, but that it was work of a certain kind. As their vocabulary suggested, fundamental to the encounter were the feelings that this work entailed. Indeed, seen from the outside with the sound off, couples therapy might seem like three people in a room having a thoughtful conversation. As results show, however, beneath the surface of the experience lies a definite sense of "feeling work" around whatever is taking place. And although this may be experienced somewhere "in" the body, it is not physical work as we might normally conceive of it. Nor is it the kind of cognitive work individuals typically engage in during their day-to-day lives. Rather, the therapy work has a palpably "emotional" feel to it, a kind of labour that leads to feeling "drained" and "exhausted" because of the feelings that are being wrestled with. In fact, couples indicated how the therapy context often led them to "save up" issues or concerns in anticipation of being able to raise and discuss them with the therapist, and hopefully "work on them and maybe get them resolved." As Jim, a labourer in his "everyday" life, reflected on the work they had done in therapy, he said that the talk about feelings and emotions had made him feel "weird and uncomfortable, like I'm in strange, unfamiliar territory. Because I've never had to do this, it scares me and makes me feel like I'm in a place where I don't know my way around." As he later stressed, "I want you to emphasize in your study how difficult this is. This is tough going, a real struggle."

Notably, the "feeling work" that takes place in therapy was evident in the IPR reviews of all four couples, whether it was emotion-focused or narrative sessions under review. Further, results indicated that even where the discussion seemed centred more around ideas than feelings, there was a distinctive and identifiable feeling-based motivation to their talk. As the IPR interviews revealed, no matter how "cognitive" or "intellectual" the conversation, there was always a feeling current flowing beneath its surface. This was exemplified by Carol, who told of how she

sometimes tried to "steer" the conversation by engaging Dr. Johnson in talk about ideas. "There's stuff I know we're about to get into here, but I'm not ready for it yet. I'm afraid, so I'm wanting to talk ideas instead. I'm stalling." As Paul noted, he came to therapy assuming he was "going to get into feelings. I figured that's what was going to happen at some point." Aware, however, of his own discomfort with "this kind of talk," he acknowledged trying to focus on what he was thinking rather than how he felt. As he added, his intellectual pursuits were also motivated by a need for "insight into things," something he felt "more comfortable with than trying to understand what was going on inside." In both these and other cases, such efforts point to the "feeling work" participants engaged in during their sessions, even though this might not be immediately evident in the talk. Indeed, as Carol and Alan noted, their therapy work was always motivated by the desire to "feel" rather than "think" better about themselves and their relationship.

(7) "Out-of-the-ordinary." The experience of therapy as an unusual or unfamiliar situation in which one does not have "control" over or cannot reliably predict what happens was also common. This tended to raise couples' anxiety levels during therapy. Although this was considerably more evident at the beginning of the process, the feeling stayed with partners throughout their sessions. Initially, for example, the couples reported being unfamiliar with and not knowing "what couples therapy is all about." In participants' later work, however, evident in their IPR reviews was the feeling of still being somewhat on edge, never quite knowing what issue might be raised, what their partner might come out with, or what question or comment the therapist was going to make next. Thus, unlike their "everyday" contexts where they perhaps felt some measure of control or predictability over what was happening around them, the therapy context was one in which the secure feelings that go along with such assumptions had to be put on hold. In their place was a sense of having to "go with the flow," "roll with the punches," or be with events as they unfolded, along with the feelings of insecurity and loss of control that this entailed. As Carol explained, she always felt "wary" that the talk could "get out of hand." Not only was she unsure, however, what her partner might say in a session, but "I don't really know what's going to come out of my own mouth and what that might lead us into. Maybe something scary..."

This presented more of a difficulty for some participants than others. In the case of Carol and Valerie, for example, there were secrets they shared during an individual session with Dr. Johnson that they were "petrified" would somehow emerge during their therapy talk. As Carol noted, when the conversation came "anywhere near" the subject of her secret she would "freeze with fear," wondering if in the heat of the talk Dr. Johnson would "accidentally just blurt it out." In an attempt to handle her anxiety, Carol would try to control where their talks led, her internal dialogue with herself sounding something like, "Oh, oh..! No we don't, we're not going there..!" Others, meanwhile, indicated how in their everyday contexts -- particularly in their careers, but at home as well -- they were used to being "in charge" of events in their lives. They did not mean they were "controlling" individuals, but merely that they could usually rely on some measure of predictability in their everyday contexts, and that if and when a "surprise" cropped up they knew

what had to be done and could do it. The therapy context, however, as Paul pointed out, "takes this away from me. There's two other people here, so the conversation could go anywhere. There's a sense of never really knowing what's going to happen next. I don't like that especially. Makes me feel nervous and unsure."

Similarly, unlike their everyday lives which they often portrayed as "ordinary," there was a feeling of intensity, aliveness, and spontaneity to the therapy, despite its difficulties and the hard work that it entailed. For those who tended to feel less comfortable with this, however, preferring to "think things through" before responding to events, ideas, or things that were said to them in the "heat of the moment," the therapy context was sometimes unnerving, intimidating, and "a real challenge." As Chris noted, "I felt like feelings were being thrown at me." While these individuals felt like they had managed to orchestrate their lives to accommodate to their style of being in the world, in therapy they said it was like they were being expected to improvise on the spot. As they highlighted, the therapy context was sometimes out of keeping with their ability to respond. As a result, some partners experienced performance anxiety, feeling confused, retreating into silence, and sometimes even shutting down. Susan, for example, reported feeling "overwhelmed and really frustrated" by Dr. Tomm's questions, as she "didn't have time to think, and I didn't want to go on with questions I couldn't answer." She added that she would have liked to say so to Dr. Tomm, but felt it was "not in my personality or character" to do so.

On the other hand, because it was experienced as novel, unusual, or different, the therapy context also led participants to be more open or receptive to allowing the out-of-the-ordinary to occur. Where in their everyday lives there were certain things they would just never say or do, in therapy these seemed permissible and even expected. In a sense, it was as though they too could allow themselves to be novel, unusual, and different from who they were used to being in "the outside world." For Alan, for example, who began his therapy thinking he would never talk about his feelings because it was "for wusses," his experience was of a "weight being lifted from my chest" as he began to "express for the first time in my life some of what I felt." For Susan, who tended to be quiet and withdrawn, her ability to "just carry on a conversation" with Dr. Tomm and feel like "I was contributing something" stood out as being especially important. As she noted, this had been very "unusual" for her. "But I think somewhere in there I just relaxed and wasn't so self conscious because I feel that I did so well and we carried it on for so long, just between the two of us. And we actually got somewhere. It was great!" Jim, meanwhile, pleased that Susan had taken up so much conversational space, also experienced her differently. "I went dead quiet so she could talk. Like usually I hog the conversation and Susan doesn't say much. But here it's great that she's talking and I'm just sort of sitting there listening to her say things that are helping me understand. If only it was like this at home."

(8) Exploring & naming experience. Although many of the participants described coming into therapy certain of how they felt, they were often taken by surprise as they began experiencing lesser known feelings that seemed to lie just at the edge of their awareness, or ones that in some

instances they did not suspect were there. Indeed, in part the "work" partners experienced in therapy seemed to entail touching on and finding words for experiences whose meanings or feeling tones were vague, uncertain, and oftentimes confused. As Alan put it, his session had helped him to "make sense of why I've been feeling how I'm feeling. I'd get so upset before and not really know why. But talking about it, I can see how I don't need to take things so personally anymore." Others, meanwhile, described experiencing feelings in their therapy that they thought had either been resolved or they had put aside years earlier, assuming that these would simply "go away," be forgotten, or be dealt with at some future time. As participants noted, however, it seemed almost inevitable that their therapy conversations would come around to these. In their experience, it was as if the therapy context was conducive to stirring up such feelings, and that despite their ability to "let sleeping dogs lie" in their everyday lives, they were simply going to have to face them in therapy. Noted Alan, "We're not here to pussy foot around. If we have to get into these feelings so we can resolve our difficulties, then we have to get into them."

As an extended example of this, Carol described at the beginning of her therapy session how she had been experiencing considerable fear and anxiety around a change of jobs she had been considering. She noted, however, that she had no idea why she was feeling this way. Initially the therapy conversation circled the issue, getting closer to what was bringing the fear and anxiety up for her. As the talk began zeroing in on what these feelings seemed connected to, however, she was suddenly flooded by memories of a past abusive relationship, which then led to "a whole bunch of feelings stirring up inside." What then followed was an "intense struggle" to admit where these were coming from. On the one hand Carol wanted to "push them all down" so she could tell herself that the terror had been dealt with and she "didn't have to face it." Further, she was angry with herself for allowing the talk to even get to this. "There's a lot of pain there that's going to be tough as hell to look at. Why would I open that up? I don't want to do this." On the other hand, she knew this was something she was going to have to look at and explore. In her description, "going down into this" and naming what she was feeling was going to have to be done if she and Alan ever hoped "to work things through." As Carol later noted of the session, it had been "heavy and really sucked because now there's a lot of work ahead of me that I'm scared to do." At the same time, however, it had been worthwhile for what it revealed to her about herself and her feelings: "I didn't realize I hadn't dealt with some of this stuff. I thought I was doing really well and everything was OK. Now I know it's not."

For Susan, "putting things into words" stood out as being especially helpful in her therapy experience. She noted, for instance, how a discussion in which she and Dr. Tomm explored and began to make sense out of why she had been giving Jim the cold shoulder led to considerable relief for her. "At first I didn't know why. Like I was afraid to give him compliments, let him come near me. And I didn't even know that's what I was doing. But then as we talked it through, it all came out. I was kind of figuring it out as we were talking." As if speaking on behalf of others in the study, she noted: "It's like something's lingering in the back of my mind there, and

then just piecing it together brings it to a better description. Like, a lot of what was said we've been trying to deal with or been having problems with for quite a while. But then here I get help putting it into words. Like in the back of my mind I've known a lot of these things before but not been able to put them into words. But I think once something's been put into words, you become more aware of it and can face it and deal with it."

Yet another of the participants, Paul, found that exploring and naming his experience, or putting it into words, led to a significant shift in both his own and Valerie's perception of who he was. Initially their description was of a person who seemed to "lack feeling" and did not know how to "connect emotionally" with Valerie. As Paul noted of himself, he was an "intellectualizer and really not much of an emotional person. I guess that's the problem. She's emotional and I'm not." Hesitant, however, to submit to a complete "personality overhaul," he wondered how therapy was going to help him and Valerie to resolve their obvious differences, and felt that maybe she ought to just "accept me as I am." As the couple experienced it, however, their therapy gave them a context in which to explore this notion, things that were said and done in their ongoing sessions arousing in Paul feelings or emotions that he had not previously been aware of or ever named. This resulted in a new description and understanding of his experience, so that he and Valerie were then able to see that he was a person who, like everyone else, indeed had feelings. The difference, however, was that "I process them much more quickly, so that she kind of misses them. What I have to do is learn to slow the process down." Following on the heels of this new description, both partners reported feeling much better about their relationship and themselves.

Also evident in their reviews was the benefit partners gained from exploring the "patterns" or "cycles" they were engaged in with one another, and having these identified and described by the therapists. For all the couples, naming and putting these into words had the discernible effect of lifting blame from them as individuals and putting the finger on the patterns or cycles that had come between them. Susan, for example, described how she had gone into therapy fully expecting to be named by Dr. Tomm and Jim as the "cause" of all their problems. Midway through the session, however, Susan expressed feeling "released and relieved" to hear that it was like they were caught in a pattern that they both could work on to defeat together. "I was feeling a bit better at that point. Just hearing it described. Like how he wants to discuss things, and then that leads him to criticize me, and then I shut down and feel bad and worthless and not good enough, and then he criticizes me even more because I won't talk. Just hearing it described like that, it was like I could wind down a little from being all upset and crying and sad, and it just took the focus off me and then I could relax a little bit after that." For Valerie and Paul, with "a typical pattern of fighting and walking away," hearing Dr. Johnson put their cycle into words helped them to, as Valerie noted, "dissect it out further so that we both knew what our parts were in it and how to get out of it. We knew a pattern had to be there, but on our own we just couldn't begin to unravel it and then put it back together in a more productive or constructive way. Now we understand our contributions to the pattern and can take responsibility for that and work together at getting the better of it."

(9) Searching for "depth of feeling." Throughout their IPR narratives was the sense participants had of their everyday lives as lives lived mostly on the "surface." Therapy, on the other hand, was a context in which what went on "beneath" their everyday experiences could be opened up and explored. As they depicted it, there was a feeling of "depth" to their therapy experience that did not seem present in the relations partners had with one another in their home contexts. And in fact, where their sessions sometimes had the feel of not getting at "the whole story" or "going deep enough," participants seemed frustrated, impatient, and even mistrustful of the therapy. As Carol noted of her session, "This is all just surface. We're not getting at the real issues here." Her sense, she added, was that "we're avoiding 'cause he's afraid of touching stuff that goes deep and cuts to the bone. We're going to hit a nerve here that he won't know how to deal with. But if we're going to make any progress, that's where we've got to go."

Further, where their therapy seemed to stay on the surface, the feeling was that the therapist did not understand the relationship well enough to "get down to what was really happening." As Chris put it, there was no "depth of feeling." Implied here was the idea that their therapist was not making the kind of connection with them that partners were expecting to take place. Indeed, evident in their descriptions was the feeling of wanting to be understood not so much on a cognitive level as an emotional one, which they appeared to equate with "depth." Reflecting on her feelings of being misunderstood, for example, Carol noted how Dr. Johnson "has no idea of the depth of the hurt. There's no understanding there." In her view, Dr. Johnson "just thinks this is all surface. Let's talk about the positives, accentuate that. Like, we're good people, really, and off we go. But it's so deep." As she added, it was like she was "bleeding" in front of Dr. Johnson, but this was not being seen. "And here I thought this was the one person who could, not wave a magic wand, but see what I'm feeling and maybe connect with that. But it's not happening. This is all lah dee dah and let's walk down the garden path together and five sessions and we're done. But there's no understanding here of what I've been through. We're not going deep enough here."

Also strongly implied in what couples were saying was that depth of feeling was one of the essential elements missing in their everyday relationships, and that coming to therapy was their effort to try to create or find this. They also indicated that having experienced such a feeling with one another in the therapy context, they then wanted to somehow learn how to take it back with them or translate it into "the real world." In the words of Valerie, she was looking for "passion" in Paul's responses to her. Where she had tried for more than 15 years and been met with "a locked door," her hope was that Dr. Johnson could help Paul to "go a little deeper into his emotional world and open that up so he can convey to me how he feels." As Carol noted, her sense was that Alan was coming to therapy so he could learn how to please her. "It's like he's looking for the right formula. 'If I do this and then this and then this, then we won't have to come here anymore.' He doesn't understand that's not what I'm looking for here." Indeed, most partners came to therapy either seeking or later began to realize that what they wanted was change on an emotional level and not just an instrumental or behavioral one. Inherent in their IPR reviews was the

expectation that their therapy would go "down" to a deeper feeling level, which is where they were hoping to experience change taking place. As Jim confided, sex with Susan was a problem because she did not seem to understand that this was not what he was asking for. "My biggest problem with our sexual relationship involves a need to be wanted. That's the feeling I'm searching for in our relationship, which hasn't been there for like six years. I don't feel like she really wants me. So I'm talking about desire. She doesn't understand that's what I'm looking for. Not sex."

Further, participants indicated that sessions in which something "significant" happened were most often those in which they felt that a level of depth had been attained that left them feeling drained and exhausted, but "good" at the same time. Evident in their IPR reviews was the sense that their therapy conversations had given them the space to explore certain issues that could not be raised in their home contexts without someone "exploding or flying off the handle," and to explore them in a way that it felt like "we got down into something and real progress was made." For Susan, for example, it was like she and Jim had "reached down into something and got in touch with one another" in a way that had not been possible before. "It's like our guards were down and we could open up and I could see him and he could see me and it felt safe." Alan, meanwhile, explained how when he and Carol first began therapy he thought that a good session was one "where you come out feeling in a good mood." As their work unfolded, however, and he began experiencing "us going deeper and getting into things," his sense of a good session became one in which "we opened up something, we each said how we felt, and something happened." In the later stages of their therapy, for instance, reviewing a session he felt had been especially intense, Alan noted, "This was a lot to take in. It felt like three sessions squeezed into one. And it was deep, almost from the first five minutes. I mean, this was a tough ride." As he saw it, however, it had probably been "our best session, a turning point. A lot of ground got covered. But it just opened my eyes to the fact that we have to go back and open up some of this stuff and get it out and deal with it. But I think we gained some real ground here because I really saw her pain."

(10) Therapy as "presentational space." Also evident in partners' research interviews was their experience of therapy as a context in which they were able to present themselves to the therapist and to one another. However, where part of their motivation might have been to give "my side of the story" so that they could then cast themselves in a favorable light, their IPR reviews indicated that their underlying desire was more to be able to present their "real, true" selves in therapy so that they might be seen, heard, and understood not just by the therapist, but more importantly by their partner as well. During their initial sessions, for example, participants consistently reported how important it was to them that the therapist had a "feel" for who they were and "where I was coming from." As more than one partner put it, in telling their story they felt both "seen" and "heard" by the therapist, their sense being "she understands exactly what I'm talking about," or "it's like he can see right inside my head." In the words of Helga, she was "just laying it out" in the session, aware that Dr. Tomm was probably "reading between the lines, but

that's what I expect. As long as I get the feeling I'm being understood, not judged."

An important element in this feeling of being understood or validated was also the sense that the therapist was seeing and hearing their partner and was able to read between his or her lines too. For example, it was quite common for participants to disagree with or to feel as though their partners were presenting themselves or their stories in a way that was inconsistent with how they viewed them. Often, however, they refrained from saying anything that would contradict what was being said. This was not only because they did not want to interrupt. Rather, they felt that it was just as important for their partner as it was for them to have the space to present him or herself as well. Their expectation was that this would then allow the therapist to understand their partner in a non-judgmental fashion so that he or she could be of help. Also, they wanted their partner to experience what it was like to feel heard and understood by the therapist in the hope that they might then take this experience and apply it to them. Susan, for example, said that it was "good for me" to see that Dr. Tomm was "good with him." And finally, they were making space for their partner so that the therapist would "see and experience" what they saw and experienced in him or her. As Valerie put it, she had the sense following Paul's initial self-presentation that Dr. Johnson "now knows what I've been having to deal with all these years. He's presented himself for who he is, and now somebody else maybe sees him like I do. That feels like such a relief."

As the above implies, this was a vital source of validation as well as an important source of hope. Indeed, where participants felt the therapist was not seeing or experiencing in their partner what they saw and experienced, they became disappointed in the therapist, frustrated with the therapy, and began feeling misunderstood. Carol, for example, sensing that Dr. Johnson was "missing the picture," felt that Alan had managed to manipulate her so that he was getting all the "attaboys and pats on the back for being able to express his feelings. Well sure, he's such a 'good boy.' But I thought, 'You be in that house when he's blowing up and then he turns around and it's "I love you, I love you, I love you.'" Christ, it's like a roller coaster." Because Dr. Johnson was missing "a whole other side of the story," Carol was less enthused about the therapy and felt that Dr. Johnson "doesn't know us and is only getting the good stuff from him. Like it's all rosy and we're good, likeable people. But hang on, there's a blackness here, a darkness I'm still hurting from." As this continued, Carol also became less hopeful of Dr. Johnson's ability to help because "there's a whole part that's being missed here and until that's out in the open and seen, there's no hope. Like I thought maybe Dr. Johnson would see what I see, but I guess I was wrong with that. Was I wrong?" Chris expressed similar sentiments, feeling as though Dr. Tomm was more on Helga's side than his, and had completely missed "who she is and how I'm feeling in all of this. It's an act. She's really putting on a show here. My God, she's the one who had the affair, but it's like she's the victim! I don't get it." Again, his fear was that if Dr. Tomm was unable to see this, the hope for their relationship was "dim."

As important as it was to present oneself to and in turn feel validated and understood by the therapist, participants' accounts revealed that it was even more vital for them to experience the

same from their partners. Indeed, their IPR reviews indicated that where their self-presentations might seem designed to recruit the therapist to their "side of the story," the ultimate audience in their "performance" was the person who most mattered to them in the room, their partner. This is not to say that garnering the therapist's empathy and understanding was less important. In fact, where partners did not experience feeling "seen" and "heard" by the therapist they tended to mistrust in the therapy and lose hope. Ultimately, however, the therapist's understanding and empathy was most often a way of gaining this from the person whose misunderstanding and inability to "hear" and "see" them was the major source of their hurt and pain. In essence, what partners wanted was a safe and supportive context in which they could open up to their partners and present or convey to them who they "really" were. The therapist, meanwhile, was someone who would allow her or himself to become engaged or "drawn into" their "performances," serving as a go-between, medium, or vehicle through which these presentations might take place.

The Therapists' Experience

Unlike the couples, their therapists did not report the same range or intensity of feelings described above. Where the couples sounded like they were on an emotional roller coaster, unsure where it was headed or what was around the next bend, there was a sense of direction and familiarity to the therapists' experience. Indeed, evident in their IPR interviews was the notion that the ride was, in fact, partly of their own making. For example, describing how it felt to be "standing near the edge of the cliff" that Dr. Johnson was inviting Carol and Alan to move closer to, Carol said, "it scares the shit out of me," while Dr. Johnson said it felt "fine." This is not to say that the therapists did not at times feel apprehensive and uncertain. But in contrast with the couples, there was a sense of assuredness and confidence about what was taking place. Further, where the therapists expressed hopefulness, fear, worry, irritation, frustration, or exhilaration at various times in their sessions, evident in their accounts was the feeling they had been through it all before. Having a sense of what to expect, although never sure, they also indicated that central to their therapy experience was their ongoing "feel" for or "attunement" with the partners, their sense of engagement or alliance with them, their care for and attentiveness to what the couples might be experiencing at any given time, and how to deal with this. Although these were evident during the initial open coding of the therapists' accounts of their sessions, these were later subsumed by subsequent axial and selective codes which suggested that their experience seemed connected to two fundamentally different kinds of feelings that arose for them during their therapeutic work (for lists of open, axial, and selective codes generated by the therapists' narratives, please refer to Appendix III). Indeed, in the end -- similar to the couples -- the essential or core experience for the therapists was very much a feeling-based one, although it was uniquely colored by (1) the "personal feelings" that the therapy evoked in them, (2) the "professional" feelings they experienced, and (3) the interplay between these feelings and the tension this created in them.

(1) Personal feelings. The personal feelings therapists experienced in their sessions were connected to the couples and what they happened to be saying or doing at any particular time. Where these could be classified as positive, there was little hesitancy by the therapists to share how they felt about their clients or how they experienced them. Often, for example, either partners or couples were described as "very likeable," "genuine," "open," "honest," and "easy to connect with." As Dr. Tomm stated after their initial meeting, "I feel good with both of them. They are who they are, right up-front. She's very straightforward. I like her tremendously. There's a life about her, an honesty about her that I like. I mean, I think I find their emotional presentness something I can connect with. They're easy to engage with. That feels good." Another of the partners, meanwhile, was experienced as having "a fluidity and an easiness in responding" about her, as well as "being less intellectualized," all qualities Dr. Johnson very much liked and also felt good about. "I also feel good about working with her. I can feel her engagement with me." As Dr. Tomm noted of yet another couple, "I can feel myself warming up to them. I mean, I respond positively to his candor and his good intentions. He really wants to do the right things here. And I respond to her...in a sense partly to her innocence. And she also wants to do well."

Most frequently, the personal feelings the therapists had for their clients seemed to grow out of and in turn reinforce the sense of engagement or connectedness they felt with them. As the above makes clear, this feeling was highly valued by the therapists and something they very much looked forward to in their therapy. Noted Dr. Johnson: "These people are very real, so I feel like I can have a genuine encounter with them. I think the bottom line for me about why I like to be a therapist is that real and vibrant contact with other people is exhilarating for me. Real contact without all kinds of mirrors and shame and defences, just straight-ahead encounters. And these people are very real, so I can have a genuine encounter with them. I think they're going to be exhilarating to work with." Amplifying on this feeling of engagement, Dr. Tomm clarified, "Engagement revolves around a sense of a lot of positive feelings in the therapeutic system. There is a lot of mutual respect and people like each other. The therapist likes the clients and the clients like the therapist, and there is a tuning in to each other. They are responsive and attentive." More than this, however, the engagement the therapists sometimes felt with certain couples led them to experience a clear distinction between personal and professional feelings of connection. Noted Dr. Johnson: "I guess the bottom line with connection is when you feel really connected with somebody, you can be more of who you are. Sort of a mutual exchange of feelings, being genuine and real and honest and up front with one another. When that happens, I feel like I can just be me. I'm me with them. I'm not just Sue the therapist. I'm me with them too."

Indeed, for the therapists it seemed as if the engagement they felt with their couples had a very personal quality to it. Where they sensed being closely connected with a couple, for example, or that they could be easily engaged, the therapists reported feeling "pleased" and saw this, as Dr. Tomm expressed it, as a "good prognostic sign. I feel good about this couple. We've got a good alliance and we're going to be able to do some good work here. This feels good." Where the

engagement felt tenuous to them, however, or threatened, the therapists became "concerned," "worried," and felt "less positive" about their connectedness. Carol, for example, became quite angry at the end of a session because, as she confided in her research interview, she was "livid" with Dr. Johnson for favoring Alan over her. The IPR review with Dr. Johnson, meanwhile, reflected a keen awareness of and concern for this. "She's angry here. That's an alliance issue. She feels like I'm going to understand his pain and not see the enormity of hers. That worries me. So I have to go in and validate her." In another instance, sensing that Chris was feeling frustrated and annoyed at the beginning of their session, Dr. Tomm began worrying about "my engagement with him." Later, however, Dr. Tomm could feel Chris "warming up as things went along." In turn, Dr. Tomm could also "feel myself warming up to him, and feeling a bit more enthusiastic about the possibilities here." Worried nonetheless about the couple's degree of engagement in the process, Dr. Tomm noted, "I think it's early still. I don't think they were strongly engaged. I think I have work to do on that. This concerns me because I feel like I could easily lose them."

Further, where the therapists had the feeling that their couples had become "caught up" in the therapy or were "really into it," engaged not only with them but with the work they were doing, the effect on the therapists was always an extremely positive one. In one session, for example, during an interview technique Dr. Tomm tended to use with couples, Jim interrupted the process to request that a question just asked of Susan please be repeated. Dr. Tomm noted that it was "rare" for this to happen, adding that what it signified was "engagement. Intense engagement. He's really into it. Which is wonderful!" What felt especially good for the therapists, however, leading them to experience personal feelings of accomplishment, were times when they sensed that the engagement couples had with them and with the therapy seemed to be leading to valued change. In one of his sessions, for example, Jim, whose engagement or connection Dr. Tomm had been worried about, began talking with less of an "edge" to his voice. As Dr. Tomm noted, "I felt connected and warmly towards him when I heard him say to her, 'Yes, you've got a point there.' Affirming her melody. That was something that I really felt good about." On another occasion, as Chris talked about the changes he felt in himself and in Helga, Dr. Tomm remarked, "I felt good about this. Particularly the part where he was able to articulate how he experiences Helga as experiencing him backing off the pressure, giving her more freedom and choices and so forth. And for him to say that, to articulate that, made me feel like, wow, this is good! This is a good place to be! Congratulations!" As Dr. Johnson put it, the feeling here was of being able to work with a couple "who for the first time in their lives are trying to have a trusted relationship. That's kind of a privilege to do that, that's kind of a- You feel like, my goodness, you could make a difference! There's an enormous potential for change and shift here, which is exciting. I mean, it's bloody exhilarating to see people grow!"

As their IPR reviews also indicated, however, not all of the personal feelings generated in their therapy sessions were experienced by the therapists so positively. Although somewhat hesitant to reveal them during their research interviews, both therapists also expressed feeling

frustrated, impatient, annoyed, and irritated with clients at times. On one occasion, for example, Dr. Tomm was anxious to pursue a certain "line of enquiry" with Helga and Chris. Chris, however, was seen by Dr. Tomm as "running on at the mouth" and "intellectualizing," leading Dr. Tomm to comment, "I was impatient here. I wanted to get other information." On another occasion Dr. Johnson had the sense of Carol "holding onto her anger," as if cutting off her nose to spite her face. "This irritates me with her! This isn't his trip, it's hers. And boy, she talks about him holding onto his need for control! Phew!" With Chris, meanwhile, Dr. Tomm sensed him "monopolizing" and "dominating" the conversation. Feeling the "pressure" of Chris's talk and its "blaming, disqualifying effect" on Helga, Dr. Tomm noted, "I'm struggling with my own frustration here, because it's hard for me to hear this." At one point Dr. Tomm then felt the need to "interrupt the pattern of pathologizing her" and challenge Chris. As the session ended, however, Dr. Tomm worried about the quality of engagement with Chris and wondered "if he might be feeling really offended by me in a profound way. That might not be useful because it could just get more and more polarized with respect to my therapeutic initiatives. So I might have to do a lot of remedial or repair work with him." Indeed, Dr. Tomm eventually experienced personal feelings of remorse and disappointment for "falling into the pattern of trying to break through his, well, not his defences, but his surface patterns. Too confrontational. I should've been more empathic. That would've been more useful. I erred on the side of challenging rather than being empathic. I should've listened more to the torture and get him to speak it. You see, the sadness was there. It was right there and I inadvertently covered it up. Oh dear!"

On a more pragmatic level, the personal feelings therapists expressed experiencing also included being tired, distracted, and sometimes anxious either before, during, or after their therapy sessions. More than once, for example, the therapists noted that they were attempting to "bring things to a close" and "being deliberately chatty" so that they could attend to other matters such as phone calls, baby sitters, and other clients waiting. Or, as they also noted, they felt like "we've done a lot of work here," and "I wanted to end things on a positive note." Often, however, one of the partners would choose such moments to bring up an issue or express a feeling that could not be dismissed readily or be easily "dealt with." At such times the therapists felt obligated to attend to what was happening, noting that it would be disrespectful and counter-therapeutic to end the conversation at this point. Towards the end of a particularly long session, for example, Carol suddenly expressed how "angry" she was feeling, although she did not know why. Dr. Johnson, meanwhile, who had been "winding down" the session, noted, "I immediately stop and back up. I see it as an alliance issue and I say to myself, 'Oh, oh, an alliance issue. Back up and take care of this.' Very deliberate. I have to spend a few minutes with this." In doing so, however, Dr. Johnson felt "distracted" and less helpful than if the issue had come up much earlier. As she commented, "I feel like I'm running out of steam and wanting to find a way to end this." In essence, the therapists felt "limited" in what they could do, and as a result unable, as Dr. Johnson explained, "to really listen and attend to what's happening. I mean, I'm hearing what's

being said, but I'm aware that we've been in there a long time and it's time to wrap up. I don't feel like I can do much, given the time that's left." To some extent there was a feeling for the therapists that they were short-changing their couples when this happened, or as Dr. Johnson described it, "I'm putting a band-aid on this."

(2) Professional feelings. Throughout their research interviews the therapists spoke of their ongoing experience of the couples in terms of their "feel" for them, or "gaining a sense" of who they were both as individuals and partners engaged in an intimate relationship. Although there were times when such feelings had a personal component to them, more frequently they were informed by or generated out of their experience as "professionals" who had been doing couples therapy for many years. Not long into their sessions, for example, both therapists described how they were "picking up on" the couple or "forming an impression" of them, and hence gaining a sense of how the work might go. Noted Dr. Tomm: "Well, I'm probably sort of getting a feel for their styles as persons and how they communicate. Like, I'm struck with his tendency to go on at quite a length with dryness, not much emotionality, flat, whereas she's more alive emotionally." With Alan and Carol, meanwhile, Dr. Johnson "almost immediately" had a feel for their "directness and their openness. I found them easy to connect with. Their emotions are right there and they're really clear that they want something. The feeling I get for him is he's really fighting for this relationship, scared of losing it. The feel I get for her is she's very scared of getting hurt again, afraid to trust." With yet another couple, Jim and Susan, Dr. Tomm found them "very low-key. My experience of her was that she was very nervous. I felt like I wanted to keep it low-key, calm, not do anything dramatic to alarm her. My sense of him is his emotions are very contained. His interpersonal style leaves him pretty much in control. On the other hand, I got a few messages from him and picked up from him that he very much wants this relationship."

In each instance, the professional feelings the therapists formed of the couples also included a sense of how easy or difficult they felt their work with them might be. Although the therapists tended to express relying on a kind of "intuitive" or "gut sense" in formulating such impressions, their IPR reviews revealed that they were often drawing on past experiences with other couples and at least basing part of their sense on these. With Alan and Carol, for example, Dr. Johnson felt they were going to "hit some inevitable rocks as I don't get the sense that either of them has ever experienced safe attachment. This is going to get us into real trust issues. There's going to be some impasses with her trust, which might make it a bit more volatile working with them. The crisis might be sharper." The couple, however, was "not atypical of a lot of working class couples I see. Which is going to make it easier, as they tend to be more direct, more real, and easier to engage in therapy. So this is a very workable couple who'll probably go through it without so many defences." In the case of Susan and Jim, meanwhile, Dr. Tomm had a strong feel for "their connection with one another. The fact that they've gone through so much and are still connected impressed me." Comparing them to Chris and Helga where there was "volatility and things flying all over the place," Dr. Tomm felt "there is not that flamboyance with this couple."

There's a way in which they kind of cling to and restrain or constrain each other in subtle ways, not as overtly... Their connection's a messy one. There's more heaviness, more sadness and depression." Dr. Tomm's feel for the work ahead with Jim and Susan was that "it's going to be sticky. Difficult. We're going to be moving in little bits. Slow, tedious work."

Also falling under the category of professional feelings was the sense or feel the therapists had for each couple's "cycle" or "pattern," or the ways in which the partners interacted, as well as the parts or roles each of them played in these. Indeed, this was something both therapists not only expressed "getting a feel for" or "experiencing," but something they actively looked for as their sessions with the couples unfolded. As Dr. Johnson noted of Valerie and Paul, for example, "What I'm looking for right from the beginning is a feel for some sort of pattern, which I felt was pretty clear. I have a sense of her pursuing for emotional connection. But she's not the usual pursuer, as I get the feeling she doesn't even give herself permission to be angry about not getting what she needs. And he's a withdrawn, relatively inexpressive man. She comes to him to share something that's emotionally difficult, and he says, 'Solve the problem.' It's a classic pursue/withdraw pattern. But it's a very reasonable, cognitive one. Not terribly reactive or hot. So from that point of view it feels like it's going to be OK to work with." With Susan and Jim, meanwhile, Dr. Tomm also noted "picking up on their pattern" quite early in the session. "Very early on I noticed his complaining habit and the deadening effect this has on her. He criticizes, she shuts down and feels worthless. But I don't think he can see his own actions feeding [this]. He can be compassionate with respect to her pain, but I don't think he sees his complaining as feeding that." As this pattern emerged more full blown later in the session, Dr. Tomm could also feel its "disqualifying" influence. "It's so pervasive. It's not deliberately conscious, but it's just there. It just comes out. It's tough, uphill... This is hard for me to hear." Dr. Tomm's feeling for this pattern was that it was going to be "difficult to interrupt."

Having a sense of the partners, their personal "styles," as well as their relationship cycles or patterns, the therapists' professional feelings also extended to encompass not only how the work with them might then go, but also how to work with them, or a feel for how they should proceed. Included here were the therapists' feelings for what the partners needed from one another, as well as from the therapy. With Alan and Carol, for example, the sense was that they were "starving," had "risked their necks" trying to get what they needed from one another, and were still risking and could be "destroyed." As Dr. Johnson then noted, "I mean this is poignant and loaded. Intense actually. And I think for any therapy to work with them, you'd have to be able to work with that intensity." Given the context of their everyday lives, however, and the "emotional distance" that the partners maintained with one another, Dr. Johnson also felt, "We've got to do something about that if they're going to make progress. We've got to make it so they're able to tolerate more closeness. To the point where they actually start to construct their lives around having emotional engagement rather than keeping this relationship but not letting it warm up too much, not letting it get too close." Further, Dr. Johnson's sense was that "she needs

to feel safe here, and safe with him. So we're going to try and get him more engaged and to talk more in therapy. That'll help her as she sees more of him and she understands more of where he's coming from so she can learn to trust again. But he also needs to be able to hear her anger and her hurt, and to respond to it. But then she also needs to be able to share that with him too."

In addition, the therapists also used their professional sense to monitor their pacing with each of the partners and with the couple. Here, for example, the therapists described "tracking" or keeping carefully "attuned" to each partner's emotional responses, gaining a feel for whether they were "with" them in the session, or perhaps moving too far ahead. At one point, for instance, Dr. Tomm described feeling the need to let Chris "digress" from the general direction of their therapeutic talk. "I'm mindful that we're probably talking about different things here, but fine. I don't want to disqualify him too much. This is the pacing issue." In the case of another of the couples, Susan and Jim, Dr. Tomm also had a sense of how much "emotional turmoil" they seemed to be in, and felt the need to be "careful and work hard but try to do it respectfully and in ways that they can accept it. How much can they tolerate in terms of rate of change? I'm thinking of those kinds of issues in my work here. How can I pace myself. Because the faster I can go, the better ultimately. But then, how much can you take?" In a related fashion, the therapists also described using their professional sense to pick up on "cues" from the partners about how they should best proceed. As Dr. Johnson noted in her work with Paul and Valerie, "I felt like I had to take my cues from her. She's telling me, 'It's taken me years to get this explicit.' Now, my usual style is to make things very explicit. But I'm hearing her. And I think some part of me backs off and says, 'OK, we're just going to take this slowly here.' I mean, with another couple I might have been quite explicit. But I didn't do that here because I felt that it was actually enough for her just to be here and to say these things in this very quiet, very quick voice. This is about as much as she can handle right now!"

The therapists' professional feelings also gave them a sense of how and when to intervene with the couples, as well as informing them if their interventions were helpful or having their desired effect. Usually these choices were more spontaneous, on-the-spot responses that once again were generated by their "feel" for what was happening in the moment, rather than decisions that had been planned in advance. During a session, for instance, Paul, a more "withdrawn" partner, expressed feeling somewhat unsure of what was happening. Dr. Johnson remarked, "He's saying that he's a bit off balance here. So he's connecting here and I'm being careful with him because I suddenly experience him as less stiff. He's now opening up a little bit, so now I'm trying to just feel into that and take care of it." With few exceptions, however, these seemingly spontaneous moves or choices were ones that fit in with the overall feelings the therapists had for what the couples needed in order to make the changes that would help them move ahead. As Dr. Tomm explained, "Planning helps to hypothesize, but in my work I don't like to over-organize my listening. I think if you've had lots of experience you've got all sorts of internal hypotheses to draw upon that you can use in the moment as things come up. And that's the way I prefer to

work. It's more like working from the inside out than the outside in." In addition, both therapists' described having a feel for "the process" and -- again drawing on their years of experience -- a sense of how far along the couples were in the therapy and what work remained. Finally, the therapists also noted having a feel for both the degree and kinds of changes the couples had made in their therapy, and when it might be time to "terminate." Interestingly, perhaps because they had only their "personal" feelings to go by and little experience with couples therapy, all four couples revealed in their IPR reviews that they had a different sense of where they were in the process and when they felt it was time for them to end.

(3) Interplay & tension. So far I have presented the different personal and professional feelings therapists described experiencing in their sessions as being clearly distinguishable from one another in their research interviews. At this point, however, it should be noted that despite their distinctness, these feelings were also always intimately related throughout the therapists' work. Indeed, evident in their IPR reviews was the notion that the therapists' professional feelings were to a large extent informed by and often dependent on the personal feelings that they experienced, while their personal feelings, in turn, were similarly influenced by the professional feelings that they had. In effect, what the therapists seemed to be describing was a back-and-forth play between these two different kinds of feelings, each one serving to inform the other in a mutual feedback fashion. Further, this appeared to be an ongoing phenomenon existing outside the awareness of the therapists, operating on the one hand as an essential element in the therapeutic process (in fact, it would be hard to imagine therapy without the presence of either of these feelings), and on the other as a source of personal tension in the therapists themselves.

In their research interviews, for example, it was apparent how both therapists seemed to highly value the feeling of "emotion" in their clients. They noted welcoming and feeling good about the "openness" of certain partners and their ability to be "genuine," "honest," "up-front," or "right there" with them. Those who were experienced as being "unemotional," however, tended to be described in less positive terms, and were sometimes seen as "intellectualized," "inauthentic," "well-defended," "contained," or "out of touch" not only with their emotions, but with themselves. Further, whereas the "more open" partners were felt to be "emotionally accessible," "vulnerable," and able to "go down into" and give of their emotional selves, the intellectualized partners were felt to be more "on the surface," "withdrawn," "keeping it all inside," and less able to talk about or "access" their emotions and thus share of themselves. As the therapists also revealed in their IPR reviews, they generally felt far more "connected to" and "engaged with" partners who were emotionally open about themselves and willing to share their feelings than with those who were perceived as either being unable to disclose, afraid to, or who seemed willingly to "hold back."

In making these assessments of the partners, it was apparent that the therapists were initially, at least, relying primarily on the personal feelings they had for their clients, using these to inform them or to give them a sense of who these "strangers" were that they were meeting for the first time in the therapy room. Like most of us, in other words, they were going by their

"experience" of the partners or their "feel" for them, picking up on their body language, gestures, tone of voice, and so on, as well as what they revealed about themselves through what they said. In addition, strongly evident in their research interviews was the notion that they were looking for a sense of who these people were on more of an emotional rather than intellectual level so as to feel somehow connected or engaged with them, the sense being that this is how we get to know who one another is. In keeping with this, results indicated that the therapists' first impressions of or responses to their clients tended to more personal than professional, their language conveying a more everyday sense of them as being "likeable," for instance, "distant," "personable," "easy to be with," "aloof," "comfortable," or "warm." At the same time, the therapists also noted how they were each carefully attuned to how they sensed the partners experienced them as well.

Having "picked up" a feel for each of the partners, however, the therapists then used these personal feelings as "information," giving them a sense of what they might now do with it or how they could use it as "professionals." As the therapists noted, such knowledge provided them with a feel for the quality of the engagement or alliance they were going to have with them, how difficult or easy the work with the couple might be, how they might have to pace themselves or connect with a particular individual, or what kinds of therapeutic initiatives might have to be enacted for there to be progress in the work ahead. In addition, the therapists' personal feelings for the partners as a couple also helped give them a sense of their interactional patterns or cycles. Here, in other words, they were using the personal feelings they had gathered from the couples to now formulate professional ones, drawing at the same time on their experience with other couples and individuals in past and current work. Thus, therapists might fairly confidently speculate that the therapy was going to be "sticky," "difficult," "slow going" or "exhilarating" based more on a professional sense of who these people were and the kinds of patterns in which they were caught. A more novice therapist, by contrast, might also experience similar personal feelings, but their professional ones may not be well enough developed to tell them what to expect or do next.

As the above implies, drawing on their professional feelings for the partners, the therapists now had a sense not only of how to proceed therapeutically with them as individuals and as a couple, but more importantly, of how they could be most helpful to them as well. Based on their experience with other couples and individuals, as well as what they now knew about this particular couple and their assessment of them, the therapists began experiencing certain expectations for the work they were going to do. As they expressed it in their IPR reviews, their feelings ranged from "cautiously optimistic" to anticipating that the therapy with certain couples might be "exciting," "stimulating," and "exhilarating," giving them "an opportunity to make a real difference in people's lives." In other words, although they may have emerged from or been generated out of the professional sense the therapists had for each of the couples, the feelings now being expressed were more personal again. And in fact, where these personal feelings of "hopefulness" and "wanting to be helpful" seemed to be fulfilled as the sessions unfolded, leading the therapists to experience a sense of accomplishment and reward, the therapy was portrayed as going smoothly.

As the therapists tended to express it, "I feel good about this. This is good work we're doing here. She's engaged and he's coming along and making changes. We're making progress here."

Where the therapist's personal feelings of hope for the couple and wanting earnestly to be helpful seemed frustrated, however, bringing them little sense of accomplishment or reward, there was a tension both in the therapy and in the therapist. Further, therapeutic impasses tended to occur. Most often this appeared to happen with partners who the therapists experienced as being "less accessible emotionally" or who had difficulty "opening up," "expressing their feelings," and who "won't let me in." Where the therapist's personal feelings informed them that these partners tended to be "stiff," "wooden," or "distant," however, their professional sense told them how best to "connect" with them and thus help them to "open up," become more "accessible emotionally," and "bring them around." As their IPR reviews revealed, in the case of both these particular therapists their years of experience had taught them that seeing clients as "resistant" and "breaking down defences" was not the way to go. Rather, they stressed approaches such as trying to "open space" for clients, being "respectful of where they're at," and "creating conditions of safety" in the therapeutic alliance. As Dr. Johnson put it, "There's no point in going anywhere if you can't bring your client with you." When despite their best efforts this did not work with certain partners, however, and their professional resources seemed depleted, a feeling of tension in the therapist and in the therapy became apparent. Where this continued, personal feelings of impatience, frustration, annoyance, irritation, even hints of anger, began to be experienced by the therapists and expressed in their research interviews. That one partner in the couple might be "quite open" and "very workable" while the other remained "inaccessible" tended to make matters even worse.

In the case of Helga and Chris, for instance, Dr. Tomm's sense was that while Helga was "quite fluid," "vulnerable," and "open," Chris was a "dry, intellectualized" man who was "out of touch with his feelings." Further, Dr. Tomm's feel for their pattern was of them "collaborating to pathologize her," leaving little space for Helga to voice her experience, while Chris's "truth," which he went on about "at great length," prevailed. As much as Dr. Tomm tried to help the couple, however, and more particularly Chris, to open up a space in which they could "experience one another's experience" in the hope that an "empathic attunement with one another" might emerge, this did not occur. In addition, despite Dr. Tomm's best efforts to "connect" with Chris, "be patient," and to "bring forth some competence" in him, he remained "closed off" and "emotionally contained." As this continued, the couple's distress level worsening in the process, Dr. Tomm became impatient and frustrated, feeling increasingly "less positively" towards Chris. This later turned into "irritation," which resulted in an ongoing sense of tension in the therapy and in Dr. Tomm. On a personal level, for example, Dr. Tomm reported that there were things Chris was saying that "made the hair stand up on the back of my neck... I'm struggling with my own frustration 'cause it's hard for me to hear this." On a professional level, however, Dr. Tomm was worried that "he's probably feeling alienated by me... Poor guy, I'm giving him such a hard time." Drawing on both his personal and professional sense, Dr. Tomm could also feel Chris

becoming "pissed off at me," "losing trust in my ability to be fair with him," and "experiencing me as not understanding him." Eventually, as the therapy ended with Helga walking out on their final session, Dr. Tomm's IPR review reflected further feelings of disappointment and regret. "I should've been more empathic. Would've been more useful. I erred on the side of challenging rather than being empathic. I should've listened more to the torture and get him to speak it. You see, the sadness was there. It was right there and I inadvertently covered it up. Oh dear!"

In the case of Jim, again Dr. Tomm was feeling frustrated with his use of the therapy space to criticize Susan. In this instance, however, Dr. Tomm attempted to deal with the tension through a kind of self-attunement. In this, it was as if the personal feelings being experienced were used to inform his professional self, which then spoke to him in a more encouraging voice. As Dr. Tomm noted, "Oh yes, I'm feeling quite frustrated with him. I kept thinking to myself, 'Listen, I asked you the main points. Don't go through this bloody list of all the details! Rubbing it in here and there and everywhere.' But I thought, 'Well, just cool it, just cool it. This guy is coming around, he's coming around. Don't mess things up now.'"

Meanwhile, in yet another instance, Dr. Johnson described experiencing increased feelings of impatience and frustration with Paul, who was "unavailable emotionally" and who seemed "uncomfortable with affect," relying almost exclusively on what his head told him rather than his heart. As Dr. Johnson frequently noted over the course of therapy, "I don't know what I'm going to do to get him to come around." During a particularly significant session, however, she experienced a "softening" for Paul, which brought about a dramatic shift in Dr. Johnson's subsequent experience of and work with him. As Dr. Johnson's IPR review revealed, this softening came about as a result of a discussion in which Paul's seemingly "emotionless" demeanor was reframed as a processing style in which he dealt with his feelings so quickly and efficiently that no one, especially Valerie, ever got to see or experience them. Rather than an "aloof, distant, intellectualized man," in other words, who "had no emotions" and would never "let anyone in," Paul was transformed suddenly into someone who always, as he himself put it, "has got it worked out already." As if reflecting the degree of tension being experienced up to this point, Dr. Johnson revealed that the laughter following this reframe was one of relief. Explaining this, she noted, "Well first of all, I'm relieved that he's with me. I was getting scared that he was feeling on the spot. But something in his last response shows he's with me. He's letting me in. And he says, 'Yeah, I've got it worked out already.' And I think some of my laughter is I'm relieved because I've just spent some time trying to make sure he was still with me, and he is and he's OK and the alliance is OK. He's still with me. So I laugh." Following this, Dr. Johnson's personal feelings for Paul now had a much different tone to them. Replacing the sense of him as "inaccessible" and "closed off," there was a newfound feel for his vulnerability. "So it's like he never slows down enough to have a relationship if he's always got it worked out already. But, like my head tells me that there's got to be some enormous anxiety in there somewhere, for him to always have to have it worked out already." This then gave Dr. Johnson a sense of how to

approach Paul and Valerie, and more importantly perhaps, a professional feel for what to do and where the therapy might go next.

Experiencing EFT & Narrative Therapy

The Couples' Experience

A common base. Although there were differences, as I discuss below, between the couples in their experience of narrative and EFT sessions of therapy, analysis of their IPR reviews did not reflect a significantly dissimilar experience for the couples. Despite the overt focus of one therapeutic approach on the expression of emotion while the other tended to emphasize a more cognitive style of working, both EFT and narrative sessions seemed to elicit experiences that were far more common to both than they were distinct. Indeed, as my analysis indicated, it appears that regardless of the model, the experience for all four couples was largely an emotional or feeling-based one. This is not to suggest, however, that the therapy experience for the couples was without an important cognitive element. As the analysis of their narratives suggests, gaining insight about themselves, their partners, and the patterns in which they found themselves engaged was especially significant for couples, and was an integral contribution to their feeling of making progress in therapy, no matter what the approach. Fundamental to the therapeutic work the couples felt they accomplished, however, were the feelings they brought with them into therapy, as well as those they described experiencing in the sessions themselves.

Common as well to the experience of narrative and emotion-focused sessions of therapy for the couples was their emphasis on what they felt was helpful to them in their meetings, what they were looking for from the therapist and from the therapy, and those elements of their therapy that they said left them feeling misunderstood, withdrawn, or close to giving up. All four couples, for example, highlighted the vital role that feeling safe in therapy had for them. They also stressed how important the experience of feeling understood both cognitively and emotionally -- but above all emotionally -- was to them as well. Having the space to speak or voice one's experience was also integral to their therapy experience, as was the feeling of being heard not only by the therapist, but more importantly, by one's partner. Also common to their experience was the invitation the couples said they felt during their sessions to explore their feelings on a "deeper" and more meaningful level, and in so doing to find words for experiences or emotions that had been just at the edge of their awareness or that they had been unable to "make sense of" or share on their own. It is also evident from the grounded analyses of their IPR reviews that both approaches provided all four couples with a presentational space where they could experience something "different" from their everyday lives, and in the special safety of the therapy environment, a place where they could risk trying out "being" someone different at least for the time that they were there.

The process difference. Despite the similarities in how the couples experienced their sessions of narrative and EFT therapy, there were also differences. For instance, although all the

couples expressed a feeling of continuity from session to session, those who worked with Dr. Johnson tended to reflect far more on their sense of therapy as a "process" than did those who met with Dr. Tomm. Initially, for example, the couples had at least some vague idea of the therapy as something that unfolded in a certain manner and over a certain period of time. Most often, their sense was that the therapist would provide them with the "tools" they would need to communicate, which they would then take home and try out. In addition, they expected that their therapist would have a different perspective on their problems, and that he or she would share this, perhaps giving them suggestions or advice about how things could be improved or perhaps resolved. As Alan noted, "I thought, you go fifteen Mondays. You walk in, they tell you dah, dah, dah, do this, do this, do this. And then you go home, you do it, you come back next week, 'Did you do it? OK, here's what you do now...' And then after it's over and done with, everybody lives happily ever after." As Valerie pointed out, Paul seemed to have "more of a mechanical sense of how this unfolds. It's black and white for him. We discuss it, we come up with an answer, we move on. Next problem please. And each problem falls perfectly into this problem-solving scenario, and there's no straying from it. He doesn't have a clue."

As both therapies evolved, however, the IPR reviews of Dr. Johnson's couples conveyed a sense of them having increasing "faith" in the therapeutic process rather than moving through therapy session by session, solving issues as they arose. While Dr. Tomm's couples may have experienced this as well, there was little if any mention of it in their IPR reviews, either directly or implied. Through the research process, of course, they offered their reflections on the therapy and how they were experiencing it. Seldom if ever, however, did they convey their sense of the sessions as a process in which they gave themselves over to the therapy as they did with Dr. Johnson -- for Alan, "a sense of entrusting to the process, of having faith." As Alan, who initially viewed therapy as a "fixing," solution-focused undertaking later admitted, "At first I knew that, like, if you can give me a list of things to do and say that isn't going to bring about these negative results, shit I'll do it. I'll stay up all night, study the list and it won't happen again. But what I've learned is it doesn't happen that way. Because going to therapy week after week, it's a process. I mean, you can't learn to read and write in a day. It's the same with this. You can't do it overnight. I'd like it to be that quick, but now I see it just doesn't happen that way. It's a process and you just have to trust that it'll all come together in the end."

Getting personal. In their research interviews the couples not only talked about how they experienced their therapy, however, but about how they experienced their therapist as well. And here again, where there were similarities in what they had to say about them in their IPR reviews, there were also differences that the couples pointed to. Most notably, these highlighted their experience and impression of the therapists not just as professionals but as persons, and seemed to speak of their "personal" openness and tendency to share with the couples who they were. Though on first glance perhaps a minor detail, couples who worked with Dr. Tomm, for example never referred to him by his given name. Both during the therapy and in their research interviews,

they always called him Dr. Tomm. Further, where sometimes I might refer to him as Karl during a recall session, the couples consistently chose to call him Dr. Tomm. The four partners who worked with Dr. Johnson, on the other hand, were invited at the start of therapy to refer to her as Sue, which they did so throughout their therapy sessions as well as during their video reviews. Further, there was a sense of comfort and rapport in doing so, the couples who worked with Dr. Johnson volunteering their view of her as a professional who could also relate to them on what they themselves referred to as "a personal level." Although the IPR reviews of their sessions with Dr. Tomm did not reflect feelings of "stiffness," "formality," or "discomfort," this distinction between the "professional" and "personal" side of him did not emerge in the research interviews.

In keeping with the above, the couples who worked with Dr. Johnson tended to more frequently express a curiosity about her personal life than they did with Dr. Tomm. More often than not, such questions arose not just in the context of the research interviews, however, but during their therapy sessions as well. Following on a story Dr. Johnson told in one of their sessions, for instance, Carol wondered in her IPR review why she had been divorced from her first husband. When asked how comfortable she would feel "raising such a question with Sue," Carol noted, "Oh, fine. I could ask her that. Sometimes I feel like I could ask her anything -- though I wouldn't. But she's comfortable enough, you could do that." This is not to say that the couples who worked with Dr. Tomm weren't interested in his personal life as well. As Susan noted during an IPR session, after Dr. Tomm had asked if there were any questions the couple had about him, she would have been "interested to know if he was married or if he had any children. That's something that came to mind." Hesitant to "get too personal," however, she felt more comfortable asking about his professional credentials. Interestingly, her perception of Dr. Tomm's subsequent response was that it had a relaxing effect on her and Jim. "He answered, 'A psychiatrist,' and I noticed like when Dr. Tomm said he works with couples and families and it's a full-time job, that seemed to loosen the air a little bit. Like we both had a little smile when Dr. Tomm said that and just him saying that, it seemed to loosen things up a little. It was maybe switching the focus from us onto himself, too. Not having everything thrown at us, but, you know, I threw something at him and made him talk a little bit about him, so..."

Sharing. Such instances of personal sharing were infrequent with Dr. Tomm, and seldom mentioned by the couples with whom he worked. This in part might have been attributable to his personal style in the therapy room, his desire being to privilege the stories or narratives of his clients over his own. As the IPR of Jim revealed, however, it may have been a function of their disinterest as well. "I'm not interested. You know, like how old he is or how many kids he has or anything like that. I'm just not interested. I figure over a period of time we'll probably learn some of those things about him." The couples who worked with Dr. Johnson, however, were not only interested, but added that they appreciated it when she shared personal experiences about herself with them, whether they suspected it was for the "benefit" of the therapy or not. As Alan noted, "The story she told about her husband, maybe it was true and maybe it wasn't. I don't know. But

obviously she was saying it for our benefit, and that was perfectly OK by me." The couples also noted that in their therapy they experienced Dr. Johnson as being quite open about her own vulnerabilities, mistakes, and human "weaknesses." As Alan said, "It's like she's like one of us. Never haughty-totty. She's like on our level, if you know what I mean." Noting how Dr. Johnson often began her sessions with a few minutes of opening "chit chat" about what was happening in her life at the time -- the death of a friend, her children's "hairy" morning, or getting lost in Philadelphia -- the couples said that this helped them to "get into the session" a little easier. As Valerie commented, "Maybe somebody might experience it as a waste of time, but for me, anyway, it's good because it helps me to relax. We're easing into it here. It'll all start soon enough, but right now listening to her going on, it's telling me she's got a life too and maybe she has her own ups and downs, which makes me feel OK about my own. Takes the pressure off."

In effect, what couples seemed to be saying was that they experienced more of the "person" in their therapy with Dr. Johnson than they did with Dr. Tomm. As Paul put it, everything about the approach and the techniques with Dr. Johnson could have been the same, right down to the questions she asked of him and Valerie, but the therapy would nonetheless have felt quite different. "Had it been someone else, I don't think it would've been the same experience. I think it was her personal style. I mean, it's just who she is. Her personality... She has a very strong personality. Like, she's the therapy, really." Comments of this kind were not forthcoming with the couples who worked with Dr. Tomm, however. Rather, in their assessment they tended to emphasize more how they experienced the therapy rather than the therapist himself. Further, where their comments did relate to Dr. Tomm's personal attributes, these were more directed to his abilities to listen, empathize, create safety, understand, be respectful, challenge, and so on, rather than to his "personality" or how he tended to be with them in the room. Dr. Johnson, meanwhile, although equally appreciated for her professional abilities, was also experienced by her couples as having a "presence" with them that was strongly felt and quite distinct.

The Therapists' Experience

As with the couples, there was far more similarity in what the therapists had to say about their experience of their therapy than there was difference. Indeed, from the analysis of their IPR interviews it appears that despite their theoretical distinctiveness, EFT and narrative sessions of therapy seemed to elicit a number of common experiences for their respective therapists. As has been noted above, primary among these were the personal and professional feelings the therapists recounted, as well as the ongoing sense of tension that the back-and-forth play between these feelings tended to create. More particularly, the feelings the therapists expressed experiencing sometimes included a sense of reward or accomplishment for the work they were doing with their couples. In addition, there were also "good" feelings emerging from their sense that the couples were well engaged in the therapy with them; that they were "open," "honest," and "genuine" with their emotional expressiveness; and that the partners seemed to be making progress as a result.

Also common to the therapists, however, were their occasional feelings of disappointment, impatience, frustration, and even annoyance with their clients. Further, the therapists also noted sometimes feeling tired, distracted, and anxious during therapy, wanting to end their sessions so that they could attend to other matters, meet with other clients, or simply go home. At the same time, however, in keeping with their client couples, there were discernible differences in how each of the therapists seemed to experience their respective sessions of narrative and EFT work.

Beyond professional. Most notable of their differences, and perhaps consistent with the experience of her couples discussed above, analysis of Dr. Johnson's interviews revealed that she tended to stake more of herself as a "person" in the therapy than did Dr. Tomm. As the language of her IPR reviews indicated, she seemed to invest her sessions with a level of personal enthusiasm that, although he may have felt it, Dr. Tomm did not express. As she noted of her work with Carol and Alan, for example, Dr. Johnson felt a sense of connection with them that went beyond what might be described as professional. "When you feel really connected with somebody, you can be more of who you are, right? I think that's the bottom line. I think I feel like I can be me with them, and not just Sue the therapist in there. I can just be me too. I'm me, I'm Sue. I'm with them, I'm Sue." Dr. Tomm, on the other hand, although equally emphatic of the importance of authenticity, genuineness, and honesty in his work with his couples, seemed more subdued in his expression of this both in his sessions and in his IPR reviews.

As Dr. Johnson also noted, the engagement she sometimes felt with couples and the opportunity to make a difference in their lives was not only "exciting" and "invigorating," but could be "bloody exhilarating." "I think the bottom line for me about why I like to be a therapist is that real and vibrant contact with other people is exhilarating for me. Bottom line: I like it! It's bloody exhilarating!" In fact, as she later observed, it was as if the couples she worked with could sometimes draw out of her aspects of herself that she might previously have chosen not to share. As she remarked of her experience with Alan and Carol, "When I listen to my voice here, I'm more working class with this couple than I am with other couples. There's a comfort level here... I mean, we're giggling and laughing and... I mean, they're so real! It's like they're family. They're like the people who used to come into my father's pub or my mom's hairdressing shop. I'd sit down and say hello and then they'd make a joke or tell a funny story like this couple, and you'd laugh. You know? There's a kind of, I don't know what you'd call it... A camaraderie that goes beyond the usual therapist and, uh, you know..." As Dr. Johnson added, the result was a sense of being "more natural" or "myself" with her couples, leading her to feel a level of "familiarity" in her sessions that was not reflected in the research narratives of Dr. Tomm.

Trusting one's feel. Although analysis of their IPR reviews revealed that both therapists depended on "feeling their way" through the therapy, using both their personal and professional intuitive sense to gain entry into their clients' worlds, there was more a sense of hesitancy on the part of Dr. Tomm to trust in this. He noted, for example, that rather than entertaining any particular hypotheses before entering a session, he preferred to work "from the inside out" and to "go with"

whatever the couple might bring with them to their meeting. He then qualified this, however, by explaining that his past experience had taught him he could sometimes be "way off" in his feeling for the couple and what seemed to be taking place. As he admitted, "My sense is that my sense is no good. I say it from other couples. I don't trust my sense with couples generally, because sometimes I've thought I had the sense this is what's happening, and been dead wrong." In contrast with Dr. Johnson, Dr. Tomm's IPR reviews also contained more instances of "second guessing" in which he reported feeling dismayed and regretful because he missed out on certain therapeutic opportunities, was too challenging, or not as helpful as he might have been.

As analysis of her interviews revealed, Dr. Johnson was far less hesitant about her intuitive sensibilities and tended to trust more in her "feel" for her clients and what their issues were. During her initial meeting with Paul and Valerie, for example, she suddenly sensed, "This woman's had an affair! That's why she's so scared to come to therapy. I just know it here. It somehow makes sense of her self presentation, it makes sense of her fear. But I know it. I mean, you just somehow after a certain while know." Like Dr. Tomm, however, as the following makes clear, she too was cautious about invoking or being "married to" any particular hypotheses, relying instead on her "ongoing feelings" to inform her in her work. "My sense is that she didn't feel entitled in this relationship. She felt so lonely and unhappy, she experimented and found some of her needs could be met. Now she's afraid to tell him what's happened. And people have guilty secrets, that's the other thing. They don't know what's going to happen, but they know that they can't keep the secret any longer. I think that's the bind she's in. So we'll see what happens. But that's my hypothesis: she's had an affair. This is interesting to make a prediction here on the tape and then see if I'm right." Despite Dr. Johnson's reluctance to become too categorical in what her "sense" was telling her, however, there was a confidence or self-assuredness in her descriptions that marked her therapy experience as being clearly different from that of Dr. Tomm in this respect.

Male & Female Experiences of Therapy

Although my grounded analyses of the couples' IPR reviews revealed differences in men's and women's experiences of their therapy, these were less remarkable than the similarities that emerged. During the beginning stages of the research, for example, it often seemed that one of the men was responding in a way that could be viewed as "typical" of how males might experience their therapy. As the research continued, however, it became evident that much of what seemed unique to the men's experiences of their therapy was shared by some of the women as well. Further, the reverse was also the case, so that what some women expressed experiencing was also true, if not of their partners, then of one or more of the other males in the study. The need to feel safe and comfortable with the therapist before being able to share one's feelings in the therapy, for instance, seemed on first glance to be more an aspect of the women's experience than the men's. The same could also have been said of the importance women placed on having their experiences validated by their therapist and their partners. Over time, however, with each new IPR review it

became evident that such feelings were also a part of the men's experiences. In the end, the coding of their narratives revealed that where there were discernible differences between the male and female partners in the study, these more often tended to be differences in degree rather than kind. As the analyses and coding process unfolded, the following conceptual categories emerged: (1) having a voice, (2) feeling talk, (3) being careful, (4) withholding, (5) feeling valued, (6) getting it, (7) motive for change, and (8) process & content. Each of these is explained and described below.

(1) Having a voice. One experience that stood out as being more distinct for the female partners in the study was the feeling of finding or having a voice in therapy so that they could then "speak" their feelings and experiences and have them heard. The feeling might have been similar for the men, but perhaps because they felt more entitled to have a voice in their relationships and simply took this for granted, this was never expressed as overtly as it was by their female partners. Indeed, there was little need to look or read between the lines of their IPR reviews to discern just how significant a part of their therapy experience this newfound feeling of having a voice in their relationship was for the women. As Helga noted, her sense was that she "never had a voice" in her relationship with Chris before the start of therapy. "It's like anything I say is never taken seriously. And he just doesn't listen. He never listens. But now here, he has to listen, doesn't he? Now I feel like I have a voice, and he has to listen to what I say." Valerie, meanwhile, felt that being able to finally "voice my needs" in therapy had led her to feel less intimidated and afraid to "make demands" in her relationship with Paul. Further, this was evident not only in what she said about her experience, but in the additional conversational space she tended to take up for herself in the sessions. Similar to the other women in the study, it was also there in her delivery, both the tone and volume of her voice slowly reflecting far more confidence in what she was saying than when therapy first began.

(2) Feeling talk. Although in part an aspect of the women's experience in their therapy, more peculiar to the men in the study was the difficulty they expressed having when it came to opening up and talking about their emotional worlds. The women, for example, while needing to feel a certain degree of safety with the therapist before choosing to disclose their feelings, nonetheless did so with relative comfort and ease, most often finding the words to match their experiences, or at least being able to offer descriptions that came close to what they were attempting to convey. The men, on the other hand -- although feeling equally comfortable and at ease with the therapist -- for the most part expressed having to struggle with this and feeling somewhat incompetent in the process. As virtually all of the men either implied or quite openly admitted, like their female companions they too wished to be understood on an emotional level and agreed that "getting to feelings" was an integral part of the therapy. For the men, however, talking about their feelings was another matter and did not come easily. As Jim explained, "This talk about emotions and sharing isn't something I'm used to doing. I feel weird and uncomfortable, like I'm in strange, unfamiliar territory. Because I've never had to do this, it scares me and makes me feel like I'm in a place where I don't know my way around."

As if speaking for the other men in the study, Jim noted that as a boy growing up "you never shared emotions with your friends. You never discussed things on an emotional level. That's touchy-feely sort of crap. Ritchie Cunningham from Happy Days comes to mind. You know, how he was so honest and able to voice his feelings and respect the feelings of others and try to understand them. The way I grew up, that was always square, nerdy kind of stuff. That's the kind of feeling I get inside when we start heading into this area, because it's so unfamiliar to me. So that makes it difficult, stepping into a new way of talking and thinking. I'm so used to just shutting down and telling people to f--- off." As Alan explained, however, having the opportunity to convey what he was feeling was "like a weight being lifted from my chest," and that for virtually the first time in his life he was able to express things he had never shared with anyone. As Jim further revealed, sharing his feelings was not so much getting in touch with or drawing on aspects of himself that he had never touched or drawn on before, but in fact was "building characteristics in me that I've just never had. I mean, this has never been a part of me to talk like this, so it's actually developing new aspects to myself."

(3) Being careful. Also more unique to the men's experience of therapy than to the women's was their tendency to be cautious about what they said in their sessions for fear they might cause their partners to become angry, hurt, sad, fearful, alienated, or closed off. Chris, for example, admitted holding back "how I truly feel" not only because Helga might not like what she heard, but because he was afraid "she'll simply get up out of that chair and walk out. Then where will that leave me?" Paul also noted "choosing my words carefully" so as not to say the "wrong" thing. "My biggest concern is saying the wrong thing at the wrong time and sort of setting us back and things like that." As he explained, his hope was that in the safety of therapy he could perhaps let his guard down at some point and say what he felt. "Like I'm always doing and saying things to make sure I don't stumble and fall. That's me. But in terms of what we're trying to do, I'll still try and not- I mean, I won't purposely say what I think is the wrong thing at the wrong time, but if I say things I think aren't appropriate, I want to know that the shit isn't going to hit the fan." Jim, meanwhile, felt that sharing his stronger feelings, particularly his deep sense of anger and frustration with Susan, would be hurtful to her and "not get us anywhere. Like here I'm steaming, right? Really angry. But I'm biting my tongue because I know it'd be hurtful to her to say anything. Maybe I tenderfoot around too much, but I mean if I wanted to, I could crush her with just a few words. But what's that going to get us? So I'm being cautious here, holding back, picking and choosing my words. Like, I have to be careful." For the men, such carefulness and caution created an ongoing tension during their therapy that was not a part of the women's experience -- a feeling of never being able to "let my guard down" and express how they "really" felt without worrying about what the consequences might be.

(4) Withholding. In addition to being cautious about saying things that they felt might upset their partners and disrupt the therapy process, the men also tended to withhold their more vulnerable feelings in their sessions. Alan, for instance, confided in his IPR review how afraid he

had been of Carol walking out on him when they were first going out. "So I played it cool, pretending that I didn't need her. Like if she left, so what? But deep down, the thought of her leaving scared the hell out of me." He noted, however, that even now and in the context of therapy he was still unwilling to admit this to Carol. Similarly, Jim shared during his research interview how desperately he needed to feel Susan's desire for him, and that where she thought it was sex he was after, in fact he was feeling insecure about the depth of her love. As he, too, explained, however, this was "easier for me to share one-on-one with you because there's just the two of us and she isn't here." Yet another of the men, Chris, somewhat ashamedly admitted during his research interview that he had been spying on his wife, but that "for obvious reasons I can't bring this up in the therapy. But I'm going crazy thinking of her with this guy, and it's eating me up inside. I tell you because I haven't got anyone else to tell." Indeed, for the men moreso than for the women, their IPR reviews seemed to offer them an opportunity to "open up" and talk about aspects of themselves that they never quite felt free enough to discuss in the same way in their couples sessions and with their partners there. As Chris noted, he felt as if "you know more here than what's come out in the therapy. But some of these things, I just can't say there."

(5) Feeling valued. Common to all of the women in the study but never expressed by the men in such a direct fashion, at least, was their need to feel "valued" by their partners. As the women all acknowledged, what they were seeking and hoping for from their therapy experience was the feeling that they "meant something" to the men in their lives, that what they had to say "counted," that their partners "cared" for and felt "compassion" towards them, that they could "truly see" and "appreciate" them for who they were, and that they "understood." In the case of Susan, for example, early in her therapy she noted in her IPR review wanting to feel as if Jim was "in touch with my experience," and that he could "honor who I am as a person" in his life. As she then began to experience this from Jim in a later session, she noted that the tears she was shedding were tears of relief. "It was just so nice to hear that from him, that I was appreciated and the things he was saying. Happy to know that he knows that much about me, and that he cares. That's all I want to hear. So the tears here are sort of tears of sadness that it's taken us so long and there's been so much conflict and everything just getting here. But they're tears of relief too." As Valerie also explained, she was looking for something in Paul's eyes or in his voice that would tell her that "he's hearing me, 'cause right now I can't hear it or see it in him yet. It's not there. All the pain and everything I'm feeling... It's like he still doesn't understand." As Carol noted: "I want to feel as if he knows me. I mean, like he really knows me." The men in the study, meanwhile, neither openly expressed nor implied that this is what they most wanted from their therapy experience and from their partners. Indeed, the sense they conveyed was that they were in therapy to understand what it was their partners were looking for from them, rather than the other way around.

(6) "Getting it." Related to the above, the women often expressed the feeling that their partner "just doesn't get it." Such an expression was never a part of the men's vocabulary of experience, however. In fact, as Valerie expressed it, "It'll feel like we're finally making progress

whenever he gets that he doesn't get it. Like right now he doesn't even get that he doesn't get it." She further noted that even if she were to sit down and try to explain to Paul what he was not "getting," her sense was that "he still wouldn't understand." Often, for example, the women noted that their partners seemed intent on trying to figure out on a more instrumental level what they should be doing to make improvements in their relations. Their sense, in other words, was that the men were looking more for a kind of behavioral formula for "how to do it" so that they could then put this into action and in so doing "solve" the problem. Noted Carol: "It's like he's sitting there just waiting to be told what to do. Like, 'if I do this and this and this, then it'll all go away and we can be out of here and we'll all live happily ever after.' That's what he wants to hear. That's about the only thing he understands right now. He just doesn't get it yet that that's not why we're here." As Valerie expressed it, her sense was that Paul "wants to help me by fixing the problem in a concrete way, because that's how and what he knows. And I just don't have the ability to help him get beyond that."

Further, although "getting it" for the women meant understanding that they were not just seeking some kind of rote behavior that in the end felt "wooden" or like a "performance" the men were putting on because they had been told "this is what you do," it also meant that something, in fact, had to be enacted by their partners before they could actually believe that what they were seeking from them had sunk in and been understood. Susan explained, for example, that although her partner had been able through the therapy to convey that he understood her more than she thought he did, "it still doesn't feel a lot of the times like he understands." Implied here is the notion that what the women were looking for also had to be experienced on an emotional level, and that it had to feel "genuine" and not "set up." As Valerie confided, "He's saying what he knows I want to hear. Those are the words: 'I love you, I need you, I want you..' I hear them, but I don't feel them coming from him. I mean, that's what he knows he's supposed to say. And it sounds nice, right? But it's not enough." What she was looking for, rather, was a spontaneous demonstration from Paul that did not have, as she put it, a pre-contemplated or thought-out feel to it. As she noted, "What I want is something... Like words, action, behavior...doesn't matter what it is. But I've got to feel like it's coming from the heart."

(7) Motive for change. More peculiar to the women's experience of therapy than the men's was the feeling that their partner was "in it more for me than for himself and what he might be able to get out of it." As Valerie explained, her sense of Paul's motive was that "he's here to help me, not himself." Further, as grateful as she was to her partner for "coming along" and "cooperating" in the process, however, there was also the implication -- again more common to the women than to the men -- that the problems in the relationship were "my fault and I'm to blame." As if wanting to dispel this feeling, there was an undercurrent of hope in the women's experience that their partners would eventually come to see therapy as an opportunity for their own personal growth and change, rather than as a context in which they were there primarily to "help out." Carol noted, for instance, that it "scared" her to hear Alan saying that he was "doing this for us." As she explained,

his comments were "nice to hear, but there's a desperation there too. I mean, he should be in this for him as well, not just us. And this isn't going to work if he can't see that. So that scares me." Carol felt that if Alan could use therapy to make improvements in himself, he might then feel more approachable and safer to be with. "Like, maybe if he can learn something about himself and how to deal with his own issues, he'll be able to handle his feelings better and not get so angry." Also evident in the women's IPR reviews was the notion that as their partners got to know themselves better, they might then become better known to them as well. Voicing a sentiment shared by the other women, Valerie noted: "If the therapy can help him lower the wall he's got around him, then maybe I'll get to see, 'Who is this man I've been living with all this time?' 'Cause a lot of the time it's like I don't know who he is." In contrast to the above, the men's research interviews hardly ever reflected such feelings.

(8) Process & content. In general, men and women in the study seemed to approach "the process" of therapy quite differently, their IPR reviews reflecting the notion that initially, at least, men were looking for "solutions" to their problems while what the women were seeking was a sense of "resolution." In the case of the former, it was as if the men saw therapy more as a black-and-white process in which issues were raised in an effort to find out what was "wrong" in the relationship or what the difficulties were so that they could be clearly delineated and rectified. As the analysis revealed, the therapy conversations felt better to the men when they seemed more content oriented, clearly focused on a particular issue that they could then understand and hopefully do something about. As Alan described it, the feeling was more like "if it's something I'm doing wrong, just tell me what it is and I'll change it. Or if it's something we can do something about, then tell us what to do and we'll do it. Give us the tools and we'll fix whatever's wrong." Where the conversation seemed headed more in the direction of confusion than clarity, however, or where it seemed to them as if "we've talked about all this already," the men tended to express discomfort and became less confident that their problems would be solved.

The women, on the other hand, seemed far more comfortable with the notion of talking their issues through in a spirit of exploration. In addition, although like the men they felt that gaining insight into and understanding the difficulties in their relationships was important, this seemed to emerge more out of their participation in a process of conversing for the sake of conversing rather than for the content of the talk. Indeed, in contrast with the men, there was a sense that for the women the content was somehow much less significant than the actual "act" of talking itself. Strongly implied in their reviews was the idea that conversation for the women was an act of engagement or connection, which was something that they lamented their partners did not seem to understand. As Carol expressed it, "He can bring up whatever he wants to talk about. I don't care what it is, as long as we can talk about it. That's the thing. He gets so mad he flies off the handle and we can't talk about stuff. The thing here [in therapy] is we can begin to learn how to talk." In the end, it was as if the women were aware of therapy as a kind of "grey" process in which talking about their talking was their way of resolving their issues, the actual issues

themselves becoming less important than the sense of connection they felt with their partners as they became engaged with one another in their talk.

Looking at Couples Therapy

Incidents & events. In keeping with other studies of couples therapy, when asked to select sessions for review that they agreed had been especially significant or meaningful, both the couples and their therapists had little trouble doing so. Unlike previous investigations, however, the participants in the present study did not tend to identify particular incidents or events as having stood out. Rather, they conveyed more an overall sense of how they felt about these sessions and the ways in which they had been affected by them. Further, when asked to recall what made these meetings special and why they had been chosen for review, they generally indicated that they seemed to have a different "feel" about them than those that they did not select. As they reported, some sessions had touched on issues that the couples had previously been hesitant or even fearful to bring up for discussion. Others had left feeling good for having "accomplished something." Still other sessions had provided partners with a sense of feeling safer to open up in ways they had not been able to previously. The couples also noted that their selected sessions had given them valuable feelings of understanding and insight not only into themselves and one another, but into their cycles or patterns as well. In Alan's view, for instance, their session had been especially meaningful because it had taken him and Carol "deeper" than they had been up to that point, helping him to see her pain. What also distinguished these sessions for the therapists was their feeling or sense that "something different" had happened in them, and that they had provided the couples with an experience that allowed them to open up and become "more vulnerable with one another," or "more loving" in their relations than before these sessions began.

When asked to give their general impression of their selected sessions, however, partners rarely picked out discrete episodes as the focus or basis for their assessment. For example, Susan noted of one session, "Well, I remember leaving there feeling good about it and feeling happy about the things we talked about, and that things were moving in a good direction. A lot of positive things were said about how things were going. That's what I remember most. But I can't tell you specifically what we talked about." Carol said of her session, "It was pretty heavy! I was really sad afterwards. It brought up a lot of stuff. Made me realize that I haven't dealt with some stuff, and here I thought I was doing really well." As such responses might have been a function of the open-ended nature of the question, participants were also asked more directly if there was anything specific that stood out in the session above anything else, or if there was an event or incident -- something that was said or done in the session -- that they recalled as being significant or special. Here again, however, the couples tended to highlight their general feel for or sense of the session rather than any one particular turn of events. As Paul explained, "In terms of what specifically stood out in the session, I don't know if it was anything more than... Like, maybe I chose it because there were things in the session that were more focused on me that were a help.

You know, and, well, 'cause things were going better, things were smoother and felt better. I mean, I'm not trying to be difficult, but...that's more my memory of it."

Such responses were typical of the therapists as well, whose assessments of their sessions also tended to be cast in terms of general impressions rather than discrete happenings or events. Further, it was apparent that even when asked directly for particular incidents that stood out or perhaps moved the therapy along, the therapists were more often than not at a loss to pick these out. Rather, like the couples, their search for a singular incident tended to produce more a sense of the overall session and a "feel" for each of the partners rather than any event or occurrence in the session itself. As Dr. Johnson noted, "The incidents that stand out for me are... Her... No, I mean, really, that's what I mean by it being a low-key session. I felt like I got the pattern. I started to get... The fact that she was so nervous is what stood out. And his, you know, kind of lack of expressiveness, and his attitude to it, is what stood out for me with him." As she then added, the session under review was, in fact, more remarkable for what was missing rather than what stood out. "You know, it's interesting that you ask what stood out. There were a couple of things missing for me. The main thing that was missing, and I decided not to... I didn't really get a feeling of her pain." In yet another example, Dr. Tomm noted of the session being more impressed with the feel of the couple together in the room rather than anything that happened between them. Struck by how subdued they were, he remarked, "There strikes me as being more heaviness with this couple. I think there's more sadness and depression... But the other thing that did strike me was their connection to each other. It seemed there's a connection there, but it's not a clean one. It's sort of a messy one. But it's been there a long time."

As the analysis of the participants' research interviews suggests, a theory of couples therapy founded primarily on particular incidents or events in their therapy would be limited at best, and misrepresentative of their experience. Indeed, it is clear from their accounts that the search to identify specific incidents within their sessions did not appear to fit with the experiences of either the couples or their therapists. As it happens, implied in such a search is the notion that couples therapy is largely a technique-based process of intervening in people's lives and relationships, and that change can be readily identified as being connected with, and perhaps even occurring as a result of, discrete and hence repeatable interventions and/or events. The research narratives of the participants in this study, however, do not substantiate such a view. In addition, although the therapists clearly identified particular techniques that they employed throughout their sessions, their subsequent descriptions pointed to their experience of something larger or more encompassing than techniques. Rather, what their IPR narratives indicated was more the presence of an ongoing process whose particular events and incidents might be a part of the experience, but certainly were not the experience itself. Alan noted, for example, that initially he had a view of therapy as a fairly straight-forward, black-and-white process in which he and Carol would be given exercises and advice by Dr. Johnson that they could then take home and enact. As their sessions unfolded, however, his sense was of each meeting building on the other, and of

what he described as a series of "linked conversations." Further, he noted that although the themes and content of these talks might differ with each session, they were all "part of a larger story," inextricably joined in such a way as to help him and Carol to "eventually work things through." As Paul also explained, "I guess it's like one thing builds on the other and that it's kind of, to a certain extent, artificial to just take a slice and take one incident out of context and say, 'Well, this had a lot of impact.' More, it fits into the process in a particular way, and it's the process that seems to be having an effect rather than just a particular session or thing."

The relationship. As the IPR reviews and subsequent coding of their subjective, moment-by-moment experiences of this process indicated, couples therapy for the participants was primarily a feeling-based experience in which it seemed as though the relationships that became established within this context were central to the changes that took place. Further, it was clear from the accounts of the couples that their therapists played a pivotal role in this experience, the sessions gaining their meaning more from the feelings the partners had for Dr. Johnson and Dr. Tomm rather than the events or incidents that took place within them or the various techniques they might have used. Coding of the therapists' accounts, meanwhile, also served to highlight the primacy of the relationships they established with their couples, their personal and professional feelings of connectedness and engagement with them becoming integral to the "work" they were doing together and their sense of "progress." Indeed, running like an undercurrent throughout the narratives of both the therapists and their couples was their ongoing "feel" for the relationship they had with one another, the partners forever gauging just how safe it was to open up to the therapist and share themselves emotionally, while the therapists, for their part, worked earnestly to create a space that was safe enough for the partners' emotions to emerge. If there was a common phenomenon for both the couples and their therapists throughout their therapy, something that linked them together in a mutually shared experience, it was the value and significance they placed on the relationships they established with one another through their conversations and enactments rather than the importance they might have given to any particular incidents, events, or techniques.

Indeed, the analysis and selective coding of the participants' narratives suggests that the essence of the couples therapy experience is to be found in the relationship that develops between the therapist and the couples, and that any understanding or "theory" of what seems to be taking place in couples therapy must base itself on an accounting of how this relationship emerges and evolves. As the results indicate, this happens through a process of mutual identification in which the therapist begins to enter the couple's experiential world, is able to identify with or "internalize" each of the partners, while they, in turn, begin to identify with or internalize each other as well. This can only take place, however, when the partners begin to feel understood by the therapist, a process that involves creating emotional connections with them in a safe and non-judgmental atmosphere. In fact, as the results of this study have demonstrated, where this sense of connection is absent or appears weak or damaged, the therapy with the couple cannot hope to move ahead. In addition, as important as it is for the therapist to begin to feel a sense of empathy and identification

with each of the partners, it is vital that each partner actually experience this and in effect feel internalized by the therapist, as if sensing that the therapist has entered his or her experiential world. When this does occur, however, and there is a feeling of being understood on a "deeper" emotional level, each of the partners can then feel safe to begin to open up with one another and to "tune into" each other's experience as well. As they do so, they then become engaged in a process of not only identifying with or internalizing their partner, but of allowing their partners to identify with or internalize them as well. In effect, where the therapist might initially have provided the partners with the experience of being understood, acting as both a "medium" and a model for how to connect or engage to create a renewed relationship, the partners are now able to emulate this and to risk enacting it themselves. Finally "attuned" to one another's experience, in other words, their connection or "bond" is now based on a more empathic understanding of each other. Having internalized one another on a deeper emotional level, they can then leave therapy with a fuller and more genuine appreciation of the other and what it is like to "be" them and to walk in their shoes.

A process of internalization. Some participants, for example, came to therapy feeling as if they did not have a "voice" or that they were not "heard" by their partners. In their words, "he never listens," or "she just doesn't want to hear." They noted, however, that therapy provided them with a space where they could not only find a voice, but exercise this and feel heard. Indeed, central to their therapy was the experience of being able to "speak" their "deeper" feelings and be accepted and validated in a non-judgmental atmosphere by someone they respected and liked and with whom they felt safe. More importantly, however, as the therapist explored, clarified, and in the process of reflecting back, validated what he or she was hearing, partners experienced being understood, some "for the first time in my life." From their descriptions, it was as if they finally found somebody who was able to identify with how they felt. As Helga noted, her experience was of Dr. Tomm being "right inside my head and knowing what I'm feeling." As she added, it was like Dr. Tomm had slipped into her shoes, "picking up things" in order to understand how she experienced the relationship. Or as Valerie put it, Dr. Johnson "understood my want." As they noted, the feeling was of someone who could identify with them and "relate to my experience." In the process, although implied rather than expressed directly, they sensed being in effect "internalized" by the therapist, who they now felt understood what it was like to be them in the context of their relationship and was thus able to convey, "There is a part of me that is you."

As the therapists, meanwhile, elicited and eventually came to feel more of an emotional connection with the partners, they also reported experiencing a deepening sense of engagement in their relationship with them. They noted, for example, that they could feel themselves "tuning into his experience," "warming up to him," "feeling what she must be feeling," and "sensing how deep her pain goes." As they explained, it was as if they were able to identify with what each partner was experiencing within the relationship. Noted Dr. Tomm: "I have to be able to feel their fear." Further, in empathizing and feeling "attuned" or "resonating" with the partners, the therapists were in effect internalizing each of them, entering their respective experiential worlds and in turn

allowing each of the partners to enter theirs. Indeed, as if to concretize this process the therapists would often take on their clients' voices, using their first-person singular as though the experience they were expressing was in fact theirs. Sometimes this was enacted overtly by Dr. Tomm, who would "double" for each of the partners, alternately speaking out of their positions and offering them possible sentences or phrases which he then invited them to rephrase or reject if they did not fit with how they felt. This occurred in his work with Jim and Susan, for example, as Jim expressed his disappointment with Susan for not completing an apprenticeship program she had enrolled in. At the same time, however, Jim was also able to convey his appreciation for what Susan contributed to the relationship, which brought tears to her eyes.

SUSAN: [tearful, silent] ...

JIM: Yeah, so like if you could just-

DR. TOMM: [for Jim] I'm wondering what's making you sad at the moment, Susan?

JIM: [pause] Yeah. Why are you crying?

SUSAN: [long silence] 'Cause that's all I want, is to be appreciated.

JIM: Well, I try and show you my appreciation. I know I don't-

DR. TOMM: [for Jim] Are you saying those tears are tears of gratitude because I did appreciate you, a little bit?

JIM: OK. Is that what those tears are about?

SUSAN: Yeah, I guess so. I just wish I could feel that more.

JIM: Well, I realize that I need to express it verbally to you more. But I think before we discuss this anymore I'd like to go back and talk about how we can discuss things like this without having a mediator like Dr. Tomm in the room prompting us.

DR. TOMM: [for Jim] Or is there something else you wanted to share about your feelings before we go back to that, Susan?

JIM: Right. Is there anything else you wanted to say to me first, or..?

Dr. Johnson, meanwhile, as if slipping in and out of her clients' voices in a less overt fashion, did much the same. The following, for example, occurs with Carol and Alan. Carol is feeling extremely anxious about a new job she has been offered, which will mean giving up her position as a travelling sales agent and spending much more time together with Alan at home.

DR. JOHNSON: So, what I'm hearing is I want this. I'm going for this but it's very scary because if I'm around Alan all the time, what's going to happen is that the part of me that had all those longings to be held and taken care of and loved and somebody to depend on and to feel safe with and just to be myself with, they're all going to come up. And I won't be able to just go on the road and separate myself from him. They're all going to come up and he's going to be there and it's scary. I'm going to be more vulnerable. That's what I'm hearing, Carol?

Commenting on this tendency to "take on" her clients' voices, as if speaking directly out of their experience, Dr. Johnson noted, "I speak for her. I identify with the person, I guess, so I just take on their voice." She then added that this was "not a conscious thing on my part. I just do it." Having identified with or internalized each of the partners, it was as if the therapists had come to know them well enough to now be able to relate to and "speak" out of their positions. Indeed, at times they would venture to speak for them, voicing feelings that the partners themselves might be afraid to raise or were not even aware were there. As Susan explained, Dr. Tomm helped her to

say things she was "scared to say at home. It's like I hold back saying things because either it's dangerous, it doesn't come out the right way, or he misunderstands. And then he gets all angry and I shut down. We don't get anywhere. But here [in therapy] it's safer, there's somebody to say it for me or to help me say it, and to help him hear and understand. So that feels good." As Valerie also noted, her feeling was that the therapist's paraphrasing of her experience was "validating it for me, and delivering it back to him in a neutral spot. I couldn't articulate it before because it wasn't so clear and it wasn't on neutral territory. It's still fairly uncomfortable for me. But he'd challenge me and I didn't have anybody to validate what I was feeling. I'd back down. So this was definitely the medium. Here, I'm saying it, the therapist is understanding it, validating it back to me, and articulating it to him in a setting where I know he's bright enough to understand there's something here that somebody's understanding."

As these last comments suggest, it was vital to the process that the therapist be able to identify with both partners, and that their "internalization" be experienced as much by one as by the other. Indeed, as the analysis made clear, as important as it was for the therapist to identify with and voice the experience of one partner, it was equally important that they also be able to "hear" with the ears of the other and to help this person take in what was said. This was not possible, however, if the therapist could not find a way to empathize and identify with this partner as well. Underlining just how important this was to their ability to move forward together, Valerie noted that it was as if "through" Dr. Johnson Paul was "finally beginning to hear what I've been trying to say all these years." Or as Susan put it, Dr. Tomm was "like a vehicle" or "a translator for my feelings," not only able to help her to articulate her experience, but to "put it into words" that Jim could then hear, take in, and understand. In her experience, Dr. Tomm was not only providing her with a voice, but with "another set of eyes and ears for me." As Alan also noted, through Dr. Johnson "I see and hear things differently. Like, maybe she'll say something she's said at home a thousand times already, and I never listen. But then with that third person there, it gets said differently. Or maybe it's described differently. And sometimes I hear why she's saying it. Like, where it sounded like she was so angry before, now I'm starting to hear differently. I can hear the hurt in her voice. That changes everything."

Indeed, where the relationship felt tenuous and the therapist seemed unable to engage or connect with one of the partners and hence identify with or internalize them fully, the therapy appeared to falter. In such instances the therapists would express feeling frustrated, impatient, and annoyed with these individuals, as if they were unwilling to give of their emotional selves and establish a relationship with the therapists. As the therapists implied, it was as if they had reached a kind of impasse with these partners who "won't let me in." These individuals, meanwhile, expressed feeling misunderstood by the therapist, who they felt was "obviously out of touch with my experience" and seemingly unable to identify with them or their position. Typical of their comments: "She has no idea what I'm feeling;" "She can't see what it's like to be me in this relationship;" "He doesn't understand how I see things;" and, "If that's what he thinks, he's got no

concept at all of how I feel." At the same time, the partners of these individuals, who for the most part reported feeling internalized and thus understood by the therapist, nonetheless continued to feel misunderstood by their companions. As they pointed out in their IPR reviews, it was as though their companions were still not "hearing" or "seeing" them, and were hence unable to identify with their experience. Noted Carol, for example: "He still doesn't understand. He doesn't get it. He's still not listening to what I say." As a result, despite the efforts of the therapists to engage with these individuals and to find a way to identify with and internalize them, their partners began to feel ambivalent about the relationship and worried about how things might turn out. Where this sentiment continued, they also became hesitant about the therapy, wondering how useful it was to "keep talking about us staying together." They then questioned the viability of the couples therapy context and began seeing it more as a source of help to them as individuals. As Carol said, "Even if we don't stay together, it's still helping me. I can get something out of this for myself. Maybe he's not seeing me, but at least I feel like I'm starting to see myself."

Where the therapists did, however, feel the sense of emotional connection and relatedness they were seeking with both partners, genuinely able to identify with their experiences and in turn internalize them or "take them in," the feeling of a "threesome" became apparent. As both the couples and their therapists noted, the relationship they had with one another felt good and the work went well. As Dr. Tomm put it, "We're engaged in work here. This is good work we're doing and things are going well with this couple. It feels good." More significantly, however, reflected in the partners' comments was the emergence of a newfound feeling of empathy and understanding between them. They reported that they not only felt like there was more space to speak their feelings and listen, but that they also experienced seeing and hearing, as well as being seen and heard by the other. Midway through their therapy, for example, Carol had expressed dismay that Alan "just doesn't get it. I've been opening up and pouring my guts out, and he comes out like I've stubbed my toe and he's going to make it better. The hurt and pain and how deep it goes, he's not picking that up at all. And here I thought I was showing so much, but he doesn't want to see it. Like, he's not making me feel valid at all." Towards the latter part of their therapeutic work, however, not only was Alan able to see and appreciate the fear and pain she was dealing with as a result of her previous trauma. More importantly, he could now take this in and identify with her and her experience. Similarly, she too was able to "see what it's like for him, having to go through this with me. I can see how afraid he is too." At this point, then, the therapy had served to bring the partners forward to where they could now feel safe to open up and share their "deeper" experiences more directly with one another without having to go "through" the therapist. In addition, despite the fear they shared, they both felt safe and secure enough in their relationship that they could empathize more fully with one another, entering as well as inviting the other into their respective experiential worlds. Having in effect begun to internalize one another, they could now, as Alan put it, "go down into this and face the dragon together, if that's where we have to go."

Although addressed more fully in the Discussion section that follows, it is important to note here that this internalization is a process that appears to emerge in bits and pieces as the therapy progresses. Granted, identifiable events or incidents might mark important turning points in which therapists may suddenly add an important aspect to their developing internalized image of one or the other of the partners. From what participants conveyed in their IPR reviews, however, this "taking in" of the other evolves with each gesture, word, look, and other such engagement cues that are forever being exchanged in the context of the therapeutic conversation. In keeping with the analogy of an internally created image, it is as if such cues are brushstrokes that over time each make their own particular contribution to the canvas. Some add different hues and shades of color, for example. Others serve to mark an outline that must be detailed later. Still others fill in areas of light and shade. Further, this internal image is never fixed but is always evolving, each validating remark, for instance, casual comment, or empathic question building on ones that came before them and helping to lay the groundwork for whatever will emerge next. Like the therapeutic relationship itself, the image is continually being created and recreated as therapists and partners change and deepen their understanding of the other, slowly feeling invited to enter each other's experiential worlds. Indeed, where such images grow out of feelings of true engagement and connection, they appear to reflect a kind of faith or understanding by participants that they will continue to evolve and change as part of the internalization process for both therapists and partners even after couples therapy has come to a close.

Chapter 8: Discussion

At the outset of this inquiry I posed a variety of questions to serve as guides or maps of the terrain to be investigated. Broadly speaking, I was interested in what it was like for couples and their therapists to go through couples therapy together, and what they said about their experience. I was also intrigued to know if male and female partners would experience their sessions differently. At the same time, I wondered if the emotion-focused and narrative approaches to therapy practiced by Drs. Johnson and Tomm respectively would generate significantly distinct experiences for their client couples, as well as for themselves. Similarly, I was interested in the stories partners would tell about their relationships both before and following their completed couples work, and to what extent these might change over the course of therapy, reflecting perhaps the influences and ideas of the therapist with whom they had been engaged. I also wondered if the participants' experiences of their selected sessions would lead to an understanding of the couples therapy process that other researchers might previously have missed or perhaps ignored. Related to this, I was anticipating that out of the material generated by the study, and the qualitative methodology used to make sense of it, that I might then be able to formulate a way of looking at couples therapy that was grounded in the experiences of those who collaborated to make it work.

Though these were the questions that served as tentative guidelines in the conduct of my study, I also wondered if the participants' responses would allow me to address other issues raised by my literature review. Included here were concerns related to an aesthetic and pragmatic approach to the theory and practice of marital and family therapy, and what the client couples in the study would actually have to say about each of these. In keeping with the assertions of some of the field's "new wave" therapists, for example, I was curious to discover if the couples who met with Dr. Tomm would experience his work as being far less interventive than that of Dr. Johnson, or if they would be left feeling like the "purpose" had somehow dropped out of the conversation, giving them a sense of uncertainty and not knowing where to go next. Similarly, I asked myself if the couples who met with Dr. Johnson would experience her approach as being far more active and directive than they might like. At the same time, the study was a chance to explore two of marital and family therapy's constructivist approaches to working with couples, offering me a means of determining if clients come away from these approaches telling fundamentally different and more empowering stories of themselves, as advocates of these therapies often claim. Further, my inquiry was an opportunity to study if such therapies actually have a "collaborative feel" to them, and how this process emerges and seems to work. Finally, I wondered if the participants' experiences would lend further substance and credibility to the findings of other investigations of couples therapy, if directions for future research might be suggested by the study, and what clinical implications might emerge from what participants chose to share.

In the discussion that now follows, I begin by considering my investigation's guiding questions, examining the participants' answers to them and what these results suggest or imply for

our understanding of the couples therapy experience. In doing so, however, I also consider some of the other issues and concerns raised by the study and offered in my literature review. Rather than dealing with these separately, however, I have incorporated them into my general discussion of the guiding questions where this seemed relevant or appropriate. Following this, I turn to look at some of the study's clinical implications and what its results might mean for the practice of couples therapy. I then outline some of the limitations of the study, and conclude my discussion with suggestions and directions for future research.

The Couples' Experience of Couples Therapy

Feeling & context. As results clearly demonstrate, for the couples, at least, their therapy was an essentially emotional experience in which an impressive range of feelings seemed to underlie much of what they said and did. Indeed, from a reading of their IPR narratives it is apparent that the couples' sessions were fraught with an impressive variety of feelings from the time they entered the therapy room to the moment they left. Based in large part on their assumptions about therapy, many of the partners reported being generally nervous or highly anxious as they came to and began their meetings. Depending on what their partner or their therapist might be saying or doing at the time, they also described how angry, fearful, threatened, or vulnerable they often felt at various points throughout their sessions. In addition, they expressed at times a strong sense of disappointment in the therapy, feeling misunderstood by the therapist and/or by their partner, or discouraged, hopeless, and on the verge of giving up. Further, these feelings frequently tended to reverberate for them well after their sessions were finished, carrying over into and affecting their "everyday" lives. At the same time, however, the variety of feelings described by participants also included those they experienced as positive, supportive, and self enhancing. Some expressed deep feelings of relief, for example, as they felt understood by their therapist and/or by their partner. Others described gaining a stronger sense of voice through the therapy process, leading them to feel both safe and confident enough to open up and express their needs or to share their hurt and pain. Many also noted experiencing feelings that they did not previously have words for, but which they were now thankful for being able to talk about and name. Feeling heard and validated at various points throughout the therapy -- by the therapist, certainly, but above all by their partner -- was a common and highly valued experience for participants. Indeed, where this was felt to be missing in their therapeutic experience, partners expressed feeling angry, frustrated and alone.

Also apparent in participants' research interviews was the notion that couples therapy was not only a feeling-based experience, but one that was quite distinct or apart from their home or "everyday" contexts. As couples described it, home was a place where they were unable to have the kinds of conversations that took place in therapy. In their view, it was an unsafe environment in which to bring up issues that in their therapy talks were expected to be raised. Certain topics, for example, were felt to be "off limits," "dangerous," or "scary" at home. Partners talked about

"walking on eggshells" around one another in their everyday lives, being cautious about what they said or did, or worried that saying "the wrong thing" would lead them into an "emotional tailspin" they might not get out of. Home was a context for arguments, put downs, rejections, and feelings of isolation, an environment where partners often felt unsupported and misunderstood. As they noted, "She's always blasting me," "He doesn't listen to a thing I say," "I never know what she's thinking," "He's forever criticizing me," "I can't trust her," and so on. Therapy, however, was a novel or "out-of-the-ordinary" experience that set it apart from the everyday. Despite their feelings of anxiety, and at times fear of what might "happen" in therapy, they accepted or acknowledged it as being special and distinct from their home contexts. The couples assumed, for instance, that things were going to occur in their therapy meetings that could never take place outside of them. In addition, there was the experience, or at least the hope, of feeling safe in therapy, and of being able to open up to one another in a way they could not at home. Therapy also gave them the sense of going beneath the surface of their relations and working at exploring and describing experiences and feelings that they either could not present to their partners, may only have vaguely felt up to that point, might not have words for, or that they were unaware were there. In contrast, partners' everyday contexts seemed to preclude being able to open up in a way that left them feeling connected. Their lives and relations were experienced as ordinary, busy, and lived on the surface, which left them little time or inspiration to explore their experience at a level that had any depth, or to truly listen and see one another for who they were.

As results also demonstrate, however, despite the strong feeling or emotional overtones that seemed to permeate their sessions, the therapy experience for the couples contained an essential cognitive element. Indeed, evident in their IPR interviews is the emphasis partners also placed on being able to gain insight and understanding into themselves, their partners, and the patterns and cycles they sometimes described as "getting the better of us." Particularly where cognitions or insight appeared to follow on or flow out of an emotional or feeling-based experience, there was not only a genuine sense of relief, but a feeling of "making progress" in therapy. For example, couples often described how talking about, exploring, and making sense of their feelings with the therapist and their partner, and putting them into words, was like an indispensable cognitive component in their therapeutic work. In addition, participants noted how important it was for them to be presented with new ideas and perspectives for them to consider, as well as to hear suggestions from the therapist that they could take home and try out. Further, partners often reported feeling intellectually challenged by their therapist, which they experienced not only as helpful, but as an expression of respect for and confidence in their ability to reflect on themselves and to reason and think their issues and difficulties through.

Despite these cognitive aspects of their therapy, however, underlying the experience for the partners were the feelings they brought into the therapy context, as well as those they began experiencing as their sessions got underway. Where to an outsider it might appear that their therapeutic exchanges were primarily thought based, their talk centred for the most part around

misperceptions, miscommunication, mistaken assumptions and ideas, operating beneath the surface of their talk was their experience of an ever-present "feeling current" that in their IPR reviews, at least, was highly evident. Invariably, it seemed that regardless of whether it was emotion-focused or narrative sessions of therapy, in one research interview after another the participants' moment-by-moment depictions of their experience pointed to the pervasive presence of feelings in the therapy room. Indeed, inherent in these descriptions is the notion that feelings are what form the raw material of couples therapy, and that without these -- as difficult as participants said it was to raise and talk about some of them -- there would be little to work with, explore, or shape into words that partners could then share with one another. Without feelings, in other words, the likelihood of doing any therapeutic work at all would be quite remote. Perhaps distilling the essence of the experience, Helga noted, for example, that her therapy felt as if "all the emotion inside got turned outside," which she then likened to "a little clean-up inside."

Research gaps. This strongly emotional flavor of the couples therapy experience -- at least as it is reflected in the narratives of the couples in this study -- is noticeably absent in much of the research literature, and is not often present in the comments of those who offer their theoretical perspectives on couples work. As much of what has been written about couples therapy has been presented from the therapist's or an outside observer's perspective, it is perhaps not surprising that this would be the case. Although there is a growing literature designed to give us insight into the lives of couples (e.g., Dym & Glenn, 1993; Gottman, 1991), and how they can be helped therapeutically (e.g., Johnson, 1996; Zimmerman & Dickerson, 1993), the results of the present investigation point to a serious gap in the literature on what therapy looks and feels like from the couple's perspective -- an "insider's view" of the experience, in other words -- and how this might affect their therapeutic work. Indeed, it is interesting to note that of the material reviewed for this inquiry, it was the subjective, first-person perspectives written by couples themselves that most strongly conveyed how this might be an important and significant aspect of the couples therapy experience. Present in the writing of Paul and Rosanne (1990), for example, are descriptions that speak of some of the "frightening" aspects of their couples work, a sense of the anger and despair they sometimes felt in their sessions, as well as their disappointment at feeling misunderstood. Larry and Jennifer (Larry et al., 1990) also noted how they too sometimes felt anxious, terrified, horror-stricken, confused, manipulated, and even traumatized during their therapy, adding that they had gone into "the exercise" emotionally unprepared. Whereas on first reading it might appear that such experiences were merely a function of these couples and/or their therapists, and were perhaps unique to them alone, results of the present study would seem to indicate otherwise.

There is also a sense in many studies examined in my literature review that much of what has been written about the couples therapy experience misses out on the feeling of "depth" that partners might be seeking in their sessions. Again, this was a sentiment reflected in the two first-person reviews noted above. As Larry and Jennifer (Larry et al., 1990) put it, they felt that following their therapy they were now able to get into "deeper conversations" (p. 360) in which

they could talk more about their feelings than before. Paul and Rosanne (1990), meanwhile, highlighted their feeling that "we had not probed very deeply" in some of their therapeutic work. Although previous investigations of couples therapy may not have unearthed such sentiments, this is not to say they do not exist. Indeed, evident in a number of the studies in my review was a sense of couples wanting their therapists to create conditions of safety and comfort in their therapy. Further, they also pointed to partners' feelings of relief at being able to "ventilate" and "get things off their chest" during their couples work. Such experiences are also strongly implied in the work of Greenberg and his colleagues (Greenberg et al., 1988, 1993), whose process investigations underline the importance of emotional openness in couples therapy, and the expression of underlying feelings and needs. As one of their research participants noted, revealing and having her feelings validated led her to not only feel as if the therapist "really understood the pain that I was expressing," (Greenberg et al., 1988, p. 18) but more importantly, that her partner now saw her differently and could hear and understand her pain. Such statements point at least indirectly to a desire by couples to explore emotions and feelings on a level that provides them with a sense of "resolution" rather than just "solution" to the issues they bring with them into the therapy room. Although some might argue that the desire for "depth of experience" is precluded by today's tendency towards short-term therapeutic work, the experiences of the couples in this study suggest that "depth" may be more a function of the therapist and his or her way of opening space for partners to feel safe to "reveal themselves" than it is a function of time, or even of approach.

Uniqueness. Results also point to the importance that context has for the couples therapy experience. This was evident, for example, in the assumptions and expectations partners brought with them to therapy, and what they hoped would happen as a result. In their view, therapy offered them a special place where they could open up and engage one another in conversations that felt different than the ones they had in their "everyday" contexts. Also, it was a place where they, too, could dare to be different than they might otherwise be with one another outside this context. As it happens, other writers have highlighted this "specialness" of the therapy context, referring to the importance of the therapeutic frame (Cherry & Gold, 1989), or seeing therapy as a holding or transitional environment (Winnicott, 1971) that offers people space or structure to work things through (Holmes & Lindley, 1989). Such notions, however, and the research to support them, have more often been applied to individual therapy contexts. The work of Rennie (1990, 1992, 1994a,b,c), for example, demonstrates how clients in individual therapy feel a measure of agency over what they choose to reveal to their therapists, as well as some control in determining the kind of pacing their therapy takes. As a result, their context is not as "threatening" as it might be for couples. Clients in family therapy, meanwhile, tend to be seen more as members of a system and thus are not subjected to such a strong focus on feelings or individual experience (Chang, 1993; Krause, 1993; Reimers & Treacher, 1995). As this study demonstrates, however, couples work has elements and characteristics that give it a different "feel" than might be experienced by individual or family therapy clients, leading partners to undergo a kind of emotional

intensity that is directly connected to and grows out of the couples therapy context.

Indeed, as the findings of this study make clear, partners never feel quite "in control" of what is happening in their sessions. Rather, as participants reported, it is as if they are forever attuned to the moods and feelings of the other, cautious not to rock the boat too suddenly or dramatically, sometimes desperately wanting to connect with their partner but always wondering if it is safe enough yet to take that risk. At the same time, couples expressed always living with the feeling of never really knowing what was going to happen in therapy, or what one's partner or the therapist -- or at times even one's self -- might say or do next. There was a sense, in other words, of being forever on the edge of something, as though the therapy was itself an experience that partners were more or less forced to give themselves over to or to have faith in if they hoped to work things out. Given this as their context, it is perhaps not surprising that the relationships partners had with their therapists, and the degree of safety and comfort they felt with them, played such a central role in their therapy experience. With this in mind, it is unfortunate that the couples therapy literature seems to have paid so little attention to the uniqueness of its context and the kinds of experiences this appears to generate. Perhaps this is because as a discipline, couples or marital therapy seems to have been subsumed by the family therapy movement and its overarching systemic perspective. Such a move may have gained marital therapy a certain degree of recognition and theoretical legitimacy. In the process, however, it appears to have sacrificed its uniqueness, adopting a way of seeing itself that does not quite fit with the experiences of the clients who hope to benefit from it. Such a view calls for a reconsideration of the theory and practice of couples therapy, along with further research that might hopefully clarify these concerns.

Aesthetics & pragmatics. It is also notable how from the couples' perspective, at least, their therapy experience did not appear to reflect the kinds of aesthetic and pragmatic differences often discussed or implied in the work of many marital and family therapists (see p. 44). Indeed, from what partners said in their IPR interviews, this would appear to be a somewhat artificial distinction, as they experienced aspects of both an aesthetic and pragmatic approach at various times throughout their therapy, whether it was with Dr. Johnson or Dr. Tomm. As results indicate, for example, couples in both narrative and emotion-focused sessions very much appreciated the opportunity the therapy space provided them to "collaboratively co-construct" an understanding of their experience together, and in so doing to give voice to their feelings and concerns. They also felt that their therapists had engaged them in conversations in which they had been encouraged to freely explore aspects of their experience they had never talked about before. At the same time, however, they also expressed how helpful it had been to be engaged in an ongoing relationship with their therapists in which they were actively challenged and directed to perform or enact certain tasks. Indeed, as noted above, partners often seemed to take such interventions as a sign of confidence in the progress they were making, and of their ability to work things through. Perhaps more importantly, however, directiveness by their therapists -- when it was respectfully exercised - was also perceived by couples as an indication that their therapists had a range of expertise they

were drawing from, and that they "knew what they were doing." This, in turn, had the effect of helping them to feel less anxious in the therapy setting, contributed to their increased feelings of safety, and ultimately may have made a significant difference in their willingness to "open up" and reveal aspects of themselves that they might not otherwise have felt confident enough to disclose.

The Therapists' Experience

Emotional knowing. Although results of the therapists' research interviews revealed that, like the couples, their therapy encounter was very much a feeling-based one as well, they never experienced quite the same intensity or range of feelings during the sessions that they selected for review. Rather, there was the sense that this was an experience they had been through many times before. Still, it was evident from their narratives that the therapists frequently took their cues from the couples, and as a result were sometimes just as unsure what might happen next. Underlying much of their therapy experience, however, were the personal and professional feelings that were generated out of their interactions with the couples. For the most part, these tended to be at the service of the therapy, and were used as "information" to guide the therapists in their work. Much as they might do in their everyday contexts, the therapists depended on their personal feelings, for example, to give them an intuitive sense or an impression of their clients as they, in effect, "sized up" these strangers in the room, getting a "feel" for them as persons. This included not only how clients tended to respond to various comments and questions, but also how they interacted with the therapist and with one another. The therapists' professional feelings, meanwhile, also served to inform them about the couples, although these were used more to give them a feel for the work itself and what they had to draw on in terms of creativity and experience if they were to be of help. As Dr. Johnson put it, "I'm feeling into them, getting a sense of who they are and how they respond. I'm getting an idea here also of where to go next."

Dramatically evident in the therapists' research interviews, however, was the emphasis they both placed on the expression of feelings in this process of getting to know the couples, which they then used to form a sense of connection or engagement with them. As they did so, their search, it seemed, was for a kind of "emotional knowing," without which they could not have a "feel" for who these people were. Perhaps more importantly, it was also evident that such "feelings" were needed to feed the therapists' sense of hope for the work ahead. Indeed, where one of the partners seemed less forthcoming and was either cautious or unable to reveal who he or she was emotionally, both therapists began to feel frustrated, annoyed, exasperated, and even angry. Where such feelings continued, especially where this person's partner seemed emotionally accessible, the therapy began to suffer as a result. As their research interviews made evident, this led to ongoing feelings of tension for the therapists as they continued their efforts at engagement but somehow seemed unable to form an alliance with this person or to create the kind of connection they needed if they were ever to "move things forward" or "bring them 'round." Further, unless the therapists were able to draw successfully on their professional feelings and find a way to frame

their experience differently, this tension persisted until eventually it seemed to get the better of them and they subsequently experienced personal feelings of remorse.

How therapists feel. Because how therapists experience their therapy is rarely explored or researched, there is relatively little in the literature to either corroborate or disconfirm these findings. Rather, as McLeod (1990b), Sells et al. (1994), and Wark (1994a,b) point out, it seems far more the rule to find therapists and researchers placing their emphasis on therapists' theoretical perspectives, what they are "up to" in their sessions, and whether the strategies and techniques they employ work and which work best. In addition, comparisons are often made by researchers between and among therapies, leading to a kind of competitive spirit as various therapy "modalities" vie for credibility and legitimacy with granting agencies, for instance, or among their peers (Friedlander et al., 1994). This, in turn, tends to create a culture of "success narratives" in the majority of the therapy literature, so that what is passed on either in empirical investigations or in case studies in books, articles, or edited volumes is a reflection of "what works" or what is "effective," to the exclusion of "what fails" or "what doesn't work." Rarely, however, is the therapist's actual experience of therapy encountered in this writing unless, of course, it reflects a positive or successful outcome (see, however, Bot, 1997; Coleman, 1985; Ginne, 1997)

This general neglect or omission in the literature of the therapists' overall experience of therapy is unfortunate, as it has the potential to breed an expectation for "success" with each and every client and each and every session. Indeed, despite their more than 40 years' combined experience doing therapy, the therapists in the present study seemed more reluctant to share what they experienced as shortcomings or perhaps what they felt were failures in their therapy, their narratives tending instead to reflect and emphasize what they sensed they had accomplished or achieved. This has serious implications for therapists in training and the high expectations they may have for themselves and their self-evaluations as "successful" therapists. If the "culture" of therapy dictates by example that apparent failures or shortcomings are not also an aspect of even the most practiced therapist's experience -- and that they sometimes feel impatient, frustrated, annoyed, and angry with their clients -- then by implication this should not be a novice therapist's experience either, and thus will likely remain a part of their unspoken experience as well. The present research points to an important gap in the literature in this regard, and marks at least a step in the direction of exploring how therapists subjectively experience their therapy.

Related to this, results of the therapists' experience also point to the importance of "self attunement" in therapists. This means being in touch with and acknowledging one's personal feelings as they arise in therapy rather than fighting or suppressing them because they ought not to be a part of the therapist's experience. Indeed, as the present research appears to indicate, such feelings have the power to provide therapists with vital sources of information about what seems to be "happening" in the therapy (see Bird, 1993; Luepnitz, 1988). Where therapists can pause to reflect on such personal feelings and "attune" themselves to them, it appears they can then make use of their professional feelings to gather a sense of where to go or what to most usefully do next.

In a sense, being self attuned means, as Spinelli (1994) implies, having the ability to demystify the therapeutic self by stepping out of one's "professional" role and allowing one's self to have personal feelings and be human. Here again, it appears that the therapy literature has yet to reflect seriously on therapists' personal experiences during therapy, how they are "attuned" to these experiences, and the ways in which they make use of them. While several writers have discussed and explored countertransference issues (e.g., Holmes & Lindley, 1989; Goldstein, 1994; Shlien, 1984) and the therapist's "use of self" in therapy (e.g., Goldstein, 1994, 1997; Jourard, 1971; Weiner, 1979), they usually are referring to self-disclosure and how relating personal information about one's self or telling personal stories can sometimes enhance and further the course of therapy. Although used to some extent by both therapists in the present study, such disclosure is not the same kind of self-reflective process that results point to here.

Further, as with the couples, the uniqueness of the couples therapy context also appeared to play a significant role in the therapists' therapy experience. Indeed, it is possible that the tension therapists experienced in their relations with certain individuals was in part attributable to the presence of their partner. Given that participants often withheld feelings for fear of alienating or "hurting" their partners, the "restraint," for example, or "intellectualizing" that the therapists experienced in these individuals may very well have been a function of their tendency to "play it safe" rather than reveal themselves. Had the therapists been meeting with them in the context of ongoing individual sessions, in other words, their difficulties in making an emotional connection with them might not have been so much an issue, if at all. Similarly, another part of the tension therapists experienced was almost certainly a result of the sometimes dramatically differential engagement they had with partners. As results make clear, increased feelings of frustration tended to emerge when the therapists felt "well engaged" or had "a good alliance" with one of the partners while their engagement or alliance with the other seemed difficult to attain, elusive, or virtually non-existent. Wanting to proceed because one partner was ready, but feeling the need to hold off moving too quickly or even backing up because the other obviously was not, the therapists felt their desire to be helpful being thwarted. Although research is needed to clarify such a notion, it is likely that these or other similar feelings would contribute to an ongoing sense of tension in any couples therapy process, irrespective of the therapist and his or her approach.

Emotional power. In addition, it seems evident that results of the therapists' experience mirror Hardesty's (1986) findings regarding the social control of emotions in therapy encounters, and that this process applies as much to the couples therapy context as it does to an individual one. In keeping with the present study, Hardesty's work revealed how therapists control the expression of emotion in clients as they attempt to elicit feelings from them to build alliance and engage them in therapeutic work. Indeed, much as this inquiry also indicated, it is as if therapists and clients create and enter an emotional realm together, establishing and maintaining an ongoing feeling consensus in their sessions. In addition, they collaborate to construct "felt realities" that are not just a product of language, but of the emotional connections they establish, which must then be

continually validated with feeling if they are to be maintained. Further implied in Hardesty's study and in the present investigation, however, is the notion that although the therapeutic relationships clients and therapists create with one another are collaborative and respectful, they are neither democratic nor egalitarian ones, as many constructivist therapists seem to want to claim. As results of the accounts of both therapists in this study make obvious, their assumption is that clients will work to reveal themselves emotionally, and that in the safety of the encounter they will allow themselves to become vulnerable enough to open up not only to the therapist, but to their partner, and in the process enact some sort of therapeutic change. The accounts of their couples, on the other hand, reveal no such assumptions. Indeed, these findings point to a glaring emotional imbalance in therapy, which virtually always is in the therapist's favor. Although as Lakoff (1990) and Luepnitz (1988) have noted, by its very nature therapy entrusts therapists with a good deal of power in their relations with clients, these results lead to the notion that it is perhaps not just respect of clients, but acknowledgment and respect of the emotional power therapists have with them, that makes the real difference in their therapeutic work.

Experiencing EFT & Narrative Therapy

Similarity & difference. Despite the theoretical differences of the therapists and how these are translated into practice, results indicated that for the couples, their therapy experiences were not nearly as different as their therapists might assume. Indeed, although their IPR interviews pointed to some divergence in their experience of their selected sessions, these nonetheless indicated more similarity than difference. On the whole, whether they were referring to narrative or emotion-focused sessions, couples found their therapy to be a highly emotional experience. Further, they stressed the important role both therapists played in creating conditions of safety and comfort in their therapy, highlighting at the same time the nature of their ongoing relationships with the therapists and how they felt this affected their therapeutic work. Where there were differences in the couples' experiences, these seemed more connected to the therapist rather than to his or her apparent model or approach. In effect, what couples seemed to be reflecting here was their experience of the therapist's "presence," which, although an insubstantial, difficult-to-describe entity, unavoidably expressed itself with each and every verbal and non-verbal gesture and response the therapists conveyed from the moment they first joined their couples in the therapy room. In the end, it seemed that who the therapist was as a "person" was in part the difference that made a difference for the couples, while their experience of the therapist as a "professional" was far more common than the therapists' distinctive models or approaches might predict.

On first sight this appears to be an anomalous finding. Seen from behind a one-way mirror, for example, there is little doubt that the therapy of the two therapists would seem quite dissimilar. With Dr. Johnson, for example, her more direct and overt focus on emotion and its expression would presumably elicit quite different responses in client couples than Dr. Tomm's seemingly non-directive manner of posing questions to elicit emotional expression in a more self-

reflective way. This, at least, was my experience as I observed and/or reviewed a number of their sessions. From an insider's perspective, however, it is understandable how this might not be the case for couples. Rather, given what partners in this study said they were feeling and thinking throughout their sessions, it is likely that couples are so wrapped up in their own experience that theoretical or methodological distinctions in the therapy tend to go unnoticed. As results indicate, for example, partners are very closely attuned to one another, emotionally preoccupied with what each might say or do next. In addition, their accounts reveal that they are sometimes off on a different "track," perhaps revisiting or reliving experiences whose emotional overtones neither the therapist nor the other is at all aware of at the time. Further, the study demonstrates that partners may also be grappling with feelings of confusion or performance anxiety, so that once again they are more caught up in their own experience than what might be happening in the therapy moment itself. Given a partner's managed demeanor or self presentation, it is perhaps understandable how therapists and outside observers might make assumptions about a partner's current emotional state and how they are experiencing their session. However, as previous studies of client experiences in both couples (Sells et al., 1994; Smith et al., 1992, 1993, 1994; Wark, 1994a,b) and individual therapy (Angus & Rennie, 1988, 1989; Elliott, 1989; Fessler, 1986; Rennie, 1990, 1992, 1994c) have indicated, inherent in the therapy process is a certain degree of perceptual incongruence between therapists and their clients, so that there are always differences between what they think the other is experiencing and what they actually are feeling at the time.

Theory & therapy. At the same time, however, these findings are in keeping with previous researchers who have found little if any differences among the more than 400 different schools of therapy that exist (Beutler, 1979; Kazdin, 1986; Luborsky et al., 1975; Smith, Glass, & Miller, 1980). After reviewing meta-analyses of almost 500 evaluative studies of psychotherapy, Howarth (1989), for example, noted that these failed to show any difference among various therapeutic approaches, regardless of their philosophical foundations, their procedures, or what the presenting issues were. As Spinelli (1994) writes, "There is the strong possibility, then, that therapeutic efficacy may have little to do with a particular theory being espoused and that therapists have emphasized the wrong reasons for the effectiveness of therapy" (p. 77). Looking to clients' experiences for an answer to what seems effective, Howe (1993), in keeping with the present study, notes that clients prefer therapists who have their own personality, sense of humor, and characteristic "quirks." They also define a good therapist as someone who is able to enter their world view empathically and non-judgmentally, and who can listen to, see, and convey that they understand their suffering, confusion, or distress. More than two decades ago, Strupp, Fox, and Lessler (1969) wrote that "the amount of improvement noted by a patient in psychotherapy is highly correlated with his attitude to the therapist" (p. 77). More important, however, was the therapist's warmth, along with his or her respect for and interest in the client – therapy ingredients that also emerged as being highly correlated with reported change. Results of the present study mirror this as well. Indeed, Howe also notes that the central defining feature of their therapeutic

experience for clients is the relationship that emerges in therapy, a view that is backed not only by this inquiry, but by others as well (e.g., Gelso & Carter, 1985; Lomas, 1981; Oldfield, 1983; Orlinsky & Howard, 1986). From the client's point of view, however, therapists' theories appear to have little to do with this. Writes Spinelli (1994, p. 80): "Client views do not seem to hold the therapist's allegiance to any particular theory as being of great significance -- indeed, this issue is rarely, if ever, mentioned by them!"

Such findings have led some writers to conclude that psychotherapy operates largely as a result of a placebo effect (see Frank & Frank, 1991). The belief by clients that therapy will be effective for their problems, in other words, is what in fact leads it to be effective. In contrast, where this belief is not held by clients, then it is unlikely therapy will work. Such notions thus dismiss differences among therapeutic theories and practice as being more or less irrelevant. Spinelli (1994), however, offers a somewhat different explanation, noting that theory may in fact be an essential ingredient in therapy's effectiveness because of what he refers to as its "Dumbo Effect." As he explains, Dumbo was the elephant in a Walt Disney cartoon who believed in the magic powers of a feather he had to make him fly. When he loses the feather, however, and his power of flight is not lost, Dumbo acknowledges that the feather was something that in and of itself was nothing special, except in fostering his own belief that it could make him fly. Likewise, Spinelli suggests that therapists' beliefs in the power of the therapeutic setting, and above all in their theories, is perhaps what lies behind therapy's effectiveness. As he writes, "Just like Dumbo, therapists may have found their 'magic feather' through their theories and, as well, have rationalized that the 'magic' they are able to achieve comes from their theories and their applications. Perhaps...their powers are not derived from the 'truths' they hold, but from therapists' beliefs in them, and, through them, in themselves" (p. 90).

Such a notion is supported by and in part explains some of what the therapists themselves said about their own experiences of their therapy and how these affected their client couples. In her accounts, for example, Dr. Johnson appeared to stake more of herself in her therapy than did Dr. Tomm. For her, therapy was at times a very personal experience in which she felt able to not only "be with" her clients, but to acknowledge herself also changing and stepping out of her "professional" role as a result. In keeping with this, Dr. Johnson's client couples also experienced her in much the same way, eventually feeling "caught up in" or having "faith" in the process with her, as though she in effect was not only the therapist in the therapy, but the therapy itself. That this should be the case is not surprising, given Dr. Johnson's expressed level of confidence in her intuitive sensibilities, while Dr. Tomm admitted being less self-assured and that his sense was "that my sense is no good." Consistent with Spinelli's (1994) notion of therapy's "Dumbo Effect," in other words, it seems that Dr. Johnson's therapy was strongly influenced by her belief in the power of her theory to bring about change in the couples with whom she worked -- a belief that was also evidently shared and felt by the couples as well. That her emotion-focused theory of therapy was formulated and developed initially by Dr. Johnson herself also helps to explain the

often "personal" nature of the therapy experiences of her couples, as well as her own.

Male & Female Experiences

Overlap. In keeping with results of other investigations of couples therapy, the current study indicated some differences in how male and female partners experienced their therapeutic work. Such differences, however, were more in degree than in kind, so that on the whole there seemed far more overlap in the experiences of men and women in the inquiry than there were differences. Still, perhaps most evident among the male partners was their apparent discomfort, at least initially, with the expression of emotion, while their female counterparts appeared far less reluctant to open up and disclose how they felt. As the men either openly admitted or implied, "feeling talk" was not something they were used to engaging in and felt "strange" to them, as though they were being invited into unfamiliar territory where they did not know their way around. In a related fashion, it was as though the men were also unsure of the value of "just talking" about issues that were raised in therapy, their sense being that this should then lead to something that had a discernibly active component to it. In addition, the men tended more than the women to withhold some of their stronger feelings in their sessions so as not to upset or "hurt" their partners. They admitted to choosing their words carefully, for example, biting their tongues, tenderfooting around, and being overly cautious so as not to do or say "the wrong thing."

Women, on the other hand, seemed to value talking as a means of connecting and securing engagement in their relationships with their partners and with the therapist, and were dismayed when they felt as if their partners "didn't get" this. As Carol noted, she saw therapy as being more a grey process, whereas she felt her partner saw it in black and white. The women also used the therapy to gain a "voice" for themselves in their relations with their partners, and to exercise this voice so that they felt heard. As they did so, they began feeling stronger and in a less insecure position in their relationships, able to more fully express their desires and needs. Prominent among these was the women's wish to feel truly valued by their partners, as though they counted for something and were included in their partners' emotional worlds. Similarly, they expressed the hope that their partners would use their couples sessions to let their "walls" down and feel safer to open up emotionally, something the women felt they had been unable to help them do on their own. The women's sense, however, was that the men were attending therapy less for their own sake than for theirs -- there more to "help out" than to make changes to who they were.

Uncommon ground. Although other investigations of couples therapy have shown similar differences in how men and women experience their sessions (e.g., Brannen & Collard, 1982; Cline et al., 1984; Hunt, 1985; Sells et al., 1994), the present study was more in keeping with Hunt's (1985) finding that "proportionately, the responses of the sexes were quite similar" (p. 63). As this inquiry makes clear, if there is a common experience for both genders that overshadows whatever differences that emerge between them, it is the need men and women have to feel safe in the couples therapy context before any significant changes can occur. Indeed, it appears that where

feelings of trust and safety are felt to be missing or not yet established in their therapy, such gender differences are far more likely to present themselves. Thus, where researchers might explore techniques and approaches therapists might use to work more effectively with each gender, it would be more consistent with the experiences of the couples in this study if they were to focus on how to create and maintain conditions of safety and trust first. Finding and employing techniques to help men express their feelings, for example, would likely be of little benefit -- and in fact might be counter-therapeutic -- where steps had not already been taken to establish a relationship with them in which they felt comfortable about opening up.

Keeping in mind various research claims regarding men's socialization and their apparent difficulty with the expression of emotion (see Noller, 1993), the highly feeling-based nature of the couples therapy experience likely makes it a far more threatening environment for them than for their female partners. Tavris (1992) has pointed out, for example, that there are powerful social norms for masculinity which specify how "men are not supposed to reveal their feelings directly, because to do so would be a sign of weakness, lack of self-control, and other feminine vices" (p. 265; see also Tannen, 1990). Tavris notes, however, that the therapeutic world tends to privilege talk about feelings, a claim borne out by the present study, and as such represents a "female" approach to love and intimacy. Notes Tavris: "[I]n psychotherapy...the female language has become the dominant one. Women appear to be better than men at intimacy because intimacy is defined as what women do: talk, express feelings, and disclose personal concerns. Intimacy is rarely defined as sharing activities, being helpful, doing useful work, or enjoying companionable silence. Because of this bias, men rarely get credit for the kinds of loving actions that are more typical of them" (p. 253). Further, Taffel (1990) explains that males develop more indirect ways of conveying their emotions, especially where they pertain to feelings of sadness, affection, and grief, and that for a man to express these openly would be to risk cultural denigration and being seen as "emotionally weak." As Taffel adds, "Often, a man's own suffering so threatens his idealized masculine self-identity that he cannot even admit to any pain." (p. 53).

Women, on the other hand, being in a domain that fits more with how they are socialized to see and experience the world, tend to be less uncomfortable in a couples therapy setting, or at least find it less "strange." The result, as findings of the present study indicate, is that women are often perceived by therapists as being more engaged and thus more willing participants in the therapy process than their male partners. Men's responses, meanwhile, as Noller (1993) suggests, are sometimes seen by their partners and by their therapists as reflecting either a lack of feeling or an inability to communicate how they feel. Depending on the therapist and his or her theoretical perspective, men's seeming reluctance to explore their emotional worlds may also be framed as "power struggles" or ploys to maintain the status quo. Indeed, from a reading of the literature it appears that a variety of interpretations are possible. If this inquiry is any indication, however, it is evident that any reading of a partner's experience that hints at or remotely suggests judgment or blame will have a negative effect not only on its recipient, but on the couple and on the therapy as

well. As the accounts of the men in the study make clear, their reluctance to express their "deeper" feelings tended more often to be a function of either the therapist or their partners rather than any wilful desire to maintain the status quo, to exert power, or to resist or defend themselves. In fact, in some instances their "withholding" was motivated by a wish to maintain a positive momentum in the therapy rather than be disruptive or possibly hurtful with what they had to say.

Further, from a reading of their narratives it is clear that where the men felt safe to explore and name their feelings in therapy, their experience was of being able to unburden themselves of emotions they had never expressed before. It was not so much that they could not or would not, in other words, but rather that they had rarely experienced a climate in which they felt safe enough to confidently disclose how they truly felt without the fear of being seen as "unmanly" or, as Alan put it, "a wuss." More significantly, however, for Jim, who said he was afraid of appearing like Richie Cunningham on the TV program *Happy Days*, despite his difficulty at sharing his feelings or "stepping into a new way of talking and thinking," he felt that doing so had built "characteristics in me that I've just never had" and had helped him to develop "new aspects to myself." Indeed, as his therapy ended and the research was nearing completion, Jim urged me to convey in my study just how difficult, and sometimes scary, the "feeling work" of therapy could be.

It should be added here, however, that men did not hold a monopoly on such feelings, and that similar sentiments held true for women in the study, although not to the same extent. In addition, where men tended to favor action and insight over resolving their problems and difficulties through "mere" conversation, their partners indicated that they, too, valued such approaches. Indeed, as Carol exclaimed during her IPR review, she was tired of all the talk and felt it was time for action, her sense being that Alan knew what she wanted to hear and was merely parroting what Dr. Johnson was "feeding" him. Further, as Valerie indicated, the insight she had been provided regarding Paul's "emotional processing" gave her a whole new way of looking at and understanding his experience, and marked a significant shift in their therapeutic work. Implied here is the notion that generalizations based on gender may be tenuous at best, and that there is much to be gained by looking at similarities of experience as well as differences. In the end, the sense conveyed by men and women in the present study was that they were each looking for much the same thing --to feel themselves being truly valued and desired by the other in a relationship in which feelings of genuine care and connection could be expressed.

Pre- & Post-therapy Narratives

Changing stories. A number of constructivist therapists claim to be helping people to change the stories they tell about themselves through therapy, and thus their lives (e.g., Howard, 1991; Parry, 1991; White & Epston, 1990; Zimmerman & Dickerson, 1993, 1994). As Hoffman (1990), for example, has written, "I think it is particularly helpful for the therapist to think of problems as stories that people have agreed to tell themselves" (p. 3). Although such a way of seeing and understanding human difficulties has become increasingly popular in both the therapy

literature and in practice, Friedlander et al. (1994) point out that there has been little research to demonstrate its efficacy, and if and how the stories people tell themselves and others in fact change as a result. Although answering such questions was not the principal focus of the present study, its results demonstrate that the stories its four couples told of their relationships at the start of their work together had clearly changed by the time their therapy was complete. Further, it was possible to not only detect the influences each therapist seemed to have had on the couples' stories, but to trace how these influences had in effect served to help the couples reshape or rewrite them into the narratives they told following their therapeutic work. Such findings would seem to point in the direction of support for the kinds of claims constructivist therapists make regarding their ability to help people change their stories in therapy, or that these "narrative" changes are at least in part attributable to what therapists say and do in their sessions.

Given, however, that people's stories are affected by a variety of "influences" (Kirby, 1989; Bruner, 1987; Polkinghorne, 1988), it is likely that the couples' relationship narratives were subject to "tampering" by "forces" outside the therapy domain as well. Although such story-shaping forces were not clearly identifiable among the partners in this study, it is probable that conversations and discussions with friends and colleagues, for example, might very well have had a hand in the final stories the couples told. Indeed, if one considers the research process to have been one of these forces, then this most certainly can be said to be the case. On more than one occasion, for example, the story as it was being told by one or the other of the partners changed significantly as a result of reviewing one of the videotapes. At one point during his final IPR review, for example, Jim began telling me how frustrated and angry he was with Susan's "lack of ambition" and his "futile efforts" to convince her of the importance of "improving herself." In the midst of what he later called his harangue, however, Jim suddenly paused the videotape and fell silent. He then noted that a "tremendous revelation" had just come over him. "Look at me there!" he said, pointing to himself on the TV monitor. "I'm trying to get her to buy into my world view. Listen to me, pressuring her to fit into my value system!" As he noted, it was like he suddenly saw himself expecting Susan to live life the way he felt it should be lived. Jim then admitted feeling sad as he now saw how he had been failing to give Susan the space she needed to create and live her own life, and to find her own meaning in it. In the session that followed, Jim then talked extensively about his "significant revelation," while Susan noted how the change in him had brought her considerable relief and that their relationship had improved as a result. Thus, although my role as researcher in the study was to reflect as closely as possible what participants chose to share with me, it is evident that the self-reflective process involved in reviewing their selected sessions helped to shape ideas and notions partners brought with them to their upcoming meetings, and hence had a discernible effect on their ongoing stories.

It is also notable that although the therapists clearly had a hand in reshaping the stories couples told about themselves and their relationships, it was difficult to discern their respective theoretical influences in the post-therapy narratives they shared. One question posed by this study,

for example, was whether couples who worked with Dr. Johnson might leave therapy telling stories that contained more emotion-focused language than did those of couples who met with Dr. Tomm. But this did not appear to be the case. Indeed, evident in the narratives of all four couples was a common focus on the feelings they were experiencing following their therapy, each of their stories in effect reflecting the emotional reality of their lives as they were now being lived. Once again, such a finding reflects the essentially feeling-based nature of the couples therapy experience, highlighting that what couples hope for from their therapy is an experience in which change on an emotional level is felt to be achieved. In fact, as a closer examination of their pre- and post-therapy narratives reveals, if these contained a single theme that remained unchanged over the course of therapy, it was this apparent desire partners had to feel a shift in their emotional experience of their relationship and of one another -- a wish, in other words, to not just see things differently, but to feel better about their sense of intimate connection with one another, and themselves.

The DAS. That their post-therapy narratives tended on the whole to reflect improvement in how partners now felt about their relationships and one another is a testament to the effectiveness of the two distinctive therapeutic approaches, and to the therapists as well. This is especially the case given that all four couples indicated quite clearly that their therapy marked a point of no return for each of them, and that if the process did not "work out," partners would likely go their separate ways. At the same time, it is also a testament to the ability of the couple's pre-therapy stories to map and reflect both the kind and degree of distress each of the couples were experiencing at the time. As results demonstrated, however, the same could not be said of the Dyadic Adjustment Scale (DAS; Spanier, 1976, 1979). Although widely used as a measure of marital satisfaction and therapeutic change, the DAS generally appeared to misread how seriously distressed the partners felt in their relationships, and ultimately seemed to serve as a poor indicator of the nature of their difficulties. Further, when compared to the post-therapy narratives, the instrument also fell short of mirroring the kind and degree of improvements the partners reported experiencing by the end of therapy. Where some couples, for instance, had obviously made significant changes in their relationships -- changes that were clearly evident in the stories they now told about them -- on the whole the DAS did not appear to reflect that there had been much of a change at all. Rather, its scores generally reflected rather modest therapeutic gains.

Although based on an extremely limited sample, these findings call into question the appropriateness of the DAS for reflecting distress in intimate relationships. At the same time, they also cast doubt on the instrument's usefulness as a valid measure of therapeutic change. Given the widespread use of the DAS among researchers and clinicians for precisely such purposes, these uncertainties certainly deserve further investigation. It may be, for example, that the measure's items did not adequately tap the emotional nature of the difficulties these particular couples were experiencing. Indeed, as Valerie noted after completing the DAS, although she and Paul had relatively few fights or dramatic disagreements, and on the surface seemed to "get along" most of the time, she nonetheless felt a degree of distress in her relationship that the DAS did not really

capture or allow her to express. As it happens, similar criticisms have been raised by others who have questioned the instrument's relevance as a measure of marital satisfaction or adjustment, or who have problems with seeing marital quality as a multidimensional construct. Further objections have been raised regarding how items on the DAS are weighted and scored (Fincham & Bradbury, 1987; Norton, 1983; Sabatelli, 1988). As Crosby (1991) suggests, it may be more useful as well as truer to a couple's own "reality" to simply ask each of the partners on a scale of one to 10 how distressed, unhappy, or dissatisfied they feel in their relationship, and to invite them to describe these feelings in their own words. The same could then be asked of partners at the end of therapy, so that their pre- and post-therapy accounts could be compared. Such an approach would be similar to the narrative procedure followed in the study, although much less labor-intensive. More time-consuming for the couples, however, it nonetheless might be welcomed as not only providing a more valid reflection of the quality of their relationship, but more importantly, perhaps, offering them a means to convey the emotional flavor of their distress (see McGhee, 1987).

Looking at Couples Therapy

An overall feel. It was evident from what participants said about their therapy experience that although there were events and incidents that evidently moved the process along, these seemed less significant in their recollections than the overall feeling of the process itself. Despite their various interventions and sometimes carefully orchestrated efforts to challenge respectfully, for example, or to heighten the emotional experience of the partners, this appeared to hold true for the therapists as much as for the couples. In effect, what participants came away with was more a sense of the importance or specialness of each session as having grown out of or been generated by their impression of its heaviness or depth, for instance, or by the insight, closeness, progress, or understanding they felt they had achieved. Although their subjective, moment-by-moment accounts of their experience during IPR revealed that particular incidents or episodes had also made an "impression," in the end it was the accumulated effect of such events, rather than the events themselves, that had a more lasting impact on how they viewed and remembered their therapy. Indeed, even when asked immediately following their video reviews of these sessions what they felt stood out about them, participants tended once again to convey their general impressions rather than highlighting specific and now more easily identifiable incidents or events.

Such a finding appears to contradict much of the psychotherapy process research that has been conducted using process measures as well as IPR or similar recall interview techniques. Indeed, the majority of investigations that have explored the psychotherapeutic process have tended to privilege an events-focused approach to their understanding of how clients and therapists experience their therapy. Greenberg (1992), for example, has looked at therapeutic tasks in much of his research in an effort to "reveal" the psychotherapeutic process and what seems to make it work. In a similar fashion, Mahrer and Nadler (1986) have placed their emphasis on good

moments in psychotherapy, while Elliott and Shapiro (1992), Martin and Stelmaczek (1988), and Elliott (1985) have examined significant, important, and helpful therapy events respectively. In keeping with this general approach, similar efforts have also been made by Wark (1994a,b) in her investigation of couples therapy. Employing a technique designed to help therapy participants single out critical incidents in their therapy, she examined what each considered to be positive and negative change events in their sessions. Using Task Analysis (Greenberg, 1984, 1986) in a couples therapy context, Greenberg and his colleagues (Greenberg et al., 1988) did much the same, asking partners four months after completing eight sessions of Emotion Focused Therapy (EFT; Greenberg & Johnson, 1988; Johnson, 1996) to describe specific incidents or episodes that they felt had been helpful or hindering in their therapeutic work.

Doing & being. It is interesting to note, however, that in studies in which clients have been asked in a more open-ended fashion about their subjective impressions of their individual or couples therapy sessions, they have tended to emphasize much the same aspects of their experience as are reflected in the present investigation. As Fessler (1986) discovered of clients in their unaided recollections of their individual therapy, for example, they appeared to remember little of the content of their sessions. In addition, like the participants in the present study, rather than focusing on specific events they too had a more global feeling of being understood or misunderstood. Llewelyn (1988) and her colleagues (Llewelyn et al., 1988) also discovered that what clients emphasized in their sessions was the experience of feeling better. Further, as many of the qualitative studies of couples therapy reviewed here seem to underline, it is the emotional or feeling tone of their sessions, their sense of feeling safe, and the impressions they had of their therapists or the quality of their relationships with them, that seemed to stand out most for partners rather than the specifics of their therapy experience. A closer look at the narratives of the first-person accounts of their couples therapy by Paul and Rosanne (1990) and Larry and Jennifer (1990; see also Larry et al., 1990) reveals a similar pattern. The therapists in some of these studies, on the other hand, seemed more interested in the details of "what happened" in their sessions. Further, as Timms and Blampied (1985) found, therapists tended to emphasize "doing" over "being" in their therapy assessments, offering descriptions of their experiences that relied on active verbs such as "steering," "moving," "pushing," "probing," "shifting," and "pointing out."

This emphasis by both therapists and therapy process researchers on specific incidents or events that occur in therapy reflects an underlying theme in much of the psychotherapy literature, which, in keeping with Timms and Blampied (1985), seems to be an overriding concern with how to "do" therapy rather than with how to "be" therapeutic. Indeed, the aim of most psychotherapy training programs and many conference workshops is to teach and demonstrate a variety of psychotherapy interventions and techniques that have been assumed or demonstrated to "bring about" therapeutic change. As part of the cultivation and perfection of a "professional feeling" in novice and practiced therapists, this is both useful and necessary. Results of this study suggest that such a focus, however, takes place at the expense of a more client-based understanding of the

psychotherapeutic process. Further, it runs the danger of devaluing aspects of the experience that may have far more to do with change in therapy than the mere exercise of techniques might have. At the same time, it also presents a decontextualized understanding of what may be "happening" in therapy, leaving out some or many of the threads that serve to tie its incident and events together. Much like reading a novel, for example, there would be little appreciation of how its writer might have set the stage for a story's critical incident or turning point without some knowledge of the seemingly everyday trivialities that served to bring the story this far. Indeed, to single out such an event and exhaustively study its significance without at least some idea of what led up to it would feel meaningless and, on an emotional level, unsatisfying (see Gerrig, 1993). As the present study implies, the same holds true for psychotherapy, so that to focus on incidents and events, to the relative exclusion of other factors or elements in the process that might have led up to these events, may run the risk of being relatively meaningless as well.

This is not to say that techniques or interventions whose usefulness and effectiveness have been demonstrated in empirical studies or that have emerged out of personal experience are to be discounted or ignored. Indeed, to do so would be to reject a disciplined approach to the study of psychotherapy which, as Rogers hoped more than 50 years ago, might lead to an understanding of its processes based on known and tested principles, along with tested techniques for implementing these principles (Gale, 1991). Further, as the graduates of many psychotherapy training programs around the world make evident, the skills and techniques of psychotherapy can be both passed on and learned. Given, however, the expressed dissatisfaction with the relevance of a good portion of the clinical research that has been produced by therapy investigators, it appears that the kind of knowledge that has been generated by most studies of psychotherapy must somehow be out of step with "what actually happens" in therapy (Cohen et al., 1986; Henry, 1984; Morrow-Bradley & Elliott, 1986). As results of this inquiry indicate, for example, tapping the ongoing experiences of the actual participants of couples therapy seems to point to an alternate understanding of the therapy process than what was assumed by some of the investigators whose work was discussed in my literature review. From what therapists and partners in this investigation conveyed about their therapy experiences, at least, it appears that focusing on their relationship and how they collaborate in and maintain its creation may be both useful and informative to those wanting to learn more about how to do psychotherapy, as well as how to be more therapeutic.

The relationship. Indeed, drawing together the diverse narrative threads offered by the therapists and their couples regarding their impressions of their sessions, it seems that central to their therapy experience is the relationship they enter with one another. Further, this grows out of an ongoing process in which participants create and maintain feelings of understanding and connection with each other as they continually build on and deepen their relational bonds. As results make clear, however, this process is very much an emotional or feeling-based endeavor for the therapists and their couples. The former, for example, highly privilege a sense of emotional engagement as they attempt to "feel into" the partners, gaining both a personal and professional

impression of them as individuals and as a couple. In addition, results reveal how the therapists attempt to manage the emotional climate of their meetings by working to create conditions of safety and comfort for the partners, slowly encouraging them to share how they truly feel. The couples, meanwhile, come to their therapy feeling highly anxious and unsure of what is going to happen. Their hope, however, is for both a person and a professional who can identify with them and their experience – someone who can truly hear them, be non-judgmental, help them to feel safe to voice their deeper feelings, and convey that they understand. As results indicate, the therapists slowly meet or honor these expectations by carefully pacing themselves with the partners, conveying empathy and understanding, "tuning in" to them emotionally, and validating their experiences. In the process, they help to solidify feelings of connection between themselves and the partners, and in so doing create conditions in which partners feel safe to share with the therapist and with each other their deeper, more vulnerable feelings of loneliness, sadness, desire, hurt, and pain.

That the change process seems to depend on and emerge from the therapeutic relationship clients and therapists create with one another is a concept that has been gaining in popularity (Bird, 1993; Patterson, 1985; Safran, 1993). Indeed, it has been suggested that change outside this context is similarly dependent on mutually created relationships that are established and maintained among family members, for instance, and friends (Spinelli, 1994). The present investigation serves to corroborate the central role that the relationship has been shown to play in the therapeutic process (Aebi, 1993; Horvath & Symonds, 1991; Lambert, 1983; Orlinsky & Howard, 1986). In fact, as Orlinsky and Howard (1986) concluded following their review of 1,100 outcome studies spanning 35 years, the single most crucial factor in all cases of effective therapy was the relational bond that therapists formed with their clients. This took precedence over the theory behind the therapists' therapies, their practices and interventions, the nature of their training, and the quality of the interpretations they made. Due perhaps to its identification with family and/or systems theory, however, marital therapy investigators seem to have generated less research on the importance of this phenomenon than researchers of individual therapy contexts have provided to date. Krause (1993), for example, who has called for a renewed interest in "emotional connectedness" within marital and family therapy, suggests that its research focus be placed not only on such connections between partners and family members, but on how therapists connect with the couples and families they work with as well. Luepnitz (1988) also notes how the therapeutic relationship has often been depicted by theoreticians of marital and family therapy as a therapist's skill at "persuasiveness, ingenuity, or the ability not to be 'sucked in.'" Many of the master family therapists have had little to say about the role of care and empathy in the therapeutic relationship" (p. 23). As this study and several of those discussed in my literature review make evident, however, the relationship plays an important role in couples' perceptions of the quality of their therapy and whether they view it as having been a helpful and satisfactory experience or not (e.g., Brannen & Collard, 1982; Holtzworth-Munroe et al., 1989; Hunt, 1985; Wark, 1994a,b).

In fact, as the present inquiry demonstrates, where the quality of the relationship between

the therapist and one of the partners seems to degenerate or has not been fostered or attended to successfully, the therapy begins to suffer. Further, such deterioration occurs despite the quality of the alliance with the other partner, and in fact can have a deleterious effect on this relationship as well. What this implies is that therapists who disregard or place less emphasis on the therapeutic relationship, and who do not consistently and carefully look after it as a part of the ongoing process equally with each partner, cannot do so with impunity. Indeed, Safran (1993) suggests that it is precisely by attending to what he terms breaches or ruptures in the therapeutic relationship that therapy may progress and deepen (see also Hardesty, 1986). He also notes that although these problems in the therapeutic alliance may be inevitable, they provide "important opportunities for clarifying factors that may create barriers to authentic relatedness in clients' everyday lives. Furthermore, working through these problems can provide clients with valuable experience in the important tasks of reconciling the needs for relatedness and agency, and of coming to accept both self and other" (p. 11). This notion is also taken up by Weingarten (1992), who in her discussion of "intimate and non-intimate" interactions in therapy, advises that it may very well be through the acknowledgment and repair of the inevitable lapses in understanding that occur between therapists and clients that the opportunity for a "profoundly meaningful collaboration" (p. 47) may present itself. As Kottler, Sexton and Whiston (1994) see it, the very "heart of healing" is the relationship that is established between therapists and their clients. In keeping with Hardesty (1986), Safran (1993), and Weingarten (1992), they are careful to note, however, that such relations do not arise spontaneously, but are created and maintained as a result of constant interactional negotiation. Central to this negotiation process is "the search for complementarity, the glue that binds certain people together" (Kottler et al., 1993, p. 186), which is very much a collaborative undertaking.

Internalizing. Although the present investigation suggests that a sense of connection or engagement may be obtained either almost immediately or over the course of a few sessions, it too makes clear that a relationship evolves gradually. Indeed, emerging from the participants' narratives is the notion that their relationships with each other are constructed virtually gesture by gesture and word by word, each bit and piece of what is said and done in any one session building on what was said and done previously, as well as leading inexorably toward what will be said and done next. At the same time, they are also constructed more out of a sense of feeling or emotional connectedness than they are from the cognitive or intellectual understanding that they also come to share. Unique to couples therapy, however, is the role the therapist plays in this collaborative endeavor. As this study suggests, one way of looking at its creation is to see the therapist as engaging in a process of gradually identifying with and subsequently internalizing each of the partners. In effect, it is as if through their "hearing" and "understanding" they begin to empathize to the point where they are able to experience each partner's experience, to see and feel what each partner sees and feels, and in the process to internalize them or "take them in." Partners, in turn, also sense being internalized by the therapist, who in effect acts as both a medium and a model for their seeing and hearing of one another as they gradually begin to reveal themselves and share how

they truly feel. Through this experience, partners then feel safe enough to open up to one another, and to not only allow themselves to be experienced differently by the other, but to also hear and see the other's experience for perhaps the first time, and in so doing to internalize them as well.

Although support for such a concept seems largely absent in the therapy literature, Larson (1991) has forwarded the notion of psychotherapeutic resonance to account for the seemingly deep levels of rapport and experiential intensity therapists sometimes report in their sessions. As she explains, these are occasions when therapists and clients feel a "sympathetic vibration" in their interactions, which she describes as the "tendency of one resonance system to enlarge and augment through matching the resonance frequency pattern of another resonance system" (p. 321). As Larson has delineated it in her research, psychotherapeutic resonance is a process that emerges in stages, beginning with humility (or receptivity and openness), and then moving through sympathy (sending), empathy (merging), rapport (or sympathetic vibration), until eventually "therapist-client selfhood boundaries momentarily merge, leading to an experience of illumination" (p. 323) as psychotherapeutic resonance is achieved. Scheff (1990), meanwhile, emphasizes the "emotional attunement" that occurs between individuals, including therapists and clients, in their social bonding. In keeping with results of this inquiry, he also distinguishes between emotional and cognitive consensus in such attunements, adding that being "attuned" to each other on more an emotional rather than cognitive level is what creates and maintains social bonds. Notes Scheff: "Emotional attunement may be a powerful binding force leading to solidarity, even in the absence of agreement at the cognitive level. Similarly, alienation from feelings may produce discord, even in the presence of cognitive agreement" (p. 182). Reinforcing notions outlined above, Scheff also notes how emotional attunement depends upon extended engagement, so that "even if participants in a dialogue were attuned both emotionally and cognitively, the nature of the social bond involves more than just momentary attunement. A secure bond probably involves a history of disclosure and knowledge of self and other. Under these circumstances, mutual trust arises" (p. 183).

Somewhat closer to the concept of internalization conveyed by this study, however, Heard (1993) depicts what he describes as the acts of "inclusion" that occur in therapy -- "conceiving what the other is thinking, wishing, feeling, and perceiving" (p. 78) -- which he is careful to distinguish from both identification and empathy. As he notes, identification means seeing one's self in the other, while empathy means more exclusive experience of the other's self rather than one's own, both of which tend to preclude the possibility of genuine relatedness. Inclusion, however, implies experiencing the client in a direct and real manner, and that the therapist "has a presence that is in immediate and direct contact with the other, yet still is in contact with her own self" (Heard, 1993, p. 78). For Heard, such inclusion becomes the gateway to engagement in a true therapeutic dialogue, which he feels is where "the healing work is done" (p. 127). Havens (1989), meanwhile, describes a similar process in which, as he suggests, "the therapist is to disappear into the patient's point of view" (p. 72). Addressing the internalization process more directly in their research, however, Geller and his colleagues (Geller, 1987; Geller & Farber, 1993;

Orlinsky, Geller, Tarragona, & Farber, 1993; Wzontek, Geller, & Farber, 1995) have focused on clients' internalizations of their therapists, as well as of the relationships they form with them (see also Glucksman, 1993; Luborsky, Barber, & Crits-Christoph, 1990; Quintana & Meara, 1990). Extending and providing empirical support for concepts formulated by Freud (1958) and later taken up by developmental (Bruner, 1964), attachment (Bowlby, 1969, 1980), object relations (Greenberg & Mitchell, 1983), and other psychodynamic (Schafer, 1968) theorists, the work of these various authors provides evidence for how clients create and maintain internal representations of their therapists, experiencing them as a "felt presence" in their lives and engaging them in imaginal dialogues outside their sessions (see also Watkins, 1990).

In one study, for example, Orlinsky et al. (1993) reported that more than 90% of clients thought about their therapists between meetings, and that this experience was common both for those beginning therapy and those further in the process. Results of these studies also show how clients retrieve, interpret, and use internalized representations of the therapeutic relationship in their lives outside therapy as well. Indeed, as Geller (1987) and his colleagues (see especially Orlinsky et al., 1993; Wzontek et al., 1995) have discovered, such internalizations in effect extend the work that clients do in their therapy, helping them to transfer the influence of their therapists and their interactions with him or her to situations in their everyday contexts. As this research also reveals, these internalized representations not only inhabit clients' lives between sessions, but well after therapy has been completed. According to Orlinsky et al. "former patients sustain emotionally meaningful relationships with representations of their therapists for considerable periods after the termination of treatment" (p. 601). Not surprisingly, these internalized relationships continue most strongly for clients who see their therapists for longer periods and have more positive relations with them. Further, clients report that their encounters or meetings with these internalizations last between 30 and 60 seconds, and tend to be "fairly vivid." As Wzontek et al. (1995) found in their study of clients' post-termination representations of their therapists, the majority continued the work of therapy following termination, with those who did so more frequently giving higher ratings to their improvement. Further, Wzontek et al. concluded that the processes and products of internalization were an essential aspect of this afterwork, enabling clients to continue to "meet" with their therapists in their physical absence. As they note, "Former patients who tended to evoke representations of the therapist that serve the function of 'continuing the therapeutic dialogue' engaged in afterwork more frequently and perceived their therapy as more successful" (p. 406).

Unfortunately absent in this published work, however, is an exploration of how therapists also create and sustain elaborated internal images of their clients, as well as how these internalized representations might play an important role in the therapeutic work as it unfolds. As Orlinsky et al. (1993) note, "Our emphasis on patients' representations ought not to deflect attention from the equally interesting possibilities that should emerge from the study of therapists' representations of their patients" (p. 608). Although they note that initial steps in this direction have been made by Lundy and Orlinsky (1987) and Lehman and Geller (1992), their conference presentations have

focused on therapists' inter-session experiences of their clients and representations they have of them outside therapy. As the present study demonstrates, however, therapists appear to create and maintain internalized images of their clients throughout much of their ongoing therapy with them as well. Indeed, its results suggest that in a couples therapy context, at least, the very process of internalizing partners is not only an important aspect of a therapist's work, but may very well be central to the therapeutic process, constituting a fundamental essence of "what actually happens" in couples therapy. In addition, from what partners and their therapists said about their experience, this is a process that evolves hand in hand with their developing relationship as they connect with one another through tone of voice, gestures, glances, words, and other emotionally laden engagement cues. At the same time, such a process also appears to serve as an important model for partners as they slowly struggle to change their internal images or representations of one another, opening themselves up and incorporating new internalizations of each other into themselves as they strengthen their emotional bonds.

Ways of seeing. Although both narrative and emotion-focused models of couples therapy clearly represent and demonstrate distinct differences in their understanding of couples and how they are helped therapeutically, the experiences of its participants suggest that there is another way of looking at "what happens" in the couples therapy context, an alternate way of seeing or understanding how this therapy works. By its very nature, grounded theory develops such conceptualizations as reflections of what participants actually have to say -- their theories, so to speak -- about their own experiences. It is the role of the researcher to then listen to what they convey, to honour their interpretations, and out of this to formulate a conceptual understanding of their collective experiences -- a theory, in other words -- that is grounded in and emerges out of what was shared. It is important to note, however, that what is suggested here is not a formal, overarching theory of couples therapy, or a theory of the couples therapy experience. As noted in the Methods section of this inquiry, grounded theory is used initially to generate a substantive theory of a phenomenon under study rather than a formal one. Typically, this provides researchers and readers with a way of looking at or framing what seems to be happening in a more abstract sense -- a "making sense" of something which, although called a theory, is in essence more like a working hypothesis that has been suggested by the study's data. In the case of this inquiry, for example, my "theory" is that couples therapy is a fundamentally feeling-based undertaking whose participants collaborate to connect emotionally through a process of mutual internalization which, via the medium of the therapist, helps partners to change their internal experiences of one another, and in so doing to begin to recreate and/or consolidate their affectional bonds. As such, it is a way of "seeing" or conceptualizing what happens in couples therapy that is then open to further corroboration or disconfirmation through applications in other similar contexts and circumstances. Indeed, this might even happen as readers consider their own experiences and seek to apply these findings to their respective "local cultures." As they do so, they may hopefully encounter some measure of "fit" for what is hypothesized in the study, thus helping to validate its believability or

authenticity, which Gilgun et al. (1992) note is the true test of an endeavor of this kind.

Clinical Implications

A number of writers have pointed out that regardless of theory, what ultimately counts in the psychotherapy context is where our concepts take us in terms of practice (Jenkins, 1990; McNamee & Gergen, 1992; White & Epston, 1990). Or as Einstein once noted, our theory not only determines what we see, but what we do. From a clinical perspective, in other words, whatever understanding of couples therapy we agree upon is probably best assessed on the basis of its usefulness rather than its truthfulness (Jenkins, 1990). It may be, for instance, that couples struggle to change their relationship stories on the basis of elaborate scripts they have for one another, as some therapists suggests (e.g., Berne, 1972; Steiner, 1974). Alternatively, change may emerge more from alterations in cognitions and behavior than it does from any perceived shifts in feelings or emotion-based interactions (e.g., Dattilio, in press; Jacobson, 1981). The therapeutic relationship and any internalizations that therapists have of partners, or that partners have of their therapists or of one another, may have little to do with what is "really" happening in couples therapy at all. As Jenkins (1990) has suggested, however, any model of explanation becomes more useful in the therapy context if it points to ideas or concepts that can be harnessed in an effective and helpful approach to intervention. With this in mind, the present study and the "theory" it has generated appears to point to a number of clinical implications or avenues of thinking and seeing that may be helpful to therapists wishing to learn more about the couples therapy process and how their practice might conceivably be improved.

Creating safety. From what partners said about the highly emotional nature of the couples therapy context and the importance they gave to feelings of safety and comfort throughout the process, it seems essential that therapists consciously focus their efforts on ensuring that such conditions are created in their sessions. This means being especially attentive to how couples might be feeling as they begin their therapy, and informing them about the particular therapeutic approach that is being used and how the process might unfold. Although couples in this study were briefed by their respective therapist at the start of therapy about each one's general approach and what they might expect, it was evident from their research interviews that partners needed to be reminded of this from time to time. Given their levels of anxiety at the beginning stages of therapy, it is likely that much of what therapists say initially about their therapy approaches or techniques are listened to politely, but not completely taken in or heard. However, if couples are consistently reminded or "let in on" what the therapist is up to, this not only builds a feeling of respect and collaboration in the therapy, helping to diminish the hierarchy that is inherent in the encounter, but also serves the pragmatic purpose of providing the kind of information that couples say they want to know. More importantly, perhaps, it also helps to put them at ease in a world they are not used to and about which they have various assumptions and misconceptions that very much affect their engagement in therapy and ultimately what they feel comfortable to say and do.

Identifying cycles. Results also indicate that framing their relationship experiences in terms of patterns or cycles is seen by partners as being especially helpful and effective. Indeed, as their IPR reviews revealed, such descriptions have the power of relieving partners of feelings of blame and hostility toward one another. This is especially significant when one considers that, given the results of the present study, at least, many partners come to their sessions feeling a certain measure of shame and humiliation at being there in the first place. It is possible, however, that they then deal with such feelings by pointing the finger and blaming the other for their difficulties. In so doing, they not only exonerate themselves from taking responsibility for the part they play in their relationship. More importantly, perhaps, partners engage in such blaming as a vital face-saving move -- their way of dealing with the "shame" of therapy, in other words, as they maintain that were it not for their partner, they would not have to be there. Further, such face-saving measures reinforce the notion some partners have that they are in therapy more for the other than for themselves. Therapists can help couples to better deal with such feelings of shame and humiliation by openly acknowledging them, and in so doing also enhance the therapy experience for them. At the same time, however, engaging them in a conversation that gradually frames their difficulties as part of a pattern that is external to the couples, and in effect has them "in its grip" (see White & Epston, 1990), is a vital means of helping to dissolve such feelings as well.

Fairness. Related to the above, it is evident from the present study that attending to the various issues that affect the therapeutic relationship is vitally important. Particularly for therapists in a couples therapy context, this means working to engage partners equally, and being especially attentive, for example, to one's pacing with them. As one of the therapists noted, there is no point going anywhere if you cannot take the client with you. In the case of couples, however, a feeling of connection and trust must be formed with both partners if their relationship is to move ahead and change. As couples in this study made clear, where therapists were perceived as favoring one partner over the other or were less inclined to challenge one rather than the other, the therapy became problematic. Though connecting with a more easily engaged partner in a couple might lead therapists to experience increased feelings of helpfulness, this runs the risk of being accomplished not only at the expense of the other partner, but at that of the couple's relationship as well. As they expressed it in their IPR reviews, although as individuals each partner wishes to be seen and heard by the therapist, the ultimate audience in their desire to be understood is their partner. So that in the end it seems that in the couples therapy context, at least, there is no point in therapists going anywhere with one partner if they cannot find a way to take the other with them as well.

Disclosing. Keeping one's focus on building a trusting and open therapeutic alliance with each partner also seems to mean being able to connect with couples on a personal as well as a professional level. As the couples indicated, they wanted to have a sense of knowing who their therapist was. For some, this brought a certain measure of relief as well as trust in the therapist, knowing that he or she was "human" just like them, or at least had experiences that might help him or her to understand. This suggests that therapists must feel comfortable within themselves to

occasionally let go their "professional" image, revealing aspects of who they are by perhaps disclosing personal experiences they might not otherwise share. Though not their language, it was as if couples were saying that they wanted to engage in a "genuine dialogue" with their therapists, and in so doing feel safe to reveal their more vulnerable feelings or to also disclose who they were. Although therapist self-disclosure is a topic of controversy among therapists and researchers in the therapy literature, how clients see and perceive its helpfulness has rarely been explored (Knox, Hess, Petersen, & Hill, 1997). If the views of couples in this study are any indication, however, it seems apparent that such self-disclosure makes a difference in how the therapist is perceived and the kind of relationship with him or her that results. Indeed, as Knox et al. (1997) found in a recent client-based, qualitative study of this issue, clients felt that personal disclosures by their therapists helped them to gain insight or a change in perspective, reassured them, and enabled them to see their therapist as "more human and more real" (p. 282). As Knox et al. note, therapist self-disclosure had a decidedly positive influence on clients and on the therapeutic process, affecting "the real relationship between therapist and clients, the clients' sense of universality, the clients' ability to use the therapist as a model, and the clients' acquisition of insight" (p. 282).

Self attuning. Also emerging from the study is the need for therapists to not only employ both their personal and professional feelings to "attune" themselves to their clients, but to use these feelings in their attempts to remain "self attuned" as well. As results indicate, this suggests that therapists would do well to acknowledge and be in touch with personal feelings they experience in therapy, and to then make use of these to inform their professional sense of what seems to be happening -- and more importantly, what they might then do about it. With this as their frame, therapists' feelings of stuckness, for example, can then be seen not so much as roadblocks but as signposts that the relationship with one or both partners is "asking" to be renegotiated. Therapists who are able to see their experiences and personal feelings in this light can then take them as invaluable opportunities to attend to possible misunderstandings, breaches, or ruptures in the therapeutic relationship, whose repair, as Safran (1993) and Weingarten (1992) maintain, will then serve to deepen the therapeutic process by helping clients to feel safe to share feelings and open up. Therapists who disregard such feelings or do not make use of them, meanwhile, run the risk of furthering their frustration and annoyance, leading them to challenge or become entrenched in positions of defensiveness. In the end, the relationship begins to suffer, the therapeutic conversation turns non-intimate (Weingarten, 1992), and the therapy breaks down as a result.

Ongoing experience. The above also points to how vital it is for therapists to be continually checking in on their clients' ongoing experiences in their therapy as well. This means asking partners not only how they might be experiencing their relationship and one another, but how they might also be experiencing the therapist and the therapy -- to in effect mirror the research spirit of the IPR process. Therapists who engage in such a practice might thus be heard to ask more process-oriented questions designed to elicit in-the-moment feelings from clients: "What's this like for you, Susan, with Jim sitting here kind of steaming and feeling angry?" "I'm challenging you

here, aren't I, Carol? I'm wondering, what's that like for you?" "What's happening for you right now, Helga? Chris just said he wanted a divorce?" "I'm feeling like I'm not understanding you very well, Alan. Last session I kind of cut you off..." "I'm wondering at this point about our meetings and how you feel things are going?" Questions of this kind not only help to demystify the therapeutic process and make it more egalitarian or democratic, but also serve as important messages to clients that their experience matters, and that the therapist wishes to know and understand it. At the same time, they are important invitations to clients to share experiences and feelings they might not choose to disclose on their own. By implication, such questions also ask clients to take some responsibility for what happens in their therapy. More importantly, however, they also convey feelings of care and concern by therapists for their relationships with couples, and as such become a vital means of modelling for them how, despite apparent breaches, disagreements and misunderstandings, a relationship can be nurtured and maintained. Indeed, as Scheff (1989) found in his research on social bonds, intimate relations are never static but are built on a process of continual affective renegotiation in which the relationship itself is what is talked about. Non-intimate relations, on the other hand, maintain the status quo by depending on repression of emotion and a perpetual focus on topics, while comment on or overt discussion of the relationship is avoided. This has particular application to the therapeutic process, for as Scheff notes, "Effective change requires that every step be negotiated" (p. 189).

Seeing process. Results also point to the importance of seeing therapy as more a process than a series of interconnected techniques that then serve to tie sessions together. Where the latter view might predispose therapists to work to create particular incidents or events that heighten the drama of the therapy and seem to generate change, approaching therapy as a process implies a way of working that engages clients in an ongoing experiential flow that privileges the relationship components of the therapy over the exercise of interventions and techniques. This implies that therapists pay attention to the seemingly small details that help to build feelings of engagement and alliance in therapy rather than being overly preoccupied with what to "do" next. At the same time, it means having faith in one's feel both as a person and as a professional for how to "be" in therapy, which in this investigation, at least, seemed more influential in the changes process for couples than the therapists' theories and how these were implemented. Indeed, on occasion partners reported not understanding what the therapists were "up to," and feeling confused by their interventions. They nonetheless conveyed having "faith" in the process and in the therapist, or a sense of trust that they "must know" where they are going and what they are doing. In the end, it was as if the couples could forgive the therapists for their efforts even if they did not seem to "fit," for it was the therapist who kept them coming back to therapy, not their technique.

Anger. Also strongly suggested in what the couples said about their therapy was the need for therapists to make space for the expression of anger in their sessions. Indeed, where partners revealed holding back or checking themselves, remaining silent while issues, as one so eloquently put it, burned on the edges of their tongues, it was most often because they were concerned such

feelings would be "destructive" to their partner or disrupt the therapeutic process. Perhaps because the invitation to share these feelings was not as overt as these individuals might have needed or wanted, they were seldom expressed in the therapy and as a result were rarely discussed. To see their demeanor or body language during these moments on tape, however, it is not surprising that the therapists, or at times their partners, would be unaware of the extent of this anger and just how "steamed" these individuals actually felt. In fact, there is a distinct sense that even I as a researcher might never have known about these sometimes intensely angry feelings had they not emerged in the context of the video review process and been openly shared with me. However, as these partners explained, they could reveal and discuss their anger with me because "there's just the two of us here and it's safe for me to say what I really feel." While it is probably inherent in the couples therapy context that some individuals will inevitably choose to withhold their angry feelings for fear of upsetting their partners or "ruining" some of the positive feelings emerging in the therapy, it is evident from the results of this study that such withholding can have an ultimately negative effect on the therapy and its progress. This suggests that therapists must find a way to invite anger into their sessions, or at least to make space for its expression overtly in a manner that is safe and supportive for both partners and for the therapy process as well.

Individual work. Perhaps a function of the quality of the therapeutic relationship, withholding anger and other feelings that seem dangerous to share in the couples therapy context highlights once again the need to create a "contained" environment for partners in which they each feel "held" and supported by a warm, empathic, and nonjudgmental therapist. At the same time, however, partners' use of the IPR procedure to disclose their feelings of rage and anger suggests that perhaps individual sessions with partners might also be of help. These could not only create a space for the safe expression of such feelings, but might also serve to explore and repair any perceived ruptures or discord that seem to be occurring between the therapist and one or other of the partners. Further, such individual sessions may also encourage the disclosure of other feelings and "information" that, because of the presence of one's partner in the conjoint sessions, might not otherwise have been shared. Indeed, this very suggestion was made by Paul and Valerie in the study for whom sharing a "secret" was a major stumbling block in their relationship and, for a time at least, in the therapy. As both partners noted, having been through the process, they felt that if they were to become couples therapists themselves, they would have individual sessions with each member of a couple not just once, but as often as they felt the need.

Internalizing. Finally, results suggest that by in effect extending the concept of empathy or identification and "taking in" each of the partners through a process of internalization, therapists can convey genuine care and concern for couples and also help them to experience powerful validating feelings of being seen, heard, and understood. As results make evident, this then has the potential to act as a model for partners to do the same. In the end, it is as if therapy becomes an opportunity for couples to first experience something different in themselves and in one another through the medium of the therapist, and for them to then carry this experience away with them in

the hope that in knowing first hand what it feels like, they can continue to create such experiences for themselves. It is important to recognize, however, that whether such an internalization process actually exists becomes less a matter for concern if it can help therapists to imagine that this is what they are up to. Indeed, as a heuristic it would appear to have especially enormous value in the couples therapy context where the feeling of being treated "equally" seems so vital to the process. For in their internalizations, therapists not only "take" partners into themselves in order to convey that they can "resonate" with, accept, and understand them. Such a process also gives therapists a "felt sense" of what it must be like to be them in their relationship, and hence to not only enter the experiential world of each partner, but the experiential world of their relationship as well.

In addition, being able to "position" themselves within these worlds, therapists can gain a better sense of whatever impasses might be occurring in the therapy with one or both partners. Thus, where the seemingly magical feeling of a "threesome" that is generated when couples work is really progressing smoothly seems to be absent or perhaps threatened, therapists can confer with their internalized images and engage them in imaginal dialogues to try to discover why. As it happens, such an act of imagination is not far removed from some forms of supervision in which therapists who feel "stuck" with clients are often asked to "play out" the difficulty by pretending to become these clients or to take on their role. Indeed, in keeping with the results of this study, the extent to which these therapists are able to get "into character" and convincingly take on the voice and feelings of their clients is perhaps not so much a reflection of their acting skills, but of the degree to which they have internalized these clients and are able to "attune" to how they know and experience them somewhere inside themselves. Therapists may also be making use of such a notion as they draw on past experiences with other clients to help them in their work, in effect conferring with a community of internalized clients that they "carry around" within them, perhaps sharing their stories or engaging them in occasional imaginal dialogues as well.

Limitations of the Study

Shortcomings & influences. As an effort to reveal the experience of couples therapy from the participants' perspective, this investigation falls short of conveying what it might be like at any given point throughout the process. Although longitudinal in design, the study can only be said to be representative of couples therapy as it is experienced at the beginning and somewhere near the middle and latter phases of the process. Further, it reflects the experiences of its participants during sessions that they selected as being significant or special in some way. As such, it paints a limited picture of the overall experience and misses out on those times when it might have seemed on the surface, at least, as though little was happening or there was nothing special to report. However, it is possible that important elements of the therapeutic process are taking place in such sessions and that in their own unique way these contribute significantly to the overall process. Given the findings of the present study, there is a sense that this, indeed, may be the case. As a result, it is likely that although important elements of the couples therapy experience were captured

by the investigation, others may unfortunately have been missed.

Similarly, the study is a reflection of a process of therapy that has been influenced by the research. Indeed, the IPR method used to gather the narrative data for the investigation was generally felt by couples to have had a significant effect on their therapy. Some reported, for example, that it had deepened the experience, while others said that they had gained considerably from seeing themselves during the video review process and that it had offered them the rare opportunity to reflect on and see themselves as others might see them. Indeed, as virtually all the couples noted, initially it felt odd and somewhat unsettling to see themselves on tape in the context of their sessions. As the process unfolded, however, they experienced being able to "step outside" themselves and in so doing to gain insights into what was happening both for them and for their partners that they otherwise would not have had. The therapists also noted that they felt the IPR process had likely served to complement the therapy experience for their couples, helping them to think about and form impressions of their therapy in a way they might not have been able to without the advantage of "reliving" their sessions by reviewing them on tape. In addition to Jim, for example, who suddenly realized while reviewing his session how he was "crowding" Susan's space and imposing his "rules for living" on her, Helga reported feeling less critical of Chris after seeing how "threatening" it had been for him to be talking and revealing more vulnerable aspects of himself in the therapy. Alan, meanwhile, after reviewing his therapy tape realized that he had been "completely missing" the depth of Carol's pain throughout virtually all of the session, and only now was seeing it and feeling resolved to bring this up in his next session. Thus, the study can be said to be more representative, perhaps, of what it is like for couples and their therapists to go through couples therapy using IPR as an adjunct to the experience, rather than a "pure" reflection of the couples therapy experience itself.

Representativeness. Like most similar qualitative work, the study also suffers from the limited number of participants who took part in it. The accounts of eight partners and two therapists represents a very small sampling of the variety of therapy experiences that are possible, and thus limits what can confidently be said about the couples therapy phenomenon. Similarly, only two therapeutic approaches were used to generate the narratives that were produced, making any generalizations regarding other models of couples therapy speculative at best. In addition, despite their professed theoretical differences and how these are translated into practice, it is possible that Dr. Johnson's emotion-focused model and Dr. Tomm's narrative approach to couples therapy privileged similar processes, and that results are more reflective of these rather than similarities in terms of the couples' experiences. Thus, had EFT, for example, been compared with a behavioral approach to couples work (e.g., Dattilio, in press; Jacobson, 1981), more striking differences in experience for the couples and their therapists might have been discerned.

It is also important to clarify that the categories emerging from the study should not be seen as direct reflections of the participants' therapy experience as it occurred in the moment. Nor are they "objective" assessments of their sessions. Rather, they represent what participants conveyed

to me following their selected meetings. The analysis, in other words, is based solely on the material produced by the participants in conversation with a researcher, and not on a reading of their actual therapy. As such, it would be more accurate to describe the study as a reflection of the participants' stimulated recall of their sessions, rather than an "unbiased" assessment of the sessions themselves. Further, the analysis is based on my interpretations of what was relayed to me both explicitly and implicitly. Though results of grounded theory tend to be rooted in and generated out of the data -- in this case, the narrative material generated by my interviews with the participants -- this does not dismiss the role interpretation plays in the process. Inevitably, researchers bring certain biases and perceptions to the data, their formulations no doubt being influenced by these. This applies to the present study, as the recall material is not only a reflection of what the couples and therapists said to me as a researcher, but is also to some extent a reflection of what I as a researcher said to them as well.

Personal influences. Growing out of this notion is the influence personal background might have on a study of this kind. Had I had extensive experience as a couples therapist, for example, or as a therapy process researcher, the basis for some of my questions during the recall procedure, as well as my analyses of the narrative material this generated, might have been informed by quite different concepts and ideas. This, in turn, could have produced results uniquely reflective of these. In fact, my personal experience and understanding of couples therapy prior to undertaking the study was limited, as was my research background. This is not necessarily a handicap or drawback, however. Rather, my limited experience perhaps enabled me to see the proceedings from a fresher and less "therapeutically contaminated" perspective, helping me in my efforts, as Moon et al. (1990) suggest, "to make the familiar strange" (p 359). I should also add here that in conducting the recall interviews with the participants, I attempted to honor Elliott's (1986) recommendations for carrying out IPR. It is possible, however, that the study was affected by my limited familiarity with the technique, and that with more experience I might have been able to intervene more judiciously and thus elicit richer material for analysis.

Finally, the conduct of the study and subsequent analysis and reporting of its results may to some extent have been influenced by the fact that my research supervisor in this endeavor was also one of the therapists in the investigation. The other therapist, meanwhile, was also the director of the family therapy training program I attended as a part of my internship requirements for my clinical psychology degree. My position as a student in both these contexts may have had the potential of compromising my ability to cast a "critical" eye on the work of Dr. Johnson and Dr. Tomm, and in turn may also have influenced me to "mute" the voices of partners who in their assessment of their sessions were unhappy or disappointed with the work they did. With this in mind, however, I have attempted to represent and honor how couples experienced their sessions, both "good" and "bad," by reflecting their words and feelings as much as possible throughout the study. Similarly, while trying to remain true to my interpretation of what was said to me, I have also attempted to stay open to the helpful feedback of both Dr. Johnson as my thesis supervisor,

and Dr. Tomm, who was considered responsible for the project by the University of Calgary's Medical Ethics Committee during its conduct in Calgary. In addition, my thesis committee members were also instrumental in pointing out and questioning whatever "preferences" or "biases" they might have perceived in my investigation in this regard.

Directions for Future Research

Further exploration. Despite the fact that results of the present study were generated out of the narrative reports of only four couples and two therapists, they nonetheless reflect a depth of understanding that might not otherwise have been achieved using other methods and approaches to the investigation of couples therapy. In doing so, the inquiry in effect represents an "inside view" of the experience, which hopefully has conveyed a way of looking at or seeing the process from the perspective of those who "know" it first hand. Indeed, results suggest that further similar undertakings are not only possible, but would likely produce equally rich narrative material that might serve to partially corroborate, disconfirm, or complement what the present inquiry found. In addition, such future studies might also investigate somewhat different approaches to couples therapy with therapists whose theoretical orientations and range of experience are clearly distinct from those of Dr. Johnson and Dr. Tomm. At the same time, any further narrative-based investigations of the couples therapy experience might also benefit from a more open-ended approach than what was conducted here. In keeping with the notion that important elements of the change process might very well be missed by focusing on "outstanding" or "especially significant" sessions at the expense of what might be happening in other seemingly less dramatic meetings, researchers might also select sessions on a more random basis for their explorations and review. Although no doubt an exhaustive undertaking for both its participants and researchers, an entire course of therapy with couples might also be explored using IPR.

Although an unanticipated finding in the study, the internalization process that was discerned might be further delineated and explored in other couples therapy contexts. In keeping with, but also extending the work of Geller and his colleagues (e.g., Geller, 1987, Geller & Farber, 1993; Orlinsky et al., 1993; Wzontek et al., 1995), researchers might wish to focus their investigative lenses on partners' internalized images of their therapists and of the therapeutic relationship both between sessions and following their completed therapeutic work. At the same time, however, it might also be fruitful to determine how these images may change from session to session for each partner, and what effect this seems to have on the relationship they have with one another and with their therapist. In a similar fashion, following on the initial studies of Lundy and Orlinsky (1987) and Lehman and Geller (1992), investigators might also wish to focus on the internalized images therapists have of their couples and how these emerge and evolve over the course of therapy as well. Such studies could not only make use of IPR to ask specifically about participants' internalizations of one another, but might also use psychometric instruments developed by Geller and his associates to measure and further amplify their understanding of the

internalizations clients and therapists have of one another, and the effect these seem to have on their therapeutic work (see, for example, Orlinsky, & Lundy, 1986; Orlinsky et al., 1993).

Interaction & connection. As well as conveying depth of experience, the study also provided a way of looking at couples therapy from the point of view of both therapists and their client couples. As such, its findings are based on an understanding of the interactions of therapy participants and what takes place "between" them, rather than on the singular experiences or perceptions of partners or therapists alone. It is perhaps not surprising, then, that the relationships they collaborate to create with one another should emerge as central to what seems to happen in these interactions. What this calls for, however, is further studies whose specific focus is on such interactions to determine how the therapeutic relationship emerges and in turn influences the therapy and any changes that result. As it happens, investigations of the subjective experiences of clients and therapists and what takes place between them are relatively rare. Where these have been conducted, they have generally been in individual therapy contexts, and have tended to look at discrete events or episodes lasting five to ten minutes at most. Results of this inquiry, however, suggest that further study of entire therapy sessions using recall interviews with therapists and clients to explore their interactions is called for if we are ever to understand what occurs in the "inbetween" of the therapeutic process and how its participants collaborate to create change. This seems particularly relevant for the couples therapy context, as it appears that changes in partners' intimate interactions are modelled in part on what therapists do in their relationships with them.

Given the emphasis partners placed on creating conditions of safety in the therapeutic environment -- especially, it seems, in couples therapy -- therapists might benefit from future inquiries that look specifically at how such feelings are best achieved. A study of this kind might focus, for example, on the benefits of therapist self-disclosure, which in the present investigation reportedly helped take the pressure off partners and put them at ease. Although research of this kind has been conducted in individual psychotherapy, how couples are affected by therapists sharing aspects of their personal experiences or telling stories about themselves has seldom been explored. Similarly, future research could also examine how couples are affected by therapists who chose to reveal more of what they are up to in their therapeutic endeavors, sharing more of the process with them and how they expect it might unfold. At the same time, such research might also focus more closely on how partners experience moments when therapists are more process than content oriented, checking in on clients' immediate or moment-by-moment feelings and how they happen to be experiencing not only one another and the therapist, but the therapy itself. Given the apparent differences between men's and women's impressions of their conjoint sessions, future studies might also attempt to tap into men's experiences specifically, and how they could be made to feel more comfortable and perhaps less threatened by a context in which they apparently feel ill at ease and in an element that is largely unfamiliar to them.

Individual work. Results of the present study also appear to indicate that individual sessions with each partner might be a useful adjunct to the couples therapy process. Such sessions

might not only serve to elicit feelings and information that perhaps would not so readily emerge when partners are together, but would also present an opportunity to solidify the therapeutic relationship with each. At the same time, it would help to focus the therapeutic initiative on individual experience as well. Perhaps in keeping with their desire for "depth" in their therapy, some partners in this investigation indicated that they would have appreciated being able to explore individual issues with their therapist. Their understanding, however, was that the "theory" of couples therapy meant partners should always be in their sessions together, which they felt precluded any requests for them to be seen by themselves. Perhaps because of their adherence to systems theory, many couples therapists are reluctant to see partners individually, or at least to have more than one or two sessions with each alone. Given the experiences of the couples, however, along with their use of the IPR procedure to explore certain aspects of their experience, it appears that research is needed to determine whether increased therapist receptiveness to individual sessions as an adjunct to couples therapy might be both workable and helpful to partners. One such approach might be to compare partners' experiences of individual and conjoint therapy sessions and to then determine what effect these individual sessions appear to have on the couple and on the therapeutic relationship, for example, as well as on the final outcome of the therapy.

Re-evaluating the DAS. Research is also needed to examine the continued use of the DAS and how relevant it is for the kinds of issues the couples presented in their sessions. Although the DAS has been the subject of various research endeavors to determine and confirm both its validity and reliability, results of this investigation seem to indicate that asking couples first hand for their descriptions of their difficulties perhaps presents a truer reflection of the emotional tone of their relationship than its items can give. Indeed, in keeping with Scheff (1989), the instrument appears to offer what he terms a perpetual focus on topics to the relative exclusion of direct inquiry that might lead to a discussion about the relationship itself. Further, as Scheff might argue, to use the items in the DAS as a starting point for discussion with a couple would be to in effect run the risk of helping to maintain the status quo in the relationship rather than open it up to question. Crosby (1991), for example, suggests that to simply ask couples for an assessment of their relationship and how distressed, unhappy, or dissatisfied they feel would be more in keeping with a couple's own reality than instruments such as the DAS might be. As the present study also indicates, giving couples space to tell their relationship stories both before and following therapy may be truer to their "theories" of their relationships. At the same time, they may also provide therapists with an indication of important themes that can be "mined" during therapy, as well as how and to what extent these same themes might have changed and evolved following their completed work. Such speculations once again offer researchers further avenues or directions for future research.

Concluding Remarks

Although the present study was an exploratory, discovery-oriented inquiry that did not offer any hypotheses to be corroborated or disconfirmed, the questions it followed as guidelines

for its conduct, along with the answers these generated, seem to have produced a number of "theories" for future researchers to substantiate or disprove. We might wonder, for example: (1) Is the couples therapy experience a primarily emotional or feeling-based one for both couples and their therapists? (2) Are safety and comfort as important to the effective conduct of couples therapy as participants said they were? And where these are present, do they indeed help partners to open up and share more of how they feel? (3) Is depth of experience what couples are looking for in their therapy, or is this desire unique to these four couples? (4) Would the therapy context feel different for couples seeing other therapists using other approaches to couples work, and how would this then compare with their everyday contexts? (5) Would the relationships other couples form with their therapists be as central to their therapy as this study seems to indicate? (6) Do therapists slowly work to internalize the partners they meet with in couples therapy contexts, and does this process play an essential role in the relations they form with one another? Further, is this what in effect helps partners to then in turn do the same? (7) Is the therapeutic relationship a model for the couple's relationship, and is this the experience that makes a difference in partners' intimate interactions -- what they internalize and carry away with them as they leave?

It seems evident from the above that like many studies of the therapeutic process, the present investigation has raised more questions than it has answered. In doing so, however, it has served to corroborate findings of other researchers whose work has gone before it, building on our understanding of what seems to be happening in couples therapy. Similarly, it has also lent support to some largely unsubstantiated claims. As results indicate, for example, in keeping with assertions by various constructivist therapists, it appears that the collaborative co-constructions partners and therapists create with one another are instrumental in the couples therapy context. Further, it is also apparent that where such constructions emerge out of an emotionally engaging relationship in which safety and trust are present, significant changes to the stories couples tell following their course of therapy can indeed result. At the same time, however, the study also casts doubt on certain previous claims and inquiries, opening up research issues and approaches for further investigation, as well as pointing to areas of the couples therapy experience that seem worthwhile to explore. From the perspective of the partners, for instance, it seems evident that irrespective of the therapeutic approach -- whether said to be aesthetic or pragmatic -- theoretical differences are not felt to play much of a role in their therapy experiences. Rather, once again what seems to make the difference is the relationship couples enter with their therapists and the extent to which they experience their feelings being validated, understood, and internalized or "taken in." Further, where various interventions, directives, or critical incidents or turning points do happen in the therapy, and make a difference, their effectiveness is intimately related to the quality of the therapeutic alliance and how well this is attended to and negotiated as the therapy unfolds. Indeed, as the study's results suggest, this is what serves as a model for the couples and how they, in turn, can begin to relate to one another in a way that connects them emotionally, helping them to then strengthen and consolidate their affectional bonds.

As Johnson (1991, 1996) and Jacobson and Addis (1993) have noted, the marital therapy field has grown dramatically in recent years. Along with this, however, have come demands for more effective approaches to dealing with difficulties in relations among intimate partners. Addressing these demands means further investigation of the couples therapy process, and more particularly on how its participants experience their sessions. Indeed, according to Alexander et al. (1994) and Friedlander et al. (1994), the need for such research is crucial. As they note, creative theories and ways of translating these into practice abound in the psychotherapy literature. Quite the reverse, however, holds true for research that attempts to delineate the effective ingredients of these therapies and how clients and therapists -- the participants in these encounters -- collaborate to make them work. Despite the increase in popularity of couples therapy, there remains much to be known about how interpersonal change comes about in this context. According to Friedlander et al. (1994), if the field is to advance it must take up the challenge of studying the complex interactions that take place between therapists and couples as they carry out their therapeutic work. Indeed, as they see it, the single most important direction for future research on the therapy process is to design creative strategies that avoid a singular focus on the individual behaviors of therapist or clients in therapy settings, which in effect isolates their experience from its social context and risks misrepresenting and even disqualifying their views. The present inquiry was an effort to take up this challenge and not only demonstrate that such an approach could successfully open up areas of the couples therapy experience that might not have been evident using other methods and approaches, but to show that it might also deepen our understanding of the process as well. It is now up to other researchers to perhaps follow this example and hopefully do the same.

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Appendix I

Informed Consent: University of Ottawa

Name of researcher: Terry MacCormack

Institution: School of Psychology, University of Ottawa, (613) 562-5800

Whenever a research project is undertaken with human participants, their written consent must be obtained. This is not to imply that the project necessarily involves a risk. Rather, out of respect owed research participants, the University of Ottawa and the research funding agencies have made this type of agreement mandatory.

I, _____ consent to participate as a client in a study of how couples and their therapists view their psychotherapy, to be conducted by Terry MacCormack, a doctoral student in clinical psychology, under the general supervision of Professor of Psychology Dr. Susan Johnson, of the University of Ottawa's School of Psychology.

If I agree to participate in the study, I understand that it will involve 15 to 20 one-hour couples therapy sessions with Dr. Johnson, a marital therapist at the Civic Hospital in Ottawa, and that these will be videotaped for later replay. I have been assured that Dr. Johnson is a licensed psychologist in Ontario, and that she has an active couples therapy practice in Ottawa. I also understand that after certain therapy sessions -- chosen by me, my partner and Dr. Johnson using a questionnaire that takes only a minute to fill out -- I will be reviewing tapes of these and discussing my impressions of them with the researcher. My partner will then be engaged in a similar process. I and my partner will also be interviewed by the researcher, both before and after our course of therapy with Dr. Johnson. Each of these interviews will take two to three hours to complete.

I have been advised that reviewing my therapy tapes may cause me emotional discomfort. I have been assured that such occurrences will be minimized, and that I may refuse to answer any questions posed. I have also been informed that a qualified psychotherapist will be available to me during the research, should the need arise. I realize that these interviews will be audiotaped and transcribed, and that their contents will remain strictly confidential and used for research only. I have been informed that none of this material will be made available to my partner without my consent. I understand that non-identifiable portions of my research interviews may be made available to Dr. Johnson as the researcher's thesis supervisor after therapy with her has ended.

I have been informed that the study is being conducted for the researcher's doctoral thesis in clinical psychology, and that I am free to discontinue my participation for any reason at any time. I have been assured that any decision to withdraw from the research will not jeopardize or otherwise affect my therapy, and that I and my partner will continue to see Dr. Johnson.

I acknowledge that the purpose of the study and its procedures have been explained to me, and that I will not be paid for my participation. I have received satisfactory answers to questions concerning how it is to be conducted. I have been assured that information associated with the study will be kept strictly confidential, and that any publication of its results will not identify me.

There are two copies of this consent form, one which you may keep. In the meantime, any questions can be directed to the researcher at 613- 562-5800 (ext 4813), or 613-828-8403.

Participant's signature _____ Date _____

Researcher's signature _____ Witness _____

* I wish to receive a final summary of this study, which I understand will be available sometime during the Spring of 1998. It may be sent to me at the following address:

Informed Consent: University of Calgary

RESEARCH PROJECT: Experiencing couples therapy: A qualitative analysis of client/therapist perceptions of narrative and emotion-focused sessions.

INVESTIGATOR: Terry MacCormack, Family Therapy Program, University of Calgary.

SPONSOR: Dr. Karl Tomm, Director, Family Therapy Program.

Introduction

This consent form, a copy of which has been given to you, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Purpose of Research

The purpose of this research is to better understand what it is like to go through couples therapy from the point of view of the couples and therapists who participate in the process. In doing so, the study is looking for differences and similarities in how two different approaches to couples therapy are experienced by male and female partners and by their therapists. Through a series of interviews, to be conducted with couples and their therapists following selected sessions of therapy, the research also focuses on how couples and their therapists collaborate to bring about change in a couples therapy context. Further, by emphasizing the subjective, first-person perspective of its participants, the study is also designed to explore ways in which the therapy process with couples may be improved.

Study Procedures

Briefly, the study means your participation in one-hour videotaped sessions of couples therapy with Dr. Karl Tomm, Director of the Family Therapy Program at the University of Calgary's Faculty of Medicine. The study will also involve interviews with you, your partner, and Dr. Tomm at different times over the course of your couples work. The first of these will be with you and your partner before your therapy begins. In this, you and your partner will be asked to talk about your relationship and what you hope to gain in your work with Dr. Tomm. This should take about an hour to complete.

The next three interviews will be with you and your partner separately. These will each be two to three hours long. The first of these interviews will take place after your initial therapy session, the second some time during the middle of your course of therapy, while the third will occur towards the end. The second and third of these interviews will follow sessions of therapy that you, your partner and Dr. Tomm agree are worth reviewing. To help in choosing these sessions, you will each be given a brief questionnaire to fill out at the end of your meetings which asks you to rate how you felt about the session on a scale of 1 to 10.

As soon as possible after these selected sessions, you will be asked to go over the videotapes of them with the researcher. The idea here is that as you see yourself on tape, it will help you to recall the session. In this way, you can better convey your personal impressions of the meeting, and what you may have been thinking and feeling at the time. In each instance, once you have finished this recall interview, your partner will then be asked to do the same. The researcher will also be reviewing the two sessions you selected in a similar fashion with Dr. Tomm.

Once your therapy is complete, a final interview with you and your partner will then be conducted. This will be like your first interview, only this time you and your partner will be asked about your relationship and how you view things now that you have finished your sessions with Dr. Tomm. This, too, should take about an hour of your time.

Each of these interviews will be audiotaped so that they can be transcribed and analyzed.

The researcher will be the only one to listen to them. Further, in each of the interviews following your therapy sessions, neither you, your partner, nor Dr. Tomm will know what the other had to say. Once the results of these interviews are ready, the researcher will meet with you, your partner, and Dr. Tomm. This will give the researcher an opportunity to provide you with a preliminary summary of the research, and to hear your comments and feedback.

In addition to your therapy work with Dr. Tomm, the five interviews described above, and the brief questionnaire to be filled out at the end of each session, you will also be asked to complete a relationship measure called the Dyadic Adjustment Scale (DAS). Briefly, this asks partners to rate their relationship with one another in terms of its quality and how satisfied they feel with some of its various aspects. The DAS takes from five to ten minutes to fill out.

Possible Discomforts & Inconveniences

Your participation in the study will not entail any known or anticipated short- or long-term risks to your physical health or well-being. Reviewing your therapy tapes may cause you some emotional discomfort as you "relive" your selected sessions with your partner and Dr. Tomm. In other words, seeing yourself on tape may bring you in touch with feelings of discomfort that you might have been experiencing during the therapy session. It may also lead you to feel uncomfortable seeing particular events on the videotape or discussing certain issues during the actual recall procedure itself. Where this occurs, remember that you are not required to answer any questions or explore any issues that you do not wish to talk about. In addition, you should know that it is also your right to withdraw from the study at any time without this affecting your ongoing work with Dr. Tomm. Further, a qualified psychotherapist will be made available to you during the research should the need arise.

It should be noted that your participation in the project will mean contributing more time than you would if you were engaged in therapy only with Dr. Tomm. This extra time you spend reviewing your tapes, however, and talking about your relationship with your partner may create additional opportunities for you to discuss important issues that may not have emerged or you may not have been fully aware of during your sessions. Thus, the research will contribute to enhancing the therapeutic process with your partner and Dr. Tomm. It should also be noted that the research interviews described above are to be conducted at your convenience, and at a time and place agreed to by both you and your partner.

Possible Benefits

There are some potential benefits growing out of your participation in this kind of research. To begin, you will have the opportunity to work on and enrich your relationship with your partner through your ongoing therapeutic work with Dr. Tomm. In addition, although possibly difficult at times, you might find reviewing your therapy tapes to be both interesting and beneficial. As was noted above, often such a process can be helpful in gaining a new and different perspective on things. At the same time, you will have the opportunity to offer your own personal views to the researcher about your therapy experience, commenting perhaps on what you liked and/or disliked about the process, as well as how you feel it might be improved. As this kind of research with couples is quite new, the information you provide about your therapy experience with Dr. Tomm will be important and valuable to other researchers and therapists in their attempts to both understand and be helpful to the couples they see as well.

Access to Information & Confidentiality

Your sessions with Dr. Tomm will be videotaped so that you might later review the ones you have selected as being significant or standing out in some way. In addition, your interviews with the researcher will be audiotaped and transcribed for later analyses. These recordings and transcriptions will remain strictly confidential and will be used for research purposes only. None of this material will be made available to your partner or to Dr. Tomm without your consent. Both during and following the research, the only person who will have direct access to any of this material will be the researcher himself.

The information obtained from the study will be published in the researcher's doctoral dissertation, to be presented to an examining committee upon completion. Other than the study's therapists, participants in the project will not be identified by name. When the dissertation is being

written up, you and your partner will be given fictitious names. In addition, details of your lives will be altered so that your identities cannot be determined by anyone who reads it. During the research process, both the audio and videotapes and all transcribed material will bear codes to identify them rather than the names of any actual persons involved. Dr. Tomm, however, will be named and identified as the therapist involved in the study on both the tapes and in the report.

Finally, all tapes and transcribed material will be stored in an area that is accessible to the researcher only. In keeping with standard research procedures, material generated by the study such as videotapes of the therapy sessions, the research interviews, and their transcriptions, will be kept for a period of seven years and then destroyed. Further, the final draft of the dissertation and any papers published from the research will be available to research participants.

Comments & Feedback

Once the research has been completed, both the dissertation and a written summary of the study will be made available to you.

Payment & Costs

There will be no financial reimbursement to participants, nor will there be any costs associated with taking part in the research.

Conclusion

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time without jeopardizing your health care. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. If you have further questions concerning matters related to this research, please contact Terry MacCormack at 403-220-3300

If you have any questions concerning your rights as a possible participant in this research, please contact the Office of Medical Bioethics, Faculty of Medicine, The University of Calgary, at 403-220-7990.

Participant _____

Date _____

Investigator _____

Date _____

Witness _____

Date _____

A copy of this consent form has been given to you to keep for your records and reference.

Introduction to Couples Therapy Project

I'd like to thank you for volunteering to participate in my study of how couples and their therapists view their psychotherapy. As this may be your first exposure to this kind of research, let me briefly explain the project and give you a general idea of what you can expect.

Recently, researchers have been interested in the process of psychotherapy. They are curious to know not only whether it works -- it is generally accepted that it is -- but how it works. This has meant taking a closer look at the experience of psychotherapy itself. Usually, this has involved investigators examining individual psychotherapy sessions using tapes and transcripts, analyzing what clients and therapists say to one another, and how they seem to interact.

This kind of approach, however, leaves out an important aspect of the therapy experience. I wonder about the actual participants themselves. What about the client's perspective of their sessions? And more particularly in couples therapy, I wonder about each partner's view of the proceedings. How, for example, might a man's and woman's experience of their sessions be different, and how might they be the same? What would they say they liked about their sessions, and what would they say they disliked? What do they think might improve the process, or at least give them a say in how they'd like to see their therapy unfold?

I'm also curious about how therapists experience working with couples, and what it's like from their point of view. Would it be the same for one therapist and very different for another? How much would the couples have to do with what the therapist thought and felt? Further, I wonder to what extent the therapist's experience of their couples sessions would depend on the approach they followed, and whether the therapist was a woman or a man.

These are the kinds of questions I'm attempting to answer. In doing so, I'll be interviewing you, your partner, and your therapist at different times throughout your meetings. The first of these will take place with you and your partner before the therapy begins, and should take about an hour. In this, I'll ask the two of you as a couple to tell me in your own words about your relationship, how you see things, and the changes you're hoping to make once therapy is complete.

The next few interviews will be conducted with each of you separately. There'll be three of these, each two to three hours long. The first will take place after your initial session with your therapist. The second will occur sometime during the middle of your course of therapy. The third interview will take place towards the end. Each of these will follow sessions of therapy that you, your partner, and your therapist select as worth investigating. It may be, for example, that a session really stood out for you, perhaps because something especially significant or meaningful happened in it that you felt had an impact on you, or changed your relationship in some way. I'll be giving you a brief questionnaire to fill out at the end of each session to help you in your evaluation. We'll then go over the videotapes of these sessions that you select so that you can give me your moment-by-moment impressions of what you were thinking and feeling at the time.

In conducting these recall interviews, we'll meet as soon as possible after your therapy session while they're still fresh in your mind. Using a TV monitor, a VCR, and remote control device, we'll then replay the videotape of your session. The idea here will be for you to tell me as much as you can about your subjective experience of the process. The remote control device will allow either of us to stop the tape at various points during your session to discuss in detail what we just saw. My role as the interviewer here will be to help you remember how you thought and felt during your therapy session with your partner and your therapist. Going over the tape may arouse certain emotions in you that you may experience right then and there, and so want to discuss. That's to be expected. My aim, however, will be to invite you to focus as much as possible on your thoughts and feelings during the time of your session, and what was going on for you then.

As you review each of these sessions, I'll be inviting you to tell me what you might have been thinking, or how you felt, at the time. I may ask you, for example: "What were you thinking just then?" "What was your impression of the therapist right there?" "What was going on for you when you said what you just said to your partner here?" "I noticed that you suddenly shifted in your chair as the therapist leaned over towards your partner, and you looked as if you wanted to

say something. What was it? Did you feel like you were holding something back?"

What I'm looking for is your free and "uncensored" impressions of the session. It may be, for instance, that you disagreed with something your therapist said or did. Maybe you felt misunderstood by the therapist but didn't say anything. Or you might've experienced the therapist as somehow siding with your partner and not paying enough attention to you. Similarly, you may have felt misunderstood by your partner but not said anything. On the other hand, you may have been very pleased with the way things went, and felt in tune with your partner and the therapist most of the way through. There may have been moments that were somehow meaningful to you, events that made the session stand out for you as a really good one. It's important that we talk about these as well.

I should note that if you feel unduly anxious or uncomfortable with this part of the study, a fully qualified therapist will be available to discuss your concerns. In addition, you're free to discontinue the procedure for any reason at any time. Once we've finished our recall interview, I'll be going through the same procedure with your partner. Similarly, I'll be interviewing your therapist and asking questions designed to tap his or her experience of each of these sessions as well.

Your participation in the study will also involve a final interview. This will take place after your final session with the therapist. Similar to the very first interview we had, I'll be asking you and your partner how you view your relationship with one another now that your therapy is complete.

Each of these five interviews will be audiotaped. Their contents will be strictly confidential and will not be revealed to anyone without your consent. In the case of the recall interviews, this applies to your partner as well, with neither of you being informed by me about what the other had to say. Non-identifiable portions of the interviews may be made available to one of the therapists in my study, Dr. Susan Johnson -- a Professor of Psychology at the University of Ottawa's School of Psychology -- in her role as my thesis supervisor. This information will not be revealed to her, however, until your therapy is finished and the study is ready to be written up.

The general intent of the study is to explore yours, your partner's, and your therapist's perspective of the three sessions of therapy you picked out. It may happen that your impressions will be different from those of your partner or the therapist. Or it could be that only certain moments were viewed differently, and that generally your perspectives were pretty much the same. At this stage of the study it's difficult to predict what will be found.

If you have any questions about the study in particular, or more general concerns about this kind of research and the ethics involved, there are a number of people in the School of Psychology at the University of Ottawa who'd be very pleased to discuss these with you. To speak with them, you may first contact Jeannine Cameron at 564-9151. Or you can call the Chair of the School's Ethics Committee, Dr. Claude Lamontagne, at 564-9163.

Appendix II

Couples Session Questionnaire
(Client version)

1) How much progress do you feel you and your partner made in dealing with your issues in the session today? Please circle one of the following.

A great deal of progress		Considerable progress		Moderate progress		Some progress		No progress	
10	9	8	7	6	5	4	3	2	1

2) How much closer do you feel you and your partner came to resolving your relationship issues in the session today? Please circle one of the following.

Very much closer		Considerably closer		Moderately closer		Somewhat closer		No closer	
10	9	8	7	6	5	4	3	2	1

3) How effective do you feel today's session was in helping you and your partner to achieve your therapy goals? Please circle one of the following.

Extremely effective		Very effective		Moderately effective		Somewhat effective		Not at all effective	
10	9	8	7	6	5	4	3	2	1

4) Generally, how would you rate today's session in terms of its significance or effect on you and your partner, or how impressive or outstanding you feel it was. Please circle one of the following.

10	9	8	7	6	5	4	3	2	1
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Couples Session Questionnaire
(Therapist version)

1) How much progress do you feel was made in dealing with the couple's issues in the session today? Please circle one of the following.

A great deal of progress		Considerable progress		Moderate progress		Some progress		No progress	
10	9	8	7	6	5	4	3	2	1

2) How much closer do you feel you and the couple came to resolving their relationship issues in the session today? Please circle one of the following.

Very much closer		Considerably closer		Moderately closer		Somewhat closer		No closer	
10	9	8	7	6	5	4	3	2	1

3) How effective do you feel today's session was in helping you and the couple to achieve your therapy goals? Please circle one of the following.

Extremely effective		Very effective		Moderately effective		Somewhat effective		Not at all effective	
10	9	8	7	6	5	4	3	2	1

4) Generally, how would you rate today's session in terms of its significance or effect on you and the couple, or how impressive or outstanding you feel it was. Please circle one of the following.

10	9	8	7	6	5	4	3	2	1
----	---	---	---	---	---	---	---	---	---

Dyadic Adjustment Scale (Spanier, 1976)

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

	Always agree	Almost always agree	Occas- ionally disagree	Fre- quently disagree	Almost always disagree	Always disagree
1. Handling family finances	_____	_____	_____	_____	_____	_____
2. Matters of recreation	_____	_____	_____	_____	_____	_____
3. Religious matters	_____	_____	_____	_____	_____	_____
4. Demonstrations of affection	_____	_____	_____	_____	_____	_____
5. Friends	_____	_____	_____	_____	_____	_____
6. Sex relations	_____	_____	_____	_____	_____	_____
7. Conventionality (correct or proper behavior)	_____	_____	_____	_____	_____	_____
8. Philosophy of life	_____	_____	_____	_____	_____	_____
9. Ways of dealing with parents/in-laws	_____	_____	_____	_____	_____	_____
10. Aims, goals, & things believed important	_____	_____	_____	_____	_____	_____
11. Amount of time spent together	_____	_____	_____	_____	_____	_____
12. Making major decisions	_____	_____	_____	_____	_____	_____
13. Household tasks	_____	_____	_____	_____	_____	_____
14. Leisure time spent together	_____	_____	_____	_____	_____	_____
15. Career decisions	_____	_____	_____	_____	_____	_____

	All the time	Most of the time	More often than not	Occas- ionally	Rarely	Never
16. How often do you discuss or have considered divorce, separation, terminating your relationship?	_____	_____	_____	_____	_____	_____
17. How often do you or your mate leave the house after a fight?	_____	_____	_____	_____	_____	_____
18. In general, how often do you think things between you and your partner are going well?	_____	_____	_____	_____	_____	_____
19. Do you confide in your mate?	_____	_____	_____	_____	_____	_____

	All the time	Most of the time	More often than not	Occas- ionally	Rarely	Never
20. Do you ever regret that you married? (or lived together?)	_____	_____	_____	_____	_____	_____
21. How often do you or your partner quarrel?	_____	_____	_____	_____	_____	_____
22. How often do you and your mate "get on each other's nerves"?	_____	_____	_____	_____	_____	_____

	Every day	Almost every day	Occas- ionally	Rarely	Never
23. Do you kiss your mate?	_____	_____	_____	_____	_____

	All of them	Most of them	Some of them	Very few of them	None of them
24. Do you and your mate engage in outside interests together?	_____	_____	_____	_____	_____

How often would you say the following events occur between you and your mate?

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
25. Have a stimulating exchange of ideas	_____	_____	_____	_____	_____	_____
26. Laugh together	_____	_____	_____	_____	_____	_____
27. Calmly discuss something	_____	_____	_____	_____	_____	_____
28. Work together on a project	_____	_____	_____	_____	_____	_____

These are some things about which couples sometimes agree and sometimes disagree. Indicate if either item below causes differences of opinion or were problems in your relationship during the past few weeks (check yes or no).

	Yes	No
29. Being too tired for sex	_____	_____

30. Not showing love _____

31. The dots on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the dot which best describes the degree of happiness, all things considered, of your relationship.

•	•	•	•	•	•	•
Extremely unhappy	Fairly unhappy	A little unhappy	Happy	Very happy	Extremely happy	Perfect

32. Which of the following statements best describes how you feel about the future of your relationship?

1. _____ I want desperately for my relationship to succeed, and would go to almost any length to see that it does.
2. _____ I want very much for my relationship to succeed, and will do all that I can to see that it does.
2. _____ I want very much for my relationship to succeed, and will do my fair share to see that it does.
- 4 _____ It'd be nice if my relationship succeeded, but I can't do much more than I'm doing now to help it succeed.
- 5 _____ It'd be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.
6. _____ My relationship can never succeed, and there is no more that I can do to keep the relationship going.

Appendix III

feeling cautious/careful	feeling uncertain (about self)
feeling coerced (by partner)	feeling uncertain (about relationship with partner)
feeling coerced (by therapist)	feeling uncertain (about relationship with therapist)
expressing/voicing feelings	feeling uncertain (about partner/therapist relationship)
making sense of feelings	feeling vulnerable
making sense of thoughts	questions (partner's) words/actions
disagreeing (with partner)	questions (therapist's) words/actions
disagreeing (with therapist)	questions (own) words/actions
agreeing (with partner)	feeling upset
agreeing (with therapist)	feeling obligated
feeling (therapist's) warmth	feeling desperate
feeling (partner's) warmth	feeling stigmatized
feeling empathy (from therapist)	feeling competitive
feeling empathy (from partner)	explains personal context
feeling empathy (for partner)	feeling tired/weary
feeling empathy (for therapist)	feeling embarrassed
opening up (to therapist)	feeling a failure
opening up (to partner)	feeling irritated (by partner)
opening up (to therapy)	feeling irritated (by therapist)
feeling in "different world" from partner	feeling irritated (by therapy)
feeling annoyed (with self)	feeling irritated (by partner/therapist relationship)
feeling annoyed (with partner)	justifying position
feeling annoyed (with therapist)	feeling humiliated
feeling annoyed (with therapy)	feeling secretive/guarded
feeling annoyed (with therapist/partner relationship)	disclosing (about partner)
feeling "stirred up"	disclosing (about relationship)
expectations/assumptions (about therapist)	disclosing (about self)
expectations/assumptions (about relationship with therapist)	seeing how partner sees
expectations/assumptions (about therapy)	expecting blame (from partner)
expectations/assumptions (about partner)	expecting blame (from therapist)
expectations/assumptions (about self)	feelings of self blame
expectations/assumptions (about relationship with partner)	feeling understood (by therapist)
expectations/assumptions (about therapist/partner relationship)	feeling understood (by partner)
experiencing (therapist's) "tone of voice"	feeling misunderstood (by therapist)
experiencing (partner's) "tone of voice"	feeling misunderstood (by partner)
feeling emotional	dealing with "the unpredictable"
feeling unemotional	feeling in charge
feeling ready for therapy	feeling blemished
feeling anxious	feeling dependent
feeling calm	feeling lost
feeling "accompanied" (by partner)	feeling "on edge"
feeling "accompanied" (by therapist)	feeling hostile
feeling hurt (by partner)	elaborating (story)
feeling hurt (by therapist)	feeling in touch (with therapist)
feeling cool/distant (from therapy)	feeling in touch (with partner)
feeling cool/distant (from therapist)	feeling in touch (with therapy)
feeling cool/distant (from partner)	feeling in touch (with self)
feeling cool/distant (from feelings)	feeling out of touch (with therapist)
feeling cool/distant (from self)	feeling out of touch (with partner)
feeling "in the dark"	feeling out of touch (with therapy)
feeling guilty	feeling out of touch (with self)
feeling uncertain (about therapist)	feeling shameful
feeling uncertain (about therapy)	feeling warmly (towards therapist)
feeling uncertain (about partner)	feeling warmly (towards therapy)
	feeling warmly (towards partner)
	feeling warmly (towards therapist/partner relationship)
	feeling cool (towards therapist)

feeling cool (towards therapy)
 feeling cool (towards partner)
 feeling cool (towards therapist/partner relationship)
 feeling unsafe (with partner)
 feeling unsafe (with therapist)
 feeling unsafe (with therapy)
 feeling unsafe (with therapist/partner relationship)
 feeling threatened (by partner)
 feeling threatened (by therapy)
 feeling threatened (by therapist)
 feeling threatened (by therapist/partner relationship)
 feeling (therapist) being cool/distant
 feeling (partner) being cool/distant
 feeling (self) being logical
 feeling (self) being illogical
 feeling (self) being factual
 feeling (partner) being logical
 feeling (partner) being illogical
 feeling (partner) being factual
 feeling (therapist) as ally
 feeling (partner) as ally
 feeling trust (in partner)
 feeling trust (in therapist)
 feeling trust (in therapy)
 feeling trust (in self)
 feeling trust (in relationship with partner)
 feeling trust (in relationship with therapist)
 feeling trust (in therapist/partner relationship)
 feeling mistrustful (of partner)
 feeling mistrustful (of therapist)
 feeling mistrustful (of relationship with therapist)
 feeling mistrustful (of therapy)
 feeling mistrustful (of therapist/partner relationship)
 feeling how (partner) feels
 feeling how (therapist) feels
 feeling nervous/uptight
 feeling anxious
 talking "on the surface"
 feeling relieved
 feeling (therapist) in tune with (me)
 feeling (therapist) in tune with (partner)
 feeling (therapist) in tune with (therapy)
 feeling (partner) in tune with (me)
 feeling (partner) in tune with (therapy)
 feeling (partner) in tune with (therapist)
 feeling (myself) in tune with (partner)
 feeling (myself) in tune with (therapist)
 feeling (myself) in tune with (therapy)
 feeling (therapist) out of tune with (me)
 feeling (therapist) out of tune with (partner)
 feeling (therapist) out of tune with (therapy)
 feeling (partner) out of tune with (me)
 feeling (partner) out of tune with (therapy)
 feeling (partner) out of tune with (therapist)
 feeling (myself) out of tune with (partner)
 feeling (myself) out of tune with (therapist)
 feeling (myself) out of tune with (therapy)
 feeling overwhelmed
 feeling shamed (by partner)

feeling shamed (by therapy)
 feeling shamed (by therapist)
 feeling (partner's) "mood"
 feeling (therapist's) "mood"
 justifies/tells "my side of story"
 therapist tracks session
 feeling enraged
 feeling joyous
 feeling confident (in self)
 feeling confident (in partner)
 feeling confident (in therapist)
 feeling confident (in relationship with therapist)
 feeling confident (in therapy)
 feeling confident (in therapist/partner relationship)
 lacking confidence (in self)
 lacking confidence (in partner)
 lacking confidence (in therapy)
 lacking confidence (in therapist)
 lacking confidence (in relationship with therapist)
 lacking confidence (in therapist/partner relationship)
 feelings of futility
 finding a voice
 feeling agitated (by partner)
 feeling agitated (by therapist)
 feeling agitated (by therapy)
 feeling agitated (by therapist/partner relationship)
 feeling affirmed (by therapist)
 feeling affirmed (by partner)
 feeling heard (by partner)
 feeling heard (by therapist)
 not feeling heard (by partner)
 not feeling heard (by therapist)
 feeling seen (by partner)
 feeling seen (by therapist)
 not feeling seen (by partner)
 not feeling seen (by therapist)
 feeling listened to (by partner)
 feeling listened to (by therapist)
 not feeling listened to (by partner)
 not feeling listened to (by therapist)
 feeling validated (by partner)
 feeling validated (by therapist)
 not feeling validated (by partner)
 not feeling validated (by therapist)
 feeling disqualified (by partner)
 feeling disqualified (by therapist)
 feeling valued (by partner)
 feeling valued (by therapist)
 not feeling valued (by partner)
 not feeling valued (by therapist)
 feeling cut-off (by partner)
 feeling cut-off (by therapist)
 feeling uncomfortable
 feeling judged (by partner)
 feeling judged (by therapist)
 contradicting (partner)
 contradicting (therapist)
 contradicting (self)
 giving space to partner

feeling significant
 feeling blamed (by therapist)
 feeling blamed (by partner)
 feeling like "something happened"
 experiencing "passion"
 exploring easy/surface issues
 exploring difficult/deeper issues
 feeling exhausted/drained emotionally
 feeling defensive
 understanding (partner's) position
 understanding (my) position
 feeling positive
 hearing for first time
 feeling numb
 has interior monologue with partner
 feeling unappreciated
 therapist helps (partner) to see
 therapist helps (partner) to listen
 therapist helps (partner) to hear
 therapist helps (partner) to open up
 therapist helps (partner) to express
 therapist helps (partner) to feel safe
 therapist helps (partner) to disclose
 therapist helps (partner) to understand
 therapist helps (partner) to acknowledge
 therapist helps (partner) to calm down
 therapist helps (partner) to share feelings
 therapist helps (partner) to focus
 therapist helps (me) to see
 therapist helps (me) to listen
 therapist helps (me) to hear
 therapist helps (me) to open up
 therapist helps (me) to express
 therapist helps (me) to feel safe
 therapist helps (me) to disclose
 therapist helps (me) to understand
 therapist helps (me) to acknowledge
 therapist helps (me) to calm down
 therapist helps (me) to share feelings
 therapist helps (me) to focus
 therapist helps to focus conversation
 feeling vengeful
 feeling (partner's) hostility
 feeling (therapist's) hostility
 feeling sad
 avoiding "dangerous dialogue"
 therapy context as "place to let it out"
 home context as place to "hide things"
 feeling challenged (by partner)
 feeling challenged (by therapist)
 feeling challenged (by therapy)
 feeling challenged (by therapist/partner relationship)
 feeling unreceptive (to partner)
 feeling unreceptive (to therapist)
 feeling receptive (to partner)
 feeling receptive (to therapist)
 biting one's tongue
 admitting (to therapist)
 admitting (to partner)

admitting (to self)
 expressing things for first time
 feeling distressed
 feeling better
 feeling indifferent (to partner)
 feeling indifferent (to therapist)
 feeling indifferent (to therapist/partner relationship)
 feeling indifferent (to therapy)
 feeling (partner) "in control"
 feeling (therapist) "in control"
 feeling (myself) "in control"
 feeling (partner) "out of control"
 feeling (myself) "out of control"
 feeling engaged (with therapist)
 feeling engaged (with partner)
 feeling engaged (with therapy)
 feeling engaged (with therapist/partner)
 feeling disengaged (from therapist)
 feeling disengaged (from partner)
 feeling disengaged (from therapy)
 feeling disengaged (from therapist/partner relationship)
 feeling revealed (by partner)
 feeling revealed (by therapist)
 feeling revealed (by therapy)
 feeling revealed
 therapist challenges partner
 "facing" things
 feeling unmoved
 feeling (partner's) rage
 feeling (my own) rage
 feeling accepted (by therapist)
 feeling accepted (by partner)
 exploring emotions/feelings
 taking risks
 engaging in "deep" talk
 uncertain of (partner's) feelings
 uncertain of (my own) feelings
 uncertain of (therapist's) feelings
 uncertain of (partner's) thoughts
 uncertain of (my own) thoughts
 uncertain of (therapist's) thoughts
 feeling raw
 feeling negative
 feeling vulnerable
 giving space (to therapist)
 giving space (to partner)
 feeling exposed
 tracking (my own) process
 tracking (partner's) process
 bringing feelings into awareness
 therapist "says it (for me)"
 therapist "says it (for partner)"
 feeling confused (by partner)
 feeling confused (by relationship with partner)
 feeling confused (by therapist)
 feeling confused (by therapy)
 feeling confused (by therapist/partner relationship)
 feeling confused
 feelings of unfairness

feels therapist siding with (partner)
 feels therapist siding with (me)
 (therapist) "creates space"
 (partner) "creates space"
 feeling "the flow" of therapy
 feeling wary/unnerved
 feeling stronger
 feeling supported (by therapist)
 feeling supported (by partner)
 feeling unsupported (by therapist)
 feeling unsupported (by partner)
 feeling of "touching on" things/issues
 feeling exasperated (with partner)
 feeling exasperated (with therapist)
 feeling exasperated (with therapy)
 feeling exasperated (with therapist/partner relationship)
 feeling spaciousness
 making sense of experience/events
 describes (self) negatively
 describes (partner) negatively
 describes (therapy) negatively
 describes (therapist) negatively
 describes (relationship with partner) negatively
 describes (therapist/partner relationship) negatively
 glossing over/playing it "safe"
 hearing something new
 experiencing (partner) differently
 experiencing (therapist) differently
 experiencing (therapy) differently
 experiencing (relationship with partner) differently
 experiencing (therapist/partner relationship) differently
 experiencing (self) differently
 seeing (self) differently
 seeing (partner) differently
 seeing (therapist) differently
 seeing (therapy) differently
 seeing (therapist/partner relationship) differently
 hearing (partner) differently
 hearing (therapist) differently
 understanding (partner) differently
 understanding (therapist) differently
 understanding (therapist/partner relationship)
 differently
 feeling of having equal space with partner
 avoiding certain issues
 feeling the "heat of the moment"
 experiencing the "unusual"
 letting your guard down
 "taking things in"
 gives (therapist) permission
 gives (partner) permission
 denies (therapist) permission
 denies (partner) permission
 feeling rushed
 feeling pleased (with therapist)
 feeling pleased (with therapy)
 feeling pleased (with partner)
 feeling pleased (with self)
 feeling pleased (with therapist/partner relationship)
 feeling disappointed (with partner)
 feeling disappointed (with therapist)
 feeling disappointed (with therapy)
 feeling disappointed (with therapist/partner relationship)
 feeling disappointed (with self)
 (therapist) non-judgmental
 (partner) non-judgmental
 feeling helped (by therapist)
 feeling helped (by partner)
 feeling helped (by therapist/partner relationship)
 discussing feelings/emotions
 feeling stimulated (by therapist)
 feeling stimulated (by partner)
 feeling stimulated (by therapy)
 feeling important (to partner)
 feeling important (to therapist)
 feeling important (to myself)
 feels partner lying
 therapist "coddles" (partner)
 therapist "coddles" (me)
 context of therapy
 context of everyday/home
 protecting (myself)
 protecting (partner)
 feeling alive
 feeling doubtful (of therapist)
 feeling doubtful (of therapy)
 feeling doubtful (of partner)
 feeling doubtful (of therapist/
 partner relationship)
 trusting therapy "process"
 feeling free to express/disclose
 therapy as "hard" work --
 stuffing/holding back anger
 giving voice with support (of therapist)
 giving voice with support (of partner)
 feeling crowded
 feeling/sensing (partner's) anger
 feeling/sensing (my own) anger
 feeling/sensing (therapist's) anger
 identifies (with therapist)
 identifies (with partner)
 feeling good
 seeing/feeling therapist as mediator
 sensing/feeling therapist as facilitator
 seeing/feeling therapist as translator
 seeing/feeling therapist as enforcer
 seeing/feeling therapist as third ear
 seeing/feeling therapist as teacher
 seeing/feeling therapist as "human"
 seeing/feeling therapist as genuine
 seeing/feeling therapist as aloof
 seeing/feeling therapist as "warm"
 seeing/feeling therapist as "cold"
 seeing/feeling therapist as "go-between"
 seeing/feeling therapist as understanding
 seeing/feeling therapist as fair
 seeing/feeling therapist as unfair
 seeing/feeling therapist as misunderstanding

seeing/feeling therapist as friend
 seeing/feeling therapist as "objective"
 seeing/feeling therapist as "favoring"
 seeing/feeling therapist as accepting
 seeing/feeling therapist as validating
 seeing/feeling therapist as non-judgmental
 seeing/feeling therapist as judgmental
 seeing/feeling therapist as competent
 seeing/feeling therapist as perceptive
 seeing/feeling therapist as challenging
 seeing/feeling therapist as impatient
 seeing/feeling therapist as irritated
 seeing/feeling therapist as sarcastic
 seeing/feeling therapist as open
 seeing/feeling therapist as gentle
 seeing/feeling therapist as challenging
 seeing/feeling therapist as helpful
 seeing/feeling therapist as unhelpful
 seeing/feeling therapist as personable
 seeing/feeling therapist as professional
 seeing/feeling therapist as expert
 seeing/feeling therapist as compassionate
 seeing/feeling therapist as unfeeling
 seeing/feeling therapist as friend
 seeing/feeling therapist as unfriendly
 seeing/feeling therapist as active
 seeing/feeling therapist as seer
 seeing/feeling therapist as resourceful
 seeing/feeling therapist as spontaneous
 seeing/feeling therapist as empathic
 seeing/feeling therapist as unempathic
 seeing/feeling therapist as dangerous
 seeing/feeling therapist as audience
 seeing/feeling therapist as "outsider"
 seeing/feeling therapist as "interpreter"
 seeing/feeling therapist as "voice" for (me)
 seeing/feeling therapist as "voice" for (partner)
 feeling open (to partner)
 feeling open (to therapist)
 feeling open (to therapy)
 willing to "work"
 (partner's) therapy motivation
 (my) therapy motivation
 feeling encouraged (by therapist)
 feeling encouraged (by partner)
 feeling encouraged (by therapy)
 feeling encouraged (by therapist/partner relationship)
 feeling discouraged (by therapist)
 feeling discouraged (by partner)
 feeling discouraged (by therapy)
 feeling discouraged (by therapist/partner relationship)
 feeling hopeful (about therapist)
 feeling hopeful (about therapy)
 feeling hopeful (about partner)
 feeling hopeful (about relationship with partner)
 feeling hopeful (about therapist/partner relationship)
 feeling hopeless (about therapist)
 feeling hopeless (about therapy)
 feeling hopeless (about partner)

silencing self
 feeling hopeless (about relationship with partner)
 feeling hopeless (about therapist/partner relationship)
 speaking the "unspeakable"
 realizing/gaining insight (into self)
 realizing/gaining insight (into partner)
 realizing/gaining insight (into therapist)
 realizing/gaining insight (into therapy)
 realizing/gaining insight (into relationship with partner)
 realizing/gaining insight (into therapist/partner relationship)
 feeling safe
 not feeling safe
 feeling "wound up"
 sharing painful feelings
 exploring/opening up issues
 disliking (therapist)
 disliking (partner)
 disliking (therapy)
 disliking (self)
 disliking (relationship with partner)
 disliking (therapist/partner relationship)
 feeling ignored (by therapist)
 feeling ignored (by partner)
 expressing/voicing thoughts
 describes/talks (about self)
 describes/talks (about partner)
 describes/talks (about relationship with partner)
 (partner) "closes off space"
 (therapist) "closes off space"
 (partner) "creates space"
 (therapist) "creates space"
 putting feelings aside
 feeling intimidated (by therapist)
 feeling intimidated (by partner)
 feeling intimidated (by therapy)
 feeling intimidated (by therapist/partner relationship)
 feeling of "getting somewhere"
 (partner) "hoodwinks" therapist
 (self) "hoodwinks" therapist
 (self) "hoodwinks" (partner)
 seeing/feeling partner as genuine
 seeing/feeling partner as aloof
 seeing/feeling partner as "warm"
 seeing/feeling partner as "cold"
 seeing/feeling partner as friend
 seeing/feeling partner as understanding
 seeing/feeling partner as misunderstanding
 seeing/feeling partner as accepting
 seeing/feeling partner as validating
 seeing/feeling partner as non-judgmental
 seeing/feeling partner as judgmental
 seeing/feeling partner as perceptive
 seeing/feeling partner as impatient
 seeing/feeling partner as irritated
 seeing/feeling partner as sarcastic
 seeing/feeling partner as open
 seeing/feeling partner as gentle
 seeing/feeling partner as helpful

seeing/feeling partner as unhelpful
 seeing/feeling partner as compassionate
 seeing/feeling partner as unfeeling
 seeing/feeling partner as friend
 seeing/feeling partner as spontaneous
 seeing/feeling partner as empathic
 seeing/feeling partner as unempathic
 seeing/feeling partner as dangerous
 seeing/feeling partner as audience
 feeling (therapist's) presence
 feeling (partner's) presence
 (therapist) supports (partner)
 (therapist) supports (me)
 (partner) supports (therapist)
 (partner) supports (me)
 therapist keeps conversation on track
 admitting to self
 feeling "touched" (by therapist)
 feeling "touched" (by partner)
 putting finger on something
 exploring thoughts
 feeling proud
 discovering (self)
 discovering (partner)
 explaining position (of partner)
 explaining position (of self)
 therapist evenhandedness
 feeling of self evolving
 feeling reassured (by therapist)
 feeling reassured (by partner)
 feeling reassured (by therapy)
 feeling reassured (by therapist/partner relationship)
 therapist validates (partner)
 feeling bad
 planning escapes/alternatives
 (partner) puts finger on something
 (therapist) puts finger on something
 feeling sceptical (about therapist)
 feeling sceptical (about partner)
 feeling sceptical (about therapy)
 feeling sceptical (about relationship with partner)
 feeling surprised/stunned/shocked (by therapist)
 feeling surprised/stunned/shocked (by partner)
 feeling surprised/stunned/shocked (by therapy)
 feeling disbelief
 avoiding through silence
 entertaining choices
 feeling alone/isolated
 putting feelings on the table/getting it out
 feeling alleviated/eased
 feeling vindicated
 feeling disadvantaged (by partner)
 feeling disadvantaged (by therapist)
 feeling disadvantaged (by therapy)
 feeling disadvantaged (by therapist/partner relationship)
 feeling ambivalent (about partner)
 feeling ambivalent (about therapist)
 feeling ambivalent (about therapy)

"dealing with"
 feeling ambivalent (about change)
 feeling ambivalent (about relationship)
 feeling ambivalent (about therapist/partner relationship)
 feeling "slow"/stupid
 feeling "cleansed"
 feeling attacked (by partner)
 feeling attacked (by therapist)
 remembering differently
 feeling (therapist's) feelings
 feeling (partner's) feelings
 experiencing gender (of partner)
 experiencing gender (of therapist)
 feeling fearful/afraid
 feeling demeaned (by partner)
 feeling demeaned (by therapist)
 feeling happy
 feeling more equal
 "making progress"
 "getting through" (to partner)
 "getting through" (to therapist)
 feeling equal focus
 experiencing partner in session
 experiencing partner outside session
 feeling angry (with partner)
 feeling angry (with therapist)
 feeling angry (with therapy)
 feeling angry (with therapist/partner relationship)
 exploring "why"
 naming/describing experience
 finding explanations
 feeling numb
 wrestling/grappling with
 feeling hesitant
 finding words
 therapist describes/provides words for feelings
 therapist describes/provides words for thoughts
 feeling "left out"
 feeling afraid of feelings
 feeling afraid (of partner)
 feeling afraid (of therapist)
 feeling afraid (of therapy)
 feeling afraid (of therapist/partner relationship)
 complaining (about self)
 complaining (about partner)
 feeling of "working through" something
 therapist diffuses
 feeling shut down (by therapist)
 feeling shut down (by partner)
 feeling shut down (by therapist/partner relationship)
 feeling heard via therapist
 therapist invites reflection
 going "deeper"
 (therapist) provides opening
 (partner) provides opening
 engaging in "dangerous dialogue"
 letting (therapist) in
 letting (partner) in
 feeling insecure (with partner)

feeling insecure (with therapist)
 feeling insecure (with therapy)
 feeling insecure (with therapist/partner relationship)
 feeling therapist/partner tension
 experiencing "resolution"
 feeling reluctant (towards therapist)
 feeling reluctant (towards partner)
 feeling reluctant (towards therapy)
 feeling reluctant (towards therapist/partner relationship)
 therapist's reading of (partner) "fits"
 therapist's reading of (me) "fits"
 therapist's reading of (relationship) "fits"
 tracks (therapist's) process
 tracks (partner's) process
 new experience of hearing
 new experience of seeing
 new experience of feeling
 new experience of listening
 new experience of understanding
 sees/experiences change (in self)
 sees/experiences change (in partner)
 feeling things "falling into place"
 therapist "reads" (partner)
 therapist "reads" (relationship)
 experiences therapist gently challenging
 making sense of (own) behavior
 making sense of (partner's) behavior
 making sense of (therapist's) behavior
 (therapist) puts finger on something
 (partner) puts finger on something
 difficulty with therapy technique
 feeling resigned
 feeling of things "sinking in" (with self)
 feeling of things "sinking in" (with partner)
 feeling of things "sinking in" (with therapist)
 making sense of (partner's) story
 making sense of (my) story
 experiences (therapy) negatively
 experiences (therapist) negatively
 experiences (self) negatively
 experiences (therapist/partner relationship) negatively
 feeling impatient (with self)
 feeling impatient (with partner)
 feeling impatient (with therapist)
 feeling impatient (with therapy)
 feeling impatient (with therapist/partner relationship)
 has interior monologue with self
 feeling sensitive
 unloading/giving voice to strong feeling
 trying to be heard
 trying to be seen
 trying to be understood
 feeling criticized (by partner)
 feeling criticized (by therapist)

new view of (my) responses
 feeling (myself) "in a bind"
 feeling (partner) "in a bind"
 struggling with
 appreciates therapist's intervention (with self)
 appreciates therapist's intervention (with partner)
 sensing (partner's) new awareness
 experiences (therapist) exploring deeper
 new view of (partner's) responses
 feeling (therapist) wants to understand
 feeling (partner) wants to understand
 feeling frustrated (with therapist)
 feeling frustrated (with therapy)
 feeling frustrated (with partner)
 feeling frustrated (with relationship with partner)
 feeling frustrated (with therapist/partner relationship)
 feeling blocked
 therapist describes/reflects pattern/cycle
 holding back/withholding
 feeling pressured (by partner)
 feeling pressured (by therapist)
 feeling pressured (by therapy)
 trying to "make a point"
 avoiding by telling story
 learning
 feeling betrayed (by partner)
 feeling betrayed (by therapist)
 feeling betrayed (by therapy)
 experiencing gender (of therapist)
 therapist experiences my experience of partner
 feeling betrayed (by therapist/partner relationship)
 feeling sad
 feeling emotions "welling up"
 liking therapist
 disliking therapist
 hearing "old news" differently
 feeling transparent (to therapist)
 feeling tearful
 therapist picks up on (partner's) processing style
 therapist picks up on (my) processing style
 experiences therapist probing
 uses therapist to convey to partner
 experiences therapist inquiring
 therapist dangerously challenging
 anticipating/preparing to feel _____
 saying nothing new/same old thing
 hearing nothing new/same old thing
 doing nothing new/same old thing
 therapist sees/experiences partner similarly
 wanting to understand
 giving voice with support (of therapist)
 feeling (myself) in a bind
 feeling (partner) in a bind
 feeling afraid to say "the wrong thing"

Feeling Safe

Statements clustering around feelings of anxiety, fear, nervousness, withdrawal, discomfort, sensitivity, edginess, need for support, understanding, safety, validation, etc. E.g.:

feeling afraid to say "the wrong thing"
 feeling criticized (by therapist, partner)
 feeling defensive
 feeling cautious/careful
 feeling dependent
 feeling supported
 feeling vulnerable
 feeling lost
 engaging in "dangerous dialogue"
 feeling uptight
 holding back
 feeling understood (by therapist, partner)
 feeling "on edge"
 feeling emotional
 feeling anxious, nervous
 feeling validated (by therapist, partner)
 feeling threatened (by therapist, partner, etc.)
 feeling ambivalent (about therapist, partner, etc.)

Doing Feeling Work

Statements conveying efforts to engage in the therapeutic process and to express/suppress, share, explore, make sense of feelings/emotions, as well as being "drained," exhausted, "dealing with," feeling "good," and "working" and "making progress." E.g.:

feeling exhausted/drained emotionally
 wrestling/grappling with (feelings)
 working through
 facing things
 feeling revealed
 feeling tired/weary
 bringing feelings into awareness
 elaborating
 exploring emotions/feelings
 taking risks
 discussing (feelings)
 engaging in "deep" talk
 feeling of touching on things/issues
 describes/talks about (feelings)
 expressing things for first time
 feeling in touch with (feelings)
 struggling with (feelings)
 dealing with (feelings)
 stuffing/holding back (feelings)
 admitting to (feelings)
 feeling engaged
 making sense of feelings
 disclosing
 sharing painful feelings

"Out-of-the-Ordinary"

Statements alluding to the therapy/home context and to engaging in conversations (or doing things) that feel different, dangerous, good, unfamiliar, etc. as well as references to therapist's words/advice. E.g.:

feeling "unfamiliar"
 feeling like "something happened"
 feeling surprised
 dealing with the "unpredictable"
 feeling uncomfortable
 feeling stimulated
 feeling relieved
 understanding/feeling understood
 experiencing the "unusual"
 feeling alive
 hearing/feeling/seeing etc. for first time
 feeling engaged/in tune with therapy
 new experience of hearing/seeing/feeling, etc.
 sees/experiences change (in self/partner)
 feeling things "falling into place"
 feeling free to express/disclose
 therapist validates, sees, hears, etc.
 feeling in control/out of control

Exploring & Naming Experience

Statements encapsulating the notion of emotions/feelings coming into awareness/emerging and being expressed/described, and/or putting things/cycles/patterns, etc. into words. E.g.:

expressing/voicing feelings
 making sense of feelings/thoughts
 opening up
 finding words
 feeling "stirred up"
 taking things in
 bringing feelings into awareness
 feeling "in touch" with therapy/therapist/self, etc.
 finding a voice
 feeling validated
 feeling heard/seen/understood
 feeling like "something happened"
 experiencing "passion"
 exploring easy, surface/difficult/deep issues
 facing things
 experiencing resolution
 sensing partner's/self's new awareness
 therapist describes/provides words for feelings/thoughts
 exploring/discussing emotions/feelings
 engaging in "dangerous dialogue"
 therapist says it for me/for partner
 finding explanations
 putting finger on something

Searching for "depth of feeling"

Statements clustering around the notion of feelings/emotions being either at the "surface" or "deep," and/or the experience of going "down" into/stirring up "things" /issues, as well as looking for/wanting to engage/connect/feel in tune with (others, self) at a "deeper" level. E.g.:

feeling "stirred up"
going deeper/engaging in "deep" talk
feeling engaged/connected
feeling in touch/in tune with therapy/therapist/self, etc
feeling exhausted/drained emotionally
talking "on the surface" vs. talking "deep"
feeling heard/seen/validated (by partner, therapist)
exploring easy/surface vs deep/difficult feelings, issues, etc.
giving voice to "deeper" feelings
feeling understood
discovering/going deeper
feeling emotions "welling up"
feeling raw/numb/exposed/vulnerable, etc.
experiences therapist/partner/self exploring deeper
avoiding/facing issues/feelings
taking risks
letting your guard down
letting therapist/partner in
feeling "cleansed"
feeling "touched"

Therapy as "presentational space."

Statements reflecting the desire/effort/search to "present" oneself to the therapist and one's partner, to convey one's feelings/thoughts, etc., and in turn to feel seen/heard/understood/validated, etc., by them. E.g.:

opening up/feeling open (to therapist, partner, therapy)
feeling seen, heard, validated, understood, etc. (by partner, therapist)
disclosing (about relationship, partner, self)
voicing/finding a voice
giving space (to partner, therapist, self)
justifies/tells "my side of story"
contradicting
feeling safe (in therapy context)
feeling engaged/in tune with therapy
admitting (to therapist, partner, self)
expressing/sharing/revealing/describing self
protecting (self/partner)
speaking (the unspeakable)
sharing painful feelings
exploring feelings/thoughts
putting feelings on table/getting it out
therapy context vs home context
unloading/giving voice to strong feelings
experiencing therapist/partner as audience

Therapy Assumptions

Statements expressing emotions/feelings brought into the therapy context as well as feelings of uncertainty/nervousness/anxiety, etc. about therapy/therapist/partner, and their assumptions about what is expected of them and others in therapy. E.g.:

Feeling nervous, anxious, defensive, fearful, overwhelmed, vulnerable, cautious, uncertain, etc.
Feeling guilty, blamed, coerced, judged, pressured
Feeling unseen, unheard, disqualified
Expectations/assumptions about therapy, therapist, partner, self, relationship with therapist, etc
Feeling ready for therapy
Feeling stigmatized, obligated, embarrassed, shamed
Expecting blame
Feeling cool, aloof, distant, in touch/out of touch, engaged/disengaged
Feeling unsafe, threatened, mistrustful, challenged
Feeling unseen, unheard, disqualified, etc.
Feeling confused, exposed, raw, unsupported
Seeing/feeling therapist as empathic, sympathetic, enforcer, teacher, expert, go-between, fair, etc.
Feeling hopeful, enthusiastic, optimistic
Feeling desperate, hopeless, doubtful, sceptical
Experiencing context of therapy

Partner's Influence

Statements reflecting emotions/feelings generated out of the experience/awareness/sense of one's partner's presence in the therapy room, as well as how what he/she says, does, etc, influences how one feels. E.g.:

feeling coerced/blamed/pressured/shamed by partner
feeling understood/misunderstood by partner
feeling safe/unsafe, threatened/supported by partner
feeling in tune, in touch with/out of tune, out of touch with partner
expectations/assumptions about partner
feeling seen/heard/valued/validated by partner
trusting/mistrusting, feeling uncertain about partner
feeling irritated/agitated by partner
feeling engaged with/disengaged from partner
seeing/experiencing partner differently
therapist sees/hears/experiences partner like I do
feeling cut off/criticized/disqualified/unsupported by partner
feeling/experiencing what partner feels/experiences
seeing/feeling partner as sarcastic, gentle, irritated, angry, compassionate, helpful, resistant, open, etc.
realizing/gaining insight into partner/relationship
getting through to partner
feeling betrayed/misunderstood/surprised/stunned/shocked by partner
feeling/experiencing partner as validating, hearing, seeing, etc.

Therapist's Influence

Statements reflecting emotions/feelings generated out of the experience/awareness/sense of the therapist's presence in the therapy room, as well as how what he/she says, does, etc, influences how one feels. E.g.:

Feeling/experiencing therapist's warmth/empathy/
understanding/ support/validation, etc.
feeling cool/distant from therapist
feeling warmly towards therapist
feeling safe with therapist
feeling irritated/frustrated by therapist
feeling uncertain/mistrustful of therapist
feeling engaged, in tune with, connected to/disengaged,
out of tune with, disconnected from therapist
feeling/experiencing therapist as mediator, expert, fair,
friend, impatient, active, compassionate, etc.
feeling discouraged/encouraged by therapist
feeling/experiencing therapist as validating, hearing,
seeing, etc.
feeling hopeful of, confident in, reassured by therapist
therapist helps me/partner to see, hear, listen,
understand, gain insight, express feelings, etc.
feeling good about/confident in/pleased with/reassured
by therapist
feeling surprised/shocked/stunned by therapist
experiences therapist probing, inquiring, challenging

Partner-therapist relationship

Statements reflecting emotions/feelings generated out of the experience/awareness/sense of the therapist's relationship with one's partner, as well as how what they say and do together influences how one feels. E.g.:

feeling warmly/coldly towards, uncertain about,
annoyed, pleased with, disappointed in, irritated by,
hopeful about, etc., therapist-partner relationship
expectations, assumptions about therapist-partner
relationship
feeling safe/unsafe, trustful/mistrustful, cautious/
confident in therapist-partner relationship
feeling alienated, confused, challenged, intimidated by,
therapist-partner relationship
feeling, engaged/disengaged by therapist-partner
relationship
understanding therapist-partner relationship differently
feeling helped, supported, encouraged, validated by
therapist-partner relationship
feeling afraid of, shut down by, ambivalent about,
threatened by therapist-partner relationship
experiences therapist-partner relationship negatively/
positively
feeling frustrated, impatient with therapist-partner
relationship

Couples therapy as an emotional, feeling-based experience

Majority of descriptive statements in the open codes, along with conceptual categories produced by axial coding, convey and highlight the expression of partners' emotions and feelings. These suggest that therapy for each of the partners was primarily emotional and/or feeling-based, thus reflecting a central or core category subsuming all others: that couples therapy is essentially an emotional, feeling-based experience (irrespective of the approach used). E.g.:

feeling nervous, anxious, insecure, afraid, angry, sad, devastated, ashamed, embarrassed, hostile, safe, bad, numb, raw, exposed, confused, good, bad, etc.
 feeling supported, validated, disqualified, heard, seen, listened to, understood, discounted, lost, valued, cleansed, helped, touched, etc.
 feeling distant, engaged, in touch with, out of tune with, disengaged from, uncertain of, unreceptive to, etc.
 feeling/sensing/experiencing partner/therapist/self/therapy/relationship with partner/therapist and therapist-partner relationship as...
 feeling/sensing/experiencing therapist's/partner's warmth, understanding, empathy, etc.
 disliking partner/therapist/therapy/therapist-partner relationship, etc.
 feeling/sensing/experiencing change in partner/self/therapist/therapy, etc.
 dealing with/working hard/going deeper/expressing/letting it all out/exploring, etc.
 finding, giving voice to, naming feelings, thoughts
 feeling/sensing/experiencing partner's feelings

Representative comments/statements reflecting core category from each partner**Jim**

JIM: This talk about emotions and sharing isn't something I'm used to doing. Because I've never had to do this, it scares me and makes me feel like I'm in a place where I don't know my way around. You never shared emotions with your friends, never discussed things on an emotional level... The way I grew up that was always square, nerdy kind of stuff. That's the kind of feeling I get inside when we start heading into this area, because it's so unfamiliar to me. So that makes it difficult, stepping into a new way of talking and thinking. I'm so used to just shutting down and telling people to f--- off... I want you to emphasize in your study how difficult this is. This is tough going, a real struggle.

Susan

SUSAN: Here I think it was good that he asked that [of Jim] and that Jim said sadness and relief. I guess maybe I'm partly being understood or glad that he can see my pain, because I think that a lot of the hurts and things I've just stuffed away and maybe thought that I've dealt with them, but then coming to a session like this, then it comes back... Not expecting any of this at all, any of the hurt or upset. And especially in the first session... That was a relief and a release..

RESEARCHER: A release...

SUSAN: Yeah, it made me let loose a little bit where everything wasn't...well, it wasn't focused on me, and the way I was feeling, I guess... I was feeling a little bit better at that point... It let me wind down a little bit from being all upset and crying and sad and everything, and it just took the focus off me, and then I could let loose a little bit after that.

Alan

ALAN: I didn't feel so good. When she got wound up there, I, I didn't like that, you know. But then, I guess this is what happens at these things. You get angry and you get emotional and things come out and you learn how to deal with them, or...

. . .

ALAN: I want to feel safe to pour my heart out. If I didn't feel comfortable with someone, I'm certainly not going to share certain things with them. And if that happens, then I can't see how this is going to be much good.

Carol

CAROL: I don't feel safe to bring up some of this stuff [in the session] 'cause I don't know what's going to happen with it. I mean, will it just get thrown back in my face? I've tried a couple of times and it's like I get shut down. So forget it. I'm too angry to say anything now. I'm just biding my time here. It's not worth the effort anymore. I'm too pissed off!

. . .

CAROL: I was feeling really angry... I was wild. I was so mad I was shaking... I was just so mad, 'cause I thought, "Look what's unfolding in front of me here. I don't understand any of this, and I don't know why I'm so angry."

RESEARCHER: So in the session you were feeling pretty angry, but it was hard for you to put your finger on it right then and there.

CAROL: Yeah, why I got that mad, and that quick. I mean, that was just... And vibrating!...

HELGA: I felt really understood, definitely did. Dr. Tomm asked exactly the questions that bothered me. It was like he could just look in my head and, and... I don't know [laughs]...

RESEARCHER: So you felt quite well understood by him, then..

HELGA: Yes, very well. Which I didn't think I would.. So, it was good... It felt good to get some things of mine... Just that I felt that Dr. Tomm really, really, I thought he was going to be, more, I don't know, disagreeable with me, but it turned out that he really understood and it seemed that the things that bothered me, he asked Chris about exactly the same things, so I think that was good. It turned out to be better than I thought it would be -- for myself... I'm not somebody who opens up, I never talk to my parents or friends or Chris about things like that, because I think things might just go away. But this was good because it made me feel a little bit more relieved.

. . .

HELGA: It seems like all the emotions inside got turned outside. I might say it without crying right now, but that's pretty much how I felt... Feels like a little clean-up inside...

Chris

CHRIS: My face doesn't look... It's just in deep thought. But I'm... It's pretty sad for me at that moment. Pretty, pretty difficult, because, you know, I'm still hoping that maybe we can pick up the pieces and go on. I'm, I'm... I keep still hoping that.

RESEARCHER: So there's sadness, then, and the feeling of, sort of...

CHRIS: Despair! Look at my face...

. . .

CHRIS: I don't whether Dr. Tomm... I'm trying to be honest here... Whether he, he, he...you know... I do feel he's a little tough on me, yeah. I feel... I don't know whether he doesn't like me or whether he- I don't know, I just don't know. I have that feeling a little bit. You know, and, uhhh... He must have his reasons. I don't know...

Paul

PAUL: My biggest concern is saying the wrong thing at the wrong time and sort of setting us back. Like, I'm always doing and saying things to make sure I don't stumble and fall [in the session]. That's me. I mean, I

won't purposely say what I think is the wrong thing at the wrong time, but if I say things I think aren't appropriate, I want to know that the shit isn't going to hit the fan...

. . .

PAUL: The thing that's been most helpful is, for whatever reason... like Valerie and I feel like it's a safe environment. Like, there's like a lot of things that we've been able to discuss with each other that, if left to our own, we wouldn't have ever done. Um, but, um, although we realize that the goal is to be able to do it on our own, eventually. And we've started to be doing it a little bit on our own. So that part of it has been good.

Valerie

VALERIE: It's [therapy] an uncomfortable feeling at best. I'd rather not be here. There's ten thousand other things I'd rather be doing. But the bottom line, I guess, is I look at it as a means towards an end that I'd like to reach. So I've set all of my uncomfortableness aside to attain a goal I want to attain.

RESEARCHER: And the uncomfortableness is...?

VALERIE: I'm a private person in terms of my personal distresses, faults, levels of uncomfortableness. But unfortunately I can't do it on my own right now. It's not an individ- I'd rather not discuss [our problems] with anybody. So it's a difficult process to be involved with...

. . .

VALERIE [stops tape]: That question caught me off guard.

RESEARCHER: Sue saying, "There's something about it that sounds lonely..."

VALERIE: I didn't- Most of the time I can follow her paraphrasing and anticipate the next question from it. I didn't anticipate this as the next question at all. Like, where did that come from? 'Cause when she said it, she's right, it [relationship with Paul] was a lonely process.

RESEARCHER: So what's happening for you there in the session...as you hear that question?

VALERIE: Actually, an overwhelming sense of sadness, 'cause I knew she was right... It was quite lonely during it, but I never appreciated that.

RESEARCHER: Sounds like that reverberates for you...

VALERIE: Yeah, and I thought back to the years that... obviously I have missed out on 19 years of...of emotional love.

feeling out/getting a sense of partner(s)/couple/
 relationship/cycle/pattern
 feeling out/getting a sense of work ahead
 sensing one's self as challenging/going easy
 sensing one's self as affirming/disqualifying
 sensing one's self as reassuring
 sensing one's self as empathic
 sensing one's self as withdrawn
 sensing one's self as shocking
 sensing one's self as fair/unfair
 sensing one's self as friendly
 sensing one's self as caring
 sensing one's self as being vague
 sensing one's self as instrumental
 sensing one's self as forceful
 sensing one's self as deliberate/ intentional
 sensing one's self as ineffectual/useful
 sensing one's self as helping/unhelpful
 sensing one's self as comforting/discomforting
 sensing one's self as impositional
 sensing one's self as supportive/unsupportive
 sensing one's self as connected with/disconnected
 from partner/couple
 sensing one's self as understanding/misunderstanding
 sensing one's self as confrontational
 sensing one's self as in touch/out of touch
 sensing one's self as engaged/disengaged
 sensing one's self as directive/non-directive
 sensing one's self as collaborative
 sensing one's self as responsive
 sensing one's self as competent
 sensing one's self as non-judgmental
 sensing one's self as purposeful/strategic
 sensing one's self as on track/off track
 sensing one's self as performing
 sensing one's self as in tune/out of tune with
 opening up/giving space to partner/couple
 hearing/seeing partner/couple
 conveying to partner/couple
 feeling sensitive to partner's "issues"
 feeling sensitive to partner's feelings/emotions
 feeling impatient/frustrated
 feeling uncomfortable
 feeling disturbed
 feeling irritated by partner/couple
 feeling tentative/cautious
 feeling worried/concerned for/about partner/couple/
 therapy
 feeling worried/concerned for/about engagement with
 partner/couple
 feeling certain/uncertain about partner/couple/therapy/
 self
 feeling certain/uncertain about engagement with
 partner/ couple
 feeling satisfied/dissatisfied with partner/couple/self
 feeling satisfied/dissatisfied with engagement with
 partner/couple

feeling satisfied/dissatisfied with therapy/therapeutic
 work
 feeling/sensing partner's/couple's fear
 feeling/sensing partner's/couple's worry
 feeling/sensing partner's/couple's sadness/heaviness
 feeling/sensing partner's/couple's anger
 feeling/sensing partner's/couple's anxiety
 feeling/sensing partner's/couple's tension
 feeling/sensing partner's/couple's flatness
 feeling/sensing partner's/couple's liveliness
 feeling/sensing partner's excuse-making
 feeling/sensing partner's/couple's withdrawal
 feeling/sensing partner's/couple's disengagement from
 therapy/therapist/one another
 feeling/sensing partner's dryness
 feeling/sensing partner's/couple's impatience
 feeling/sensing partner's/couple's hesitancy
 feeling/sensing partner's/couple's openness
 feeling/sensing partner's/couple's emotionality
 feeling/sensing partner's/couple's vulnerability
 feeling/sensing partner's/couple's responsiveness
 feeling/sensing partner's/couple's surprise
 feeling/sensing partner's/couple's ambivalence/
 vacillation
 feeling/sensing partner's/couple's honesty
 feeling/sensing partner's dishonesty
 feeling/sensing partner's/couple's confusion
 feeling/sensing partner's/couple's shakiness
 feeling/sensing partner's/couple's warmth
 feeling/sensing partner's/couple's courage
 feeling/sensing partner's/couple's aloofness
 feeling/sensing partner's/couple's readiness (to see,
 hear, understand, do, move, change, etc.)
 feeling/sensing partner's/couple's criticism
 feeling/sensing partner's/couple's understanding/
 misunderstanding
 feeling/sensing partner's/couple's insight
 feeling/sensing partner's/couple's intelligence
 feeling/sensing partner's/couple's stuckness
 feeling/sensing partner's/couple's resistance
 feeling/sensing partner's/couple's relief
 feeling/sensing partner's/couple's needs, wants,
 desires
 feeling/sensing partner's/couple's authenticity
 feeling/sensing partner's/couple's "issues"
 feeling/sensing partner's/couple's change
 feeling/sensing partner's/couple's pacing
 feeling/sensing partner's/couple's hostility
 feeling/sensing partner's/couple's stubbornness
 feeling/sensing partner's/couple's uncertainty
 feeling/sensing partner's superiority
 feeling/sensing partner's/couple's comfort/discomfort
 feeling/sensing partner withholding/"keeping it all inside"
 feeling/sensing partner's secretiveness
 feeling/sensing partner's intellectualizing
 feeling/sensing partner's submissiveness
 feeling/sensing partner's/couple's receptivity

feeling/sensing partner's/couple's "relational comfort"
 feeling/sensing partner's/couple's involvement with
 therapy/therapist/one another
 feeling/sensing partner's/couple's engagement/
 disengagement
 feeling/sensing partner's position (in relationship)
 feeling/sensing partner's/couple's experience (of
 me/therapy/one another/intervention/comment/
 question, etc.)
 valuing authenticity
 feeling/sensing partner's/couple's expectations (of
 me/therapy/one another)
 feeling/sensing partner's connection to/disconnection
 from family of origin
 feeling/sensing partners' connection to each other
 feeling/sensing partner's/couple's potential
 feeling/sensing partner's/couple's communication style
 feeling/sensing partner's/couple's interaction style
 feeling/sensing (both partners') perspectives
 feeling/sensing partner's/couple's "non verbals"
 feeling/sensing partner's "fluidity"
 feeling/sensing partner's/couple's language
 feeling/sensing partner's/couple's mood
 feeling/sensing partner/couple as engaged/disengaged
 (with self/therapy/each other)
 feeling/sensing partner/couple as interesting/engaging
 feeling/sensing therapy process/momentum
 sensitive to timing/pacing of therapy
 drawing attention to _____
 reading "between the lines"
 "reading" partner/couple/relationship
 listening for feeling/emotion
 heightening awareness
 heightening insight
 heightening/dampening partner's/couple's emotion/
 feeling
 feeling annoyed with partner/couple/self
 feeling heard/unheard
 feeling understood/misunderstood
 feeling appreciated/unappreciated
 feeling successful/unsuccessful/a sense of failure
 feeling "expert"
 feeling optimistic/pessimistic about partner/couple/
 therapy
 feeling warmly/cooly towards partner/couple
 feeling positively/negatively towards partner/couple
 feeling more positively/negatively towards one partner
 feeling challenged by partner/couple
 sharing self
 guessing/hypothesizing/speculating/theorizing/
 interpreting/getting "a sense of"
 "picking up on"/reading (statements/behaviors, etc)
 creating safety
 searching for/valuing expression of feeling/emotion
 remembering/forgotten previous session
 creating/attribution/constructing/assigning meaning
 setting aside, putting feelings/hunches/senses on hold
 for later use
 drawing comparisons (with other clients, couples, etc.)

feeling evaluated
 feeling "drawn in"
 feeling deceived
 feeling rejected
 feeling relaxed
 feeling natural/"one's self"
 feeling professional/non-professional
 feeling pressured
 feeling anxious
 feeling rushed
 evaluating/assessing/deciding based on past
 experience (with other clients, couples, etc.)
 filing away impressions/thoughts/information
 intuiting/sensing/making hunches (about partner,
 couple)
 feeling/sensing appropriateness of comment,
 intervention, etc.
 feeling seen by partner/couple as challenging/going
 easy
 feeling seen by partner/couple as affirming
 feeling seen by partner/couple as validating
 feeling seen by partner/couple as disqualifying
 feeling seen by partner/couple as reassuring
 feeling seen by partner/couple as empathic
 feeling seen by partner/couple as fair/unfair
 feeling seen by partner/couple as invitational
 feeling seen by partner/couple as vague
 feeling seen by partner/couple as instrumental
 feeling seen by partner/couple as forceful
 feeling seen by partner/couple as intentional
 feeling seen by partner/couple as ineffectual
 feeling seen by partner/couple as helpful/unhelpful
 feeling seen by partner/couple as useful
 feeling seen by partner/couple as comforting/
 discomfiting
 feeling seen by partner/couple as supportive/
 unsupportive
 feeling seen by partner/couple as deliberate
 feeling seen by partner/couple as understanding/
 misunderstanding
 feeling seen by partner/couple as confrontational
 feeling seen by partner/couple as in touch/out of touch
 feeling seen by partner/couple as engaged/disengaged
 feeling seen by partner/couple as directive/non-
 directive
 feeling seen by partner/couple as collaborative
 feeling seen by partner/couple as responsive
 feeling seen by partner/couple as competent
 feeling seen by partner/couple as judgmental/non-
 judgmental
 feeling seen by partner/couple as purposeful
 feeling seen by partner/couple as strategic
 feeling seen by partner/couple as on track/off track
 feeling seen by partner/couple as performing
 feeling seen by partner/couple as friendly
 feeling seen by partner/couple as caring
 feeling seen by partner/couple as impositional
 feeling disoriented
 liking/disliking partner/couple

feeling seen by partner/couple as in tune with (them, problems, issues, relationship, etc.)
 feeling seen by partner/couple as out of tune with (them, problems, issues, relationship, etc.)
 expectations/assumptions (about partner/couple/therapy/self/relationship with partners/couple)
 feeling disappointed (with partner/couple/self)
 feeling pleased/displeased (with partner/couple/self/intervention, technique, etc.)
 feeling affirmed (by partner/couple)
 feeling validated (by partner/couple)
 feeling/sensing partner's/couple's nervousness
 feeling/getting oriented
 sensitive to/seeing gender
 making connections
 exploring emotions/feelings/issues, etc. with partner/couple
 seeing/exploring relationship dynamics
 seeing surface/depth
 leading (partner/couple)
 seeking further information
 following/tracking/attending partner/couple
 following/tracking ideas/cycles/patterns/themes
 wondering/waiting/feeling curious
 feeling/sensing partners' experience of each other
 being selective/making choices/deciding/planning/strategizing next "move"
 feeling one's self pursuing/leading
 feeling one's self emphasizing/underlining/exaggerating
 feeling one's self pressuring (partner/couple)
 helping partner to see/feel/listen/hear/realize/do/empathize/think/consider/understand, etc.
 making empathic statements
 entertaining fantasies
 framing experience
 feeling/sensing appropriate direction for therapy
 sensitive to partner differences (in understanding/pacing/receptivity/emotionality/intellect, etc.)
 wanting/desiring to be experienced (positively, i.e., as empathic, understanding, warm, non-judgmental, genuine, affirming, supportive, fair, etc.)
 wanting/desiring/attempting to be effective/helpful
 feeling certain/uncertain of partner's/couple's experience
 wanting/desiring/attempting to create a "different" (emotional) experience for partner/couple
 wanting/desiring/attempting to "make a difference"
 wanting/desiring/attempting to create a "new way of being" for partner/couple
 feeling/sensing level of engagement (with partner/couple)
 feeling/sensing partner's "emotional tip toeing"
 expecting/anticipating difficulties/roadblocks
 expecting/anticipating volatility of partner/couple
 expecting/anticipating possible crises
 expecting/anticipating easiness/difficulty/quickness/slowness of work ahead feeling/sensing partner's/couple's defences
 feeling/sensing partner's/couple's blind spots
 feeling calm
 feeling reassured
 feeling nervous
 feeling/sensing partner's "hurt"
 feeling/sensing partner's/couple's strengths
 feeling/sensing partner's/couple's level of/ability to trust (in therapist, therapy, each other)
 sensitive to "prognostic indicators"
 feeling/sensing partner's/couple's use of image/metaphor/language, etc.
 feeling impressed with, moved/struck/affected by story told by partner/couple
 feeling/sensing one's self getting used to/accustomed to/comfortable with partner/couple/therapy
 feeling attuned to partner's fears, anxieties, etc.
 feeling/sensing partner/couple as workable
 feeling/sensing alliance with partner/couple
 feeling rewarded/fulfilled
 feeling/sensing couple as fascinating
 making sense of feelings
 making sense of thoughts
 expressing/voicing feelings/thoughts for partner/couple
 disagreeing/agreeing (with partner)
 feeling/sensing partner's warmth
 feeling/sensing partner/couple opening up/shutting down
 feeling/sensing partner/couple feeling "stirred up"
 having an overall impression of partner/couple/relationship/cycle/pattern/session
 feeling/sensing (depth of) partner's/couple's pain
 feeling worried about alliance/engagement, etc. of partner/couple
 feeling privileged (to work with partner/couple)
 feeling good (about therapeutic work)
 feeling/sensing partner's "tone of voice"
 sensitive to one's own "tone of voice"
 feeling/sensing partner's experience of the other
 feeling/sensing continuity of therapy
 feeling confused
 feeling excited
 feeling affected by partner/couple/therapy
 feeling/sensing partner's/couple's theme(s) as easy/difficult to work with
 feeling /sensing partner's/couple's "urgency"
 feeling/sensing partner's/couple's issue(s) as poignant, loaded, intense, etc.
 feeling/sensing partner's (emotional) deprivation
 looking forward to intensity of work ahead
 feeling trusted/mistrusted by partner/couple
 feeling/sensing engagement with partner/couple as powerful
 feeling/sensing partner's/couple's "emotional presentness"
 feeling invigorated/exhilarated by connection/engagement with partner/couple/therapy
 feeling/sensing partner's/couple's struggle/fight
 experiencing the feeling of "being with" (partner/couple)
 feeling/sensing partner/couple as "real"
 feeling/sensing partner's/couple's facade

feeling caught by/surprised/refreshed by partner's/
 couple's response
 feeling impressed with partner's/couple's honesty/
 genuineness
 feeling enlivened by partner/couple/therapy
 learning about self/therapy from partner/couple
 feeling/acting/being like one's true self with couple
 feeling/sensing comfort level of self/partner/couple
 feeling/sensing therapy context (room, time, etc.)
 feeling/sensing one's self warming up to partner/couple
 feeling/sensing/hearing trauma in partner's story
 feeling/sensing partner's "emotional stance" (in life/
 relationship)
 feeling/sensing partner's desire to be attached/
 engaged/connected
 feeling/sensing partner's (depth of) loneliness, isolation
 feeling/sensing "relationship crime" with couple
 feeling/sensing one's self not understanding/feeling lost
 feeling pleased with partner's/couple's openness
 feeling/sensing how to help couple "make progress"
 feeling/sensing therapeutic movement in partner/couple
 giving direction (to partner/couple/therapy)
 feeling/sensing how to help couple engage emotionally
 feeling/sensing partner's sense of inclusion/exclusion
 in session
 working to build/solidify alliance with partner/couple
 feeling hopeful
 feeling/sensing how to respond to partner/couple
 feeling/sensing what partners need to hear from one
 another/one's self
 feeling/sensing how partner's words/actions affect the
 other
 feeling/sensing what one could have done differently
 feeling remorseful/bad
 feeling (deeply) attuned to/understanding/empathizing/
 identifying with partner and his/her experience
 picking up/taking "clues" from partner/couple
 sensitive to partner's/couple's (emotional/cognitive,
 behavioral, etc.) "presentation"
 looking for/seeking feeling versus thinking (statements)
 from partner/couple
 feeling/sensing feeling versus thinking in partner/
 couple/self/therapy
 feeling/sensing "something missing/not quite right" with
 partner/couple/therapy
 feeling/sensing "reasonableness"/rationality/logic of
 partner/couple
 feeling/sensing "where we are" in therapy process
 feeling/sensing "reasonableness"/rationality/logic as
 blocking/impeding/"getting in the way" of therapy
 feeling/sensing partner/couple as being "under wraps"
 versus "right out front"
 feeling/sensing "level of feeling" in partner/couple/
 therapeutic work
 reflecting/mirroring back/explaining pattern/cycle
 working to externalize cycle/pattern
 feeling/sensing one's self directing/"focusing"
 sensitive to need to attend to/hear/validate partner's/
 couple's feelings/perceptions/experience

feeling tired
 working at "getting a picture"
 feeling/sensing "concreteness/abstractness" of
 partner/couple
 feeling/sensing increased/deepening understanding of
 partner/couple/relationship
 correcting/altering/refining one's understanding/
 misunderstanding of partner/couple/relationship
 pattern/cycle
 feeling "fine" about partner/couple/therapy progress
 feeling partner/couple "cooling off/heating up"
 feeling/sensing/listening for "longings" in partner/couple
 helping partner/couple to give voice to wants, desires,
 (deeper) feelings/emotions
 feeling/sensing one's self/partner/couple "holding back"
 feeling/sensing one's self/partner/couple preparing/
 feeling "ready" to "get into something"
 feeling/sensing "where to go next" in therapy process
 feeling one's self being tested/checked out by
 partner/couple
 feeling one's self being "up to something"
 feeling/sensing partner/couple as audience to one's self
 feeling confident in one's self personally/professionally,
 and in one's process/technique/intervention, etc.
 feeling "touched," "moved," affected by partner/couple
 feeling/sensing what's needed to "move couple ahead"
 feeling/sensing "how far to go" with partner/couple
 feeling one's ears "perking up"
 feeling/sensing "what's important"
 feeling/sensing familial connection with partner/couple/
 issue being raised (countertransference)
 feeling/sensing what's appropriate/inappropriate to
 share personally/self disclose with partner/couple
 seeing/hearing/constructing "emotional scenarios"
 searching/listening for/picking up "signposts" in
 relationship
 searching/listening for/picking up partner's/couple's
 "key phrases"
 feeling puzzled
 sensing one's self attempting to "wind down" session
 feeling delighted by partner/couple/therapy work
 feeling/sensing/experiencing couple as "fun"
 feeling mistaken/wrong/off track/out of tune/"off base"
 feeling need to engage in "emotional repair/patchwork"
 with partner/couple
 attending to therapeutic alliance/relationship
 feeling/sensing one's self being "chatty"
 feeling unprepared
 feeling/sensing partner's/couple's words, statements,
 feelings, actions, etc., as "fodder"/"important
 therapeutic material"
 making sense of partner's/couple's responses/story/
 behaviors, etc.
 feeling impact of partner's words, actions, etc. on
 therapy process
 feeling/sensing/attending to partner's/couple's agenda
 feeling/sensing one's own agenda
 leaving partner/couple to struggle (not "rescuing")
 alleviating pressure/heat on partner/couple

feeling sensitive to one's effect on partner/couple
 feeling/sensing "what to do" with here-and-now events
 working/mining a "theme"
 sensitive to how one's self is experienced by partner/
 couple
 attuned to/hearing/picking up underlying messages
 offering/extending hope to partner/couple
 feeling/sensing what's helpful to partner/couple
 feeling/sensing one's self proceeding with care/caution
 feeling/sensing couple as "tricky"
 feeling/sensing need to "go deeper"
 feeling/sensing need to know/understand partner/
 couple better
 feeling/sensing partner's/couple's therapeutic progress
 feeling respected by partner/couple
 sensitive to partner's/couple's feeling of safety/comfort
 trust/confidence in therapy/one's self
 feeling/sensing couple as typical/atypical
 feeling/sensing "what's possible/not possible" with
 partner/couple/relationship
 searching/listening for/picking up "signs of promise"
 feeling/sensing/hearing "more than I imagined"
 providing conditions/context for change
 feeling/sensing partner/couple close to risking
 feeling/sensing what partner/couple needs to
 experience/to do
 feeling/sensing one's self being professional/
 unprofessional
 feeling/sensing need to underline/emphasize/highlight
 message to partner/couple
 feeling/sensing partner/couple not "getting"/
 understanding (issues, one another, etc.)
 sensitive to gender
 feeling/sensing need to catch up with/reconnect/warm
 up/re-engage partner/couple
 feeling/sensing need to prepare groundwork for partner/
 couple
 feeling hopeful of partner's/couple's experience of one's
 self/intervention/therapy, etc.
 feeling/sensing the "right"/"wrong" time
 having/pursuing an agenda/direction, steering a course
 feeling/sensing partners' different pacing/progress
 feeling/sensing one's self as staying within partner's/
 couple's level of "tolerance"
 feeling/sensing "something else" going on
 feeling/sensing one's self modelling for partner/couple
 how to relate
 delivering/conveying a "message"
 feeling/sensing one's self "going through" one partner to
 get to/work with/convey to the other
 helping one partner to hear the other
 feeling fearful
 feeling/sensing one partner as audience to the other
 feeling/sensing partner "coming with me"
 feeling/sensing partner hearing/taking in/grasping
 feeling/sensing partner hearing on a feeling level
 having/not having a frame/way of seeing, understanding
 helping partners to see/understand their impact/effect
 on one another

feeling serious
 feeling playful
 feeling inadequate
 talking with one partner "through" the other
 feeling/sensing couple's uniqueness
 feeling one's self being/acting/thinking spontaneously
 feeling/sensing "what's enough"
 helping partner to understand/accept/redefine feelings,
 experience, etc.
 feeling one's self cutting off partner/couple
 feeling/sensing one's intervention/frame/phrasing
 working/not working or taking/not taking hold
 feeling/sensing partner "letting go"
 feeling/sensing partner's/couple's affective level
 feeling/sensing one's self interrupting a pattern/cycle
 sensitive to "hitting on something"
 emphasizing the "positive"
 making space for partner to "struggle" on his/her own
 feeling/sensing one's self holding back/backing off
 feeling/sensing one's self avoiding/not wanting to deal
 with/get into certain issue(s)
 feeling in a fog
 feeling need for individual sessions
 feeling/sensing one's self keeping a secret/sealing
 one's lips
 feeling/sensing one's self working "too hard"
 feeling/sensing pressure of partner/couple
 feeling/sensing couple as "low key"/subdued/"veiled"
 feeling/sensing partner trying to "control"
 feeling/sensing partner's experience of the other
 feeling/sensing one's self adapting to partner's/couple's
 style
 feeling/sensing what stood out/what was missing in
 therapy session
 feeling/sensing partner's lack of expressiveness
 feeling/sensing partner's/couple's flexibility/rigidity
 feeling/sensing partner's/couple experience of session
 picking up/sensitive to partner's/couple's affect
 feeling/sensing one's self struggling
 sensing partner's/couple's new awareness
 experiences partner/couple exploring deeper
 having a new view of partner's/couple's responses
 feeling/sensing partner/couple wanting to understand
 feeling blocked
 trying to "make a point"
 feeling/sensing partner avoiding by telling story
 learning
 feeling sad
 feeling/sensing partner's/couple's processing style
 enquiring/probing
 feeling/sensing one's self dangerously challenging
 hearing nothing new/same old thing
 feeling/sensing partner/couple doing nothing new/same
 old thing
 seeing/experiencing partner similarly
 wanting to understand
 feeling/sensing one's self in a bind
 feeling/sensing partner in a bind
 feeling/sense of "working through" something

diffusing issue/argument/disagreement
 feeling therapist/partner tension
 feeling/sensing partner's/couple's agreement with
 description/interpretation/reading
 feeling a change in one's self
 feeling/sensing things "falling into place"
 feeling/sensing one's self/partner/couple putting finger
 on something
 feeling/sensing partner's/couple's difficulty with therapy
 technique
 feeling of things "sinking in" with partner/couple
 questions own/partner's words/actions
 feeling upset
 feeling obligated
 feels, sees, understands how partner feels, sees,
 understands
 expecting blame from partner
 experiencing feelings of self blame
 dealing with "the unpredictable"
 feeling in charge
 feeling/sensing partner's "stillness"
 feeling "on edge"
 feeling one's self being rational/logical
 feeling mistrustful of partner
 feeling/sensing one's self talking "on the surface"
 feeling relieved
 feeling/sensing partner in tune with/out of tune with
 one's self/therapy/partner
 feeling overwhelmed
 feeling partner's/couple's "mood"
 feeling joyous
 feeling agitated by partner
 feeling/not feeling listened to by partner
 feeling/not feeling valued by partner/couple
 feeling judged by partner
 contradicting partner/couple
 feeling significant
 feeling blamed by partner
 experiencing "passion"
 exploring easy, surface/difficult, deeper issues
 feeling exhausted/drained emotionally
 helping partners to express/open up/feel safe/
 disclose/acknowledge/articulate/share/focus, etc.
 feeling distressed
 feeling better
 feeling partner's rage
 feeling accepted by partner/couple
 feeling/sensing one's self taking risks
 engaging in "deep" talk
 feeling negative
 bringing feelings into awareness
 saying it for partner/couple
 feeling "the flow" of therapy
 feeling wary/unnerved
 feeling exasperated with partner/couple
 experiencing partner/couple/self differently
 experiencing relationship with partner/couple differently
 feeling the "heat of the moment"
 experiencing the "unusual"

protecting partner/couple
 feeling/sensing "resolution"
 feeling/sensing one's self "letting your guard down"
 giving partner/couple permission
 feeling stimulated by partner/couple/therapy
 feeling important to partner/couple
 helping partner/couple to speak their experience
 feeling doubtful of partner/couple/therapy
 trusting/having faith in therapy "process"
 seeing/feeling therapy as "hard" work
 stuffing/holding back anger
 seeing/feeling one's self as "human"
 seeing/feeling one's self as genuine
 seeing/feeling one's self as "warm"
 seeing/feeling one's self as understanding/
 misunderstanding
 seeing/feeling one's self as fair/unfair
 seeing/feeling one's self as "favoring"
 seeing/feeling one's self as accepting
 seeing/feeling one's self as validating
 seeing/feeling one's self as non-judgmental
 seeing/feeling one's self as competent
 seeing/feeling one's self as perceptive
 seeing/feeling one's self as challenging
 seeing/feeling one's self as impatient
 seeing/feeling one's self as irritated
 seeing/feeling one's self as open
 seeing/feeling one's self as gentle/challenging
 seeing/feeling one's self as helpful/unhelpful
 seeing/feeling one's self as personable
 seeing/feeling one's self as professional
 seeing/feeling one's self as compassionate
 seeing/feeling one's self as active
 seeing/feeling one's self as resourceful
 seeing/feeling one's self as spontaneous
 seeing/feeling one's self as empathic
 seeing/feeling one's self as audience for partner/couple
 seeing/feeling one's self as "voice" for partner/couple
 feeling encouraged /discouraged by partner/couple/
 therapy
 realizing/gaining insight into self/partner/couple/
 pattern, etc.
 describes/talks about self
 seeing surface/deep patterns
 putting feelings aside
 feeling/sensing one's self supporting partner/couple
 admitting to self
 feeling proud
 seeing/feeling one's self as evenhanded
 feeling sceptical about partner/couple/therapy
 feeling surprised/stunned/shocked by partner/couple
 feeling alleviated/eased
 feeling vindicated
 feeling disadvantaged by partner
 feeling ambivalent about partner/couple/therapy
 feeling happy
 feeling/sensing one's self "getting through"/not "getting
 through" to partner/couple
 experiencing partner/couple outside session

naming/describing experience
 seeking/exploring/finding explanations that fit
 feeling one's self "revving up"
 seeking/exploring/finding words that fit
 seeing/feeling one's self being "let in"/not "let in" by partner/couple
 feeling/sensing partner's/couple's tenseness
 feeling/sensing partner as coy, aloof, "unreadable"
 feeling/sensing partner's/couple's emotional presence/absence
 feeling/sensing partner as if loaded with/empty of/removed from emotion
 seeing/feeling one's self as consoling
 sensitive to partner's/couple's need to get a feel for therapist/therapy
 seeking/exploring "antidote" to pattern/cycle
 sensitive to partner's/couple's need to "struggle"/wrestle with/experience a crisis
 feeling/sensing/sensitive to partner's highly cognitive style
 feeling/sensing one's self calming partner/couple
 sensitive to power imbalance in relationship
 feeling/sensing partner's lack of entitlement
 listening for "essence" of partner's/couple's statements
 feeling/sensing "structure" of couple's relationship
 seeking/exploring partner's anger
 feeling/sensing partner as quiet/demure/non-blaming/deferential/contained
 feeling/sensing partner's "presentation" as unusual
 reflecting/clarifying partner's experience
 helping partner/couple to enter/join therapy process
 feeling/sensing partner/couple enacting/performing self/relationship
 drawing on past therapeutic experience
 feeling/sensing issue/problem as familiar/classic
 listening for/seeking signs of emotional accessibility
 feeling/sensing partner's/couple's "offerings"
 listening for what partner/couple doesn't say/leaves out
 feeling/sensing one's self "feeling into"/"feeling my way along"
 feeling/sensing partner's alarm
 feeling/sensing the "character" of the session
 helping partner/couple to process emotions/ feelings/in-session and out-of-session experience
 feeling/sensing/imagining what partner/couple is feeling/experiencing (in relationship/therapy)
 feeling/sensing partner/couple "auditioning"
 normalizing partner's/couple's experience
 feeling confidence in one's intuitive sensibilities
 feeling/sensing one's self "letting things go"
 feeling/sensing partner being "alongside"/ "going with"/"taking" a suggestion/intervention/direction
 feeling/sensing time running out
 feeling "thrown off"/unbalanced
 wanting/desiring/attempting to "know"/have a deep sense of/be able to identify with partner and his/her experience of self/other/relationship
 feeling/sensing influence of everyday context/outside world

wrestling/grappling with
 feeling hesitant
 feeling/sensing "flow" of partner towards the other
 feeling/sensing exterior/interior of partner
 feeling/sensing partner not "getting it"
 feeling/sensing that partner doesn't know what to do
 feeling/sensing "what needs to happen" in therapy for relationship to improve/heal/progress
 feeling/sensing "absence" of partner /not knowing who he/she is
 feeling/sensing difference in partner/couple/relationship
 feeling/sensing how to help couple restructure their relationship
 feeling/sensing that "we're there"/we're not there yet"
 listening to/hearing/paying attention to/trusting in/mistrusting one's intuitions/"gut"
 feeling/sensing partner "coming out/not coming out" emotionally
 feeling/sensing partner's desire/tendency to "fight me"
 feeling/sensing a "watershed"/turning point in therapy
 feeling one's self encouraging/"pushing" partner to take risks
 being evocative
 helping partners to see/honor/validate each other's feelings/experience
 feeling/sensing partner's "presence" in the relationship/therapy/world
 feeling/sensing partner in "unfamiliar territory"
 feeling/sensing partner "moving towards something"
 feeling/sensing partners opening up to/trusting/ becoming vulnerable with each other
 feeling/sensing partner/couple as lost/disoriented confused
 feeling/sensing one's self "setting something up"
 feeling/sensing partner/couple as being "right behind me"
 creating anxiety for partner/couple
 feeling/sensing partner "slipping" back
 feeling/sensing partner/couple as being "a long way away" from where they "need to be"
 feeling/sensing one's self working differently than usual
 feeling/sensing partners "enacting their bond"
 feeling/sensing one's self as "knowing"/feeling/ experiencing how partner thinks/feels/experiences
 feeling/sensing partner's need for warmth/intimacy/ closeness
 seeing/using therapy as novel/unique experience
 feeling/sensing one's self needing to slow down/be patient
 feeling/sensing one's self honoring partner's style/ "way of being"
 feeling/sensing one's self fighting/self-regulating/ struggling not to be irritated/angry/frustrated/etc.
 feeling of having to "go back"/revisit groundwork
 feeling/sensing partner "managing" his/her feelings/ emotions/self/relationship
 feeling one's self "slowing down the process"
 feeling bothered
 feeling/sensing tenuousness of therapeutic relationship

feeling/sensing one's "orchestrating"
 feeling/sensing one's self "going with" the couple
 feeling uncertain of partner's feelings/experience
 feeling/sensing one's head "buzzing" with options/
 choices/decisions, etc.
 feeling/sensing one's self finding a way to access
 partner/ discovering a "way in"
 feeling/sensing one's self as understanding
 partner/couple/issue, etc. better
 feeling/sensing one's self "resonating" with partner
 feeling/sensing one's self coming to "crux" of the issue
 sensitive to partner's experience of being blamed
 feeling/sensing partner "in/out of" the conversation
 feeling/sensing one's self shaming/ humiliating/
 pressuring/putting partner "on the spot"
 feeling delighted with partner/couple
 feeling/sensing one's self finding a frame that fits
 feeling/sensing one's self/partner/couple "softening"
 reiterating/summarizing/consolidating work so far
 feeling/sensing one's self speaking out of partner's
 position/using partner's voice
 feeling the domination of pattern/cycle
 feeling/sensing the intensity of the work
 feeling/sensing partner trying to "prevail"
 making links/connections
 feeling/sensing one's self as having gone "too far"
 feeling/sensing one's self as having "offended" partner
 feeling careful not to over-organize one's listening
 working to be clear/direct/overt
 feeling struck by incongruence/inconsistency of
 partner's words/actions
 helping partner to feel seen/listened to/heard/valued/
 important/validated, etc. by self/other
 feeling/sensing one's self working to "bring forth"
 seeing/feeling one's self as blaming
 feeling/sensing good/bad therapeutic moments
 feeling/sensing partner/couple becoming defensive
 feeling/sensing partner's self righteousness/"crushing
 convictions"
 feeling/sensing theme as powerful/definitional/core
 feeling aghast
 seeing partner through other partner's eyes
 feeling/sensing one's self "masking" responses
 helping partners to deepen empathy with each other
 feeling/sensing one's self "lapsing"/missing things
 wanting/desiring/attempting to "awaken emotion" in
 partner/couple
 wanting/desiring/attempting to help couple "emotionally
 resonate"
 wanting/desiring/attempting to help partner respond at
 level of his/her "gut"
 feeling/sensing an issue is "hot"
 feeling/sensing one's self "softening" partner/couple/
 laying groundwork for receptivity
 feeling attuned to "emotional displays"
 feeling influenced by/learning (personally/
 professionally) from partner/couple
 feeling/sensing one's self not being fully mindful/
 attentive

being evocative
 feeling alarmed
 feeling/sensing issues that "have to be addressed"
 feeling/sensing what partner/couple feel
 feeling fascinated by couple
 feeling/sensing "real life" in therapy work
 feeling the "wildness" of the couple
 feeling one's self as having missed opportunities
 feeling one's self second-guessing
 feeling/sensing one's self struggling with partner/couple
 feeling/sensing one's self "at the surface"/going
 underneath
 feeling regretful
 feeling limited/"only human"
 feeling/sensing "honesty" of feeling
 wanting/desiring/attempting to make things happen
 trying harder
 feeling/sensing one's self getting to "the nitty gritty"
 seeing what partner/couple can't/don't see
 feeling/sensing one's "therapeutic stance"
 feeling responsible (to partner/couple/therapy)
 wanting/desiring/attempting to help partner/couple
 experience "vitality"
 wanting/desiring/attempting to avoid saying/doing/
 feeling
 wanting/desiring/attempting to help couple be genuine
 feeling in a dilemma
 feeling power to be "destructive"/constructive
 feeling unsure of next move/what to do next
 feeling/sensing partner's/couple's "pull"
 feeling/sensing potential to "lose" partner/couple
 feeling/sensing/comparing partners' therapeutic
 "movement" /progress, etc.
 feeling/sensing partner's/couple's feedback
 feeling/sensing partner/couple speaking from the
 head/from the heart
 feeling/sensing partner being "on the edge of
 something"
 feeling/sensing one's self wanting/attempting to
 take/taking partner/couple "deeper"
 feeling proud of partner/couple
 feeling/sensing partner becoming "softer"
 feeling/sensing partner/couple in a "good"/"bad" space
 feeling a sense of accomplishment
 feeling/sensing one's self "drifting"/losing focus
 feeling/sensing one's self confusing partner/couple
 feeling apologetic
 feeling difficulty of hearing partner's words/comments
 offering descriptions/"distinctions"
 feeling determined
 feeling/sensing interventions as therapeutic/counter-
 therapeutic
 talking to/reflecting with one's self
 feeling/sensing one's self legitimizing partner's
 feelings/experience
 feeling/sensing one's self trying to be gracious
 feeling/sensing need to control/restrain one's self
 feeling/sensing danger of alienating partner/couple
 feeling/sensing/experiencing couple differently

Personal Feelings

Statements reflecting or conveying emotions/feelings that appear to be experienced on a more personal level such as feeling anxious, frustrated, irritated, impatient, tired, distracted, good, alive, exhilarated, and joyful, as well as feelings of personal engagement, connection, warmth with partners and couples, along with feelings of accomplishment, failure, disappointment, etc. E.g.:

feeling satisfied/dissatisfied with therapeutic work
 feeling/sensing alliance with partner/couple
 feeling hopeful
 feeling warmly/cooly towards partner/couple
 feeling remorseful/bad
 feeling invigorated/exhilarated by connection/
 engagement with partner/couple/therapy
 feeling anxious
 feeling/sensing familial connection with partner/couple/
 issue being raised (countertransference)
 feeling helpful/unhelpful
 feeling optimistic/pessimistic about partner/couple/
 therapy
 liking/disliking partner/couple
 feeling apologetic
 feeling enlivened/delighted by partner/couple/therapy
 feeling pressured/obligated/responsible
 feeling appreciated/unappreciated
 feeling annoyed with partner/couple/self
 feeling regretful
 feeling irritated by partner/couple
 feeling disturbed
 feeling natural/"one's self"
 feeling confused
 feeling touched/moved/affected by partner/couple
 feeling excited
 feeling successful/unsuccessful/a sense of failure
 feeling determined
 feeling proud of partner/couple
 feeling tired/exhausted/drained
 feeling a sense of accomplishment
 feeling aghast
 feeling surprised/stunned/shocked by partner/couple
 feeling sad
 feeling privileged (to work with partner/couple)
 feeling in tune/out of tune with partner/couple
 feeling rewarded/fulfilled
 feeling more positively/negatively toward one partner
 feeling/sensing partner's/couple's expectations

Professional Feelings

Statements reflecting or conveying feelings that seem to derive from or emerge out of one's experience as a professional and represent intuitive sensibilities which help one to get a "feel" for partner/couple, to formulate "hunches," hypothesize, strategize, and make plans for the work ahead. These are expressed in terms of gaining a "sense" of/feeling/picking up on/forming an impression of partner/couple/ therapy, and/or as self reflections and self evaluations. E.g.:

feeling/sensing partner "coming with me"
 feeling/sensing partner's lack of expressiveness
 feeling/sensing partner's/couple's openness/
 ambivalence/resistance/pacing/emotionality/flatness
 /confusion/stuckness, etc.
 feeling/sensing what's needed to "move couple ahead"
 feeling/sensing "how far to go"
 feeling out/getting a sense of partner(s)/couple/
 relationship/cycle/pattern
 feeling/sensing one's self as "knowing"/feeling/
 experiencing how partner thinks/feels/experiences
 feeling out/getting a sense of work ahead
 feeling/sensing continuity of therapy
 feeling/sensing one's self working differently than usual
 feeling/sensing "reasonableness"/rationality/logic of
 partner/couple
 feeling/sensing "where we are" in therapy process
 feeling optimistic/pessimistic about partner/couple/
 therapy
 feeling/sensing one's self finding a way to access
 partner/ discovering a "way in"
 feeling/sensing therapeutic movement in partner/couple
 feeling/sensing how to help couple engage emotionally
 feeling/sensing partner's sense of inclusion/exclusion
 in session
 feeling/sensing how to respond to partner/couple
 feeling/sensing how partner's words/actions affect the
 other
 feeling/sensing what one could have done differently
 picking up/taking "cues" from partner/couple
 feeling/sensing/comparing partners' therapeutic
 "movement" /progress, etc.
 sensitive to partner differences (in understanding/
 pacing/receptivity/emotionality/intellect, etc.)
 feeling/sensing partner's/couple's experience (of
 me/therapy/one another/intervention/comment/
 question, etc.)
 intuiting/sensing/making hunches (about partner/
 couple)

Interplay & Tension

Statements clustering around or reflecting the notion that professional feelings may grow out of and/or be informed by and thus interact with personal ones, and vice versa, and that these seem to operate in a mutual feedback fashion as an essential element in the therapeutic process, but also as a source of personal tension in the therapists themselves. E.g.:

feeling more positively/negatively towards one partner
 having/not having a frame/way of seeing/understanding
 feeling/sensing one's self trying to be gracious
 feeling/sensing one's self needing to slow down/be patient
 feeling/sensing one's self finding a way to access partner/ discovering a "way in"
 feeling annoyed with partner/couple/self
 feeling worried about alliance/engagement, etc. of partner/couple
 feeling/sensing need to control/restrain one's self
 feeling/sensing danger of alienating partner/couple
 feeling/sensing one's self as "knowing"/feeling/ experiencing how partner thinks/feels/experiences
 feeling seen by partner/couple as confrontational
 feeling rejected/a sense of failure
 feeling/sensing partner's/couple's hostility
 feeling/sensing one's self working "too hard"
 feeling inadequate

feeling blocked
 feeling/sensing one's self "softening"
 seeing/feeling one's self as impatient, irritated
 feeling sensitive to one's effect on partner/couple
 feeling/sensing partner's/couple's stubbornness
 sensing one's self as helping/unhelpful
 feeling/sensing one's self not understanding/feeling lost/puzzled/out of tune with, etc.
 feeling/sensing one's self dangerously challenging
 feeling/sensing partner's/couple's readiness (to see, hear, understand, do, move, change, etc.)
 feeling/sensing partner/couple as engaged/disengaged (with self/therapy/each other)
 wanting/desiring/attempting to be effective/helpful
 feeling/sensing one's self "drifting"/losing focus
 feeling/sensing one's self adapting to partner's/couple's style
 expectations/assumptions (about partner/couple/ therapy/self/relationship with partners/couple)
 feeling/sensing good/bad therapeutic moments
 talking to/reflecting with one's self
 feeling disappointed (with partner/couple/self)
 seeing/feeling one's self as blaming
 feeling pleased/displeased (with partner/couple/self/ intervention, technique, etc.)
 feeling affirmed/validated (by partner/couple)
 feeling/sensing partner/couple becoming defensive
 sensitive to how one's self is experienced by partner/ couple

Couples therapy as a feeling-based experience

Majority of descriptive statements in the open codes, along with conceptual categories produced by axial coding, convey and highlight therapists' expression of feelings in terms of ones they were formulating, "picking up on," intuiting, sensing, etc. professionally, as well as actually experiencing personally themselves. These suggest that therapy for the therapists was primarily feeling-based, thus reflecting a central or core category subsuming all others: that couples therapy is very much a feeling-based experience (irrespective of the approach used). E.g.:

feeling/sensing one's self "feeling into/getting a feel for"/"feeling my way along"

feeling impatient, frustrated, uncomfortable, disturbed, irritated, disappointed, proud, exhilarated, cautious, remorseful, apologetic, annoyed, etc.

feeling/sensing partner's/couple's processing style/cycle/pattern of interaction/readiness to see, hear, understand/accessibility/feelings/experiences, etc.

feeling/sensing one's self challenging/struggling/empathizing/helping/intervening/describing/validating/distinguishing/listening for/directing/focusing/engaging/repairing, etc.

feeling/sensing one's self as in tune/out of tune with/picking up/engaging with/disengaging from/deepening/working through, etc.

feeling/sensing/how far to go/what's needed/when to/how to/what to include, avoid, highlight, etc.

correcting/altering/refining one's understanding/feeling/sense of/approach to/pacing with/reading of, etc.

feeling the need to slow down/create experience/be gentle/wind down/heighten/tum up emotional heat/be with/reflect/validate/support/create safety, etc.

feeling/sensing partner's/couple's flatness/ sadness/ volatility/fear/resistance/control/warmth/uniqueness/struggle/withdrawal/stuckness/ genuineness/anger/ courage/(hot, important, core) issues, etc.

Representative comments/statements reflecting core category from each therapist**Karl Tamm**

KARL: See, at this point I was feeling like it would've been good for me to have said, uh... You know, because he's coming at this second-hand [and] intellectually... I could've tried to interrupt it and said, 'Well, allow yourself to enter into your heart and speak from your heart. You know, what worries you might still have in your heart.' That'd be a way to get him out of his head, I feel, right? More grounded in experience...

. . .

KARL: Oh yes, I'm feeling quite frustrated with him. I kept thinking to myself, 'Listen, I asked you the main points. Don't go through this bloody list of all the details. Rubbing it in here and there and everywhere.' But I thought: Well, just cool it, Karl, just cool it. This guy is coming around, he's coming around. Don't mess things up now.

. . .

KARL: Well, I'm probably sort of getting a sense of their styles as persons and how they communicate. Like when I watch it now I'm quite struck with his tendency to go on quite at length with dryness, not much emotionality, flat. Whereas she's more alive emotionally and I can see myself responding more to her, smiling to her and so forth.

. . .

KARL: No, I see this [difficult problem in their relationship] as something calling for therapy. I feel validated and affirmed by them in my work...

KARL: Well, so far so good. I mean, I was glad to see that she had this empathic response, or resonance, a resonating response or something like that. She emotionally resonated to his languaging. She came out with the emotions that he was languaging for her, so there was a congruence there.

. . .

KARL: Well, I think I have to feel their fear to a certain extent, you know, to appreciate that. Never as intensely as they do, of course, but, uh, I mean, I have to respect that. And maybe pace things a bit so as not to... Of course, I can't pace them very much. I mean, the unfolding of events has a life of its own that races on. No, I think they- The volatility is quite remarkable. I really have no idea what the outcome will be, whether they stay together or split up.

Sue Johnson

SUE: So the sense I get is now he's pursuing her and she's holding back, saying, 'I'm never going to let you hurt me like the way you have again. I've got to protect myself here, but I want the relationship.' So I feel like I have the pattern. I've got the pattern but it's sort of ebbed and flowed and changed over time... And he's saying, 'Like bloody hell I'm going to lose this woman!' So there's an enormous potential for shift and change here, which is sort of exciting. And I feel like I...have an alliance with them and her underlying feelings are- I mean, both of their underlying feelings are right there!

. . .

SUE: Rather than try to give them skills, what I'm going to do is try to have him do things in the therapy the opposite of the cut-off that he does that results in him throwing her out. In other words, if he can have a new emotional experience and find a new way to talk to her and be with her in the sessions that lasts outside, that other way of coping becomes irrelevant. He won't need it anymore... So what we're going to do here is give him a new way of being with her where he doesn't need to cut off like that and sit on his anger like that and then freak like that and throw her out.

. . .

SUE: I'm relieved that he's with me. I was getting scared that he was feeling on the spot. And I need for him to be with me and to be sure that he's listening to this conversation. .. But something in his last response shows he's with me. He's still with me, he's letting me in... And I think some of my laughter is I'm relieved, because I've just spent some time trying to make sure he was still with me, and he is.

. . .

SUE: Yeah, I like them. I find them real. I find the contact invigorating. I find them easy to connect with. I think they're going to be exhilarating to work with... And I think also they bring up a lot of respect in me because I feel that they, uh, my sense is they've had hard lives and they're fighting for something here with me.

. . .

SUE: This woman was very, very anxious and he was very unclear that he wanted to be in therapy. So I felt like there was an enormous alliance issue in the beginning of this therapy. But it didn't take me long to get a feel for the couple and do the assessment, but it took longer than usual for there to be kind of a working alliance. I didn't feel like that was happening until session three or four, and then I knew that we had to have this disclosure. That's the feeling I got.

. . .

SUE: I remember her saying in the session, 'No one took care of me -- ever.' And I think he could say the same thing. So actually, this is a fascinating couple from that point of view because what you're doing here is you're working with people who, for the first time in their lives, are trying to have a trusted relationship. That's kind of a privilege to do that. You feel like, my goodness, you could make a difference!

Couples therapy as a relational process of mutual internalization

Both therapists' and couples' descriptive statements in the open codes and in the related conceptual categories in the axial codes strongly reflect the notion that the emotions and feelings participants expressed (i.e., the feeling-based nature of their encounter) were based on/emerged out of/influenced by/or experienced in the context of their relations with one another. These referred to their sense/feeling of being engaged/in tune/connected/on track/allied with/accompanied by/feeling warmly towards, and/or influenced by the presence of the others in the room and their words/actions. Their references to feelings of safety/empathy/attunement/resonance/validation and wanting to understand/feeling understood (emotionally)/discussing/struggling on a deeper level and wanting depth of feeling also pointed to a process of accepting and/or "taking in"/identifying with the other's experience -- i.e., how it feels to be the other -- in an unfolding process of mutual internalization. Together, these statements/categories/codes reflect the idea that one way of understanding the essence of the couples therapy experience is to see it is a relational process of mutual internalization. E.g.:

feeling supported, validated, heard, seen, listened to, understood, valued, cleansed, helped, touched, respected, etc., by therapist/partner
 feeling/sensing one's self as in tune/out of tune with/picking up on/engaging with/disengaging from/resonating with/connected to/deepening relations with/working through, etc. with partner/couple
 feeling engaged, in touch with, in tune with, receptive to, warmly towards, resonating with, connected to, etc. therapist/partner
 feeling/sensing partner's/couple's processing style/cycle/pattern of interaction/readiness to see, hear, understand/accessibility/feelings/experiences, etc.
 feeling/sensing/experiencing therapy/relationship with partner/therapist and therapist-partner relationship correcting/altering/refining one's understanding/feeling/sense of/approach to/pacing with/reading of, etc., partner/couple
 feeling invigorated/exhilarated/enlivened/delighted by connection/engagement with partner/couple
 feeling/sensing one's self as "knowing"/feeling/experiencing how partner thinks/feels/experiences
 feeling/sensing/experiencing therapist's/partner's acceptance, affirmation, warmth, understanding, empathy, validation, compassion, reassurance, etc.
 feeling/sensing partner's/couple's flatness/sadness/volatility/fear/resistance/control/warmth/unique/struggle/withdrawal/stuckness/genuineness/anger/courage/(hot, important, core) issues, etc.
 feeling/sensing/experiencing partner's/therapist's feelings
 feeling affirmed/validated by partner/couple

feeling more positively/negatively towards one partner
 feeling/sensing one's self looking for/finding a way to access/be with/engage/connect/resonate with/attune to partner/couple, discovering a "way in"
 feeling worried about, doing ground- and repair-work on, solidifying, building, supporting alliance/engagement/connection, etc. with partner/couple
 dealing with, working hard, going deeper, expressing, letting it all out, exploring, finding, giving voice to, naming feelings, thoughts, taking risks, opening up, sharing painful feelings, letting it out, disclosing, letting partner/therapist "in", feeling vulnerable/raw/exposed, discovering, going "down into," etc.
 therapist helps me/partner to see, hear, listen, understand, feel safer, go deeper, express feelings, thoughts, etc.
 feeling warmly/coldly towards, trusting/mistrusting, safe/unsafe, threatened/helped by, afraid of, shut down by, ambivalent about, pleased/displeased with, disappointed in, irritated by, engaged/disengaged by/hopeful about, cautious/confident in, supported/undermined by, etc., therapist-partner relationship
 feeling/sensing one's self "feeling into/getting a feel for"/"feeling my way along" with partner/couple
 feeling impatient, frustrated, uncomfortable, disturbed, irritated, disappointed, proud, exhilarated, cautious, remorseful, apologetic, annoyed, etc., with partner/couple
 feeling/sensing one's self needing to slow down/be patient/gentle/be with/reflect/validate/support/create safety, etc. control/restrain one's self/match pacing/style/language with partner/couple
 feeling/sensing danger of alienating partner/couple
 sensitive to how one's self is experienced by partner/couple

Representative comments/statements reflecting core category from each participant**Helga**

HELGA: I think Dr. Tomm understood how I was feeling. I think he knew. He heard what he wanted to hear, I think that was enough. 'Cause there was nothing more to say. That's exactly how I felt. Probably I'd say the same thing now... [It's like] he knows what I feel. And Chris realizes too, here... So, he [Dr Tomm] definitely understands. He asked exactly the questions that bothered me. It was like he could just look in my head and, and I don't know [laughs]... It's like he's sitting there right inside my head and knowing what I'm feeling. That feels wonderful, but strange too...
 RESEARCHER: So you felt quite well understood...
 HELGA: Yes, very well. Which I didn't think I would. So, it was good.

Chris

CHRIS: [stops tape]: I mean, come on, give me a bloody break, you know! It's just not true. I don't know where he [Karl] gets it from. I'm really kind of angry here...

RESEARCHER: At his implication here...

CHRIS: Yeah! That I have a reputation of interfering in Helga's life. I don't interfere in her life. She lives her own life. She has for years. She does exactly what she wants to do...

RESEARCHER: So is he kind of missing you here...not understanding..?

CHRIS: I have nothing to do with- She does exactly what she wants to do. I don't interfere in her life at all... But what am I supposed to do? Do I get angry right there [in the session]?! Say right there in the therapy, it's all a pile of bullshit?! I'll say it now: 'Dr. Tomm, bullshit! You're full of bullshit!!'

RESEARCHER: But in the session itself you're feeling very angry, but not...

CHRIS: Well, I'm not going to say it right there. Get angry at everybody around me? Let him say his thing.

RESEARCHER: So he's way, way off base here...

CHRIS: Wasting time, he's wasting time. He's just way off, completely off. Let's get on with it!

Jim

JIM: [stops tape]: Probably the best thing for me, these sessions have helped me to think more about my partner. I grew up on my own, and so I've never had, uh, a lot of social time to actually consider other people's feelings. Then as an addict and drug dealer it was who cares about other people's feelings. It was all take, take, take, and if you got burned, well that's tough for you. It's not up to me to look out for you. So this is really helping me to, uh, think about the other person, uh, about Sue's feelings more often. Thinking about Sue's feelings more often. Uh, so I guess that would be my area of growth and how, uh, why things have changed so much, is because I guess I'm doing that more often, right. And in turn it's getting Sue to do things, and so it's, it's really working together, right. I never realized it before but I guess the big problem in the relationship has been my not thinking about the other person. I've never had friends to share any real intimate things with. Discussing any real intimate things, you know, it just, you know, wasn't heard of, right. No real sharing of emotions or feelings. All that was kept to myself and so, you know, I brought all that into this relationship.

RESEARCHER: So this is highlighting for you... I guess Dr. Tomm asking you to enter into Sue's experience is helping you to see the world through her eyes, feel the world through her...heart or whatever...

JIM: Yeah, and so when we leave here, just to think about her more often, right, you know, and...

Susan

SUSAN: It's like Dr. Tomm understands what it feels like to be me. Like, he helps me to say things I'm too scared to say here [at home]. It's like I hold back saying things because either it's dangerous, or it doesn't come out the right way, or Jim misunderstands. And then he gets all angry and I shut down. We don't go anywhere. But here [in therapy] it's safer, 'cause there's somebody to say it for me who I feel he knows how I feel, and who can help Jim hear it and maybe understand. So that feels good.

Carol

CAROL: He [Alan] just doesn't get it. I've been opening up and pouring my guts out, and he comes out like I've stubbed my toe and he's going to make it better. The hurt and pain and how deep it goes, he's not picking that up at all. And here I thought I was showing so much, but he doesn't want to see it. Like, he's not making me feel valid at all.

. . .

CAROL: Where we are now [in the therapy process], I can see now... Like I'm seeing- I can see what it's like for him [Alan], having to go through this with me. I can see how afraid he is too. Before this [therapy], he wasn't showing me that, or maybe I couldn't see it. You know what I mean?

Alan

ALAN: Let's rewind that for a minute there and- Look at how scared she is! She's fucking terrified! She is terrified. So alone. [rewinds tape] See, she's so scared, right there, of losing me, and so scared to face the dragon... Right there she's so alone. And I haven't got a fucking clue.

RESEARCHER: You're not seeing that in the session...

ALAN: Not yet- I'm in the book with her, but I mean I'm not there with her. I'm not on the same page she's on right there. Now I am. Right here now, I can see what she's- I can see her pain, I can feel it. She's scared shitless. And I didn't pick up on that at the time... But now, yeah, I'm seeing... Like, we've got to go down into this and face the dragon together, if that's where we have to go.

Valerie

VALERIE: [stops tape] I'm fascinated watching Sue.

RESEARCHER: Fascinated watching Sue...

VALERIE: Well, it's like I've always been able to understand my own vulnerabilities and been able to express: "There's something missing here, Paul. I need..." But I was never able to bring him into where the real crux of the problem was. But Sue's been able to facilitate out of him what I never could for the last 20

years. That he, um, has been unable to get in touch with his emotions... to let them come through, percolate through that brick wall of his. And once he allows that to happen, I think he'll be able to interact with me in a softer way.

RESEARCHER: So this is... Like, what is it you see Sue doing?

VALERIE: Well, I dumped a bombshell [her affair] on his lap, and yet he's handled it like a professional actor.

And so she's saying, OK, you know, 'This did bring you to the edge. Paul, you must have had-' And obviously she's pulling [emotions] out of him in ways that I still can't... So I was...like, half listening and half into it.

RESEARCHER: Learning... Picking up from her...?

VALERIE: She's bashed the door open. That's clear. How far she'll get in still remains to be seen. But she's in. How close is she going to get, and how quickly is she going to do it...? I don't know. But also, I think the important thing for me is I am part of it. And I'm not only sitting there intellectually listening to this – I'm watching her, I'm listening to him...

Paul

RESEARCHER: I'm just wondering here, then, how you're experiencing the way Sue's describing you.

PAUL: Well, as I said, part of what she does is tries to show the other person about each other that might not have been obvious to us. And this was one thing that I thought -- she's trying to convince Valerie: 'Yeah, that there were emotions involved, but he processed them quickly. But they're there and they have to be there, 'cause otherwise...' It's sort of like my view as well. You may not see them [the emotions], but you know they have to be there, otherwise this wouldn't be happening kind of thing... And I think Sue's saying I need to be able to show them a little bit more. But I mean it's an example of her supporting both of us. It's not playing one side's right, one side's wrong. These are the way the two of you are, and this is where you need to build a bridge kind of thing. And at the same time she's using that to talk to Valerie and explain, well, there's no judgment to be made here. It's just that there's different processing styles we all have... Just like different learning styles, there are different processing styles.

RESEARCHER: So is your sense here...? Are you experiencing Valerie as seeing you differently as a result of...?

PAUL: Well, I think so. I think she said that. Although she didn't see the emotions, she realized they were probably there, and that was good. So I think that the session for her was, was pretty useful. You know, and for me too, I mean, knowing that she's starting to understand a little bit. Or, well, that we're both starting to understand a little bit.

Karl

I felt, I felt warmly towards him when I heard him say,

'Yes, you've got a point there.' Affirming her melody, and that was something that I really felt good about, and I wanted to get her to respond to that but she didn't... But I can feel myself warming up to them. I mean, I respond positively to his candor and his good intentions. Like he really wants to do the right thing here. And I respond to her in a sense to, partly to her innocence. And she also wants to do the right thing.

* * *

KARL: I guess engagement, I think, revolves around a sense of a lot of positive feeling in the therapeutic system. There is a lot of mutual respect and people like each other. The therapist likes the clients and the clients like the therapist and there is a tuning in to each other. They are responsive and attentive. Then I would say there is engagement. There can be attentiveness that is based on fear, which is, you know, really just on the border of disengagement. But if there is a positive emotion, together with the attentiveness, then it is OK.

* * *

KARL: Well, I think I have to feel their fear to a certain extent, you know, to appreciate that. Never as intensely as they do, of course, but, uh, I mean, I have to respect that. And maybe pace things a bit so as not to...

* * *

KARL: I think it's wonderful...that he's feeling that comfortable with me that he can share that with me. I think that's a very positive development in therapy.

Sue

SUE: I think the bottom line for me about why I like to be a therapist is that real and vibrant contact with other people is exhilarating for me. Bottom line. I like it!... And real contact without all kinds of mirrors and shame and defences, just straight ahead encounters... And I guess the bottom line with connection is, when you feel really connected with somebody, you can be more of who you are, right? I think I feel like I can just be- I'm not just Sue the therapist in there. I can just be me too. I'm me, I'm Sue, I'm with them, I'm Sue.

RESEARCHER: Sort of a mutual exchange of feelings, being genuine and real and honest and up front with one another...

SUE: That's right... It's the answer to when people say, 'Well, if you're working with people's affect all the time, why isn't that overwhelming for you and how can you handle that?' Well, sometimes it can be overwhelming. But the bottom line is it's bloody exhilarating. That's what it is!

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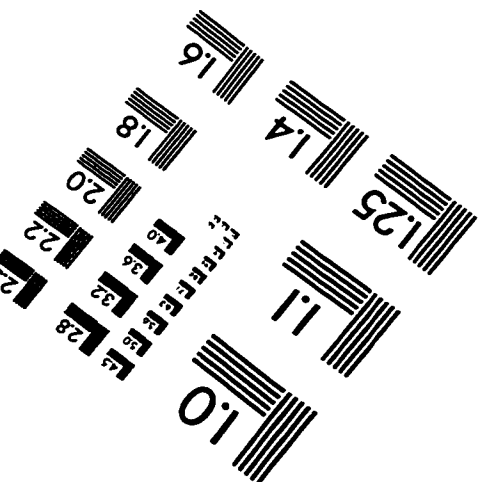
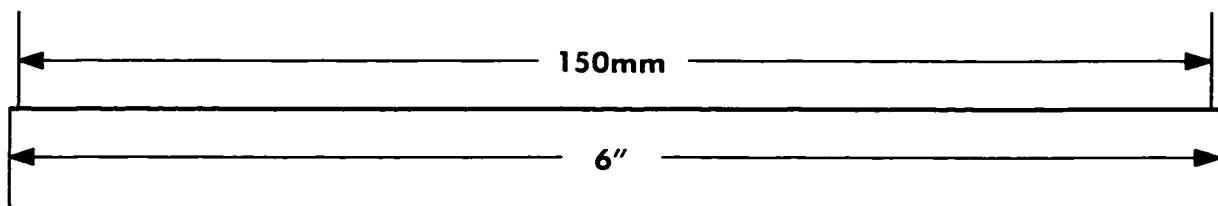
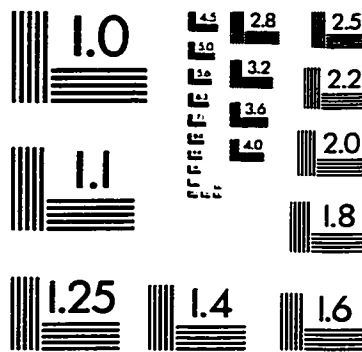
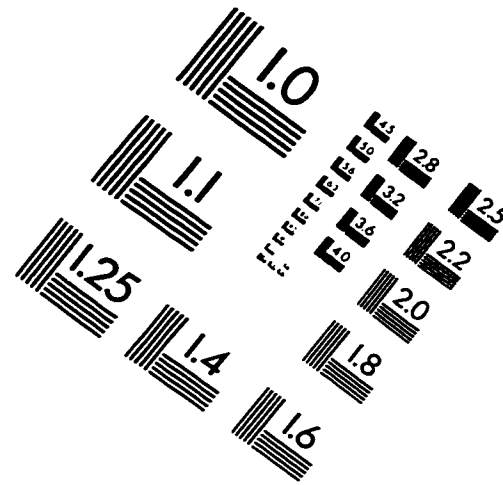
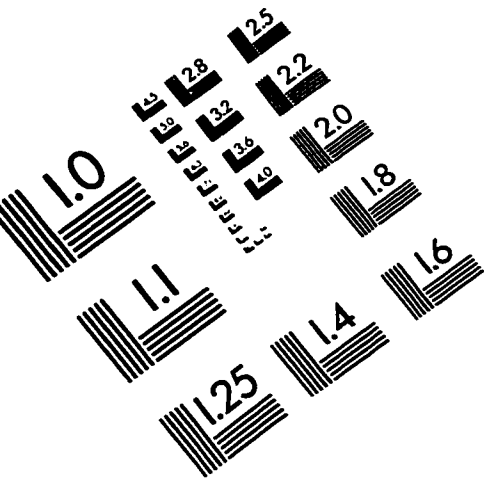
SUE: I think it helps people that they feel really heard and seen and validated. That's part of the alliance, but it's also an active part of the therapy... They get the feeling that the therapist understands what's going on in the relationship.

* * *

SUE: I'm relieved that he's with me. I was getting scared that he was feeling on the spot. And I need for him to be with me and to be sure that he's listening to this conversation.... But something in his last response is that he shows he's with me. He's still with me, he's letting me in... And I think some of my laughter is I'm relieved, because I've just spent some time trying to make sure he was still with me and he is. And he is and he's OK and the alliance is OK. So part of the laughter is relief because you know there's no point in going anywhere if you can't take your client with you.

SUE: I'm feeling into them, getting a sense of who they are and how they respond. I'm getting an idea here also of where to go next...

IMAGE EVALUATION TEST TARGET (QA-3)



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