A MODEL OF THE CHANGE PROCESS: AN EVENT-BASED STUDY IN COUPLE THERAPY

by

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Abstract

The main purpose of this investigation was to develop a detailed model of the change process of an in-session therapeutic event co-created by therapist and couple in an alcohol recovery treatment context, using Experiential Systemic Therapy (ExST; Friesen, Grigg, Peel, & Newman, 1989).

Two videotaped episodes in which a couple successfully resolved a relational impasse (RI event) and one episode in which a couple did not resolve a relational impasse were examined. To discover patterns that distinguished between the RI events that were successfully resolved and the RI event that was not, a step by step analysis of the therapist and couple behavior and interactions was conducted using Rice and Greenberg’s (1984) Task Analytic Methodology.

Key components and mechanisms of change in both therapist and couple performance and their interaction were identified. A model of the change process for the RI event specific to ExST is provided as well as a more general model that may be applied across theoretical approaches. Factors inhibiting the change process are also delineated. In addition, two process measures: The Experiencing Scale and the Self-Disclosure Coding System were found to discriminate between the successful and unsuccessful RI events.

Finally, implications of the results for clinical practice and training, limitations of the study as well as recommendations for future directions in research are presented.
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Chapter 1

INTRODUCTION AND FRAMEWORK

Background to the Research Problem

A main task of psychotherapy is to help clients make changes in their lives. A main task of psychotherapeutic research is to empirically examine the process of the therapeutic session and the changes that result from participation in this process (Lambert & Hill, 1994). Consequently, a crucial practitioner-relevant question is, what factors influence change in the therapy session? Researchers have become increasingly interested in answering this question with regards to specific forms of therapy, in particular settings and for specific client groups.

Change process research attempts to address the question of how psychotherapy produces change. The difference between change process research as opposed to process research is the increased attention given to context (Greenberg, 1986). Change process researchers state that there is a need to go beyond measuring which process variables occur in therapy to studying the context in which process variables occur (Greenberg, 1986; Hill, 1990; Marmar, 1990). This shift in focus is rooted in an epistemology that asserts that nothing can be known or ultimately even exist independently of the context in which it occurs (Greenberg & Pinsof, 1986). Instead of assuming that a given process has equal significance or similar meaning at any given point
in therapy, Greenberg (1986) states that it is important to segment therapy into different therapeutic episodes or events in order to understand the process in the context of clinically meaningful units. Whether or not the events represent the process of change is one of the most important criteria for selecting episodes.

Recently, couple therapy process research, although in its infancy, has received increasing attention (Johnson & Greenberg, 1988; Greenberg, James & Conry, 1988; Greenberg, Ford, Alden & Johnson, 1993; Dubberley-Habich, 1992; Wiebe, 1993; Newman, 1995). Change process research provides couple therapy researchers with the opportunity to test, challenge, confirm or expand theory via empirical means (Greenberg, 1986) which in turn, provides the opportunity to improve therapy.

Specifically, change process research that leads to the development of models of change in different in-session therapy contexts, is considered crucial to the growth of psychotherapy (Greenberg 1986; Orlinsky & Howard, 1978, Rice & Greenberg 1984), including couple therapy (Jacobson & Addis, 1993). Focusing on the process of change allows theoreticians and practitioners to not only describe interventions or predict results but to explain how a specific set of interventions creates change in a specific therapeutic context (Johnson & Greenberg, 1988). The goal is to understand the process involved in successful client change and the interventions that facilitate this change. The goal of this study is to understand successful couple change and the interventions that facilitate this change for a specific form of therapy, for a specific in-session therapeutic event and for a specific client group.
The remainder of this chapter will include: (a) the purpose and significance of this study, (b) specific research questions, (c) a summary of the methodological strategies employed and (d) definitions of terms utilized in the current investigation.

Purpose of the Study

The purpose of this research study is twofold: (a) To develop a detailed model of successful couple change for a particular task undergone in a couple treatment context for alcohol dependency, using Experiential Systemic Therapy (Friesen, Grigg, Peel, & Newman, 1989). The specific task under study is the resolution of a relational impasse created by disparate beliefs and distance oriented interactions in couple treatment. (b) Given that Experiential Systemic Therapy (ExST) has been shown to be effective for couple treatment in alcohol recovery (Friesen, Conry, Grigg, & Weir 1995), it is important to empirically investigate the processes of change within this therapy.

Significance of the Study

According to Jacobson and Addis (1993), if couple therapy research is to contribute to the development of increasingly effective treatments as opposed to simply evaluating existing ones, discovery-oriented and hypothesis-generating research must remain a priority. Researchers conducting process research can develop and later test theories of change, thereby contributing to
the knowledge base of the change process (Jacobson & Addis, 1993). Therefore, this study is significant for two reasons: (a) This investigation provides the opportunity to expand and refine the underlying theory of Experiential Systemic Therapy, leading to more effective treatment; and (b) this investigation will identify elements in therapy that lead to and hinder the change process.

Discovering how therapist and client interactions influence change has meaningful and relevant impact for clinical practice. Whereas it may be difficult to use the results from clinical trials in work with particular clients, the results of process studies can be directly applicable and useful to clinicians. More specifically, understanding how particular therapies work with particular populations with specific problems is extremely valuable. This investigation will provide helping professionals with information on how the therapist and couple co-create change in alcohol recovery couple treatment, when dealing with the task of resolving a relational impasse between a couple created by disparate beliefs and distance oriented interactions.

Research Questions

In this observational, descriptive and discovery oriented research study, the main aim is to understand the underlying mechanisms that facilitate and hinder psychotherapeutic change. Accordingly, this study will attempt to answer the following questions:
1. What are the specific process steps taken by therapist and couple in the development of the co-creation of successful change in couple therapy? The focus of this study will be on the resolution of a relational impasse created by disparate beliefs and distance oriented interactions.

2. What are the factors that inhibit the completion of the steps towards resolution, thereby inhibiting the change process?

Summary of the Method

Pinsof (1988) has suggested the employment of various strategies he considers valuable in couple therapy process research. Two of his suggested research strategies are employed in this investigation. The first of these two strategies is The Success-Failure Strategy, which creates extreme sub-groups from a group of cases that have been exposed to a certain kind of treatment. This strategy maximizes the likelihood of finding process-outcome links. The second strategy is called The Episode or Small Chunk Strategy, which targets smaller episodes of therapy to discover links between process and in-session outcomes.

Rice and Greenberg (1984) have proposed a new strategy for studying the change process in smaller episodes of therapy. The aim of this new strategy is to increase the understanding of the interactions in therapy in such a way that it can be fed back into practice. Accordingly, they developed a rationale-empirical methodology known as Task Analysis. Task Analysis is also
employed in this investigation to study in-session change processes.

Task Analysis is a form of theory-guided observation where models of change processes are developed by identifying patterns from the empirically derived data and interpreting these data within the framework generated by the initial theoretical conjectures (Greenberg, James, & Conry, 1988). This method involves: (a) identifying important segments of therapy sessions, (b) generating hypotheses regarding what processes operate during these segments, (c) developing a method for coding these processes, (d) confirming or disconfirming the resultant model of change by coding the transactions, and (e) testing the viability of particular hypotheses.

The Utility of the Task Analytic Methodology in the Study of Psychotherapy

First, Task Analysis assists in the understanding of the change phenomena and the mechanisms that underlie change within a clearly defined context. This standardized process enables replicability. Second, although connections between process and outcome may be complex, understanding particular change phenomena can move researchers closer to comprehending the factors that influence outcome. Third, Task Analysis will assist the researcher in understanding which therapist interventions facilitate successful client change. This information will be relevant to therapist training and supervision.
Definition of Terms

To provide increased clarification and understanding of this research investigation, the following key terms and concepts used in this study are defined in the following section.

Process and Outcome Research

Process research addresses what happens in a psychotherapy session, examining therapist and client behavior and the interactions between the two (Lambert & Hill, 1994). Traditionally, outcome research referred to the efficacy of a particular treatment. More recently, researchers have broadened the definition of outcome. According to Greenberg (1986), in studying the process of change it is possible to measure three types of client outcome or change over the course of therapy. These three types include: (a) immediate outcomes, (b) intermediate outcomes and (c) ultimate (or final) outcomes. An immediate outcome or impact is change that is evident in the session itself. These short-term, in-session outcomes are also referred to as "little o’s" and are conceptualized as building toward final outcomes, which are designated as "Big O’s" (Marmar, 1990). Final outcomes, or "Big O’s", are measured at the end of treatment and at follow-up, and represent ultimate change. Intermediate change (building of small o’s) are tracked over the psychotherapy session, shedding light on the process towards outcome. In reality, Lambert and Hill (1994) state that process and outcome overlap, in that changes in process can be early indications of positive or negative outcome. This investigation will focus on
examining “small-o”, or immediate outcome.

**Experiential Systemic Therapy**

Experiential Systemic Therapy (ExST), developed by Friesen, Grigg, Newman and Peel (1989) is an integrative treatment model that synthesizes individual, couple and family formats. The model was developed in response to the lack of integrated individual, couple and family therapy models for the treatment of alcohol dependency. The development of ExST prompted a large scale research effort named *The Alcohol Recovery Project* (TARP). TARP conducted efficacy studies and process research, of which this research is a part.

ExST is based on three interlocking dimensions: the experiential, the symbolic and the systemic. The primary component that encompasses all ExST concepts is that of relationships. ExST views relationships to be the foundation of human existence and views the human condition as an “intricate web of systemic connections” (Friesen, Grigg, & Newman, pp.2, 1991). ExST is centrally concerned with the interpersonal and intrapersonal process of therapy, using a variety of therapeutic transactions to facilitate progress and relationally novel experiences.

**Relational Novelty**

Relational novelty is considered a change experience in ExST in which the client experiences alternative behaviors, feelings and thoughts that grow out of the therapeutic process. In the relationally novel experience, clients gain a physical, cognitive and
behavioral sense of a new way of being in the world. “New patterns of interaction are not just felt, talked about, thought or designed; they are born in a moment when all the elements of experiencing converge to form a new coherent whole.” (p.7). Clients see the world differently and no longer maintain the same rigid patterns of behavior to which they had been previously accustomed.

**Intensification**

Intensification refers to the therapeutic process in which clients experience their relationships with the presenting problem, different aspects of self and others, with increasing depth, richness and intensity. According to Experiential Systemic Theory (Friesen, Grigg, Peel, & Newman 1989), change occurs as clients gain a greater awareness of their present condition.

**Event**

According to Greenberg (1984), there are discriminable recurring *events* within the complexity of performance between client and therapist in a therapy session, which possess a high probability of affecting change. An event consists of an interactional sequence between client and therapist

... that has a beginning, an end, and a particular structure that gives it meaning as an island of behavior distinguishable from the surrounding behaviors in the ongoing psychotherapeutic process. For the client, the event has the quality of a whole and its completion is experienced as a closure of some interaction with the therapist. Likewise for the therapist, the event represents a therapeutic activity that comes to some closure in the hour. (p. 138)
An event is a significant episode in therapy in which a client problem, is followed by a defined set of therapist interventions and the ensuing client behaviors (Greenberg, 1986). The selection of events helps to specify context and provides a sharper focus for the study of the change process.

Task

Within this event there are attempts made by the client(s) and therapist at resolving an impasse or task. An impasse such as conflict, misunderstanding, or disagreements can become tasks for which clients and therapists actively seek resolution.

The analysis of tasks within a therapeutic event includes the study of the therapist’s influence on the process and whether it hinders or facilitates the client’s resolution performance. One of the therapist’s roles is to keep the client in a productive psychological problem space (Greenberg, 1984). A productive problem space in therapy is one that keeps the client working on the task in such a way that will facilitate resolution.

Resolution

A successful event is one in which the task under study has been resolved. A task within an event that has been resolved is called a successful resolution event. The definition and identification of a successful resolution of a particular task is derived from (a) the definition of change within the task environment, (b) clinical knowledge of the particular event under
study, and (c) intensive analysis of therapeutic videotapes of the task at hand. In addition, according to Greenberg (1984), successful resolution of a therapeutic task is marked by feelings of calmness, relief, decisiveness, firmness and a sense of direction. Moreover, Heatherington and Friedlander (1990) found that in family therapy, resolution of an interpersonal impasse was marked by a distinct shift in the observable interactions of family members. Family members became "unstuck" from the previously identified rigid and dysfunctional patterns of relating. Unsuccessful resolution events are events in which the client marker is identified but no resolution occurs.

**Task Environment**

The sequences of client and therapist behaviors that promote change constitute the task environment of the event. These sequences of behavior are also referred to as client or therapist performance. A successful performance leads to resolution, an unsuccessful performance does not lead to resolution. The performance of the therapist is guided by their adherence to a particular theoretical approach which is implemented to facilitate the client’s resolution of the task.

**Marker**

The events to be studied begin with a client marker, that is, a statement made by the client(s) introducing the relational impasse. The marker signals the beginning of the successful and unsuccessful resolution events to be analyzed. In order to clarify the features of
this marker and develop a formal definition of its structure, an intensive analysis of psychotherapeutic videotapes in which there are a number of samples of the task under study, is conducted (Rice & Greenberg 1984; Friedlander, Heatherington, Johnson & Skowron, 1994).
Chapter 2

REVIEW OF THE LITERATURE

In this chapter a definition of couple therapy and family therapy process research will be provided. Recommended research directions for family therapy will be discussed. Next, current studies investigating in-session, event-based, change process research in couple therapy will be presented, including a specific section on those studies using the Task Analytic Methodology.

Definitions and Recommendations

A Definition of Couple Therapy

Definitions of couple therapy are derived from researchers’ understanding of family therapy. Gurman (1988) discusses two common views of what constitutes the operational essence of family therapy:

1. From the broadest perspective, family therapy may be defined by the “conceptual map” in the mind of the therapist. If the therapist regularly and systematically considers the family context then they are conducting family therapy irrespective of how many people are in the therapeutic session. A related perspective defines family therapy by the therapist’s intent for the outcome. Whom does the therapist aim to influence, the distressed person only or the whole family, including non-family members.
2. From the most restrictive perspective a family therapy definition focuses on those persons who are present in treatment sessions. Family therapy requires the presence and treatment of two or more related individuals.

Gurman, Kniskern and Pinsof (1986), provide a definition of family therapy that is derived from the first perspective of family therapy mentioned above. Their definition is as follows:

Any psychotherapeutic endeavour that explicitly focuses on altering the interactions between or among family members and seeks to improve the functioning of the family as a unit, or its subsystems and/or the functioning of individual members of the family. This is the goal regardless of whether or not an individual is identified as "patient". Family therapy typically involves face-to-face work with more than one family member, . . . although it may involve only a single member for the entire course of treatment . . . “ (pp. 565-566).

Within this definition marital or couple therapy is considered a subclass of family therapy. This definition does not address the intrapersonal aspects of treatment but focuses primarily on the goals and conceptual framework of therapy.

A Definition of Family Therapy Process Research

Derived from Gurman et al’s (1986) definition of family therapy and his own understanding of process research, Pinsof (1989) has proposed a definition of family therapy process research,
Family therapy process research studies the interaction between therapist and family systems. Its goal is to identify change processes in the interaction between these systems. Its data include all of the behaviors and experiences of these systems and their subsystems, within and outside of the treatment sessions, that pertain to changes in the interaction between family members and in their individual and collective levels of functioning. (p.54)

The interaction of these two systems, is non-linear and implies bidirectional mutual causality or influence.

Recommended Research Directions for Family Therapy

Pinsof (1988) states,

Outcome research, without process research is minimally informative [in family therapy]. It can only tell us whether families that received a particular treatment did better, as a group, than families that received no treatment or an alternative treatment. Without process research, we cannot know what actually occurred in the therapy and what processes were associated with the success (or failure) of the treatment. (p.162)

In addition, Pinsof (1988) asserts that the family field is desperately in need of specific micro-theories that can be used to generate and test specific hypotheses about change processes in family therapy. He specifies that discovery-oriented process research has the potential to not only develop an empirical foundation for subsequent research but has the capacity to facilitate
the development of these specific micro-theories. Moreover, according to Pinsof, family therapy researchers should focus their investigations and development of these micro-theories on three major process dimensions: (a) the therapeutic alliance, (b) the specific acts and behavior patterns of the therapist and family system, (c) delineations of proximal or small-o outcomes.

Reiss (1988) agrees that family therapy research should focus on process research, specifically trying to improve our understanding of the mechanisms of therapeutic change. Gurman (1988) adds that the overriding research priority in the field of family therapy is to enhance the quality and amount of research that will have a direct impact on clinical practice. For researchers intending to influence practice, he provides several recommendations including: (a) the identification and specification of the most potent change-inducing elements within the major methods of family therapy, (b) the study of common elements and mechanisms of change across methods, and (c) the study of the factors associated with deterioration or negative effects.

Event-Based Change Process Research in Couple Therapy

Emotionally Focused Therapy

Much of the in-session, event-based research, comparing change and no-change performances and identifying factors influencing the change process in couple therapy, has been examined in Emotionally Focused Couples Therapy (EFT; Greenberg & Johnson, 1986, 1988).
In 1986, Vaughan investigated change in in-session negative interaction patterns by testing if during in-session conflict events, couples would demonstrate both greater affiliation and interdependence at the end of 8 to 10 sessions of Emotionally Focused Therapy, than at the beginning. The Structural Analysis of Social Behavior (SASB; Benjamin, 1974) was used to code session 2 and session 7 of 22 couples. The results support the assertion that EFT promotes significantly more autonomous affiliative behaviors in the latter stages of therapy in comparison with the early stages of therapy. Couples’ behaviors in a latter session as opposed to an earlier session were significantly more supportive, affirming, and understanding. In addition, couples became more assertive, disclosing, and self-expressive. However, there were no significant differences found regarding the occurrence of affiliative influence and accepting behaviors or the occurrence of hostile and controlling behaviors.

EFT suggests that interactions are changed by accessing and expressing underlying feelings in a self-disclosing affiliative manner. It was therefore hypothesized by Alden (1989) that in session conflict events, that were viewed by the couple as highly productive (designated as “peak” sessions), would differ in both depth of experience and degree of affiliation from events in sessions seen as unproductive (“poor” sessions). Alden examined the process of therapy for 16 couples receiving EFT. A self-reported peak and poor session were assessed and compared for each couple using the SASB and the Experiencing Scale (Klein, Mathieu-Coughlan, Kiesler, & 1986). Results showed that depth of experiencing was greater and
interactions were more affiliative and autonomous in peak than poor sessions. Experiencing scores revealed that peak session events contained nearly three times as many level 4 and above experiencing statements (on a 7-point scale), coded by the Experiencing Scale, than did poor sessions. The results suggest that rather than outward focusing and blaming the other, taking a self-focus, turning inward to one’s experience for information about one's responses to situations, and accepting the other in a friendly manner is important in resolving conflict.

Ford (1989) examined the role of intimate self-disclosure in couples therapy, specifically in EFT. EFT suggests that self-disclosures of feelings and needs with affective immediacy lead to change in couples’ interactions and the creation of intimacy. It was therefore proposed that emotionally intimate self-disclosures in EFT sessions would lead to affiliative statements by the responder. The Self-Disclosure Coding System (SDCS; Chelune, 1976) and the SASB were used to code the selected events. The main finding of this study was that spouses in EFT are likely to respond affiliatively after an intimate self-disclosure by their partners. After self-disclosure, the proportion of affiliative codes were 90% compared with 54% in the control segment, as coded by the SASB. In the control segment, disaffiliative codes accounted for 34% of the interactions. In contrast, only 8% of the interactions following an intimate self-disclosure was disaffiliative. The results attest to the radical changes in the responses of the listener to his or her partner following an intimate self-disclosure in therapy.

Building on the previous process research in couple therapy,
Johnson and Greenberg (1988) attempted to link in-session process with therapy outcome. Six high- and six low-change couples, as indicated by their pre and post score on the Dyadic Adjustment Scale (Spanier, 1976), were identified. The “best” therapy session for each couple was then intensively analyzed. Johnson and Greenberg identified two characteristics of successfully treated couples that differentiated them from treatment failures. Using two different coding systems, The Experiencing Scale (Klein, Mathieu, Keisler & Gendlin, 1969) and the SASB, successful couples were found to demonstrate higher levels of experiencing, defined as greater emotional involvement and self-description in the sessions. Couples also demonstrated more autonomous and affiliative actions, identified by more acceptance and less hostility and coercion.

Despite the increasing research conducted within this theoretical framework, therapists still do not fully understand how change is produced in EFT. Jacobson and Addis (1993) point out that the methodology for studying change mechanisms exists, much of it having been developed by Greenberg and colleagues (eg. Rice & Greenberg, 1984), however, it has not yet been comprehensively applied to EFT.

**Experiential Systemic Therapy**

Investigators have also studied the change process in event-based research in Experiential Systemic Couples Therapy (ExST). Dubberley-Habich (1992) used conversational analyses to investigate the process of change undergone in therapy by an alcohol-involved couple participating in a ritualizing intervention in
ExST. From the data, the investigator delineated twelve themes that influenced various aspects of change throughout the therapy event. These themes include the following:

1. Ritualization.
2. Personal and family myths.
4. Experiential experiences.
5. Externalization of a problem.
6. Intensification of experience.
10. Therapist genuineness.
12. Therapist artistry.

In 1993 Wiebe investigated how couple and therapist co-create change using an intervention called symbolic externalization in a successful case of ExST, for couple treatment of alcohol dependence. Therapeutic change was found to be a dynamic, interactive and context-dependent process. Comprehensive discourse analysis was used to study the data revealing eight themes that contributed to the co-creation of change. These themes included the following:

1. Creating and maintaining a collaborative atmosphere.
2. Challenging propositions and competence.
3. Reframing alcohol as seducer.
4. Moving from an individual to a relational understanding of the
role of alcohol in the couple’s relationship.
5. Re-defining and accenting the couple’s commonalities.
6. Diffusing tension and defensiveness.
7. Regulating the intensity of experiences.
8. Deepening contrasting experiences.

In a second study using discourse analysis, Newman (1995) investigated two events that demonstrated the change process in successful Experiential Systemic Couple Therapy. Newman found that the means by which the therapist and clients influenced the creation of relational novelty was through an interactional process termed the syncretic change process. The syncretic change process refers to the development of intimacy by therapeutic system members where initially there existed disparate beliefs and behavior that isolated these members. The syncretic change process has two parts that represent different but related aspects of the same construct: (a) initial disagreement and conflicting belief, and (b) transformation (via therapeutic system efforts), which lead to increased mutuality and commonality of belief and practice in the relationship. The discourse analysis revealed that the convergence of differing viewpoints and behaviors was facilitated through two intimacy enhancing activities. These two activities included (a) the employment of intense experiential exercises resulting in intensification and (b) the provision of a collaborative therapeutic atmosphere, between clients and therapist. It was found that these two intimacy enhancing activities facilitated the occurrence of various tenets of relational novelty and effected a shift from
distance oriented interactions toward more cooperative and harmonious exchanges. Newman (1995) found that six components of intensification which are previously delineated in ExST theory (Friesen et al., 1989) were found to be helpful in deepening client experience. The first four components were:

1. Providing a detailed definition of the specific of the clients’ dilemma.

2. Creating an interaction between clients or between clients and the symptom.

3. Maintaining a present tense focus during sequences of intense client experiencing.

4. Employing varying degrees of empathy ranging from paraphrasing to advanced empathy to access underlying feeling on a context dependent basis.

The last two components of intensification were found to be contingent upon the nature of the experiential activity conducted. These two components were:

5. Utilizing meaningful metaphors and symbols.


Furthermore, the means by which intensification enabled the convergence of disparate beliefs and practices was through the facilitation of four tenets of relational novelty which included:
1. Atypical experiencing during which clients are encouraged to speak, feel, think and behave atypically rather than speaking, feeling, thinking or behaving in a recurrently characteristic fashion.

2. Cognitive understanding resulting in new learning and insights about self, spouse or the presenting problem.

3. Increased awareness such that previously unacknowledged experience is brought into consciousness.

4. The evocation of substantive relational themes.

**Event-Based Change Process Research using the Task Analytic Methodology**

Task Analyses is a method increasingly employed in the study of change processes in couple/family therapy. In 1985, Plysiuk used this methodology to investigate what transpired between two couples as they completed the process of resolving conflict. Four therapy sessions where the couple successfully resolved a conflict and one therapy session where a resolution was attempted but was unsuccessful, were selected for investigation. A Task Analysis was conducted, which distinguished the moment-by-moment interactional patterns of couples who resolved marital conflicts from those who were not successful at resolving their marital conflicts. The Task Analysis Plysiuk conducted involved six strategies:

1. Developing a rational model of the resolution process.
2. Defining the task as a pursuer-distancer conflict in which one partner was identified as an emotional pursuer and the other identified as an emotional withdrawer.

3. Identifying the task environment as Emotionally Focused Therapy.

4. Reviewing transcripts and identifying repeated interpersonal patterns.

5. Employing two process indicators, the Experiencing Scale and the SASB in an attempt to distinguish between the successful and unsuccessful events.

6. Developing a final model of conflict resolution.

The final model of conflict resolution consisted of four steps which the couples progressed through to reach resolution. These steps were identified as: (a) escalation, (b) de-escalation, (c) testing and (d) mutual openness. Escalation involved either an “attack-defend”, “attack-withdraw”, or “attack-attack" pattern where the pursuer is blaming their partner and the other partner is either defending, withdrawing or attacking. Each partner was observed to focus on representing their own position and both partners usually felt angry, frustrated, or unheard. In de-escalation one partner openly disclosed their experience or asked for what he or she needed. This usually involved an expression of vulnerability. At this point the partner was observed responding with either “affirming of understanding” or “helping and protecting” behavior.
A failure to move from escalation to de-escalation and the absence of "affirming and understanding" communication behaviors distinguished the unsuccessful resolution event from the successful resolution events.

Greenberg, James and Conry (1988) used the Task Analytic Method to discover what couples experienced to be critical change incidents in EFT. Couples' self-reports of critical change processes in therapy were compared with the theoretically derived, rational model of the change process in Emotionally Focused Couples Therapy. This comparison was conducted in order to develop a rational-empirical model of the change process in therapy. The subjects were 21 couples who had received EFT treatment in a couples research project. A critical incident technique was adapted to generate descriptions of change events from each partner's perspective. Five categories of change processes were derived from the couples' reports: (a) expression of underlying feelings leading to change in interpersonal perception, (b) expressing feeling and needs, (c) acquiring understanding, (d) taking responsibility for experience, (e) receiving validation. Only one of the five reported change processes matched with the theoretical-rational model of change proposed by the authors. This result implies that the proposed rational model of change processes in Emotionally Focused Therapy needs to be reinspected. This study demonstrates the importance of investigating clients' self-reports regarding critical change events in order to increase the understanding of change processes in marital therapy.

Heatherington and Friedlander (1990) examined two of
Salvador Minuchin's videotaped family interviews to determine if and how the process of change in multiperson events, in structural therapy, can be investigated using the Task Analytic Methodology. Heatherington and Friedlander focused particularly on a change event they called commitment to engage. In their first stage of analysis they simply observed the behavior and dialogue of the family. Each family was found to be caught in a cycle where the parents pursued and the child distanced. This unproductive pattern signalled the need for change and Minuchin then conducted a series of interventions that led to an emotional disclosure by the child, which set the stage for productive problem solving to begin. This shift in interaction signalled the successful resolution of the pursuer-distancer impasse.

During the second stage of analysis the researchers used the Family Relational Communication Control Coding System (FRCCCS; Friedlander & Heatherington, 1989; Heatherington & Friedlander, 1987). This system operationalizes various communication patterns reflecting interpersonal control on a structural level. Results using this coding system showed that the relational pattern that each person in the family established with every other person at the beginning of the session, changed during the resolution phase. Particularly, family members progressed from complementary patterns to competitive symmetry. Heatherington and Friedlander concluded by emphasizing the importance of conceptualizing and measuring event processes systemically or interactionally.

Finally, Friedlander, Heatherington, Johnson, and Skowron (1994) used the Task Analytic Methodology to investigate sustained
engagement in problem-solving tasks in family therapy. In the first step of the analysis, Friedlander et al. followed the Modified Analytic Induction Method (Bogdan and Biklen, 1992, pp. 69-72) to scrutinize 33 videotapes of family therapy in order to develop and refine the operational definitions of: (a) a sustained engagement event (SE Event), (b) disengagement (the marker), and (c) sustained engagement (resolution). A SE Event was defined as “occurring when the therapist creates a task environment geared toward enhancing family members’ engagement with each other in problem-solving (p.441). Disengagement (the marker) was defined as “the therapist requesting two or more family members to discuss a specific problem or set of problems together in the here-and-now” (p. 441), after resistance to engagement on a particular problem was observed. Sustained engagement (resolution), was defined as “a sequence of speaking turns in which family members are observably willing to disclose thoughts or feelings on the designated topic, to share or cooperate, to show interest and involvement in the discussion, or to be responsive and attentive (i.e. emotionally present)” (p.442). A SE Event was defined as unsuccessful when the marker was present and then the topic shifted or the session ended.

In the second step of their analysis, four successful events of sustained engagement and four unsuccessful events of attempted sustained engagement were selected using criteria based on the operational definitions developed from the Modified Analytic Induction Method. The successful and unsuccessful SE events were qualitatively compared using the Task Analytic Methodology. The model developed from their rational and empirical investigation
depicts five steps through which family members proceeded as they move from an interpersonal impasse (marker) to sustained engagement (resolution).

In their investigation, the researchers found that during each step successful therapists engaged in certain behaviors that facilitated a process conducive to helping the family members move successfully through the task environment. The five steps are outlined below, including a description of therapist interventions that were found to be facilitative.

1. Recognition of Personal Contribution to the Impasse. In this step there is a shift from the specific activity or identified problem to an understanding of the relational difficulty. During this step the successful therapists seemed to have recognized the cognitive-emotional basis for each family’s impasse. By paying attention to nonverbal and paralinguistic behaviors the therapist was attuned to the fear behind the anger, the anger behind the politeness. The therapist helped the clients recognize their own contribution to the impasse, bringing unexpressed emotions to awareness with the following interventions: clarifications, reflections, metacommunication, and self-disclosures. When the therapist, him or her self, did not recognize the importance of the underlying thoughts and feelings of the family and consequently did not help the family recognize their own underlying thoughts and feelings about their impasse, the family did not progress through the task environment.
2. Communication about Impasse. Family members disclosed thoughts and feelings regarding the impasse. Disclosures of thoughts and feelings seemed to allow for the possibility of different emotional responses to be experienced, leading to new attributions about one another's behavior found in step three. During this step, the therapist coached, for example, a mother on how to understand her son's experience by validating the son's experience in front of the mother.

3. Acknowledgment of Others' Thoughts and Feelings. This step contains explicit statements made by family members of understanding or nonverbal indicators of acceptance, acknowledgement or concern. The therapist continued to validate and encourage disclosures from family members, as well as challenging clients who attempted to rescind or dilute a disclosure in the face of blame by other family members. The therapist also redirected the interactions if they were moving off topic.

4. New Constructions about Impasse. Disclosures provided information that seemed to allow family members to reevaluate attributions about the disengagement. At this point the therapist supported the process.

5. Motivation for Engagement Recognized. Family members needed to believe at some level that their engagement mattered, that it would pay off. The potential benefits of engaging were addressed by the therapist if family members had not already discussed the matter.
6. **Resolution Phase.** Sustained engagement was accomplished.

Successful SE events were episodes of interpersonal learning where family members taught each other about their private thoughts and feelings. Resolution seemed to depend on family members gaining some awareness or insight about their disengagement, allowing new behavioral alternatives to emerge during the therapy session. Specifically, resolution was revealed by a marked shift from the previous pattern of relating. Therapists who focused family members on their own thoughts and feelings about the impasse, on the potential benefits of engagement, and on their attributions of one another's behavior, seemed most able to facilitate the family's movement from disengagement to sustained engagement. Some unsuccessful events were marked by a stall at the third step where derision, joking, off-topic discussions, disinterest, disqualification, or defensiveness occurred instead of acknowledgement.

**Summary**

The literature reveals a growing recognition that continued study in the field of *change process research* is necessary for the growth of family and couple therapy. It is clear that in-session, event-based change process research, using the Task Analytic Methodology has the potential to impact clinical practice. It also has the potential to respond to Gurman's (1988) recommendations by: (a) identifying and specifying the most potent change-inducing elements within the major methods of family therapy, (b) allowing
for the comparison of common elements and mechanisms of change across methods, and by (c) identifying factors associated with deterioration or negative effects in therapy. As suggested by Pinsof (1988), Task Analysis can also produce specific micro-theories regarding the steps of the change process in family therapy, including: (a) therapeutic alliance, (b) the specific acts and behavior patterns of the therapist and family system and (c) delineations of proximal of “small-o” outcomes, which can later be tested.

To respond to these recommendations, further studies using the Task Analytic Methodology need to be undertaken when investigating in-session, event-based change processes in family-couple therapy. The present research addresses this need in couple therapy research. It will build on Newman’s (1995) investigation regarding the syncretic change process, where initial disagreements and disparate beliefs between a couple were transformed (via therapeutic system efforts), leading to increased mutuality and commonality of belief and practice in the relationship. Using the Task Analytic Methodology, a model of the step by step process the therapist and couple engage in to resolve a relational impasse characterized by disparate beliefs and distance oriented interactions, will be delineated.

In addition, the model developed will have the potential to provide micro-theories on the topics suggested by Pinsof and can also be compared to other models of the change process for similar tasks, within the same theoretical approach or across theoretical frameworks. Factors inhibiting the change process will also be investigated.
Chapter 3

METHODOLOGY

This chapter describes the methodological strategies used in the present study: (a) The Success-Failure Strategy, (b) The Episode or Small Chunk Strategy and (c) the Task Analytic Methodology. Data collection procedures, demographics of the subjects, and conceptual and psychometric information on the selected instruments are also provided. The procedures used to select the subjects and events under investigation are delineated. Next, a summary of the content of each selected event is outlined. The chapter ends with the procedural application of the Task Analytic steps.

Methodological Strategies

Discovery-oriented research involves identifying linkages between process and outcome variables including small-o outcome. Pinsof (1988) proposed several research methodologies, or strategies, for discovering these linkages: (a) The Success-Failure Strategy, (b) The Episode or Small Chunk Strategy, and (c) The Multivariate Correlational Strategy. These strategies are not mutually exclusive and can be used to complement each other. These strategies are based on Pinsof’s primary recommendations for the immediate future of family therapy research: (a) the need to focus on the analysis of within-group as opposed to between-group
variance; (b) the need to identify those families (couples) that deteriorate or improve to determine the process variables that account for that variance; (c) the need to focus on smaller process-outcome units that reduce the time and experience interval between measurement points; (d) the need for family therapy researchers to focus less on summary measures of process variables and more on patterns of process variables within sessions and over the course of therapy. Pinsof suggests that researchers who combine the use of these approaches stand the greatest chance of producing scientifically reliable and clinically meaningful results.

This research study has combined two of the above mentioned research methodologies: (a) The Success-Failure Strategy; and (b) The Episode or Small Chunk Strategy.

The Success-Failure Strategy

The Success-Failure Strategy involves taking a group of subjects and rank-ordering them on pre-selected outcome variables at some significant evaluation point such as midtherapy, termination, or follow-up. The cases at the low end of the distribution (therapeutic deteriorators), are compared on process variables with the cases at the high end of the distribution (therapeutic improvers). This strategy generates extreme sub-groups from a larger group of cases exposed to the same treatment. The subjects included should be as similar as possible demographically and diagnostically. Homogeneity is particularly important in regard to the presenting problems and interpersonal context. The therapists treating the families in such a study should
be as similar in training, orientation and expertise as possible. Giving recognition to the difficulty of uncovering process-outcome links in psychotherapeutic research, this strategy maximizes the chances of discovering how certain process variables lead to positive or negative outcome.

**The Episode or Small-Chunk Strategy**

_The Episode or Small Chunk Strategy_ involves the targetting of small chunks of therapy or therapeutic episodes. Traditional outcome or process-outcome research, which focused on finding links between the "Big O" or final outcome and some dimension of the process at some point in treatment over the whole course of therapy, has been widely criticized (Gottman & Markman, 1978; Hill, 1982; Hill, Helms, Tichenor, et al, 1988 and Stiles, 1988). This type of research has failed to identify any consistent process-outcome patterns. Pinsof (1988) suggests that it is not that there are no process-outcome links but that the traditional methodological strategy used to discover these links is limited. He concludes that the solution is to focus on smaller units of therapy. The rationale behind _The Episode or Small Chunk Strategy_ is to reduce the intervals of time and experience between the process and outcome measurements. The smallest process-outcome unit is the episode within a session. One can meaningfully discuss the outcome of an episode. For example, if a therapist is attempting to have a couple focus on a specific problem within a session, one can ask whether the problem was resolved or whether desired outcome was achieved. This kind of outcome is called a "proximal" as opposed to
a "distal" outcome. Task Analysis is the methodology that is increasingly employed in research studying these in-session episodes. All of the episode or small chunk strategies focus on "small-o" outcomes and are based on two assumptions: (a) that process-outcome links are best discovered in smaller units that do not obscure the phases of therapy; (b) that small-chunk results are meaningful and valuable.

The purpose of implementing *The Success-Failure Strategy* and *The Episode or Small Chunk Strategy* is not to make conclusive statements of how certain process variables affect final or "Big-O" outcome, rather, in this descriptive, discovery oriented study, observing episodes in extreme cases increases the opportunity to discover differences in the therapeutic process of successful and unsuccessful resolution events.

**Task Analyses**

There are eight steps in the Task Analytic Methodology (Greenberg, 1991). The first six steps are discovery oriented, the last two steps are verification oriented.

Discovery oriented steps:

Step 1. Explicate implicit map of expert clinician.

Step 2. Select and describe the task and task environment.

Step 3. Verify the efficacy of the task environment on the task to be studied.


performance.

Step 6. Comparison of actual and possible performances: Construct a specific model.

Verification oriented steps:
Step 7. Validation of the model.
Step 8. Relating complex process to outcome.

The following descriptions are fuller explanations of each step:
Step 1. Explicate implicit map of expert clinician.

The investigator delineates his/her map or framework from which he/she will study therapeutic change. This map or framework is often a general model of therapy.

Step 2. Select and describe the task and task environment.

This step is based on the assumption underlying this research approach that psychotherapy can be broken down into a series of events revolving around a specific therapeutic task, the resolution of which advances the course of therapy and leads to change (Rice & Greenberg, 1984). Functional problems such as experience of conflict, problematic reactions, states of being confused, or wanting understanding can be considered tasks for which clients actively seek resolution. Examples of therapeutic tasks are the resolution of splits in Gestalt therapy (Greenberg, 1984) or the resolution of problematic reactions in client centred therapy (Wiseman & Rice, 1989). Each task begins with an in-
session statement or marker of the problem. These markers constitute process diagnoses of states in need of, and currently amenable to, specific types of intervention (Greenberg, 1991).

The analysis of tasks within a therapeutic event includes the study of the therapist's influence on the task performance and whether it hinders or facilitates the client's resolution performance. One of the therapist's roles is to keep the client(s) in a productive psychological problem space (Greenberg, 1984). A productive problem space in therapy is one that keeps the client working on the task in such a way that will facilitate resolution. Therefore, the task environment is considered the sequences of client and therapist behaviors that promote change. The performance of the therapist is guided by their adherence to a particular theoretical approach which is implemented to facilitate the client's resolution of the task.

Step 3. Verify the Efficacy of the Task Environment on the Task to be Studied.

Demonstrating the efficacy of the therapist's theoretical approach on the task to be analysed is often needed before proceeding on an intensive research program. For example, Greenberg (1984), demonstrated the efficacy of two-chair dialogue for resolving splits.


According to Rice and Greenberg (1984) the rational analysis is a thought experiment conducted on the basis of clinical knowledge
and one's theory, which is part of the task environment. One begins by asking such questions as "What are some of the possible components of performances that lead to resolution? and "What series of processes does the client need to go through in order to reach resolution?" (p. 37). This is an attempt to map out and create a model of the idealized client resolution performance by rational means. ExST theory describes the processes of change as co-created between client and therapist (Friesen et al. 1989). Therefore a rational model of resolution performance will include therapist performance as well as client performance.

The rational analysis serves as a framework for organizing the vast amounts of data to be obtained from the study of the actual resolution performances. This rational model will be modified and refined as the researcher discovers what aspects of the actual performances fits or fails to fit the rational model. This is done by comparing the rational model of idealized performances and the empirical analysis of actual performances in a number of cycles.


The investigator now develops a detailed sequential description of the actual therapist and client performances in the therapeutic process under study. In this step the investigator analyzes the performances intensively (coding systems may be used in this step) and attempts to diagram the data.

Step 6. Comparison of Actual and Possible Performances: Construct a
Specific Model.

The investigator compares the actual performances with the possible performances (comparing steps 4 and 5). From this comparison the investigator begins to construct a specific model, consistent with the rational model, of the kind of performances that could have generated the resolution process. At this stage the investigator attempts to conceptualize the mechanisms that enable the process of therapeutic change by progressively correcting, expanding, and making more explicit his or her understanding of the processes involved in generating successful resolution performances. The goal of this investigation is the construction of a detailed specific model of the components of resolution. This step provides a model of change that can now be tested and ends the discovery oriented phase of the task analysis.

Step 7. Validation of the model

Using the newly constructed model, successful resolution and unsuccessful resolution performances, of the same task, are rigorously compared to validate that the specified components discriminate between resolvers and non-resolvers. This is an attempt to validate the model.

Step 8. Relating Process to Outcome.

In this step the complex client-therapist process patterns, which are viewed as a causal chain of change processes, are related to “small o” outcome.
Procedure

All data used will come from The Alcohol Recovery Project (TARP), in which 150 families participated in fifteen sessions of Experiential Systemic Therapy (ExST) or Supported Feedback Therapy (SFT) for the treatment of alcohol dependency. The study was structured according to a repeated measures experimental group design. All counselling sessions were videotaped.

Project Description

Phase I of this project began in 1987 with the development of treatment manuals and the training of alcoholism therapists in ExST and SFT. Phases II began in 1989 and ended in 1994 and involved the data collection. Phase III began in 1994 and is continuing. This phase includes quantitative and qualitative data analyses. The present study is part of the ongoing qualitative research.

Subject Inclusion Criteria for TARP

Each of the 150 families that participated in the research project were screened for the following inclusion criteria:

1. The father was struggling against a dependency to alcohol, and had consumed alcohol within the previous three months.

2. The mother had experienced no alcohol problems within the previous five years.
3. The couple was experiencing marital distress, but still living together and desiring to preserve the relationship.

4. The couple had been living together for at least one year (married or common-law).

5. The couple was ready and willing to participate in couples therapy, should they be assigned to that treatment condition.

6. Each family included one or more children who lived at home, or were in regular contact with the family. All children, nine years of age and older, were asked to participate in the project.

7. Families could be remarried or blended, and the children included could be of either parent.

Families that met the above criteria were excluded at point of screening if one or more of the following exclusion criteria were evident:

1. The father's problem with alcohol was not severe enough for him to exceed the critical cut-off score of five on the Michigan Alcoholism Screening Test (Mast; Selzer, 1971).

2. The mother's use of alcohol was severe enough for her to exceed the cut-off score of four on the MAST.

4. Mother or father scored exceptionally high on either the psychiatric or depression sub-scales of the Symptom Checklist-90 Revised (Derogatis, 1983), indicating a severe psychiatric disturbance.

Those families that met the criteria were randomly assigned to one of the three treatment groups: (a) SFT-Individual, (b) ExST-Individual or (c) ExST-Couple. A large battery of questionnaires tapping three levels of client functioning: (a) level of alcohol dependency, (b) intrapersonal distress and (c) marital adjustment, were administered at pretreatment, posttreatment and follow-up (15 weeks after the treatment session) during the treatment process. The measures were employed to assess outcome.

**Therapist Variables**

Therapists involved in the TARP project were at the Master’s level or higher in counselling psychology, social work or a related field. All of the therapists had at least three years of experience working with clients exhibiting alcohol and drug dependencies. Therapists underwent systematic training in the Experiential Systemic Model, their work being supervised on a weekly basis. Training manuals were provided to ensure that the therapists were adhering to the model.
Therapist variables did not influence the selection of the subjects as key therapist variables were found to be held constant across treatment cases. Friesen et al. (1995) report a high degree of treatment adherence for all therapists involved in this study. A high degree of treatment adherence refers to the fact that ExST treatment was delivered as outlined in the treatment manual by all therapists. In addition, no treatment effects were found to be associated with therapist or gender of therapist.

Selection of Cases

Two couples, one who improved and one who deteriorated, who participated in the Alcohol Recovery Project and had videotapes of their therapy sessions, were chosen for investigation. The manner in which these couples were selected is explained in this section.

Using a modified version of the Success-Failure Strategy, identified earlier, couples who were assigned to the ExST-Couple treatment, were assessed on their pretest, and posttest measures on the Alcohol Dependency Data Questionnaire (ADD), the Symptom Checklist Revised (SCL-90-R), and the Dyadic Adjustment Scale (DAS). These instruments were chosen as each one assesses one of the three levels of client functioning, respectively. The Alcohol Dependency Data Questionnaire (ADD) assesses the level of alcohol dependency in the husband. The Symptom Checklist Revised (SCL-90-R) assesses intrapersonal distress and the Dyadic Adjustment Scale (DAS) assesses marital adjustment. The following section is a description of each measure:
1. The Alcohol Dependency Data Questionnaire (ADD)- a 39 item form was used to indicate change in severity of alcohol dependence over time. The 39 items are rated on a 4 point scale ranging from never= 0 to nearly always = 3. A final score of 0 indicates no dependency, scores ranging from 1-30 indicate mild dependence, a score between 31 and 60 indicates moderate dependence, a score between 61-117 indicates severe dependence. A split half reliability of .87 is reported (Raistrick, Dunbar & Davidson, 1983). A larger score at posttreatment from pretreatment would indicate deterioration.

2. The Symptom Checklist Revised (SCL-90-R; Derogatis, 1983) measures the level of psychiatric symptomatology on a range of symptoms. The authors reports reliability coefficients from .77 to .90. A larger score at posttreatment as compared to pretreatment would indicate deterioration.

3. The Dyadic Adjustment Scale (DAS; Spanier, 1976). This 32 item scale is used to measure marital satisfaction by tapping four dimensions of the marital relationship. These four dimensions are: (a) Dyadic Consensus which measures the degree to which couples agree on important relationship matters, (b) Dyadic Satisfaction which measures the degree of satisfaction and commitment to the relationship, (c) Affectional Expression measures the degree to which the respondent is satisfied with the expression of affection and sex in the marriage and (d) Dyadic Cohesion which measures the degree of couple togetherness. A score of 0 to 151 may be obtained,
a score of 100 or below indicates marital dissatisfaction. Reliability has been reported as .96. A larger score at posttreatment from pretreatment would indicate improvement.

Decision Criteria

The decision criteria employed to choose a couple who improved and a couple who deteriorated was to select the couple in which one or both spouses deteriorated or improved the greatest amount on the measures identified earlier.

An appropriate deteriorator was identified as only one spouse from the ExST-Couple treatment group (N=24) deteriorated by two standard deviations from the mean on two of the measures previously identified. The measures were the Alcohol Dependency Data Questionnaire (ADD) and the Symptom Checklist Revised (SCL-90-R). This spouse did not provide a final Dyadic Adjustment score as the couple separated soon after treatment. This couple was therefore chosen for examination.

The same decision criteria was employed to identify an appropriate improver. However, three spouses from the ExST-Couple treatment group improved by two standard deviations from the mean, on three separate measures. A second decision criteria was implemented to select between these three couples. The couple whose time lag between the initial intake interview and the start of therapy was most similar to the couple chosen as deteriorators was selected. Graphs depicting the scores from pre-treatment to post-treatment, for the husband and wife of each couple for all three measures, are found in Figure 1, 2, 3, and 4.
Figure 1. A bar graph comparing the pre-treatment and post-treatment scores for the husband of the couple chosen as "deteriorators" on the Alcohol Dependency Questionnaire (ADD), the Symptom Checklist 90 revised (SCL-90-R), and the Dyadic Adjustment Scale (DAS).
Figure 2. A bar graph comparing the pre-treatment and post-treatment scores for the wife of the couple chosen as “deteriorators” on the Alcohol Dependency Questionnaire (ADD), the Symptom Checklist 90 Revised (SCL-90-R), and the Dyadic Adjustment Scale (DAS).
Figure 3. A bar graph comparing the pre-treatment and post-treatment scores for the husband of the couple chosen as "improvers" on the Alcohol Dependency Questionnaire (ADD), the Symptom Checklist 90 Revised (SCL-90-R), and the Dyadic Adjustment Scale (DAS).
Figure 4. A bar graph comparing the pre-treatment and post-treatment scores for the wife of the couple chosen as “improvers” on the Alcohol Dependency Questionnaire (ADD), the Symptom Checklist 90 Revised (SCL-90-R), and the Dyadic Adjustment Scale (DAS).
Selection of Events

The first step in selecting events within the Task Analytic Methodology, is to develop operational definitions of (a) an event that includes the task under study, (b) the marker, that introduces the event, (c) successful resolution of the task under investigation and (d) unsuccessful resolution of the task under study. The task under investigation in this study is the resolution of a relational impasse created by disparate beliefs and distance oriented interactions between a couple. An event that includes this task is called a relational impasse event (RI event).

The manner in which these definitions were developed was similar to the procedure used by Friedlander et al., (1994). They conducted an initial analysis of 33 family therapy sessions using the Modified Analytic Induction Method (Bogdan & Biklen, 1992 pg. 69-72) to develop and refine the operational definitions used in their study. The steps to the Modified Analytic Induction Method are: (a) develop a rough definition and explanation of the particular phenomenon under study, (b) use purposeful sampling, which is the purposeful selection of observations that are thought to facilitate the expansion of the developing definition, (c) modify the definition as new cases that do not fit the definition, as previously formulated, are encountered. The ultimate objective is to develop a descriptive definition that encompasses all cases of a phenomenon.

In this investigation, an initial intensive analysis of 45 sessions of ExST-couple treatment was undertaken employing the Modified Analytic Induction steps. The purpose was to understand the characteristics of a therapeutic event that included a couple
attempting to resolve a relational impasse created by disparate beliefs and behaviors. The definitions that were developed are as follows:

1. A RI Event - A RI event is a significant episode in therapy in which a relational impasse is identified by a marker. The relational impasse becomes the task to be resolved. The marker is followed by a set of therapist interventions and ensuing client performance.

2. The Marker - The marker is a statement made by each member of the couple that refers to a relational impasse. The statements demonstrate a difference in opinion, belief, idea, behavior or not having a similar understanding of a situation. Interactions or behaviors that lead to further distancing between the couple are observed. Examples of distance oriented interactions between the couple are: (a) the use of sarcasm, (b) raising one's voice, or (c) ignoring each other.

3. A Successful RI Event - A successful RI event contains a distinct shift in observable interactions between the couple, marked by approach oriented interactions and statements or behaviors from one or both partners of a greater calmness, relief, direction, or decisiveness. Examples of approach oriented interactions between the couple are: (a) expressions of understanding of the other, (b) a willingness to remove obstacles, or (c) a willingness to complete an activity together.
4. An Unsuccessful RI Event - A unsuccessful RI event is defined as an event in which the marker is observed and the therapist attempts to address the problem. However, the subsequent interactions between therapist and couple do not lead to resolution as defined above. The event ends when the topic is changed or the therapy session comes to a close.

The second step in selecting events within the Task Analytic Methodology is to use the definitions developed in the first step as a basis for the identification of the RI events to be analyzed. The Identification of Successful and Unsuccessful RI Events Form (See Appendix A) was developed to identify two successful and one unsuccessful RI events. Six inclusion criteria were derived from the newly developed definitions and included on this form. Therapeutic episodes that fulfil all six criteria are considered successful RI events. In a successful RI event, the marker, as defined above, is observed. The therapist addresses the relational impasse, and after a period of interactions between therapist and couple resolution, as previously defined, is observed.

Therapeutic episodes that fulfil the first three criteria of this form, but do not fulfil the last three, are considered unsuccessful RI events. In an unsuccessful RI event the marker is observed, the therapist addresses the relational impasse but resolution of the impasse is not observed in the following interactions between couple and therapist. The topic is changed or therapy comes to a close.

All videotaped treatment sessions of the two couples chosen
by the *Modified Success-Failure Strategy* were analyzed. Using *The Identification of Successful and Unsuccessful RI Events Form*, two successful RI events were selected from the couple who improved and one unsuccessful RI event was selected from the couple who deteriorated.

Many episodes were not chosen as they did not fulfil the criteria mentioned below:

1. The couple did not demonstrate disparate beliefs or disagreement over a particular issue.

2. The couple demonstrated disagreement but the therapist did not address the relational impasse.

3. There was no interaction between the couple, only interaction between a spouse and therapist individually, so that the event resembled individual therapy rather than couple therapy.

4. The therapist’s approach was directive to the point that there was no room for disagreement to arise.

**Inter-Judge Reliability**

To ensure that the episodes selected for analysis fulfilled the *event, marker, and successful and unsuccessful RI event* definitions, two judges evaluated the selected episodes using *The Identification of Successful and Unsuccessful RI Events Form*. The judges were two graduate students in Counselling Psychology studying family therapy. They reviewed the episodes independently and their
results were compared to the researcher’s. There was 100% inter-judge agreement that these episodes fulfilled the required criteria for successful and unsuccessful RI events. This high agreement rate indicates that there was no discrepancy between the judges and the researcher with respect to the identification of the required criteria.

Content Outline of the selected Successful and Unsuccessful RI Events

The following section contains an outline of the content of the two successful RI events and the unsuccessful RI event.

Summary of the First Successful RI Event

This event occurred in the first of twelve treatment sessions. It started at the beginning of the session and is approximately 15 minutes long. A transcription of this event can be found in Appendix B. The husband brought various forms containing information from a previous treatment program to the therapy session, he gave these forms to the therapist. Included in this information was a Couple Plan that the husband and wife created together. The wife stated that she felt discounted and controlled because she was not consulted regarding giving the Couple Plan to the therapist. The therapist, with the couple, addressed this issue. At the end of the event the husband stated that he more clearly understood his wife’s viewpoint. Together, they gave the Couple Plan to the therapist.
Summary of the Second Successful RI Event

This event began at the start of the third of twelve sessions of treatment. It is approximately 30 minutes long. A transcription of this event can be found in Appendix C. The couple brought two symbols that represented themselves to the session. The wife brought a rock, the husband brought a trophy. The wife’s first statement indicated she wanted a wall put between the two symbols. She placed a symbolic wall (a book) between the symbols. She stated that what she was doing wasn’t very right because she thought she should be striving to be closer, not putting up a wall. The husband responded with surprise and stated that he felt discouraged and frustrated as this event represented a wall coming between he and his wife. The therapist guided them through a symbolic experience in which the couple placed themselves behind the walls and within the maze that was discussed. At the end of the session, the husband stated that he understood that his wife puts up walls to protect herself. She protected herself as it was difficult to trust that their relationship would continue so well. The wife removed the symbolic wall from between the symbols.

Summary of the Unsuccessful RI Event

This event occurred in the third of five sessions. It began in the middle of the session and is approximately 25 minutes long. A transcript of this event can be found in Appendix D. The husband and wife demonstrated different opinions around the issue of finances. The wife stated she was angry. She said she was lucky if the bills were paid and if she had money for groceries. The husband
stated that the wife was never happy with anything. The therapist asked many times if the couple would like to "work on" this issue. In the subsequent interactions between therapist and couple, no greater understanding between the couple occurred. Furthermore, there was no sense of relief, calmness, direction or decisiveness, i.e. no resolution occurred. Finally, the counsellor brought the session to a close.

**Procedural Application of Task Analytic Steps**

The following section delineates the procedural application of the Task Analytic Methodology to this investigation. The findings from the application of steps four through seven are elaborated in the Results section. Step eight is found in the Discussion/Conclusion section.

**Step 1: Explicate Implicit Map of Expert Clinician**

This study is grounded in the ExST couple therapy framework. An outline of this therapy has been provided in chapter one. For a fuller elaboration, the reader may refer to the works of Friesen, Grigg, Peel and Newman (1989).

**Step 2: Select and Describe the Task and Task Environment**

Heatherington and Friedlander, (1990) argue that in addition to the intrapsychic changes that typify individual therapy, meaningful changes in family or couple contexts are characterized by the resolution of interpersonal impasses between family members. The task under study, therefore, was selected to facilitate
a greater understanding of the process in couples therapy that fostered the resolution of a relational impasse created by disparate beliefs and distance oriented interactions. In this study, the task environment is considered to be the therapist and couple performances. The therapist performance is influenced by his/her adherence to Experiential Systemic Therapy during the event.

Step 3: Verify the Efficacy of the Task Environment on the Task to be Studied

First, this investigation is built on the previous process research conducted on ExST. Dubberley-Habich (1992), Wiebe (1993) and Newman (1995) all noted the influence of ExST’s guided and collaborative expressions of intense affective, cognitive and physiological states in facilitating change in couple therapy. Moreover, the above mentioned studies as well as the accumulated EFT studies, describe the importance of deep experiencing for the advancement of marital affiliation when experiential therapy was used to effect marital change.

Second, the task under study is relational in nature. The task environment used in this study employs a relational paradigm as Newman (1995) states “The concepts integral to the ExST theory of change centre on the utility of a relational paradigm to understand human experience and the importance of substantive relational themes and the intensification process in the creation of relational novelty “ (p.41).
Step 4: The Rational Analysis: Constructing Possible Performance Diagrams

A thought experiment was conducted to map out the possible processes therapist and couple progress through in the change process. Possible components and mechanisms of resolution were derived from an examination of ExST theory. A rational model of idealized therapist-couple resolution performances was developed. This model is presented in the results section.

Step 5: Empirical Analysis: Description of Actual Performances

In this investigation, two empirical analyses have been conducted. Following the method used by both Rice and Saperia's (1984) and Plysiuk (1985) of conducting the first empirical analysis, this investigator conducted a step by step description of the change process for the first and second successful RI events using the videotape recordings and transcribed protocols. The purpose of this description was to specify the process in which the therapist and couple were engaged in at each step. An attempt was made to develop an increasingly precise set of descriptive labels or codes with which to classify each unit of therapist, couple and therapist-couple performance. The categories were taken from the components of the rational model.

For the second empirical analysis two measuring systems were employed to code the successful and unsuccessful RI events. The measuring systems are: (a) The Experiencing Scale (Klein, Mathiew, Gendlin & Kiesler, 1969) and (b) The Self-Disclosure Coding System (SDCS; Chelune, 1976). Friedlander et al. (1994)
found that successful family change events were those that contained interpersonal learning. Interpersonal learning required family members to disclose to each other their private thoughts and feelings related to the impasse. The SDCS was therefore chosen as it can accurately measure the amount and type of self-disclosures made in couple therapy. The Experiencing Scale was chosen as it can accurately measure the experiential process considered important in experientially oriented therapies. Below are detailed descriptions and reliability coefficients for each instrument.

The Experiencing Scale.

The Experiencing Scale was developed to capture the essential quality of a client's involvement in psychotherapy. The concept of "experiencing" refers to the quality of a client's participation in therapy; that is, the extent to which inner referents become the felt data of attention, and the degree to which efforts are made to focus on, expand, and probe those data." (Klein, Mathieu-Coughlan, & Kiesler, 1986, p. 21). The scale was designed to use with recordings and transcripts of therapy sessions, for units of 2-8 minutes in length. These units or segments are selected from the therapy hours at a location chosen to meet the needs of the particular study. The scale has also been applied to monologues, structured interviews, group therapy, couple therapy and Gestalt two-chair exercises. Wherever an individual's speech may be isolated to be rated, the scale can be applied. It has also been applied to therapy from different theoretical orientations, for example, dynamic, psychoanalytic, Gestalt and cognitive.

The Experiencing Scale consists of one seven point scale. The
seven levels define the progression of client involvement with inner referents. Table 1 provides a description of the experiencing levels.

Table 1: Short Form of the Experiencing Scale

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>External events; refusal to participate.</td>
</tr>
<tr>
<td>2.</td>
<td>External event; behavioral or intellectual self-description</td>
</tr>
<tr>
<td>3.</td>
<td>Personal reactions to external events; limited self-descriptions; behavioral descriptions of feelings.</td>
</tr>
<tr>
<td>4.</td>
<td>Descriptions of feelings and personal experiences.</td>
</tr>
<tr>
<td>5.</td>
<td>Problems or propositions about feelings and personal experiences.</td>
</tr>
<tr>
<td>6.</td>
<td>Synthesis of readily accessible feelings and experiences to resolve personally significant issues.</td>
</tr>
<tr>
<td>7.</td>
<td>Full, easy presentation of experience; all elements confidently integrated.</td>
</tr>
</tbody>
</table>

A training manual presents the scale in detail, it outlines rater training procedures and includes practice materials. Excellent rater reliabilities have been obtained after training with this manual, ranging from .80 to .99, no differences emerged between professional and non-professional judges (Klein, Mathieu, Gendlin & Kiesler, 1969). Raters are trained to summarize their ratings by two
scores: modal ratings and peak ratings. A modal rating characterizes the overall or average scale level of the segment, it is representative of the most general or frequently occurring experiencing level in the segment. A peak rating is given to any point where a higher level is reached even momentarily in the segment.

The Self-Disclosure Coding System.

The Self-Disclosure Coding System (SDCS) is a behavioral content analysis system designed to examine the basic parameters of self-disclosing behavior. Self-disclosure is the process of revealing one’s inner thoughts, feelings, and memories to another person.

This system was designed to be used with audio recordings and transcripts. A detailed scoring procedure, provided in the coding manual, has been developed for the SDCS and has been shown to be both highly reliable (reliabilities ranging from .77 to .98) and a valid predictor of observers’ perceptions of self-disclosing behavior (Chelune, 1976). The amount of self-disclosure in a 30 second interval of communication is scored in terms of the number of thought units which describe the speaker in some way. The thought units are referred to as self-references. A self-reference may be judged to be positive, negative or neutral. Table 2 is a summary of four of the possible eleven self-disclosure dimensions selected to code the events in this study.
Table 2: Summary of the Self-Disclosure Coding System

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Reference (SR):</td>
<td>The number of thought units that are descriptive of some aspect or quality of the speaker.</td>
</tr>
<tr>
<td>Positive Self-Reference Percent (SR+%)</td>
<td>The percentage of SRs that describe a positive aspect or quality of the speaker.</td>
</tr>
<tr>
<td>Negative Self-Reference Percent (SR-%)</td>
<td>The percentage of SRs that describe a negative aspect or quality of the speaker.</td>
</tr>
<tr>
<td>Neutral Self-Reference Percent (SRo%)</td>
<td>The percentages of SRs that cannot be clearly classified as either SR+ or SR-.</td>
</tr>
</tbody>
</table>

Waring and Chelune (1983) found that self-disclosing behavior as measured by the Self-Disclosure Coding System is a major determinant of various aspects of marital intimacy. A more recent study conducted by Waring, Shaefer, and Fry (1994) explored the relationship of changes in self-disclosure in therapy to the couple's perception of marital intimacy. They found that spouses who were rated as disclosing in greater depth, and referring to themselves in a more positive manner, perceived increased intimacy in their marriages.

**Coding Strategy**

To obtain a representative sample of each of the three events
in their entirety, the three events were broken down into consecutive five minute sections. Two judges used both systems to code randomly selected two minutes segments of every five minute section. The Experiencing Scale was used to code the depth of the clients' intense experiencing and the Self-Disclosure Coding System was used to code the amount and type of self-disclosures made in therapy.

Step 6: Comparison of Actual and Possible Performances: Construct a Specific Model.

The description of the step by step change process was compared to the rational model of resolution performances. Where discrepancies arose, corrections and alternations were made to the model. New codes were added for processes that had not been anticipated. Categories from the rational model that did not prove to make interesting distinctions were removed or reformulated.

Step 7: Validation of the Model: First Empirical Analysis of the Unsuccessful RI Event.

A step by step description of the change process was made for the unsuccessful RI event. The step by step process description of the unsuccessful RI event was compared to the newly constructed model to discover if specific process components discriminate between the resolvers and non-resolvers.
Chapter 4

RESULTS

In this chapter the results of the task analytic steps numbers four through seven will be presented in five sections. Below is an outline of each of the sections.

Section one includes the results of the task analytic step number four, *The Rational Analysis: Constructing Possible Performance Diagrams*. In this section possible components and processes of a successful resolution event derived from ExST theory are delineated. A rational model of idealized therapist and couple resolution performances are developed from the derived components and processes.

Section two includes the results of task analytic step number five, *Empirical Analyses of Therapist and Couple Performances: Measurement of Actual Performances*. This section contains the first empirical analysis of the two successful RI events. Detailed sequential descriptions of the actual therapist-couple performances are provided. The rational model served as the framework for organizing the data.

Section three includes the results of task analytic step number six, *Comparison of Actual and Possible Performances: Construct a Specific Model*. The results from the actual successful therapist-couple performances are compared to the rational model of idealized therapist-couple performances. Modifications and revisions to the rational model are discussed and a new model,
specifying particular components of resolution is presented.

Section four includes the results of task analytic step number seven, Validation of the Model: First Empirical Analysis of the Unsuccessful Resolution Event. A step by step description of the therapist and couple performances in the unsuccessful RI event are compared to the modified model of successful therapist and couple performances. The purpose of this step was to determine whether the successful performances indeed differed from unsuccessful performances and to validate the specific process components that discriminate between successful and unsuccessful resolution events.

Section five includes the results of the second empirical analysis of all three events. All three events were coded using the Experiencing Scale and the Self-Disclosure Coding System. The results of The Experiencing Scale and The Self-Disclosure Coding System for all three events, are presented and compared.

Section 1

Step 4: The Rational Analysis:

Constructing Possible Performance Diagrams

The following possible components and processes of successful therapist-couple performances in a RI event are derived from an examination of ExST theory. The possible components and processes include: (a) four phases of a therapeutic event, (b) relational novelty, (c) intensification, (d) transactional classes. A rational model of idealized therapist and couple performances in a RI event was developed from this examination and is presented in figure 5. Below, each of the components and processes are defined and the positions they hold in the rational model are delineated.
Figure 5. A rational model of the change process specific to Experiential Systemic Couple Therapy for a RI event.
SIX TENETS OF RELATIONAL NOVELTY

1. THERAPIST AND COUPLE COLLABORATION.
2. THE INTENSIFICATION OF SUBSTANTIVE RELATIONAL THEMES OR RELATIONAL PATTERNS, NARRATIVES OR BEHAVIOR VIA THERAPEUTIC TRANSACTIONS WITH SELF, SPOUSE OR THE PRESENTING PROBLEM.
3. IMPORTANT EXPERIENCES, PREVIOUSLY OUT OF CLIENT CONSCIOUS AWARENESS EMERGE IN THERAPY.
4. CLIENTS SPEAK, FEEL, THINK AND BEHAVE ATYPICALLY RATHER THAN SPEAKING, FEELING, THINKING AND BEHAVING IN A RECURRENTLY CHARACTERISTIC FASHION.
5. CLIENTS IDENTIFY SOMETHING NEW ABOUT SELF, THEIR SPOUSE OR THE PRESENTING PROBLEM.
6. RELATIONALLY NOVEL EPISODE.

TRANSACTIONAL CLASSES
1. THERAPIST-CLIENT RELATIONSHIP ENABLING.
2. PROCESS FACILITATION.
3. EXPRESSIVE.
4. SYMBOLIC EXTERNALIZATION.
5. MEANING SHIFT.
6. INVITATIONAL.
7. CEREMONIAL.
Four Phases of a Therapeutic Event

In ExST theory the therapeutic process consists of four phases which are: (a) Forming the Therapeutic System, Setting a Context for Change; (b) Perturbing Patterns and Sequences, Expanding Alternatives; (c) Integrating Experiences of Change and; (d) Disbanding the Therapeutic System (Friesen, Grigg, & Newman, 1991). The first phase involves the creation of a therapeutic relationship producing a safe atmosphere and a sense of trust between clients and therapist. The second phase consists of perturbing current relational patterns and evoking new patterns of relationship with self, others and the world. Evoking new patterns expands a couple’s alternatives for behavior and interaction. The third phase focuses on consolidating the therapeutic gains and integrating the changes made in therapy into everyday life. The rigidity that the couple once had in their relationship changes into relational flexibility. “Where there was once such things as hopelessness, anger, and hurt now lies compassion, tolerance, acceptance and forgiveness” (Friesen et al. 1989, p.14). Finally, the fourth phase represents the end of therapy. Changes made in therapy are celebrated.

These phases are interlocking and can occur cyclically over the course of therapy (Friesen, Grigg, Newman, 1991). This researcher suggests that a change event within the course of therapy roughly follows this larger organization of the progression of the treatment phases. In each event the focus may be more or less on some aspects of each phase. Moreover, the process may return to some earlier phase within an event, as occurs within the
larger course of therapy. The first three phases will therefore form the general outline of the change process in the rational model. The fourth phase is not included as it particularly refers to the end of treatment.

**Relational Novelty**

Relational novelty is the key concept describing change in ExST theory. Once a client experiences relational novelty “they can no longer maintain the same rigid patterns of behavior to which they had previously become accustomed” (Friesen, Grigg, Peel, Newman, 1989, p. 7). This concept is important in understanding the change process and therefore the six tenets that characterize relational novelty are also included in the rational model of resolution performance. As relational novelty is considered both a process and an outcome (Newman, 1995) the tenets of relational novelty will be placed in the model as occurring concurrently throughout the phases of therapy.

The six tenets that characterize relational novelty are (Friesen et al., 1989; Newman, 1995):

1. Therapist and couple collaboration.

2. The intensification of substantive relational themes, relational patterns, narratives or behavior via therapeutic transactions with self, spouse or the presenting problem.

3. Important experiences, previously out of client conscious awareness emerge in therapy.
4. Clients speak, feel, think and behave atypically rather than speaking, feeling, thinking and behaving in a recurrently characteristic fashion.

5. Clients identify something new about self, their spouse or the presenting problem.

6. Relationally novel episodes follow a general pattern and begin with the facilitation of client narratives or utterances. The therapist then suggests delving into a salient aspect of the narrative or utterance through a therapeutic transaction. The clients consent and the therapist guides them through a deep, intense and novel encounter with self, other or with the presenting problem. This encounter ends with a de-intensification during which the therapist may mark a change, congratulate the clients, summarize the encounter or ask the clients for their views of the experience. Either the therapist encourages clients to talk about the experience, or they do so spontaneously.

**Intensification**

The general principle that experientially oriented therapies, including ExST, adhere to is that therapeutic change involves a deepening, enhancing and broadening of the client’s experience. The focus is on increasing the client’s awareness of the recursiveness of current feelings, perceptions and physical states (Friesen, Grigg, Peel, Newman, 1989). Six components that facilitate deep experiencing, also called *intensification* were found to be helpful in deepening client experience, facilitating relational novelty or change.
(Newman, 1995). These components are activities in which the therapist engages and the client responds to positively. In the rational model, these components are expected to be primarily utilized during the second phase of therapy. During the second phase of therapy, the therapist attempts to perturb relational patterns between the couple, the intensification of their relational experience is therefore expected to occur at this point. The six components of intensification are:

1. Providing a detailed definition of the specifics of the clients' dilemma.

2. Creating an interaction between clients or between clients and the symptom.

3. Maintaining a present tense focus during sequences of intense client experiencing.

4. Employing varying degrees of empathy ranging from paraphrasing to advanced empathy to access underlying feeling on a context dependent basis.

The last two components facilitating intensification were found to be contingent upon the nature of the experiential activity conducted. These two components were:

5. Utilizing meaningful metaphors and symbols.

Transactional Classes

There are seven transactional classes used to describe the underlying therapeutic mechanisms that facilitate the co-creation of change within the therapeutic process in ExST. The word transaction is used instead of interaction as it denotes the complexity of the process of accommodation and influence engaged in by all members of the therapeutic system (Friesen et al. 1991). Not all transactional classes need to be engaged in over the course of therapy for change to occur. Therefore, the transactional classes are positioned outside of the main outline of the rational model of the change process. The empirical analyses may indicate if a particular transactional class is crucial to facilitate resolution and at that point the transactional class will be included. The transactional classes are delineated below.

1. Therapist-Client Relationship Enabling Transactional Class.

The creation and maintenance of the therapeutic relationship is the focus of this class. This transactional class occurs throughout the duration of therapy and ensures that the client feels understood and safe. Openness, honesty, information sharing, spontaneity, and encouragement are examples of behaviors observed in clients engaged in this transactional class. Therapists demonstrate such qualities as empathy, respect, understanding, self-disclosure and immediacy when involved in relationship enabling transactions.

2. Process Facilitation Transactional Class.

The therapist focuses on the relational patterns of the clients in this transactional class. The therapist emphasizes the recursive
nature of the clients' patterns as well as the cognitive, emotional and physical experiences that underline these interactions. A therapist's goal when involved in process facilitation, is to perturb some new forms of behavior that expand alternatives and are more satisfying to the client than the ones previously expressed. Therapist techniques included in the process facilitation transactional class are: directing, coaching, expressing underlying feelings, and enactment.

3. Expressive Transactional Class.

This class induces activities aimed at the exploration, discovery, naming and owning of experiences that have not had expression within a client's own awareness. Expressive transactions frequently include the use of mediums other than verbal exchanges such as the use of metaphor, artwork, or physical movement.

4. Symbolic Externalization Transactional Class.

A symbolic representation of some problematic aspect of the clients' world is created and externalized so that he/she can relate to it from a distance. Given form, externalized symbols provide an opportunity for client and therapist to directly encounter the specific qualities of the relationship between the symbol and the client. For example, a bottle can represent a client's alcohol dependency and is placed on a chair. The client proceeds to express his/her relationship to the bottle. Techniques include two-chair, empty chair and process recall.
5. Meaning Shift Transactional Class.

As client self or interpersonal interpretations often leave little room for flexibility, the focus of this transactional class is to expand the alternative ways clients make sense of their world. The therapist can help clients expand their alternatives by aiding them in developing a view of the problem that implies a solution or that facilitates a compassionate response to another or him/herself. Meaning shifts are important in therapy since they often mark moments of irreversible progress. These transactions can include reframing, normalizing and circular questioning.

6. Invitational Transactional Class.

These transactions generally occur at the end of the session and are centred on sharing a concern for client activities in the interim period between sessions, providing continuity between meetings. They are useful in building and maintaining the momentum of the therapy, and result in the development of a clear and concrete invitation for aspects of client behavior to be enacted before the next meeting. Techniques included in this transactional class are journals, monitoring, homework and symptom prescription.

7. Ceremonial Transactional Class.

These transactions include events or ceremonies that formally acknowledge progress and change in clients. These celebrations condense in a dramatic fashion the metaphors and symbols of the therapeutic system itself. These transactions punctuate experience and contribute to the sense of belonging in the
system and thereby contribute to the internalization and ownership of the therapeutic journey. Techniques included in ceremonial transactions are rituals, burials, cremations or confessions.

Summary

This model will serve as the framework for the organization of the data obtained from the next task analytic step which is the first empirical analysis of the actual therapist and couple resolution performances. Results of that analysis are found in the next section.

Section 2

Step 5: First Empirical Analyses of Therapist and Couple Performances: Measurement of Actual Performances

The following results of the first empirical analysis are linguistic summaries of the findings, accompanied by verbatim excerpts from the transcripts to support the inferences that were drawn. To maintain confidentiality, in the transcribed protocols W refers to the wife, H refers to the husband, T refers to the therapist, and (name) refers to a specific person’s name or the name of an organization.

The phases and mechanisms of change of the two successful RI events were similar. Therefore, to provide a clear and concise presentation of the findings, the results of the first two successful RI events are discussed simultaneously.

Both successful RI events were found to progress through phases which roughly follow the ExST’s phases of therapy. During each phase specific process mechanisms engaged in by the therapist
and couple, which facilitated the change process, were observed. In this section, the phases of the change process are outlined and the mechanisms of the change process, observed within each phase, are delineated. Examples from both the first and second successful RI events will be provided.

First Therapeutic Phase/Marker

The first phase, the *Formation of the Therapeutic System*, was identified by therapist-couple collaboration. The introduction of the marker in both successful RI events, occurred during this phase. The marker was identified by distance oriented interactions and statements, made by the couple.

**Event One.**

Text lines 1-119 encompass the first phase, *Formation of the Therapeutic System*, in the first successful event. Text lines 12, 13, 20-23 are the markers that introduce the relational impasse which is the task to be resolved. The husband has brought the therapist a “Couple Plan” that he and his wife have developed in previous treatment. The therapist demonstrates her appreciation for this effort. The wife sarcastically notes that he gave this plan to the therapist without consulting her. The husband responds by ignoring his wife’s statement and proceeds to talk to the therapist. The following is an excerpt from the transcript.

Text: Lines 1-23

1 T. So I noticed that you’ve brought some of your forms.
2 W. Right.
T. That's wonderful, so shall I take those?
H. Ya, that's ours in there ah, (handing envelope to therapist).
That's the report from (name).
T. I had something from (name).
H. Oh, maybe you got it already, that's probably it then.
T. That looks like what I got. I've got the exact same thing.
H. O.K. so I guess (name) must have forwarded you a copy.
T. I really appreciate having it, so thank you, I already have
one but I really appreciate you bringing it in. It's important
to me to read it. So is this your other stuff?
H. Ya this is a couple plan we went over before we left, I
don't know if you want to see that or not?
T. I would be very interested to see it, if you don't mind me
seeing it.
W. You've got another copy of it?
H. No that's the only one, we'll need it back, or make copies.
T. Well, maybe I could make a copy before you go (Name H),
thank you.
W. It's really funny how you brought that without asking.
H.(Mumbling),and this is what I told you about,(talking to T)
the questions that we do every day or have been doing
mostly every day.

Event Two.

Text lines 1-144 of the second successful RI event
encompass the Formation of the Therapeutic System Phase. The
therapist demonstrates her willingness to address the issues that
are important to her clients. The wife demonstrates openness to the therapist. In this phase, text lines 4 - 8; 44-45 are the markers introducing the relational impasse which is the task to be resolved. The wife states she would like a symbolic wall put between symbols representing her and her husband. The husband responds by stating he is stunned by this revelation and mentions his frustration and discouragement. The following is an excerpt from the transcript:

Text: Lines 1-19; 42-45

1  T. I'm not sure when we left off last week, where we had this, whether behind the chair or in front?

2  W. In front, ya.

(Pause) (Counselor places symbols, that the couple brought in to represent themselves, on the floor).

4  W.(Referring to the symbols, laughing) Put a wall between the two.

5  T. Pardon.

6  W. I said I need to put a wall in between the two.

7  T. You would like a wall in between the two.

8  W. No not really, well ya, I suppose I would, if I could.

9  T. Maybe we should put one then, that's what you would like right now.

10 W. No it's o.k.

11 T. No I think that's important, that ah, I know what you want. You could make one (gives wife a piece of paper), or you could use a book.
Mechanisms of the Change Process

The Therapist-Client Relationship Enabling Transactional Class is the process mechanism by which the therapeutic relationship is formed and maintained. The two following lists provide descriptions and examples of activities that both therapist and couple engaged in to form and maintain the therapeutic relationship. These activities are also considered the therapist and couple performance. Similar performances were observed in both successful RI events. The lists demonstrate the collaborative nature of the therapist and couple performances that influence the development of the therapeutic relationship which facilitates the co-creation of change.

Therapist Performance.

1. The therapist clarifies client statements.

Event One - Text: Lines 152-160

160 W. and this is just an example of where you didn’t, you
161 decided your own and it involved me. And that’s o.k., I
162 would have said yes, but you didn’t ask me, all you had to do
163 was ask.
T. You're saying that it's o.k. but it seems as though that it's very much not o.k..

W. No, no, it's o.k. that he gave it to you, that's o.k., I don't have any problem with you having it. It's not o.k. that he didn't ask me. It's not o.k. that you didn't ask, and it's fine that (Name C) has it.

Event Two - Text: Lines 31-36

W. It's not very nice.
T. It's not very nice of you? What's not very nice about that?
W. Um, I think it's just um, it's just not right (laughing), it doesn't feel like I should be doing that. I should be striving to be closer rather than putting a wall up.

2. The therapist questions or “checks in” with each spouse periodically, regarding their perspective, emotions, experience (especially if they have not spoken in a while). The following examples exemplify how the therapist's inquiries allow the couple to express themselves, facilitating the change process.

Event One - Text: Lines 170-177; 304-309.

T. (Asking the husband) So what's going on for you right now?
H. I just don't see the problem, for want of a better word, I don't see what the, like o.k. I understand you're hurt because I didn't tell you before hand, I can see that. But I may as well do nothing, that's what I feel like right now, is why
bother with it then. To me it seems like you don't even see the intent, why I bothered or anything.

T. (Speaking to husband) I really appreciate this and I want to know how you are experiencing yourself right now, after this conversation?

H. Mmm. Well, honestly, o.k. I'm relieved, I honestly don't see the reasoning for going through the dance to get to this result, like, follow me?

Event Two - Text: Lines 231-234; 292-295

T. What's it like inside for you right now, (Name H)?

H. Well it's really frustrating, it's really ah, really angry I guess. It feels almost like it's stupid, ah, I don't really understand what is happening.

T. Oh, it went away, I see. What about for you (NameW)?

W. The same, just letting go of the problem, focusing on the positive. And um, I'm just, that he moved, it just feels better. The ache isn't there anymore.

3. The therapist acknowledges the hard work and efforts the couple makes in therapy.

Event One - Text: Lines 53-57

T. I'm really impressed with how hard you have been working. And I read in the (name) report of how committed you were to your recovery and I'm really impressed. I haven't met anyone who has been doing that, I think this is wonderful.
Event Two - Text: Lines 37-41

37 T. I've been hearing about your striving, and see the striving.  
38 I see the commitment and at the same time I know that  
39 boundaries are very important and I know some of the steps  
40 you are taking too keep talking and tell each other about  
41 your fears. Last time when you were here . . .

4. The therapist uses accurate empathy.

Event One - Text: Lines 212-215

212 T. Maybe part of you feels a little bit angry that such a big  
213 deal is being made out of this, when you just wanted to come  
214 in and help.

215 H. Ya right, I am.

Event Two - Text: Lines 296-308

296 T. So what is there instead?  
297 W. Kind of a patience I think. First of all I was going to say  
298 excitement, and there probably is some maybe there is some  
299 excitement but it's not real deep but there is some. I just  
300 kind of have this feeling that we can get over this hurdle and  
301 if something would change for the good, we'd get  
302 moving.

303 T. You feel more relaxed and more hopeful and a little tiny  
304 bit excited, and thinking "well, we just got to get over this  
305 hurdle and things will seem better". And looking down at  
306 your symbols here, do you have that wall up between you  
307 and (NameH) right now?  
308 W. Not as big.
Couple Performance.

1. The couple asserts their wants or needs to the therapist.

Event One - Text: Lines 247-253

247 W. And he is saying, "well why make such a big deal?" But
248 for me right now, it is a big deal, everywhere in my life, to
249 stand up for what I want, like just to give people permission
250 to have my things. And I can sit back (NameH) and be the
251 nice person and go "oh, sure fine", like everybody can have
252 everything of mine but why should I anymore, that's what I
253 have done all my life.

Event Two - Text: Line 4-6

4 W. (Referring to the symbols, laughing). Put a wall between
5 the two.

6 T. Pardon.

7 W. I said I need to put a wall in between the two.(symbols).

2. The couple interacts authentically (openly and honestly) with the
therapist.

Event One - Text: Lines 307-309

307 H. Mmm. Well, honestly, o.k. I'm relieved, I honestly don't
308 see the reasoning for going through the dance to get to this
309 result, like, follow me?

Event Two - Text: Lines 353-363

353 T. (Speaking to the husband) Do you know what (NameW) is
354 talking about (NameH)?
H. Ya, I can understand her feeling that way, but then, like right now, I just get confused too because what I’m thinking about is, when I talked to her before and I didn’t tell her I was frustrated or why or what not, she picked up that I was but I wasn’t verbalizing it so that scared her. Now when things do bother me I let her know it, I let everybody know about it, and I tell (NameW) how I feel, what I say and what I do. She’s afraid, it’s just like the same old thing except before I wasn’t doing something, and now I’m doing them.

3. The couple demonstrates treatment readiness (a willingness to address the impasse).

Event One - Text: Lines 115-118

H. (Interrupting) Well, it’s not only that, it’s not only that she’s not going to say no, I wasn’t just going to hand it to you anyways, I let you know about it before hand, well it’s just, I hear you though.

Event Two - Text: Lines 48-50

T. And I wonder if we might spend some time just focusing on it, would you like to do that?

H. Ya sure, fine with me.

4. One or both members of the couple spontaneously reveal growth, changes, emotions, or revelations to the therapist.

Event One - Text: Lines 64-73

W. And another change for me, is the other night when he was just really upset, and I could understand why he was upset, but what it does to me, was I got upset. And it was like midnight and I didn’t go to sleep till about two o’clock. And what I wanted to do was just say, “get out of here”, and I didn’t, I didn’t say it. I just let it be. But that’s what I would have done in the past, I would have just asked him to
67 leave, I didn’t do that this time. It’s upsetting, you know,
68 and I don’t think that you should go to bed upset, I think
69 that it’s just not, it doesn’t work if we do it that way.

Event Two - Text: Lines 314-321

314 W. Maybe it’s just that I’m testing him.
315 T. You’re testing him?
316 W. I think so, I want him to jump over it. I was talking to a
317 friend last week and um, telling her what was going on for
318 me, I just didn’t want him to be on top of me, I didn’t want
319 him taking over. She thought that that was, she kind of
320 understood. I think why I’m so upset right now is because
321 I’m not sure why this is going on for me.

Second Therapeutic Phase

The progression through each phase is identified in the
transcripts and videotapes by statements made by the therapist.
The beginning of the second phase, Perturbing Patterns and
Sequences, is marked by references made by the therapist,
regarding the relational patterns emerging in the process of
addressing the impasse or is marked by the therapist’s attempt to
perturb relational patterns. Text lines 120-122 mark this transition
in the first event. Text lines 145-150 mark this transition in the
second event.

Event One - Text: Lines 120-122

120 T. This seems to be something that is a pattern in your
121 relationship, he doesn’t mean to discount you but you feel
T. I would like to invite you (NameH), and (NameW) to do something here. I would like to, what we do here is kind of create psychological space. What I would like to do is to invite you to build these walls around you so that, we can understand what it is like for you. I'm just going to go, would you be willing to do this?

Mechanisms of the Change Process

The key process mechanism characterizing this phase is the Process Facilitation Transactional Class. The therapist identifies relational patterns that underlie the content of the impasse or perturbs relational patterns by encouraging both clients to disclose and deeply experience their underlying reactions, emotions, fears, hopes and expectations to the present situation. This is brought about through certain tenets of relational novelty which are upheld and certain components of intensification which are employed.

Specific components of intensification and tenets of relational novelty are observed in both successful RI events and therefore are considered important factors in the change process. Those components of intensification and tenets of relational novelty that were not observed in both successful RI events are not considered necessary for change to occur.

The following is the list of the tenets of relational novelty and components of intensification that were identified in both
successful RI events. The examples that are provided demonstrate the transactional process occurring between therapist and couple, facilitating the co-creation of change.

**Relational Novelty.**

Tenet 1: Therapist and couple collaboration.

**Event One** - Text: Lines 298-300

298 And I’m wondering that if together you would be willing to 299 give me that paper, if you are ready.

300 W. Certainly,

---

**Event Two** - Text: Lines 48-50

48 T. And I wonder if we might spend some time just focusing 49 on it, would you like to do that?

50 H. Ya sure, fine with me.

Tenet 3: Important experiences, previously out of client conscious awareness emerge in therapy.

Tenet 5: Clients identify something new about self, their spouse or the presenting problem.

Examples demonstrating the last two tenets are:

**Event One** - Text: Lines 216-219

216 T. Is it true that sometimes when you feel angry you say,
“oh well why bother, what I’m really trying to do is just help and I don’t feel appreciated and I think I want to give up”.

H. Ya, Ya, quite often.

Event Two - Text: Lines 78-85

T. You seem far away, right now.

H. I’m just thinking about, I hit a lot of walls I guess. I just tend to, not ignore a lot of them but ah, not acknowledge that they are there, or acknowledge that they are there, but not let them really bother me, I guess that’s another way to do it, just carry on, and it’s getting harder and harder to do that now. Not just with (NameW) but with a lot of other things.

Intensification.

Component 1: Providing a detailed definition of the specifics of the client’s dilemma.

Event One - Text: Lines 120-126

T. This seems to be something that is a pattern in your relationship, he doesn’t mean to discount you but you feel discounted.

W. No, no ‘cause he knows that I’m going to say yes, so he doesn’t ask. On the other hand, there are times that he knows that I’m going to say no, so he doesn’t ask either, so it’s both ways.
Event Two - Text: Lines 95-102

95 T. So you are feeling, these walls have been put there and
96 you feel stunned and confused and you feel “well I have to
97 accept them, this is the way it is right now”. It makes you
98 feel kind of all alone.

99 H. Ya and I am losing my drive, I really am losing my drive, I
100 know that. As far as, it’s not even like they are different
101 walls, that would be o.k., handle it differently, but it seems
102 like I keep hitting the same ones, over time and time again.

Component 3: Maintaining a present tense focus.

Event One - Text: Line 170-177

170 T. (Asking the husband) So what’s going on for you right
171 now?

172 H. I just don’t see the problem, for want of a better word, I
173 don’t see what the, like o.k. I understand you’re hurt because
174 I didn’t tell you before hand, I can see that. But I may as
175 well do nothing, that’s what I feel like right now, is why
176 bother with it then. To me it seems like you don’t even see
177 the intent, why I bothered or anything.

Event Two - Text: Lines 114-124

114 T. (Speaking to the husband). So I’m wondering about what’s
115 going on for you right now, it seems like there are a lot of
116 walls, I don’t know how many there are, and where you are
117 amongst all those walls, I don’t know that.

118 H. Basically in the middle, in the middle with a lot of walls
119 around, basically just feeling whatever I have to do to find
120 my way around them. I just keep running into them, that’s
121 all, like once I think I’ve gotten around it, there’s another
122 one, the same thing right there, I try and find another way
around it, or over it or whatever, so I just keep going, going, very tiring, very tiring.

Component 4: Employing varying degrees of empathy ranging from paraphrasing to advanced empathy to access underlying feeling on a context dependent basis.

**Event One** Text: Lines 195-206

195 H. It’s just, it’s just, like my automatic reaction is why bother right now.

197 T. Why bother with what (NameH).

198 H. Ah, by bringing anything along, or doing anything that is going to try and help, like it just causes another problem it seems to me.

201 T. You just feel hopeless right now.

202 H. Ya basically, ya and if something like this causes such a big thing and to me this is a big thing, like such a misunderstanding, like what do I do, I do nothing. I should do nothing and then there is not going to be such a big misunderstanding.

**Event Two** Text: Lines 62-77

62 T. When you look at it, what do you see?

63 H. Nothing just a blank, nothing I can’t see beyond it, it’s just a wall.

65 T. It’s just a blank.

66 H. Ya, there’s nothing beyond it now, everything stops right there.
68 T. Everything stopped. How does that feel?
69 H. Well it’s discouraging, frustrating, what’s the use.
70 T. You are discouraged and frustrated.
71 H. Ya
72 T. A bit hopeless.
73 H. Hopeless, ya, that’s good.
74 T. Nothing beyond that wall?
75 H. No, there is nothing, just like the end.
76 T. You’ve come up against a blank wall.

(Pause)
77 H. It surprises me.

Third Therapeutic Phase/Resolution

The transition into the third phase, Integrating Experiences of Change, is noted when the therapist makes a statement referring to the new relational patterns that are developing in the couple’s relationship. Text lines 259-262 in the first event and text lines 404-407 in the second event mark this transition.

Event One - Text: Lines 259-262

259 T. . . . . . And you’re kind of in the transition process right now, together you are developing some new patterns and you are finding that sometimes even though you hang in there, (NameH) will go away.
Event Two - Text: Lines 404-407

404 T. So now there is something very different happening and
405 this time it is very likely that it will go on being good, and
406 it's hard at the moment to trust that that will happen. So
407 you get scared and up goes your wall.

Resolution occurs during this phase. As described by Heatherington and Friedlander (1990) a distinct shift in observable behavior occurs between the couple, from distant oriented interactions to approach oriented interactions. This shift is indicated when one or both members of the couple indicate that they have a new understanding of their spouse. In addition, expressions of relief, calmness and a sense of direction are observed. Text lines 307-313 in event one and text lines 428-446 in event two demonstrate that resolution has taken place.

Event One - Text: Lines 307-313

307 H. Mmm. Well, honestly, o.k. I’m relieved, I honestly don’t
308 see the reasoning for going through the dance to get to this
309 result, like, follow me?
310 T. It’s a long way to go a long way around.
311 H. Ya, that’s all but like I understand (NameW)’s viewpoint
312 now more anyway. I guess I just can’t take what I consider
313 little things for granted.
**Event Two - Text: Lines 428-446**

428 T. It seems that you are very tuned into what's going on with (NameW) and you understand that in her past, there were times when things were good and then she learnt not to trust that they would go on being good . . .

432 H. Ya.

433 T. because then it changed. You know what she is thinking of.

435 H. Uh uh, ya.

436 T. So I noticed that you are still nearer to the goals than a little while ago and (NameW) took down her wall and put it here. And I sort of put it there thinking “she may still need it again”, who knows, sometimes people need walls. I don’t know if I did the right thing? Did you want it here? (asking wife?).

442 W. Doesn’t matter.

443 T. Let me ask you where you want it now?

444 W. Just there (wife removes the wall from between the symbols)

445 T. (Speaking to husband) Now you can see your symbol.

446 H. Ya.

Significant statements were made in event two, at the end of the second phase, that indicated resolution was in progress. Text lines 281-308 demonstrate this gradual process.

**Text: Lines 281-308**

281 T. O.K. so if you are focusing on the goals then somehow you don’t see the paths, blocked paths and those walls.
283  H. Ya.
284  T. So you feel clearer?
285  H. Ya much clearer ya.
286  T. How’s your body feeling now that you are clearer?
287  H. Much better, much better.
288  T. What’s that like, that better feeling, what’s that like?
289  H. Ah, more relaxed.
290  T. You feel more relaxed, right now.
291  H. Ya, loose, not rigid, and even that went away.
292  T. Oh, it went away, I see. What about for you (NameW)?
293  W. The same, just letting go of the problem, focusing on the
294     positive. And um, I’m just, that he moved, it just feels 295
295     better. The ache isn’t there anymore.
296  T. So what is there instead?
297  W. Kind of a patience I think. First of all I was going to say
298     excitement, and there probably is some maybe there is some
299     excitement but it’s not real deep but there is some. I just
300     kind of have this feeling that we can get over this hurdle and
301     if something would change for the good, we’d get
302     moving.
303  T. You feel more relaxed and more hopeful and a little tiny
304     bit excited, and thinking “well, we just got to get over this
305     hurdle and things will seem better”. And looking down at
306     your symbols here, do you have that wall up between you
307     and (NameH) right now?
308  W. Not as big.
Mechanisms of the Change Process

During this phase the therapist questions each spouse regarding their experience of the process. The resulting statements, from the couple, reveal understanding and approach oriented interactions, which constitute resolution. The Meaning Shift Transactional Class appears to be the crucial process mechanism at this stage. The therapist summarizes the process the couple has undergone to resolve the task at hand, including the couple’s underlying feelings and personal history to the impasse. She identifies the development of a new relational pattern or positively reframes their present relational pattern, creating new meaning. The following excerpts from the transcripts demonstrate these processes.

Event One - Text: Line 288-297; 326-330

288 T. At times, I also see a lot of energy between you two, I
289 think this is a brand new relationship, in a way and I think
290 that one way you show your caring is by telling (NameH)
291 how you feel and hanging in there. And one way he shows
292 his caring is sometimes by continuing to walk away, out of
293 self-respect and the need to, just to make the situation more
294 safe. And other ways you show your caring is by doing this
295 questionnaire at night and another way, probably feeling
296 frustrated at the same time, is to wait almost twenty minutes
297 for this session to start and we start off with a bang.

326 T. It seems very important and I really appreciate the
327 privilege to be reading it so, I’m going to make a copy before
328 you go and then I’ll give it back. (Reading from the couple’s
329 plan) “When in doubt check out your partner’s feelings”.
330 That’s what you just did.
disclosures of thoughts, feelings, and reactions to the impasse. The third step of the change process includes the development of new relational patterns or the positive reframing of relational patterns that already exist.

The therapist's performance was marked by five behaviors:

1. Guidance. The therapist guided the couple through the phases of the process of change. The therapist did not get caught up in the content of the impasse but was able to identify the underlying relational patterns and feelings of the couple and articulated them clearly, which allowed the event to progress.

2. Empathy. The therapist employed empathy to acknowledge and validate the thoughts, feelings and experiences of both husband and wife.

3. Modelling. By acknowledging and validating the thoughts, feelings, experiences of both the husband and wife, the therapist modelled understanding and acceptance.

4. Probing. The therapist probed the thoughts, feelings and experiences of both the husband and wife.

5. Reframing. The therapist reframed the relational patterns of the couple, providing new meaning.

The couple's performance was marked by three behaviors:
1. Cooperation. The couple demonstrated a willingness to seek change collaboratively with the therapist.

2. Self-Reflection. The couple demonstrated a willingness to focus on, expand and probe their feelings, thoughts, experiences and relational patterns.

3. Self-Disclosure. The couple expressed openly what they were feeling, thinking and experiencing.

Section 3

Step 6: Comparison of Actual and Possible Performances:

Construct a Specific Model

In this section the results of the comparison between the rational model of therapist-couple performances and the actual therapist-couple performances is presented. Modifications and revisions to the rational model are made and are presented by category: (a) maintenance of the therapeutic relationship, (b) the first therapeutic phase, (c) the second therapeutic phase, (d) the third therapeutic phase. The amended model of the change process is presented in Figure 6.
Figure 6. A detailed model of the change process specific to Experiential Systemic Couple Therapy, for a RI event.
### Formation of the Therapeutic Relationship

**Marker Phase**

**Therapist-Client Relationship Enabling Transactional Class**

1. Disparate Beliefs and Behaviors / Distance Oriented Interactions.
2. The Therapist Addresses the Relational Impasse.
3. The Couple Disclose Immediate Emotional Response to the Impasse.
4. The Therapist Uses Empathy (Paraphrasing Level - No Interpretation)
5. Acknowledgement of the Impasse by the Couple.

### Maintenance of the Therapeutic Relationship

**Process Facilitation Transactional Class**

1. The Therapist Evokes and Identifies Relational Patterns:
   a) Intensification Components 1, 3, 4 are Employed.
   b) Relational Novelty Tenets 1, 3, 5 are Identified.
2. a) The Couple Disclose Thoughts, Feelings, Personal History Regarding the Impasse.
   b) Defensiveness May Occur.
3. The Therapist Models Understanding and Acceptance and Diffuses Defensiveness via the Use of Empathy.
4. The Therapist Probes the Thoughts, Feelings and Experiences If Not Spontaneously Offered by the Couple.

### Integrating Experiences of Change / Resolution Phase

**Meaning Shift Transactional Class**

1. The Therapist "Checks In" with Each Spouse.
2. The Resulting Statements Reveal More Understanding for the Other Spouse / Approach Oriented Interactions Follow.
3. The Therapist Summarizes Thoughts, Feelings, History of Both Spouses, Identifies Relational Patterns or Positively Reframes the Present Relational Pattern and Process.
Maintenance of the Therapeutic Relationship

An important component missing in the rational model that was observed in both successful events was the maintenance of the therapeutic relationship throughout the event. This component was delineated in the previous section and was added to the model.

First Therapeutic Phase

There were three important process mechanisms that occurred in the first therapeutic phase in both successful resolution events, that were not mentioned in the rational model. These process mechanisms are mentioned below.

1. In both successful resolution events, both members of the couple responded to the markers, spontaneously or by invitation of the therapist, by revealing their immediate emotional reactions.

2. The therapist actively listened to the emotions expressed, providing empathy to both members of the couple. This use of empathy validated and acknowledged both the husband and the wife’s experiences, without judgment or interpretation.

The following excerpts from the transcripts demonstrate these last two mechanisms:

**First Event** - Text: Lines 96-104

96 W. Oh, no it’s fine, I don’t mind you seeing it at all. But that, 97 it’s just another time that (Name H) has chosen to do 98 something that involved me, he’s controlled it.
99  T. You felt excluded from the decision.

100  W. Ya, excluded and controlled, that I’m not capable of
101     making my own decisions and that I’m not trusted, that you
102     don’t trust me to say, “ya it’s o.k. (NameH), you can give that
103     to (Name C).

104  T. Wow, a lot went on for you.

Event Two - Text: Lines 62-76

62  T. When you look at it [the wall], what do you see?
63  H. Nothing, just a blank, nothing, I can’t see beyond it, it’s just
64      a wall.
65  T. It’s just a blank.
66  H. Ya, there’s nothing beyond it now, everything stops right
67      there.
68  T. Everything stopped. How does that feel?
69  H. Well it’s discouraging, frustrating, what’s the use.
70  T. You are discouraged and frustrated.
71  H. Ya
72  T. A bit hopeless.
73  H. Hopeless, ya, that’s good.
74  T. Nothing beyond that wall?
75  H. No, there is nothing, just like the end.
76  T. You’ve come up against a blank wall.
3. An important mechanism occurring before the process moved into the second phase was an acknowledgment of the impasse by the husband. The husband, in both of the successful events, was the member of the couple who did not initiate the impasse. It may be necessary for both spouses to acknowledge the impasse before the process can progress. The husband’s statements below demonstrate his acknowledgment.

First Event - Text: Lines 115-118

115 H. (Interrupting) Well, it’s not only that, it’s not only that
116 she’s not going to say no, I wasn’t just going to hand it to you
117 anyways, let you know about it before hand, well it’s just, I
118 hear you though.

Event Two - Text: Lines 79-85

79 H. I’m just thinking about, I hit a lot of walls I guess. I just
80 tend to, not ignore a lot of them but ah, not acknowledge that
81 they are there, or acknowledge that they are there, but not
82 let them really bother me, I guess that’s another way to do
83 it, just carry on, and it’s getting harder and harder to do that
84 now. Not just with (NameW) but with a lot of other
85 things.

The Second Therapeutic Phase

There are two important process discoveries found during this phase, in both successful RI events.

1. Both the husband and wife disclose their personal history regarding the relational impasse. The disclosures are acknowledged and validated by the therapist via the use of empathy. Examples
are provided.

Event One - Text: Lines 225-253

225  W.  What's really strange, because I've been thinking about
226  this questionnaire that we do every night, and one of the
227  things (NameH) has requested of me if there is any, this is
228  where it makes no sense to me, he said at (name), that if
229  there is a confrontation he doesn't want me to back down, he
230  wants me to continue with the confrontation, because this is
231  what I would always do before, I would just back down and
232  walk away and come back happy.

233  T.  This is new.

234  W.  So come back happy and it always confused him and yet,
235  if we are having a confrontation about money or anything
236  else that's what he does, he walks away, he walks off.  And
237  he doesn't come out loud and say out loud, "oh why bother",
238  but by his actions that is what he is saying and he walks
239  away.  And we have been working really hard together, to go
240  through stuff and it's hard, really really hard and there are
241  times that both of us feel just feel, "well, why bother, why do
242  this?"  And yet um, before I never would have said anything,
243  it's not just with (Name H) but it's with everyone, if that's
244  what you want you can have it, and I wouldn't have stood up
245  for myself.

246  T.  And now you are standing up for yourself.

247  W.  And he is saying, "well why make such a big deal?"  But
248  for me right now, it is a big deal, everywhere in my life, to
249  stand up for what I want, like just to give people permission
250  to have my things.  And I can sit back (NameH) and be the
251  nice person and go "oh, sure fine", like everybody can have
252  everything of mine but why should I anymore, that's what I
253  have done all my life.

Event Two - Text: Lines 103-113
103 T. What are these walls?

104 H. Lack of people listening, that’s a big one.

105 T. Who, who is not listening?

106 H. Friends, family, not my immediate family, friends, my family, her family.

108 T. You don’t feel heard by your family, by (Name W)’s family.

109 H. Well, not so much (Name W)’s family, my family.

110 T. Who in your family is not listening?

111 H. Who’s not listening? Well, my brother in-law, sister, they are running scared too, because of their addictions.

2. The potential obstacle of defensiveness was overcome in both successful resolution events through the therapist’s use of empathy. In each successful RI event, one or both members of the couple became defensive during the second phase. Not until the therapist clearly and accurately empathized with the underlying reaction, emotion, or fear, of the defensive person, was the client able to progress. Text lines 172-219 demonstrate this process in the first event. Note that the husband remains defensive until the therapist identifies the husband’s underlying emotion of anger and accurately reflects the crucial point, that his underlying intent, in giving the “Couple Plan” to the therapist, was to help.

Text: Lines 172-219

172 H. I just don’t see the problem, for want of a better word, I don’t see what the, like o.k. I understand you’re hurt because I didn’t tell you before hand, I can see that. But I may as well do nothing, that’s what I feel like right now, is why
bother with it then. To me it seems like you don’t even see the intent, why I bothered or anything.

W. I just don’t know why you didn’t ask.

H. Because there wasn’t time, you weren’t there and when I put the stuff together . . .

W. (interrupting) It took us an hour and a half to drive here today.

H. Well, I didn’t think about it, I had it in there, that’s all.

T. So is this typical of what goes on between you two?

H. Ya, I think so.

T. So this is a familiar pattern and you are saying that you would like to change the pattern.

W. Mmm.

T. And you are saying, you would like to change the pattern and you would like to be consulted, when there is a decision to be made that involves the two of you. And you’re saying well, I feel confused because, “I knew you would agree and I’m sorry”, well I don’t know if you said you were sorry,” but I forgot to consult you”.

H. It’s just, it’s just, like my automatic reaction is why bother right now.

T. Why bother with what (NameH).

H. Ah, by bringing anything along, or doing anything that is going to try and help, like it just causes another problem it seems to me.

T. You just feel hopeless right now.

H. Ya basically, ya and if something like this causes such a big thing and to me this is a big thing, like such a misunderstanding, like what do I do, I do nothing. I should
do nothing and then there is not going to be such a big misunderstanding.

W. On the other hand, I feel that is hopeless too because we talked so much about it at (name).

H. That's why I brought it.

W. and it's the same stuff.

H. Ya.

T. Maybe part of you feels a little bit angry that such a big deal is being made out of this, when you just wanted to come in and help.

H. Ya right, I am.

T. Is it true that sometimes when you feel angry you say, "oh well why bother, what I'm really trying to do is just help and I don't feel appreciated and I think I want to give up".

H. Ya, Ya, quite often.

Summary

Key mechanisms of change not included in the rational model were discovered in both of the actual therapist and couple performances.

Mechanisms discovered in the couple performance are:

1. Disclosure of immediate emotional reaction to the marker.

2. Acknowledgment of the relational impasse.

3. Disclosure of personal history regarding the impasse.
Mechanisms discovered in the therapist performance are:

1. The use of empathy to acknowledge and validate the couple’s disclosed emotional reactions and history.

2. The use of empathy to diffuse defensiveness.

Section 4

Step 7: Validation: First Empirical Analysis of the Unsuccessful RI Event

In this section the unsuccessful RI event was rigorously compared to the newly constructed model of the change process to discover if the specified components and mechanisms discriminate between resolvers and non-resolvers. This was done by identifying patterns and sequences in the therapist-couple performances in the successful RI events that were not observed in the unsuccessful RI event. An investigation was also conducted into the factors that may have inhibited these change patterns and sequences from occurring.

Phases of the Change Event

First Therapeutic Phase/Marker

The marker is observed in this event when the couple are in disagreement over the family finances. Text lines 1-32 demonstrate this disagreement.

Text: Lines 1-32
1 T. Would you like to work with this image, the juggler, is
there a point in that, if not, what other ideas would you
have.

4 W. Well, I know (Name H)'s been juggling things now for a
few years, particularly in the finances. As long as I don't
know about them, then he can spend as much as he wants on
whatever he wants and I have no say and that's what I see
as juggling. I see lack of responsibility. I mean, most people
have budgets, we don’t have anything near a budget. It's
like, if her gives me grocery money, I'm lucky. And if the
hydro bill gets paid, we’re lucky. Ya, that's juggling, sure
juggling to keep from being evicted. I don’t consider that
juggling very constructive and that's why, and that's one of
the areas that I have been particularly angry with through
the last few years. It’s because when we were first married
I was involved in the finances, and even though he had total
control that was fine, I knew what was happening, we had
fixed goals and I didn’t buy clothes and things . . .

19 H. (Places coffee mug down on table loudly) What do you
mean you didn’t buy clothes?

21 W. I didn’t, I didn’t even go to a second hand store in the
first five years.

23 H. (Talking at the same time as the wife)

24 W. Ya sure I do now, I buy a lot more clothes now because
we don’t own a house. The only thing that I own is my 26
persona, that I project, that is the only thing that I own in
this world.

28 H. She’s never been happy with anything. I get a house and
she doesn’t like the house I get. We move to Ontario, I get a
house, she doesn’t like that house. Everything I get, she
doesn’t like it because quote, unquote, it doesn’t live up to
the Jones’. And she is a very pressuring women.

The therapist in this event does address the marker, and
acknowledges that finances are a contentious issue for the couple.

Text: Lines 36-45

36 T. Can I step in?

37 W. Yes, please.

38 H. (Coughs) I’m, catching a cold.

39 T. Ya, I can see that, however, you won’t die fortunately, from the cold. O.K. there’s a kind of, an understatement to say there is something here, that you guys are talking about, that is very contentious, really contentious and perhaps, I know, how do you feel about it, do you think, that you have been successful at working through this contentious kind of thing before?

Second Therapeutic Phase

The therapist attempts to refer to the relational patterns that are emerging in this event as in the successful RI events, however, his statements are vague and ambiguous. The husband’s reaction is to help the therapist with the interpretation.

Text: Lines 53-94

53 T. . . . There is something there to what you are saying, there is something that is leaving you feeling not happy, uncomfortable with the way that you two guys have so far worked out say finances and some of these things and you’re unhappy. He’s also unhappy too and and how can I say this the argument that you guys are having in here right now. (Speaking to husband) stop grinning at me!

(Both T. and H. talking at once)

60 H. You’re trying to find the words,

61 T. You’re saying, “This guy is trying to figure this one out here.”
H. I know what you are trying to get across.

T. (Speaking to husband) what am I trying to say? What am I trying to get across?

H. She sees one way I see the other way, and the thing is there is something in between this all. You are trying to picture all that in between us. “And while he is right (referring to himself). You’re right (referring to wife), you both ____ a little balance here and you have worked it out over the years but still (Name H.) steps down on this and she says the reason why (Name H.) steps down is because he doesn’t let me get involved in the finances and all that stuff and so he would rather just back out.” I’m not saying that I’m stuck with words like you are but I know what you’re trying to get through

T. Ya. O.K. and in addition to that I’m trying to say “well, look you guys both feel stuck in this, right? and you feel like the only response ultimately for you is to step down” and I’m saying that’s not good, there’s a different way and I think there is growth to come out of this for the both of you. I think there is a different way. There is a different way, there’s a way in which you could say, “oh, wow, the way my husband is handling this right now, makes me feel just fine, and we’ve worked through this to a great degree”. I know there is a spot that you can get at where you can say that. And you’ll also say, “ya, and he’s not stepping down, we haven’t solved this in such a way that he ends up stepping down or that I end up just closing off my mouth and not saying anything.” There’s a different way is all I’m saying, would you guys like to work on that?

H. I’ve been secretly doing things in the past, just in the past couple of weeks. I mention to you a little while ago that I’m going to try some different things.

The therapist’s attempt at identifying the relational patterns between the couple does not move the process forward. It only seems to produce some confusion and frustration. Moreover, the
therapeutic mandate is not clearly co-created or pursued. The therapist continually returns the therapeutic process to the marker phase by repeatedly asking the couple if finances is an issue they would like to “work on”. The therapist does not examine the issue, in any depth, even when the couple has explicitly stated that finances is a problematic issue. Finally, the therapist draws the event to a close, the therapeutic process remaining in the marker phase. Examples of the therapist returning the therapeutic process to the marker phase follow:

Text: Lines 150-172

150 T. We are still looking for something to work on today.

151 H. Money is always a problem.

152 T. And sometimes it seems discouraging, you say “well you know, we’ve made some progress but you know, but this one we’ll never get through never. Never will we ever be able to get through this one.” You must feel so discouraged sometimes when we go to the next step.

158 W. Ya, money is pretty contentious.

159 T. Could this be one of those situations where you guys are looking back and saying “ya there is some kindness there and it wasn’t there before and we are able to do a few things now that we weren’t able to do before, it is still tentative you know um, um, but now we are facing the next step, and we are facing it and how are we going to get through this one”. Am I right? Is there that kind of feeling?

166 H. I don’t know, but you said about having your set goal or whatever, and I told you last week since I’ve got something to work on for the next couple of weeks, and I’m seeing it myself,

170 T. O.K.
171 H. forget everybody else.

172 T. Ya.

Text: Lines 209-214

209 T. Whatever we do, if we do get to work on something here today, whatever, we do, if there is any success then we can’t say “ah wonderful”, nor should we even go to far too fast.
211 We’ve got to really work on something. I’m still coming back to this. Is there something, perhaps this, that we can work on today?

Text: Lines 411-415

411 T. (Interrupting) I’m going to jump in here for a minute. Do you notice what’s going on between you two, well you have to notice, you guys are having a disagreement, squabble, spat, fight, o.k.. That’s alright, I know you have concerns about that. Would you like me to help you with this?

Text: Lines 422-429

422 T. (Referring to husband) Would you like me to help you work on this so that it could be more satisfying. ‘Cause I know what you are saying now is “it’s o.k. you can survive it, you are a survivor, you will survive” But you know that there is a better way, so would you like me to, would you like to take some risks with me, walk out on some thin ice, all three of us together, do you think there might be a way to dance on this thin ice.

Mechanisms of the Change Process

Similar sequences and patterns of interaction identified in the couple and therapist performances in the two successful RI
events are strikingly lacking in the unsuccessful RI event. The following topics: (a) development and maintenance of the therapeutic relationship, (b) the therapist’s use of empathy, (c) components of intensification, and tenets of relational novelty, will be examined in the unsuccessful resolution event.

The Development and Maintenance of the Therapeutic Relationship

The therapeutic relationship does not appear to have been developed nor maintained in this event: (a) there is limited therapist-couple collaboration, (b) interactions between therapist and couple are disconnected, (c) there is no common goal.

The therapist does not employ empathy, or clarification. He makes little effort to facilitate the couple’s understanding of each other. The therapist does not probe either the husband or wife regarding their perspective, emotions or experience. The therapist interrupts the clients when they are trying to express their viewpoint, in an attempt to maintain his agenda. He uses sarcasm, disregards important feeling statements and makes comments that could be considered insulting.

In this event the husband makes statements referring to his non-cooperation, revealing his lack of treatment readiness and unwillingness to pursue change collaboratively with his wife. Examples of both therapist and couple performances that contribute to the lack of a therapeutic relationship follow.

Therapist Performance.
1. The therapist uses sarcasm.

Text: Lines 38-40

38 H. (Coughs) I’m, catching a cold.
39 T. Ya, I can see that, however, you won't die fortunately, from the cold.

2. The therapist interrupts clients.

Text: Lines 46-59; 357-364

46 H. We get by because I step down, but it's always there though.

48 T. O.K. you step down, as the underdog steps down. O.K. hold it for a minute, (facing wife) that doesn't make you feel good right.

51 W. Well that may be his perception of the situation but . . .

52 T. (Interrupting her) Hang on for a second because you are not hearing what I'm saying. There is something there to what you are saying, there is something that is leaving you feeling not happy, uncomfortable with the way that you two guys have so far worked out say finances and some of these things and you're unhappy. He's also unhappy too and and how can I say this the argument that you guys are having in here right now . . .

357 T. Ya o.k. and yet in this point in time, today they find themselves in a malign bind, that they really don't deserve, I mean really, he doesn't deserve to be in this bind, you don't deserve to be in this bind, but you are in the bind.

361 W. Well, I think what happened was we were both involved in the finances . . .

363 T. (Interrupting) What was your reaction to my statement? Do you have a sense of . . .

(Both T and W talking at once)
3. The therapist makes comments that could be considered insulting.

Text: Lines 127-143

W. It's not as if I haven't tried to do things that . . .

T. (Interrupting, facing wife, moving closer) (Name W), you have tried, (Name W) you are a wonderful woman, you are a wonderful woman and you have tried, you have struggled to do you very very best. I know that and I bet ah, you know, in his sanest moments, in his most calm and secure moment, he's going to say exactly what I've just said. I don't see evil in your heart or mal intent inside you, ya sometimes you set out to thump people (punching hand in fist). I mean your human right, but you are not a witch, you're just a human being, doing your very, very best. (Looking to husband) Am I telling a tale here, in your sanest, calmest, secure moments, you're going to say, "ya she's really doing her best".

H. Ya she's human.

T. And human too. And you guys are taking second best with this, you're putting up with it and that's o.k., in a way that's good.

4. The therapist misses key feelings and interactions between husband and wife.

Text: Lines 394-421

W. I shouldn't pay for it when he drank last month and spent the money. He should give me the grocery money for the month, and then if he has to go work in the fields to pay for the bills that he owes because he went drinking last month, then he should do that because that's his responsibility. He doesn't want me involved in the finances, he doesn't want me to work, he doesn't want me to do a lot of things, then at least he should do his part of the bargain which is providing a place to live and what to eat. I'm not asking for new clothes all the time, I'm not asking for new
clothes for my kids, or runners or fancy anything, or brand
new cars or anything, new furniture, which we haven’t got
any new furniture, that’s fine I’m not asking for those things,
I’m simply asking for grocery money. And I don’t
understand why I’m being blamed when I’m simply asking
for grocery money.

H. I didn’t blame you.

T. (Interrupting) I’m going to jump in here for a minute. Do
you notice what’s going on between you two, well you have
to notice, you guys are having a disagreement, squabble,
spat, fight, o.k.. That’s alright, I know you have concerns
about that. Would you like me to help you with this?

W. MMM

T. I mean you would (pointing to wife)

H. I have my mind made up what I’m doing, it doesn’t matter
what, if she doesn’t like what I’m doing, that’s too bad,
there’s the door. ‘Cause I’m doing what I have to do and
that’s right and if she doesn’t like it that’s too bad.

5. The therapist disregards key emotions.

Text: Lines 448-459

T. O.k. so then what I’m saying, this is what I’m saying (Name
H), would you like, I’m giving you an invitation, in fact I’m
telling you this is the way that it is possible to do it. And I
don’t want to help you guys make any changes whatsoever,
that leave one of you feeling that you were forced into
making any kind of a change, even if it was a tiny one. Right
now she has to get involved in a particular kind of way and
that’s the only way that she can . . .

H. (Interrupting) It’s her security.

T. O.k., ya fine but if that’s the only way to work it out to
make her happy, it won’t ultimately lead to happiness for the
two of you.

**Couple Performance.**

The husband, repeatedly, makes statements referring to his unwillingness to pursue change collaboratively with his wife. In each example, the therapist never addresses these clear distance oriented statements made by the husband. Examples follow.

Text: Lines 92-102

92  H. I’ve been secretly doing things in the past, just in the past couple of weeks. I mention to you a little while ago that I’m going to try some different things.
93  T. Ya.
94  H. And I have been and a lot of stuff she’s kept in the dark.
95  T. O.K.
96  H. But when we first met she was in the dark.
97  T. O.K.
98  H. And so I’m going back to square one when I built all my wealth up, quote, unquote material things. I’m getting into that area and keeping her out, just deliberately, I don’t want her involved. I’m doing what I have to do.

Text: Lines 166-181

166  H. I don’t know, but you said about having your set goal or whatever, and I told you last week since I’ve got something to work on for the next couple of weeks, and I’m seeing it myself,
167  T. O.K.
168  H. forget everybody else.
169  T. Ya.
H. I see myself on something that seems to be heading in the right direction. And if they happen to be there, they are there. If they are not, they are not, I'm still not going to change this pattern. Like I said, I went and got myself a job, and I did a bunch of things. She'd be happy if I hang onto a job for twenty years, my thoughts are again, I could make my mistakes and go back to entrepreneuring again, so that’s where you have to sit and

T. Juggle.

Text: Lines 199-204

199 H. I'm pretty strong with what I'm saying, I mean it, I've given up on her disagreements, now I'm doing just what I'm doing.

202 T. One of your strengths, one of your strengths.

203 H. Ya.

204 T. Great.

Text: Lines 418-429

418 H. I have my mind made up what I'm doing, it doesn't matter what, if she doesn't like what I'm doing, that's too bad, there's the door. 'Cause I'm doing what I have to do and that's right and if she doesn't like it that's too bad.

422 T. (Referring to husband) Would you like me to help you work on this so that it could be more satisfying. 'Cause I know what you are saying now is "it's o.k. you can survive it, you are a survivor, you will survive" But you know that there is a better way, so would you like me to, would you like to take some risks with me, walk out on some thin ice, all three of us together, do you think there might be a way to
Text: Lines 477-491

477  H. So she’s out in the dark a lot but I do what I have to do. If
478  I need twenty dollars for gas to go to some place and she ask
479  me where the money was, I’ll just you know, if she doesn’t
480  smell alcohol on my breath, then she doesn’t have a question.
481  I’ve been to Victoria three times this week, she doesn’t know
482  that.

483  T. She knows now.

484  H. But she didn’t know that and where the money goes and
485  that I’m . . .

486  W. I’m not asking where its going, I’m asking , give me my
487  grocery money first and then do whatever you want. That’s
488  always been my attitude, I’ve never been a demanding sort
489  of “I’m in charge of the chequebook” kind of woman, I’ve
490  never have been and I don’t feel that I need to be, so.

491  T. Well, let me draw this to a close.

The Therapist’s use of Empathy

Similar to the successful resolution events, both the husband
and wife reveal their immediate emotional reactions to the marker
(ie. their disagreements over finances). They also provide their
personal history regarding the impasse. The wife expresses her
frustration and anger over not being able to afford basic necessities
such as groceries because her husband has spent the money on
alcohol. The husband mentions that he feels his wife will never be
happy with what he provides. Unlike the successful resolution
events, however, the therapist does not empathize with their
underlying feelings or reactions. The husband and wife get caught up again and again in the content of their financial problems as their underlying feelings and experiences are not acknowledged or validated. Moreover, it has been observed from the two successful RI events that accurate empathy is key in diffusing defensiveness in clients. In the unsuccessful RI event, defensiveness is never diffused as empathy is not used.

Intensification / Relational Novelty

No components of intensification nor tenets of relational novelty were observed to have been utilized or upheld in a manner that facilitated the progression of the change process.

Summary

A comparison of the successful RI events and the unsuccessful RI event reveals several therapist performance factors and couple performance factors that may have inhibited the progress of the change event. These factors are listed below.

Therapist performance factors:

1. Limited attempt at forming a therapeutic relationship.

2. Limited therapist guidance through the therapeutic process.

3. Lack of the therapeutic use of empathy (a) to acknowledge or validate the couple's thoughts, feelings or experiences (did not
model understanding or acceptance to the couple); (b) to diffuse defensiveness.

4. Limited probing into the couple’s thoughts, feelings, and perspectives.

5. Did not address non-collaboration.

Couple performance factors:

1. Limited collaboration with the therapist.

2. Unwillingness to pursue change collaboratively as a couple.

3. No acknowledgement that the impasse is relevant.

4. Did not demonstrate treatment readiness.

Section 5

The Second Empirical Analyses for all Three Events

The Experiencing Scale and the Self-Disclosure Coding System were used to discover if the level of experiential activity and the amount and type of self-disclosures made by the couples could discriminate between successful and unsuccessful change events.

The Experiencing Scale

To be able to compare events of unequal length, averages and percentages were computed from the raw scores. The results of
the Experiencing Scale will be presented in mode and peak average scores. The scores represent the level of experiencing, for the husband and wife separately, for each event. Event one and two are the two successful RI events, event three is the unsuccessful RI event. Inter-rater reliability was calculated using Pearson product-moment correlational coefficient resulting in a reliability of .98. Table 3 presents the results.

Table 3: Average scores of the level of modal and peak experiencing for the husband and wife in each event.

<table>
<thead>
<tr>
<th>Event</th>
<th>Husband Mode</th>
<th>Husband Peak</th>
<th>Wife Mode</th>
<th>Wife Peak</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event One:</td>
<td>2.3</td>
<td>3</td>
<td>3.5</td>
<td>4</td>
</tr>
<tr>
<td>Event Two:</td>
<td>3</td>
<td>3.1</td>
<td>2.7</td>
<td>4</td>
</tr>
<tr>
<td>Event Three:</td>
<td>1.2</td>
<td>1.7</td>
<td>1.3</td>
<td>2.7</td>
</tr>
</tbody>
</table>

Reviewing the results it appears that the peak experiencing levels of the two successful RI events are greater than the peak experiencing levels of the unsuccessful RI event. One-tailed T-tests were computed to test the significance of the difference between two means.

The first T-test compared the peak experiencing couple scores in the first event with the peak experiencing couple scores in
the third event. The peak experiencing couple scores were found to be significantly larger for the first event, $t(11) = 1.73$, ($p=.056$).

The second T-test compared the peak experiencing couple scores in the second event with the peak experiencing couple scores in the third event. The peak experiencing couple scores were found to be significantly larger for the second event, $t(14) = 1.98$, ($p=.033$).

**Summary**

The husband and wife’s peak levels of experiencing were found to discriminate between successful and unsuccessful change events. Significantly higher levels of experiencing were found to occur in the successful RI events than the unsuccessful RI event.

**The Self-Disclosure Coding System**

Inter-rater reliability was calculated for the coding of this system using the Pearson product-moment correlational coefficient resulting in a reliability of .74. The average number of self-disclosures, per five minute segment (SR/5 min.) of each event, for both the husband and wife, were calculated. For each event, the percentages of positive (SR+%/Event), negative (SR-%/Event), and neutral (SRo/Event) self-disclosures were also calculated. Table 4 presents these results.
Table 4: Results of the Self-Disclosure Coding System

<table>
<thead>
<tr>
<th></th>
<th>Event One</th>
<th>Event Two</th>
<th>Event Three</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Husband</td>
<td>Wife</td>
<td>Husband</td>
</tr>
<tr>
<td>SR/5 min.</td>
<td>8</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>SR+%/Event</td>
<td>16%</td>
<td>23%</td>
<td>34%</td>
</tr>
<tr>
<td>SR-%/Event</td>
<td>38%</td>
<td>37%</td>
<td>47%</td>
</tr>
<tr>
<td>SRo/Event</td>
<td>46%</td>
<td>41%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Reviewing these results it appears that the couple in the third unsuccessful RI event disclosed proportionately fewer positive self-disclosures than the couple in the first and second successful RI events. A Z-statistic was used to test the significance of the difference between two proportions. The husband and wife's combined positive self-disclosure scores for the third event were compared to those of the first event and to those of the second event separately. It was found that the couple in event three disclosed significantly fewer positive self-disclosures than the couple in event one, $Z=2.639$, $p=.004$; and than the couple in event two, $Z=4.338$, $p=.000$.

Summary

The total amount of self-disclosures did not discriminate between successful and unsuccessful RI events. However, the frequency of the type of disclosures did discriminate between the
successful and unsuccessful RI events. The couple in the unsuccessful RI event disclosed significantly fewer positive self-disclosures.
Chapter 5

DISCUSSION AND CONCLUSION

Addressing the task analytic step number eight, *Relating Process to Outcome*, a summary and discussion of the results are presented in three sections: (a) a review of the key components in the change process within the ExST framework for an RI event, (b) a discussion of the results from The Experiencing Scale and The Self Disclosure Coding System, and (c) a presentation of a general model of successful couple change for an RI event, including couple-therapist performance factors that facilitated and hindered the change process. This model is applicable across therapeutic approaches. Finally, implications of the results for clinical practice and training will be discussed as well as limitations of the study and areas for further research.

Key Mechanisms of Change within the ExST Framework

Responding to Gurman's (1988) recommendation to identify and specify effective ingredients of change within family therapy models, a detailed performance model of successful couple change for the task of resolving the relational impasse created by disparate beliefs and distance oriented interactions, using Experiential Systemic Couple Therapy, has been provided in the results section. A review of these results specific to Experiential Systemic Couple Therapy follows.
Phases of a Change Event / Transactional Classes

The phases of the change process of the in-session RI event roughly followed the larger organization of the phases of therapy described in the ExST theory. Three of the seven transactional classes were found to be crucial mechanisms in facilitating change in therapy. These three transactional classes which characterize the interrelated nature of the therapist and couple performances in a successful change event are as follows:

1. Therapist-Client Relationship Enabling Transactional Class.

The creation and maintenance of the therapeutic relationship is the focus of this class. This transactional class occurs throughout the duration of therapy and ensures that the client feels understood and safe. Openness, honesty, information sharing, spontaneity, and encouragement are examples of behaviors observed in clients engaged in this transactional class. Therapists demonstrate such qualities as empathy, respect, understanding, self-disclosure and immediacy when involved in relationship enabling transactions.

2. Process Facilitation Transactional Class.

The therapist focuses on the relational patterns of the clients in this transactional class. The therapist emphasizes the recursive nature of the clients’ patterns as well as the cognitive, emotional and physical experiences that underline these interactions. A therapist’s goal when involved in process facilitation, is to perturb some new forms of behavior that expand alternatives and are more satisfying to the client than the ones previously expressed. Therapist
techniques included in the process facilitation transactional class are: directing, coaching, expressing underlying feelings, and enactment.

3. The Meaning Shift Transactional Class.

As client self or interpersonal interpretations often leave little room for flexibility, the focus of this transactional class is to expand the alternative ways clients make sense of their world. The therapist can help clients expand their alternatives by aiding them in developing a view of the problem that implies a solution or that facilitates a compassionate response to another or him/herself. Meaning shifts are important in therapy since they often mark moments of irreversible progress. These transactions can include reframing, normalizing and circular questioning.

In addition, there appears to be an appropriate sequence or progression of these classes in the process of change. However, the process may not flow smoothly from one phase into another. There may be a return to a previous phase, or less emphasis placed on the process of one phase than another. Nevertheless the general sequence follows: (a) The Therapist-Client Relationship Enabling Transactional Class should be engaged in at the start of the therapeutic experience and maintained throughout the entire process; (b) The Process Facilitation Transactional Class should be engaged in during the second therapeutic phase, Perturbing Relational Patterns, Sequences; Expanding Alternatives; (c) the Meaning Shift Transactional Class should be engaged in during the
Components of Intensification / Tenets of Relational Novelty

Three intensification components were found to be key mechanisms in the change process. These components which characterize the therapist’s performance are as follows:

1. Providing a detailed definition of the specific of the clients’ dilemma.

2. Maintaining a present tense focus during sequences of intense client experiencing.

3. Employing varying degrees of empathy ranging from paraphrasing to advanced empathy to access underlying feeling on a context dependent basis.

Three tenets of relational novelty were also found to be key mechanisms of the change process. These tenets which characterize the couple’s performance are as follows:

1. Therapist and couple collaboration.

2. Important experiences, previously out of client conscious awareness emerge in therapy.

3. Clients identify something new about self, their spouse or the presenting problem.
Other transactional classes, intensification components and tenets of relational novelty were observed in the successful events. However, the mechanisms mentioned were those that were observed in both successful events and not observed in the unsuccessful event. This suggests that these specific mechanisms are key ingredients in the change process of an RI event, when employing Experiential Systemic Couple Therapy.

The Two Coding Systems

The Experiencing Scale

Research on the Experiencing Scale suggests that peak experiencing levels are more predictive of outcome in therapy than are the modal scores (Klein, M., Mathieu-Coughlan, P., & Kiesler, D., 1986). In this investigation it was found that the peak experiencing levels of the husband and wife in the successful events were statistically significantly greater than those of the husband and wife in the unsuccessful event. The level of experiencing, or quality of client involvement in therapy, does discriminate between successful and unsuccessful resolution events. These results are similar to those found by Alden (1989) and Johnson and Greenberg, (1988) and emphasize the importance of couple participation in the change process and their willingness to focus on, expand and probe inner referents. However, other factors may be at play. Can a therapist or therapeutic approach facilitate or hinder the quality of client involvement in the psychotherapeutic process? Strupp (1980) found that many therapists react adversely to a client's negativism
and hostility, and these reactions, in turn, may contribute to negative outcome. Professional therapists were found to be no more effective when dealing with clients' resistance and negativism than untrained counselors. Professional therapists did better with highly motivated and nonresistant clients. Moreover, data showed that a particular therapeutic approach may work well with persons who possess qualities that enable them to use it, but that it may not be the treatment for all.

Both Alden (1989) and Johnson and Greenberg (1988) found a large proportion of couple responses in successful sessions scored at a level of four or higher on the Experiencing Scale. Results from this study demonstrate relatively lower levels of modal and peak experiencing in both the unsuccessful and successful events. This may suggest that change can take place even at moderate levels of client involvement and participation in therapy.

Self-Disclosure Coding System

The results of the Self-Disclosure Coding System demonstrate that the total amount of self-disclosures made by the husband and wife did not discriminate between the successful and unsuccessful resolution events. However, the type of self-disclosures made in a change event did discriminate between the events. In the unsuccessful resolution event only five percent of all self-disclosures for both the husband and wife were positive self-disclosures, three to seven times fewer than in the successful events, this difference was found to be statistically significant. This result supports Waring, Schaefer, and Fry's, (1994) findings. Their
research suggested that increased intimacy was associated with couples who reciprocally disclosed a positive disclosure pattern to one another, as opposed to one that was negative. They concluded that if their findings were repeatedly validated it may suggest that therapeutic approaches encouraging couples to exchange negative thoughts and hostile feelings may not increase closeness.

A General Model of the Change Process

Responding to two more recommendations made by Gurman (1988) for family therapy research, which are, (a) to study the common elements and mechanisms of change across methods, and (b) to study the factors associated with deterioration or negative effects, the research questions posed in the introduction will be addressed. These two questions are:

1. What are the specific process steps taken by therapist and couple in the development of the co-creation of successful change, in a couple treatment context, focusing on the resolution of a relational impasse created by disparate beliefs and distance oriented interactions?

2. What are the factors that inhibit the completion of the steps toward resolution, thereby inhibiting change from occurring?

To respond to the two research questions, a simplified model
of the change process (see Figure 7), derived from the results of the present investigation, which may be applied to other therapeutic approaches, is presented and discussed. Although the original model is based on the ExST framework, aspects of the original model are applicable to family-couple therapy as practised in the field. Gurman (1988) states that two common ingredients in family therapy are “the creation of alternative modes of problem solving” and “the modification of the permeability of channels available for the exchange of information” (p.132). Both ingredients are aspects of the model presented in this investigation.

A description of the therapist and couple performances that facilitated the process of change for each step is outlined below. A description of therapist and couple performance factors that inhibited the facilitation of the change process is also provided.

Step One: The Marker: Introduction to the Relational Impasse; The Therapeutic Relationship

Introduction to the Relational Impasse.

The relational impasse is introduced by the marker which is indicated by disparate beliefs between the couple and distance oriented interactions. The therapist addresses the relational impasse.

The Therapeutic Relationship.

Common elements of many researcher’s definition of the therapeutic relationship, also called therapeutic alliance, include mutuality, engagement, and collaboration, where both therapist and
Figure 7. A simplified model of the change process, including both therapist and client performance, for a RI event.
COUPLE PERFORMANCE

STEP 1: THE THERAPEUTIC RELATIONSHIP
- Marker Phase
- Relational Impasse
- Couple Collaboration
- Treatment Readiness

STEP 2: IMMEDIATE EMOTIONAL REACTIONS
- The couple discloses emotional reactions to the marker

STEP 3: ACKNOWLEDGMENT
- The couple acknowledges the impasse as relevant and in need of resolving

STEP 4: SELF-DISCLOSURES
- The couple discloses thoughts, feelings and history regarding the impasse

STEP 5: INSIGHT / RESOLUTION
- The couple demonstrates increased understanding for their partner
- Approach oriented interactions

THERAPIST PERFORMANCE

- Therapist collaboration
- The therapist attends to validation and invalidation cues of the couple
- The therapist validates and acknowledges the couple’s emotions via the use of empathy
- The therapist attempts to help the couple understand the importance of resolving the impasse
- The therapist facilitates higher levels of client experiencing
- Facilitates positive self-disclosures
- Diffuses defensiveness and models understanding and acceptance via the use of empathy
- The therapist "checks in" with each spouse to see if they have gained a new understanding of the other
- Reframes client interpretation of relational patterns, providing new meaning
client have the capacity to participate in the therapeutic contract (Hovarth, and Symonds, 1991, Frieswyk et al., 1986). A consistent assumption is that the therapeutic relationship plays a key role in treatment (Gelso & Carter, 1985; Highlen & Hill, 1984; Tichenor & Hill, 1989). The Vanderbilt Project (Strupp 1980), also involved the investigation of the process of the therapeutic experience for clients who improved and for clients who deteriorated. It was found that what the deteriorators had in common was an absence of a working relationship with their therapist. Their data suggest that “the therapeutic relationship becomes established and fixed very early in treatment (before the end of the third session), and that is is fateful for its course and outcome” (p. 716).

Supporting previous research, this investigation found the therapeutic relationship to be a discriminating factor between the successful and unsuccessful RI events and a crucial process step in the co-creation of change in couple therapy. Both couple and therapist performances in the successful RI events included collaboration, mutuality and engagement towards a similar goal. The lack of, or a limited therapeutic relationship in the unsuccessful RI event appears to be an inhibiting factor in the change process. This finding is supported by the Therapeutic Alliance scores of each couple (see Appendix E for a description of this scale). Individuals and couples in TARP completed either an individual or couple Therapeutic Alliance Scale (Pinsof and Catherall, 1986). A synthesized version of these two scales was computed for comparison purposes (see Olsen, 1993). The husband in the unsuccessful RI event scored 1.7 standard deviations below the
average Therapeutic Alliance score of all TARP participants, indicating that he did not perceive the therapeutic alliance to be very strong as compared to the other participants. The wife's score in the unsuccessful resolution event was equal to the average therapeutic alliance score of all TARP participants. In the successful RI event the husband's score was equal to the mean and the wife's score was 1.2 standard deviations above the mean, indicating she perceived the therapeutic alliance to be fairly strong as compared to the other participants.

Couple performance factors that inhibited the development of a therapeutic relationship were the lack of treatment readiness and the unwillingness to pursue change collaboratively as a couple and with the therapist. The therapist performance factors that inhibited the development of the therapeutic relationship revolved around the inability or unwillingness of the therapist to lay aside his agenda to respond facilitatively to the responses of his client's. For example, the husband in the unsuccessful event provided many overt cues and statements that he was unwilling to pursue change collaboratively, invalidating the therapist's efforts. However, the husband's cues were never addressed as the therapist followed his own therapeutic plan.

Leitner & Guthrie (1993) assert that therapists need to learn and respond to their client's personal style of validation and invalidation of their interventions. If a therapist is unwilling or unable to attend to the cues provided by their clients and is unwilling or unable to search for another path to meet their clients, a stumbling block to a therapeutic relationship will occur. The
therapist in the unsuccessful resolution event was not “picking up” or responding to cues from his clients that something was wrong, that they were not feeling acknowledged, that the husband was unwilling to work collaboratively. The responses from the clients invalidated the therapist’s interventions but the therapist did not change his approach.

To facilitate the accomplishment of developing the therapeutic relationship in the moment to moment interactions in therapy, Leitner & Guthrie (1993) suggest that therapists learn to recognize the subtle validations and invalidations of their interventions by their clients early in therapy. Personal construct psychology suggests that all interactions in therapy are an intricate interplay of validation and invalidation which forms the movement of the meeting of these persons. A therapeutic intervention is a crucial test of the therapist’s understanding of the client. When an intervention is validated, the therapist can have greater confidence in his or her understanding of the client. “Validation may give both the therapist and the client the courage to continue the venture” (p. 285). Invalidation, on the other hand, marks a distance between the client and therapist and signals the need for a reconstructed understanding of the client. When a client invalidates a therapist’s intervention, the client is telling the therapist that there is something wrong with the intervention. If the therapist notes the invalidation, he/she is led to try to understand why, to listen more carefully to the client and to “search for another path toward the process that is the client”.

Direct validation or invalidation of a therapist’s intervention
in moment by moment interactions may be as obvious as the client saying, "Yes, that's right" or "No, that's wrong". Immediate invalidation of an intervention allows the therapist to change course and therefore form a closer relationship with the client. One problem in interpreting direct validations is that persons may mean what they say, but not say all they mean. For example, some people may not be socialized to disagree and they therefore may agree with the therapist and then in their following discussion reveal their disagreement. Because of issues such as this, indirect validation or invalidation frequently may give the therapist more reliable evidence of the quality of their approach to their clients. Indirect validation conveys "right" or wrong" to the therapist in ways other than words. The therapist must attend to (as opposed to hear) the client in order to understand whether his/her interventions are being validated or invalidated. Validation data may be found in vocal cues, such as pace or tone, and body movements. A client's rigid body slowly relaxing in a session may reveal that the client is validating the therapist's interventions, that is, they may be beginning to feel safe and are demonstrating more openness.

Step 2: Immediate Emotional Response to the Impasse

The couple performance in this step is characterized by the revelation of their immediate emotional response to the relational impasse. The therapist's performance is characterized by his/her validation and acknowledgement of the emotional responses of the husband and wife via the use of empathy. The successful therapist,
at this point, elicits the emotional responses from the couple if not spontaneously offered. Couple performances that inhibit the process at this point are if the husband or wife or both are unable to or refused to disclose their emotions. Therapist performances that inhibit the process at this step is if he/she validates or acknowledges only one or neither of the spouses' emotional responses.

Step 3: Acknowledgement

Successful couple performance is characterized, in this step, by both members of the couple acknowledging that the relational impasse is relevant and in need of resolving. A factor inhibiting the process is if only one or neither of the spouses acknowledged the relational impasse as relevant and in need of resolving. A successful therapist performance, at this point, is to help one or both of the spouses to recognize the relevance of the impasse, and the benefits of resolving it. A factor inhibiting the process is if the therapist, him or herself does not recognize the relational impasse as relevant, nor the benefits of resolving the impasse.

Step 4: Self-Disclosure

In this step, successful couple performance is characterized by (a) their collaboration with the therapist, (b) self-reflection and (c) disclosure of thoughts, feelings, and history regarding the impasse and present experience. Successful therapist performance
is characterized by: (a) the use of empathy to validate and acknowledge the couples' experiences modelling understanding and acceptance, and to diffuse defensiveness; (b) probing the thoughts feelings and experiences of both the husband and wife; and (c) articulating clearly the ongoing process (ie. providing a description of the relational impasse, or emerging relational patterns).

Potential factors that inhibit the change process are: (a) if emerging defensiveness of either husband or wife is not addressed; (b) if the husband or wife are unable or unwilling to collaborate, self-reflect (disregarding or denying their feelings) or self-disclose; and (c) if the therapist is caught up in the content and unable to observe and specify the process that is developing.

Step 5: Insight / Resolution

Successful couple performance at this step is characterized by increased understanding between the couple regarding each other's thoughts, feelings and experiences. This understanding manifests itself in approach oriented behaviors, for example, the willingness to accomplish an in-session activity together. Successful therapist performance is characterized by the technique of reframing. The therapist reframes any negative interpretations of the process and imparts new meaning into the couple's relational patterns.

Similar to the findings of Friedlander et al.(1994), resolution depends on each spouse gaining insight or awareness into the other's thoughts and feelings regarding the impasse, allowing for
new behavioral alternatives to emerge in therapy. Therefore, it is important at this point, for the therapist to ask each spouse if they truly understand their partner's perspective and to clarify any remaining confusion. The therapist may emphasize that it is not necessary to agree with each other to understand and accept each other. Factors that inhibit this step from occurring are if the husband or wife or both, have privately committed themselves to the dissolution of the relationship and are therefore unwilling to understand or accept their spouse.

Implications for Clinical Practice and Training

The results of this study can be applied in clinical practice and training using the Experiential Systemic Couple Approach or across theoretical orientations in the family therapy field. This investigation offers a model of the change process for an RI event that identifies the key components and mechanisms of the co-creation of change within ExST, as well as providing a more general model of change specifying key steps in successful couple and therapist performances for a common problem encountered in couple therapy. These models can be used to understand the couple and therapist process, providing direction to the practitioner dealing with a similar relational impasse in a couple treatment context, with a similar population. For example, couple therapists should focus on: (a) facilitating deeper levels of experiencing, (b) facilitating self-disclosures (especially positive ones), (c) modelling understanding and acceptance of both partners via the use of empathy, and (d)
learning their clients’ personal style of validation and invalidation of their interventions and be willing to “search for another path toward the process that is the clients’”.

Limitations to the Study

Three limitations to this investigation will be discussed. The first, is that there was no opportunity for triangulation of key observations, which Stake (1994) states is one of the major conceptual responsibilities of the qualitative case researcher. The limited scope of this investigation did not allow for the use of multiple perceptions acquired through interviewing clients or therapists. Multiple perceptions might have clarified meaning or verified observations of key mechanisms of change. Second, the data are from a small heterogeneous sample of couples in alcohol recovery. The results may therefore not be generalizable to other populations. Finally, the components and mechanisms that distinguished the successful events from the unsuccessful events may be due to important therapeutic work, that had been previously conducted, which was not observable in the change event. As well, unknown pretreatment therapist input variables (eg. personality) and client input variables (eg. treatment readiness) may play a large part in the change process. Recommendations for further research regarding therapist input variables and client input variables are discussed in the next section.
Areas for Further Research

Therapist Input Variables

Therapist variables such as skills and attributes have been underestimated as determinants of outcome (Institute of Medicine, 1989). "Interactions of therapist factors with treatment and client/patient variables, as well as the main effects of therapist characteristics, may account for a substantial amount of variance in client/patient motivation, dropout, compliance, and outcome" (p. 197). Research has shown (Institute of Medicine, 1989): (a) empathic understanding as one therapist characteristic which has been a common element in brief interventions that have substantial impact on alcohol problems; and (b) greater improvement among clients whose therapists reinforced positive self-statements.

According to the Institute of Medicine (1989), three important areas for further research in this area are the investigation of: (a) the role therapist characteristics play in influencing client drop out, motivation for change, and treatment outcome; (b) if certain types of people respond better to therapists with particular characteristics or style (e.g., empathic versus confrontational); and (c) the influence client perceptions of therapist empathy, likability and effectiveness may have on outcome.

Client Input Variables

Prochaska, DiClemente and Norcross (1992) have found that the amount of progress clients make following therapeutic interventions tends to be a function of their
pretreatment stage of treatment readiness or readiness for change. In their research, stages of change scores were better predictors of outcome than age, socioeconomic status, problem severity and duration, goals and expectations, self-efficacy and social support. In fact, the only variables that outperformed the stages of change as outcome predictors were the processes of change the clients used early in therapy. Processes of change are defined as “covert and overt activities and experiences that individuals engage in when they attempt to modify problem behaviors” (p.1107). During each stage of change certain processes have been found to be used by the clients. Stages of change represent a temporal dimension that allows practitioners to understand when particular shifts in attitudes, intentions and behavior occur. The processes of change enable practitioners to understand how these shifts occur. Below are brief descriptions of each stage of change.

1. **Precontemplation.** In this stage the individual has no intention to change behavior in the foreseeable future. Individuals may be unaware or underaware of their problems. Resistance to recognizing or modifying a problem is the hallmark of precontemplation.

2. **Contemplation.** In this stage people are aware that a problem exists and are thinking about overcoming it but have not yet made a commitment to take action. Individuals may know what they want to change but are not yet ready to put the effort in to make that change. Weighing the pros and cons, and cost-benefit of changing, characterizes this stage.
3. **Preparation.** In this stage intention and behavioral criteria are combined. Individuals are intending to take action in the next month or have unsuccessfully taken action in the last year.

4. **Action.** In this stage individuals modify their behavior, experiences or environment in order to overcome their problems. This stage requires considerable commitment of time and energy.

5. **Maintenance.** In this stage individuals work to prevent relapse and consolidate the gains attained during action.

The ten *change processes* receiving most theoretical and empirical support in their work are: consciousness raising, self-reevaluation, self-liberation, counterconditioning, stimulus control, reinforcement management, helping relationships, dramatic relief, environmental reevaluation and social liberation.

From their research, Prochaska et al. have systematically integrated the stages and processes of change and have developed a transtheoretical model of change, for individuals with addictive behaviors. This transtheoretical model offers an integrative perspective on the structure of intentional change which can be applied to client-treatment matching.

The Institute of Medicine (1989) reports that in the past ten years matching clients with treatment has become recognized as an idea with yet untapped possibilities for improving the effectiveness and efficiency of treatment. For example, action oriented therapies may be effective with individuals who are in the preparation or action stages. These same programs may be ineffective for
individuals in the precontemplation or contemplation stages. Similarly, individuals in the contemplation stage have been found to be most open to consciousness raising techniques while those in the action stage used higher levels of self-liberation as they increasingly believed that they had the autonomy to change their lives. Facilitating inappropriate change processes at the various stages may be ineffective and even detrimental.

The direct implication of this research is the need to assess the stage of a client's *readiness for change* and to tailor interventions accordingly, especially in regards to facilitating stage appropriate change processes. Matching clients to an appropriate level of treatment intensity can take place at the initiation of treatment. The complexity of matching clients to appropriate levels of treatment is increased when engaged in couple therapy as spouses may be at very different levels of readiness for change and therefore requiring very different interventions. However, discovering if a couple has different levels of *readiness for change* may potentially provide crucial information to the therapist and influence the interventions he or she may provide.

**Models of the Change Process**

At this point, the models that have been developed and presented in this investigation should be tested with a new set of data. Do similar steps, involving similar processes occur in successful change events of the same task? Future research should investigate (a) if information from the couples and therapists involved, concur with the change mechanisms delineated, (b) if the
components described are necessary and sufficient to distinguish between successful and unsuccessful resolution events, and (c) how this in-session change relates to long term change.

Building working models detailing how change occurs for specific events in therapy continues to be crucial in the growth of couple therapy (Jacobson & Addis, 1993), especially in regards to comprehending the complex couple-therapist dynamics that facilitate the co-creation of change. The identification of different tasks within couple therapy, specifying and validating the process mechanisms and developing manual-like guidelines are also important (Heatherington et al. 1990). Moreover, understanding how extra-therapy factors (eg, support systems) combine with in-session events to produce change is crucial (Hill, 1990). Finally, continued research on client-treatment matching may potentially provide the most effective direction to facilitate successful client and couple change.
References


IDENTIFICATION OF SUCCESSFUL AND UNSUCCESSFUL RI EVENTS FORM

Does the therapeutic episode you are about to watch meet the following criteria?

1. Are there statements made by the husband and wife that indicate a difference in opinion, belief, idea, behavior, or not having a similar understanding of a situation in this episode?
   yes____
   no____

2. Are there statements and indications made by the husband and wife that demonstrate distancing oriented interactions between the couple? Examples of distance oriented interactions include the use of sarcasm, expressions of anger or frustration toward each other, or ignoring one another.
   yes ____
   no ____

3. Does the therapist attempt to address this issue in the therapy session?
   yes ____
   no ____

4. Is there a point in this episode where statements or behaviors are made by the husband or wife demonstrating approaching oriented
interactions, replacing the previous distancing oriented statements and behaviors? Examples of approach oriented interactions are statements made by the husband or wife indicate greater understanding of the other's perspective in regards to the original difference of opinions, ideas, etc. identified in question number one, the removal of barriers, or engaging in joint activities in therapy.

yes ______

no ______

5. Is there a point in this episode where either the husband or wife make statements that refer to increased feelings of calmness, relief, decisiveness, firmness or a sense of direction in regards to the original difference identified in questioned number one?

yes ______

no ______

6. Do you consider that the episode consists of an interactional sequence between clients and therapist, "that has a beginning, and end, and a particular structure that gives it meaning as an island of behavior distinguishable from the surrounding behaviors in the ongoing psychotherapeutic process"?

yes ______

no ______
Appendix B
Transcript of Successful RI Event # 1

(T. = Therapist; W. = Wife; H. = Husband; name = name of person or organization)

1  T. So I noticed that you’ve brought some of your forms.
2  W. Right.
3  T. That’s wonderful, so shall I take those?
4  H. Ya, that’s ours in there ah, (handing envelope to counselor). That’s the report from (Name).
5  T. I had something from (Name).
6  H. Oh, maybe you got it already, that’s probably it then.
7  T. That looks like what I got. I’ve got the exact same thing.
8  H. O.K. so I guess (name) must have forwarded you a copy.
9  T. I really appreciate having it, so thank you, I already have one but I really appreciate you bringing it in. It’s important to me to read it. So is this your other stuff?
10  H. Ya this is a couple plan we went over before we left, I don’t know if you want to see that or not?
11  T. I would be very interested to see it, if you don’t mind me seeing it.
12  W. You’ve got another copy of it?
13  H. No that’s the only one, we’ll need it back, or make copies.
14  T. Well, maybe I could make a copy before you go (Name H), thank you.
W. It's really funny how you brought that without asking.

H. (Mumbling), and this is what I told you about, (talking to T) the questions that we do every day or have been doing mostly every day.

T. Both of you?

H. Ya.

W. MMM

T. How wonderful.

H. We are getting kind of tired of it.

T. You've been doing this every day?

H. Basically ya.

W. We've missed, we haven't been doing it for

H. the last few days.

W. Since Saturday.

T. How come?

W. Well, when we were doing it, we have been doing it actually, but when we were doing it was when we went to bed at night, and in this past week (Name H)'s been kind of um, angry and one night this week we did it, well I got home late . . .

H. (Interrupting) just getting it done too late ya.

W. and he was feeling a lot of frustration, so his whole report was about frustration. And I just said, it doesn't work to do this in bed, with all these feelings. So we were going to talk about doing it at a different time. Like even if we did it, just before bed, but not in the bedroom, just sitting and doing it. Because it's not working, doing it in bed. Some of the time I feel like I'm not giving it my best because it's late and I just
want to go to sleep.

T. You don’t feel ready to do that just as you get into bed.

W. No, so I think if we do it we should do it before.

H. Ya.

W. Like before we go upstairs to bed.

T. I’m really impressed with how hard you have been working. And I read in the (name) report of how committed you were to your recovery and I’m really impressed. I haven’t met anyone who has been doing that, I think this is wonderful.

W. It’s good, it really is good because actually our relationship um, has been a lot better than it has ever been. Part of it is that we have been doing this at night time. Because before, well, we didn’t even sleep together, before.

T. So that’s a change that you made together.

W. And another change for me, is the other night when he was just really upset, and I could understand why he was upset, but what it does to me, was I got upset. And it was like midnight and I didn’t go to sleep till about two o’clock. And what I wanted to do was just say, “get out of here”, and I didn’t, I didn’t say it. I just let it be. But that’s what I would have done in the past, I would have just asked him to leave, I didn’t do that this time. It’s upsetting, you know, and I don’t think that you should go to bed upset, I think that it’s just not, it doesn’t work if we do it that way.

T. So you’ve talked together about this before?

H. Oh, ya

W. Yes.

T. Is this for me (NameH)?

H. Ya, I brought that.
T. Boy I feel pleased to have this. Thank you. So I heard
you say, it sounded like you hadn’t been consulted about . . .

W. Right and . . .

H. (interrupting) no the plan, because when I talked to you I
said I would bring this and the other thing and I saw the 84
couple’s plan, so I thought I would bring it.

W. But I wasn’t consulted,

H. No

W. and one of the things that is in the couple’s plan is about
how we would discuss anything that is important . .

T. Maybe I should get it back.

W. before one of us makes a decision. It might not be in that,
it may be in something else, when it was something that was
important, that concerned us both, we would discuss it first
before we made a decision.

T. Maybe you need to do that, maybe you are not ready to
have me see this.

W. Oh, no it’s fine, I don’t mind you seeing it at all. But that,
it’s just another time that (Name H) has chosen to do
something that involved me, he’s controlled it.

T. You felt excluded from the decision.

W. Ya, excluded and controlled, that I’m not capable of
making my own decisions and that I’m not trusted, that you
don’t trust me to say, “ya it’s o.k. (Name H), you can give that
to (Name T).

T. Wow, a lot went on for you.

W. Ya, that’s exactly how I, like you didn’t trust that I would
say it’s o.k. .
107 T. I’m curious to know. . .

108 H. (Interrupting) I do trust, I knew you would say o.k.

109 W. But you still didn’t . . .

110 H. I just didn’t ask you, that’s all. And it’s just that I found it when I was going through the other stuff, and I thought it might be worthwhile to bring, that’s all.

113 T. You thought all this will be o.k. with (Name W) and she is not going to say no, in fact . . .

115 H. (Interrupting) Well, it’s not only that, it’s not only that she’s not going to say no, I wasn’t just going to hand it to you anyways, let you know about it before hand, well it’s just, I hear you though.

119 W. I just feel discounted.

120 T. This seems to be something that is a pattern in your relationship, he doesn’t mean to discount you but you feel discounted.

123 W. No, no ‘cause he knows that I’m going to say yes, so he doesn’t ask. On the other hand, there are times that he knows that I’m going to say no, so he doesn’t ask either, so it’s both ways.

127 T. Is that your perspective too (Name H)?

128 H. No, no,

129 W. It came up . . .

130 H. maybe in the past but not in this.

131 W. So why didn’t you ask?

132 H. Because you weren’t there, and I didn’t even think about it, I just threw it all together.

134 W. That’s where you do it alone, when it involves me.
H. Ya o.k. whatever.

W. And that's what you say, you just don't think about it.
I'm just asking what you do

T. It kind of hurts inside,

W. Ya

T. that you are not in (NameH)'s mind, at that moment when he makes a decision that involves the two of you.

W. Right.

T. You feel kind of hurt about that and unimportant to him.

W. Ya.

H. See the actual reason I brought it is so you could use it to back up anything that you wanted to say from the couple's program, right.

W. Oh, I see. (laughing)

H. And I know that you didn't even think about it.

W. No I wouldn't of.

H. No you wouldn't have thought of it, usually, so is that my fault?

T. I feel a little confused right now.

H. Ya, I do.

W. I feel confused now too (Name, H), 'cause I'm not saying that it's your fault. It's just that in the couple's plan, we said that if anything, if any decisions were made that involved the two of us, we would decide together,

H. Ya.
W. and this is just an example of where you didn’t, you
decided on your own and it involved me. And that’s o.k., I
would have said yes, but you didn’t ask me, all you had to do
was ask.

T. You’re saying that it’s o.k. but it seems as though that it’s
very much not o.k..

W. No, no, it’s o.k. that he gave it to you, that’s o.k., I don’t
have any problem with you having it. It’s not o.k. that he
didn’t ask me. It’s not o.k. that you didn’t ask, and it’s fine
that (Name C) has it.

T. (Asking the husband) So what’s going on for you right
now?

H. I just don’t see the problem, for want of a better word, I
don’t see what the, like o.k. I understand you’re hurt
because I didn’t tell you before hand, I can see that. But I
may as well do nothing, that’s what I feel like right now, is
why bother with it then. To me it seems like you don’t even
see the intent, why I bothered or anything.

W. I just don’t know why you didn’t ask.

H. Because there wasn’t time, you weren’t there and when I
put the stuff together . . .

W. (Interrupting) It took us an hour and a half to drive here
today.

H. Well, I didn’t think about it, I had it in there, that’s all.

T. So is this typical of what goes on between you two?

H. Ya, I think so.

T. So this is a familiar pattern and you are saying that you
would like to change the pattern.

W. Mmm.

T. And you are saying, you would like to change the pattern
and you would like to be consulted, when there is a decision to be made that involves the two of you. And you’re saying well, I feel confused because, “I knew you would agree and I’m sorry”, well I don’t know if you said you were sorry,” but I forgot to consult you”.

H. It’s just, it’s just, like my automatic reaction is why bother right now.

T. Why bother with what (NameH).

H. Ah, by bringing anything along, or doing anything that is going to try and help, like it just causes another problem it seems to me.

T. You just feel hopeless right now.

H. Ya basically, ya and if something like this causes such a big thing and to me this is a big thing, like such misunderstanding, like what do I do, I do nothing. I should do nothing and then there is not going to be such a big misunderstanding.

W. On the other hand, I feel that is hopeless too because we talked so much about it at (name).

H. That’s why I brought it.

W. and it’s the same stuff.

H. Ya.

T. Maybe part of you feels a little bit angry that such a big deal is being made out of this, when you just wanted to come in and help.

H. Ya right, I am.

T. Is it true that sometimes when you feel angry you say, “oh well why bother, what I’m really trying to do is just help and I don’t feel appreciated and I think I want to give up”.

H. Ya, Ya, quite often.
T. And I'm kind of making a big deal out of this because I'm very curious about what goes on between you two. And what I really appreciate enormously, at this moment, is your honesty and your clarity about what you want and how you feel, I'm quite amazed, at this moment.

W. What's really strange, because I've been thinking about this questionnaire that we do every night, and one of the things (Name H) has requested of me if there is any, this is where it makes no sense to me, he said at (name), that if there is a confrontation he doesn't want me to back down, he wants me to continue with the confrontation, because this is what I would always do before, I would just back down and walk away and come back happy.

T. This is new.

W. So come back happy and it always confused him and yet, if we are having a confrontation about money or anything else that's what he does, he walks away, he walks off. And he doesn't come out loud and say out loud, "oh why bother", but by his actions that is what he is saying and he walks away. And we have been working really hard together, to go through stuff and it's hard, really really hard and there are times that both of you just feel, "well, why bother, why do this?" And yet um, before I never would have said anything, it's not just with (Name H) but it's with everyone, if that's what you want you can have it, and I wouldn't have stood up for myself.

T. And now you are standing up for yourself.

W. And he is saying, "well why make such a big deal?" But for me right now, it is a big deal, everywhere in my life, to stand up for what I want, like just to give people permission to have my things. And I can sit back (Name H) and be the nice person and go "oh, sure fine", like everybody can have everything of mine but why should I anymore, that's what I have done all my life.

T. You're telling me that (Name H) wants you to hang in there and not run away, not back off when there is
confrontation and you’re doing this and still sometimes you feel alone.

W. That’s right.

T. Still you do. And you’re kind of in the transition process right now, together you are developing some new patterns and you are finding that sometimes even though you hang in there, (NameH) will go away.

W. Right.

T. And then you feel alone.

H. A lot of that stuff is because I learned a lot about myself when I was at (name) and there is certain situations where I will walk away from, and I walk away knowingly now and it’s for specific reasons. raising the voices, I just don’t like yelling, I don’t like people yelling period, I haven’t since, that was part of my problem when I was a little boy and ah (pause)

T. You feel really threatened when people yell.

H. Ya really threatened, and I don’t want to tolerate it anymore.

T. So clearly and consciously now, when there is yelling, you walk away from it.

H. Oh ya,

T. You need to do that in order to feel safe and to keep the situation safe around you.

H. Just for myself.

T. Just for yourself.

H. ‘Cause I can’t even think straight.

T. Ya so this is brand new for you both and you are in transition, and you have a new pattern, which is wonderful
and at the moment it is not familiar, and still you find that you are hurt is what I think that I’m hearing.

W. Ya at times.

T. At times, I also see a lot of energy between you two, I think this is a brand new relationship, in a way and I think that one way you show your caring is by telling (NameH) how you feel and hanging in there. And one way he shows his caring is sometimes by continuing to walk away, out of self-respect and the need to, just to make the situation more safe. And other ways you show your caring is by doing this questionnaire at night and another way, probably feeling frustrated at the same time, is to wait almost twenty minutes for this session to start and we start off with a bang. And I’m wondering that if together you would be willing to give me that paper, if you are ready.

W. Certainly,

T. Could you do that?

W. It’s not a secret (laughing)

(Handing the paper to counselor together)

H. No it’s not.

T. (Speaking to husband) I really appreciate this and I want to know how you are experiencing yourself right now, after this conversation?

H. Mmm. Well, honestly, o.k. I’m relieved, I honestly don’t see the reasoning for going through the dance to get to this result, like, follow me?

T. It’s a long way to go a long way around.

H. Ya, that’s all but like I understand (NameW)’s viewpoint now more anyway. I guess I just can’t take what I consider little things for granted.

T. And it seems like a little thing but we’ve been spending a
lot of time on it, and it seems like you’ve been willing to hang in here.

H. MMM.

T. (Speaking to the wife) How are you? What’s been going on for you?

W. Well, I’m proud that I stood up for myself, even though it appears to be a little thing, I don’t feel guilty, I don’t feel guilty about stating what I felt.

T. It’s not a little thing to you.

W. No it’s not, it’s our plan, it’s not a chocolate chip cookie recipe.

T. It seems very important and I really appreciate the privilege to be reading it so, I’m going to make a copy before you go and then I’ll give it back. (Reading from the couple’s plan) “When in doubt check out your partner’s feelings”.

That’s what you just did.

H. MMM.
Appendix C
Transcript of Successful RI Event #2

(T. = Therapist, W. = Wife, H. = Husband)

1. T. I'm not sure when we left off last week, where we had this, whether behind the chair or in front?

2. W. In front, ya.

(Pause) (Counselor places symbols, that the couple brought in to represent themselves, on the floor).

3. W. (Referring to the symbols, laughing) Put a wall between the two.

4. T. Pardon.

5. W. I said I need to put a wall in between the two.

6. T. You would like a wall in between the two.

7. W. No not really, well ya, I suppose I would, if I could.

8. T. Maybe we should put one then, that's what you would like right now.

9. W. No it's o.k.

10. T. No I think that's important, that ah, I know what you want. You could make one (gives wife a piece of paper), or you could use a book.

11. W. I want something tall. (Looks through a bookcase. She gets a book and puts it between the symbols). It's kind of leaning. I've pushed the rock over.

12. T. (Talking to husband) So you can't even see your symbol.
(Laughter by all.)

20 T. So I apologize for keeping you waiting I’m sorry about 21 that and I’m wondering if you can stay until a quarter after seven?

23 W. Yes.

24 T. What about with (NameH)?

25 H. Yup.

26 W. (Laughing)

27 T. What’s going on?

28 W. I don’t think that putting a wall up was very nice (laughing).

30 T. You feel, you are laughing when you say that.

31 W. It’s not very nice.

32 T. It’s not very nice of you? What’s not very nice about that?

34 W. Um, I think it’s just um, it’s just not right (laughing), it doesn’t feel like I should be doing that. I should be striving to be closer rather than putting a wall up.

37 T. I’ve been hearing about your striving, and see the striving. I see the commitment and at the same time I know that boundaries are very important and I know some of the steps you are taking too keep talking and tell each other about your fears. Last time when you were here . . .

. . . digression, review of last week.

42 T. (Speaking to H) What do you need to tell me before we continue?

44 H. For me, I’m actually quite surprised at this wall all of a sudden, that surprises the hell out of me.
T. You feel quite stunned.

H. Ya.

T. And I wonder if we might spend some time just focusing on it, would you like to do that?

H. Ya sure, fine with me.

T. Unless there is anything else that you need to tell me first?

H. No, not me.

(Short digression - off topic)

T. (Speaking to husband). You didn’t expect to see a wall come between these two important symbols. In fact you can’t even see your symbol from there.

H. No, no.

T. You can see the wall and the rock and I am quite amazed that (Name W) has put a wall there.

H. MMM

T. When you look at it, what do you see?

H. Nothing just a blank, nothing I can’t see beyond it, it’s just a wall.

T. It’s just a blank.

H. Ya, there’s nothing beyond it now, everything stops right there.

T. Everything stopped. How does that feel?
H. Well it's discouraging, frustrating, what's the use.

T. You are discouraged and frustrated.

H. Ya

T. A bit hopeless.

H. Hopeless, ya, that's good.

T. Nothing beyond that wall?

H. No, there is nothing, just like the end.

T. You've come up against a blank wall.

(Pause)

H. It surprises me.

(Pause)

T. You seem far away, right now.

H. I'm just thinking about, I hit a lot of walls I guess. I just tend to, not ignore a lot of them but ah, not acknowledge that they are there, or acknowledge that they are there, but not let them really bother me, I guess that's another way to do it, just carry on, and it's getting harder and harder to do that now. Not just with (NameW) but with a lot of other things.

T. You feel that there are a lot of walls around you right now. What kind of walls?

H. Well just dealing with friends and people, ah, I can see where they are coming from and why they are doing things clearer than I ever could before. And it's not just a bunch of assumptions, it's really true because they'll come out to be true. I just, like I can't see for the world, why they are doing, or why people play the games that they do and what not.
T. So you are feeling, these walls have been put there and you feel stunned and confused and you feel “well I have to accept them, this is the way it is right now”. It makes you feel kind of all alone.

H. Ya and I am losing my drive, I really am losing my drive, I know that. As far as, it’s not even like they are different walls, that would be o.k., handle it differently, but it seems like I keep hitting the same ones, over time and time again.

T. What are these walls?

H. Lack of people listening, that’s a big one.

T. Who, who is not listening?

H. Friends, family, not my immediate family, friends, my family, her family.

T. You don’t feel heard by your family, by (Name W)’s family.

H. Well, not so much (Name W)’s family, my family.

T. Who in your family is not listening?

H. Who’s not listening? Well, my brother in-law, sister, they are running scared too, because of their addictions.

(Digression into the problems with his family)

T. (Speaking to the husband). So I wondering about what’s going on for you right now, it seems like there are a lot of walls, I don’t know how many there are, and where you are amongst all those walls, I don’t know that.

H. Basically in the middle, in the middle with a lot of walls around, basically just feeling whatever I have to do to find my way around them. I just keep running into them, that’s all, like once I thin I’ve gotten around it, there’s another one, the same thing right there, I try and find another way around it, or over it or whatever, so I just keep going, going, very tiring, very tiring.
T. Very tiring.

H. And I'm also losing a lot of compassion that I used to have for people, probably shorter, as far as my patience goes. I feel I'm getting harder, I don't necessarily like it or not, I just feel I'm getting harder.

T. So when you hear that (NameW) wants a wall between you two you're fed up?

H. So that, when I first saw that, to me that is the straw that brakes the camels back, right now.

T. That you didn't expect.

H. No.

W. I don't know if it is really so much that I want a wall, I think there is a wall, I think I put a wall. it may have been just before we started coming here. And it may be like (NameH) says it's been, it may be around the same time that he started to become frustrated.

T. You've had it since you came back from _____?

W. Ya, it was um, and it wasn't right away, I don't know when we started coming in that was December, around that time.

T. I would like to invite you (NameH), and (NameW) to do something here. I would like to, what we do here is kind of create psychological space. What I would like to do is to invite you to build these walls around you so that, if we can understand what it is like for you. I'm just going to go, 150 would you be willing to do this?

H. Ya sure.

T. I'm just going to go and see if I can find anything that might do as a wall. Meanwhile, maybe you can look around the room to find something that can create that space in here.
(T. leaves to find a “wall”), (Pause)

156 T. (Counselor returns with a tall board) I don’t know how large your walls are? How is this? (She shows what she has found that resembles a wall).

159 H. Actually, what came to me to describe it in more detail for me, is it is more like a maze.

161 T. Like a maze.

162 H. With all the walls connected, like a maze.

163 T. Interesting.

164 H. That’s what came to me.

165 T. So if we were to put these out of the way for a moment (moves symbols and book (wall)). Now, (NameH) if you can tell us about the names. How can you make this maze and how high are the walls, are high are they?

169 H. Ah, (pause)

170 T. Say your maze is somewhere here, (pointing to the middle of the room), in this space, where are you?

172 H. Basically in the middle of the maze.

173 T. Will you come over here then (husband gets up and stands in the middle of the room). What kind of position are you in, are you standing, sitting?

176 H. Standing, standing looking say, looking at some different pathways, at the end of each pathway, along the sides or what not. I see the walls, the walls of the maze.

179 T. Yes, so you would have walls on either side and one at the end?

181 H. Ya, I can see three or four ways to go right now.

182 T. Are you alone in this maze?
H. Ya right now I am ya.

T. Can we use this? (Brings over the tall board she brought in to the office)

H. Ya sure.

T. How high is it?

H. If you want the height of the walls, they would be higher than me so that I can’t see beyond them, and high enough that I couldn’t get over without using something else. Like I couldn’t get over it myself. So maybe ten feet high, twelve feet high.

T. Very high, much higher than you. Can you see (NameW) in this maze?

H. No, not right now, no.

T. So it’s like there is a wall between you and (NameW) right now?

H. Ya.

T. Can I put this here? (Starts to put wall between them)

H. No that’s not either right now, no because, it’s not, it’s like we are together, we are together. I think what it is right now is that we are together.

T. You’re together.

H. Together in the maze.

T. Would you be willing to have (NameW)?

H. Oh ya.

T. Would you put her where she is?

H. She would be right beside me.
T. Right beside you? So you have come a long ____?

H. No, just standing. Just standing looking, that’s how I feel right now.

T. There is no one else but you two?

H. Ah, no, just us two right now.

T. Just you two. You’re walls are high, you have no way to get over them. What’s on the other side of the walls?

H. O.K. say the other side of the wall would be the ideal situation. I haven’t seen it, but I believe it’s there. So I know there is something there, but I haven’t actually seen it, I’m hoping it’s there, it’s really there, just standing there right now.

T. The other side of the walls, you’re hoping and believing there is an ideal situation but you haven’t seen it.

H. Ya, but it is real.

T. Here you stand together in this space, and you’re not where you want to be, where are you?

H. Like in relationship to where I want to be, where am I? I don’t know, I really don’t know. I want to be moving, I feel like I have kinda stopped. I want to be moving.

T. You have stopped and you want to be moving.

H. Ya, but I’ve stopped and just standing here.

T. What’s it like inside for you right now, (Name H)?

H. Well it’s really frustrating, it’s really ah, really angry I guess. It feels almost like it’s stupid, ah, I don’t really understand what is happening.

feel frustrated and you feel some tension in your chest, and you don’t understand it. It’s really hard to accept that it is
this way now. I want to ask (NameW) what it is like for her.
Can you imagine what it is like for her? Right now as she
listens to you and stands beside you what do you imagine is
going on for her?

H. Oh, I would say, like honestly, I know there are a lot of
things going on for (NameW), she’s probably relating it, I
would think, to what’s happening with her. It’s probably not
too far off from what I’m feeling.

T. How do you think she is feeling inside right now?

H. Feeling? Ah, (pause) sad, confused.

T. Is that right (NameW)?

W. Sad, not confused.

T. Sad. It’s really hard to be at this place in your recovery
together and it seems like you’re stopped.

H. I don’t see, as far as I’m concerned regarding my family
part, I’m not looking for the road down there actually for
that part. I want the path for, I got goals, for friends, for us
and our situation.

W. ___ ___

T. ___ ___

W. ___ ___

T. What’s it like to stand still (NameH)?

H. Stand still? I don’t like it, that’s the thing, why I am
tapping my foot.

T. And if that foot had a message to give to you?

H. To get moving, to do something.

T. How would it be for you two to get moving, right now?
Would you be willing to do that?
T. I want you to stay tuned in with the space that you created and to honour that place inside you, where you feel some tension, some frustration and you feel sadness and to move slowly and notice what goes on for you. I really want you to stay connected and to move being aware of those precious symbols and move and notice what is going on inside you without talking. Are you willing to do that?

H. Mmm. (Moves to face goals with wife.)

T. So you moved over here. How come you moved over here?

H. Well, I want to move towards where our goals are, that’s why.

T. What’s it like to have moved and be standing here now?

H. Well what comes to me is that it is a lot clearer all of a sudden, if I’m focusing on that then I’m not looking at all of these other blank wall, basically blocked paths.

T. O.K. so if you are focusing on the goals then somehow you don’t see the paths, blocked paths and those walls.

H. Ya.

T. So you feel clearer?

H. Ya much clearer ya.

T. How’s your body feeling now that you are clearer?

H. Much better, much better.

T. What’s that like, that better feeling, what’s that like?

H. Ah, more relaxed.

T. You feel more relaxed, right now.

H. Ya, loose, not rigid, and even that went away.
T. Oh, it went away, I see. What about for you (NameW)?

W. The same, just letting go of the problem, focusing on the positive. And um, I'm just, that he moved, it just feels better. The ache isn't there anymore.

T. So what is there instead?

W. Kind of a patience I think. First of all I was going to say excitement, and there probably is some maybe there is some excitement but it's not real deep but there is some. I just kind of have this feeling that we can get over this hurdle and if something would change for the good, we'd get moving.

T. You feel more relaxed and more hopeful and a little tiny bit excited, and thinking "well, we just got to get over this hurdle and things will seem better". And looking down at your symbols here, do you have that wall up between you and (NameH) right now?

W. Not as big.

T. Not as big, but there is still the wall there.

W. Ya.

T. I feel a little torn right now, because

W. It's not as big as this though, it's very little.

T. It's little, could you find something to replace that with?

(Wife gets a small paper to put between the symbols, and takes away the book)

W. Maybe it's just that I'm testing him.

T. You're testing him?

W. I think so, I want him to jump over it. I was talking to a friend last week and um, telling her what was going on for
me, I just didn’t want him to be on top of me, I didn’t want him taking over. She thought that that was, she kind of understood. I think why I’m so upset right now is because I’m not sure why this is going on for me.

T. You feel really confused about it.

W. Ya, because I didn’t expect this, and it’s not for any reason, not out of anger or fear, I’m sure it’s not fear. So I don’t have any reason for it, but it’s just there.

T. Is it something you want to keep there for a moment?

W. I don’t want to keep it there, but the truth is that it is there.

T. What if we just for a moment we could take it away. Just think, I’m not sure that you want to do that and I was going to say, just think before you do it, make sure you really want to do it.

W. (The wife takes the wall away). Ya I do want to take it away.

T. Because it’s important that you are able to put it back if you need to. You know, sometimes we need walls up, to protect ourselves.

W. I don’t need to protect myself.

T. You don’t need to protect yourself.

W. And yet the only thing I can think of is if he’s been feeling frustrated, and stuff, it’s me just protecting myself in case he goes away again.

T. So you are really afraid that you might loose him?

W. Ya.

T. The wall is kind of a safeguard, I will stay behind my wall because if he goes away again then I won’t have to be so disappointed.
W. Ya, and maybe it started just coming up when he started feeling frustrated.

T. When he feels frustrated you are afraid he is going to go away?

W. Ya.

T. (Speaking to the husband) Do you know what (NameW) is talking about (NameH)?

H. Ya, I can understand her feeling that way, but then, like right now, I just get confused too because what I'm thinking about is, when I talked to her before and I didn't tell her I was frustrated or why or what not, she picked up that I was but I wasn't verbalizing it so that scared her. Now when things do bother me I let her know it, I let everybody know about it, and I tell (NameW) how I feel, what I say and what I do. She's afraid, it's just like the same old thing except before I wasn't doing something, and now I'm doing them.

W. You were doing something before, you may not have been saying anything, but you would drink and go away.

H. Ya.

W. And now you are not drinking and you are saying you are frustrated, I just . . .

H. (Interrupting) But I see that as good even though

W. it is

H. because I’m not bottling everything up in me.

W. I'm not saying that I did that on purpose but all of a sudden it was back again. I didn’t do it on purpose.

H. Ya.

T. You're saying (speaking to the husband) “I'm telling you what is going on for me and I'm making this big effort, and
it’s not fair that you should go away or you should put this
wall, I’m making this big effort to change”.

H. Ya.

W. Right.

T. And (NameW) is saying, “well I don’t mean to, but I’m just
really scared, that he might go away.” You’re really afraid of
losing him again. You lost him to alcohol and your afraid...

W. (Interrupting) I never really had him.

T. You never really had him. (Speaking to husband). You
laughed when (NameW) said that.

H. Well, she did.

W. I didn’t feel like I did. So it’s just changed so much now
and there are things that are just so good (crying) so I just
don’t understand why I put the wall up.

T. Things are so good they are wonderful, in some ways they
are wonderful.

W. Ya, he does things for me without asking.

T. Hard to believe that they are going to stay this good.

W. Right.

T. And in your past when things were good, maybe then
they didn’t stay good. Is that right?

W. Right.

H. MMM

T. (Name H) you understand?

H. Ya sure, ya.

T. Is that right?
T. So now there is something very different happening and this time it is very likely that it will go on being good, and it's hard at the moment to trust that that will happen. So you get scared and up goes your wall.

W. Ya

H. See what I see, is that it's not so much (NameW) not trusting me, it's her not trusting herself.

T. Or just having a pattern of not trusting. We sometimes learn that when we grow up. I certainly did, I learnt that it wasn't safe to trust because people would go away from me. So to learn a new pattern, it took quite a long time, I had to be patient with myself. And it is scary to think that you might lose (NameH), it seems that you love him, I don't know but it seems that he is very important to you.

W. (Crying) Ya.

T. (Notices husband's foot tapping) And your foot gets impatient, restless?

H. It could just be what I normally do.

T. This is one of your old patterns, this restless foot.

W. Even the wedding pictures is like that.

T. When my partner used to tap his foot I used to think that he's not listening to me, and that may not have been the case at all.

H. Ya.

T. It seems that you are very tuned into what's going on with (NameW) and you understand that in her past, there were times when things were good and then she learnt not to trust that they would go on being good . . .
T. because then it changed. You know what she is thinking of.

H. Uh uh, ya.

T. So I noticed that you are still nearer to the goals than a little while ago and (NameW) took down her wall and put it here. And I sort of put it there thinking “she may still need it again”, who knows, sometimes people need walls. I don’t know if I did the right thing? Did you want it here? (asking wife?).

W. Doesn’t matter.

T. Let me ask you where you want it now?

W. Just there (wife removes the wall from between the symbols)

T. (Speaking to husband) Now you can see your symbol.

H. Ya.

T. We have come a long circuitous route today. And you went into a maze, well first of all you told us about these walls that you are coming up against in your life. And then I invited you to create a maze and you did and you told me that you are not alone, you have (NameW) and it felt really uncomfortable to be stopped and you wanted to get moving and so you did and you come over here, the two of you, and you felt clearer, more relaxed, the pain changed, you felt differently inside, more hopeful, and realized to keep focused on the goals is to feel much clearer, much better. And to put attention on all these walls and on people who are not listening just drags you down, makes you run out of gas. And you came here and (Name W) took down her wall and told you what that means, that she’s really scared.
Appendix D
Transcript of Unsuccessful RI Event

(T. = Therapist; W. = Wife; H. Husband)

T. Would you like to work with this image, the juggler, is there a point in that, if not, what other ideas would you have.

W. Well, I know (Name H)'s been juggling things now for a few years, particularly in the finances. As long as I don't know about them, then he can spend as much as he wants on whatever he wants and I have no say and that's what I see as juggling. I see lack of responsibility. I mean, most people have budgets, we don't have anything near a budget. It's like, if her gives me grocery money, I'm lucky. And if the hydro bill gets paid, we're lucky. Ya, that's juggling, sure 12 juggling to keep from being evicted. I don't consider that juggling very constructive and that's why, and that's one of the areas that I have been particularly angry with through the last few years. It's because when we were first married I was involved in the finances, and even though he had total control that was fine, I knew what was happening, we had fixed goals and I didn't buy clothes and things . . .

H. (Places coffee mug down on table loudly) What do you mean you didn't buy clothes?

W. I didn't, I didn't even go to a second hand store in the first five years.

H. (Talking at the same time as the wife)

W. Ya sure I do now, I buy a lot more clothes now because we don't own a house. The only thing that I own is my persona, that I project, that is the only thing that I own in this world.

H. She's never been happy with anything. I get a house and she doesn't like the house I get. We move to Ontario, I get a
house, she doesn’t like that house. Everything I get, she
doesn’t like it because quote, unquote, it doesn’t live up to
the Jones’. And she is a very pressuring women.

W. I’m the one who is willing to wall paper and paint but he
won’t buy it.

H. Pressure on the finances (People talking all at once)

T. Can I step in?

W. Yes, please.

H. (Coughs) I’m, catching a cold.

T. Ya, I can see that, however, you won’t die fortunately, 40
from the cold. O.K. there’s a kind of, an understatement to
say there is something here, that you guys are talking about,
that is very contentious, really contentious and perhaps, I
know, how do you feel about it, do you think, that you have
been successful at working through this contentious kind of
thing before?

H. We get by because I step down, but it’s always there
though.

T. O.K. you step down, as the underdog steps down. O.K. 49
hold it for a minute, (facing wife) that doesn’t make you feel
good right.

W. Well that may be his perception of the situation but . . .

T. (Interrupting her) Hang on for a second because you are
not hearing what I’m saying. There is something there to
what you are saying, there is something that is leaving you
feeling not happy, uncomfortable with the way that you two
guys have so far worked out say finances and some of these
things and you’re unhappy. He’s also unhappy too and and
how can I say this the argument that you guys are having in
here right now. (Speaking to husband) stop grinning at me !

(Both T. and H. talking at once)
H. You’re trying to find the words,

T. You’re saying, “This guy is trying to figure this one out here.”

H. I know what you are trying to get across.

T. (Speaking to husband) what am I trying to say? What am I trying to get across?

H. She sees one way I see the other way, and the thing is there is something in between this all. You are trying to picture all that in between us. “And while he is right (referring to himself). You’re right (referring to wife), you both _____ a little balance here and you have worked it out over the years but still (Name H.) steps down on this and she says the reason why (Name H.) steps down is because he doesn’t let me get involved in the finances and all that stuff and so he would rather just back out.” I’m not saying that I’m stuck with words like you are but I know what you’re trying to get through

T. Ya. O.K. and in addition to that I’m trying to say “well, look you guys both feel stuck in this, right? and you feel like the only response ultimately for you is to step down” and I’m saying that’s not good, there’s a different way and I think there is growth to come out of this for the both of you. I think there is a different way. There is a different way, there’s a way in which you could say, “oh, wow, the way my husband is handling this right now, makes me feel just fine, and we’ve worked through this to a great degree”. I know there is a spot that you can get at where you can say that. And you’ll also say, “ya, and he’s not stepping down, we haven’t solved this in such a way that he ends up stepping down or that I end up just closing off my mouth and not saying anything.” There’s a different way is all I’m saying, would you guys like to work on that?

H. I’ve been secretly doing things in the past, just in the past couple of weeks. I mention to you a little while ago that I’m going to try some different things.

T. Ya.
H. And I have been and a lot of stuff she's kept in the dark. But when we first met she was in the dark.

T. O.K.

H. And so I'm going back to square one when I built all my wealth up, quote, unquote material things. I'm getting into that area and keeping her out, just deliberately, I don't want her involved. I'm doing what I have to do.

W. (Interrupting) I've never asked to be in charge of the finances or even know, as long as I got my grocery money every week. I'm not a pushy woman in that regard. But when I'm getting $60 a week at most for groceries for a family of four and it cost $125.

H. but that's not true (speaking over wife)

W. and that means I can't buy any clothes, I can't even go to a second hand store, 'cause I don't have enough money. And this has been going on for months and months and months, and in fact it's been going on for two years, and I've basically had enough.

H. (Starts to talk but then waves his hand and decides not to speak).

T. Now you've just stepped down.

H. Ya.

T. O.K. that's second best.

H. I could say things but I don't want to add to the situation, I don't want to make it even worse, so I'll just stay down.

T. So do you notice what you are telling me is that you feel right now is that you guys are in an argument, and you could cycle the argument . . .

H. (Interrupting) It's always been there, it's just that we just deal with it, we exist with it.
T. You exist with it.

W. It's not as if I haven't tried to do things that . . .

T. (Interrupting, facing wife, moving closer) (Name W), you have tried, (Name W) you are a wonderful woman, you are a wonderful woman and you have tried, you have struggled to do you very very best. I know that and I bet ah, you know, in his sanest moments, in his most calm and secure moment, he's going to say exactly what I've just said. I don't see evil in your heart or mal intent inside you, ya sometimes you set out to thump people (punching hand in fist). I mean your human right, but you are not a witch, you're just a human being, doing your very, very best. (Looking to husband) Am I telling a tale here, in your sanest, calmest, secure moments, you're going to say, "ya she's really doing her best".

H. Ya she's human.

T. And human too. And you guys are taking second best with this, you're putting up with it and that's o.k., in a way that's good.

H. Well I'm not now.

T. You're trying to do something?

H. I did.

T. Your experimenting?

H. No, no I've done this before, but I'm just older and more mature now, so I take it more in stride.

T. We are still looking for something to work on today.

H. Money is always a problem.

T. And sometimes it seems discouraging, you say "well you know, we've made some progress but you know, but this one we'll never get through never. Never will we ever be able to get through this one." You must feel so discouraged
sometimes when we go to the next step.

W. Ya, money is pretty contentious.

T. Could this be one of those situations where you guys are looking back and saying "ya there is some kindness there and it wasn’t there before and we are able to do a few things now that we weren’t able to do before, it is still tentative you know um, um, but now we are facing the next step, and we are facing it and how are we going to get through this one". Am I right? Is there that kind of feeling?

H. I don’t know, but you said about having your set goal or whatever, and I told you last week since I’ve got something to work on for the next couple of weeks, and I’m seeing it myself,

T. O.K.

H. forget everybody else.

T. Ya.

H. I see myself on something that seems to be heading in the right direction. And if they happen to be there, they are there. If they are not, they are not, I’m still not going to change this pattern. Like I said, I went and got myself a job, and I did a bunch of things. She’d be happy if I hang onto a job for twenty years, my thoughts are again, I could make my mistakes and go back to entrepeneuring again, so that’s where you have to sit and

T. Juggle.

H. juggle. “Keep your thoughts to yourself”, because every time I mentioned it to her, ah pounce on me.

W. That’s not true, that’s not true, if you, if a person knows what they want to do and before they let go of one, they move onto the other, kind of like rock climbing but to just sort of say, “well I’ve finished with that, I’ve quit that’s it with that and then spend the next six months unemployed because they can’t find a decent job”. That’s no the way to
go about it, when you are trying to raise a family.

H. No it’s not. I agree with that.

W. O.K.

H. I’ve never said anything negative.

T. You guys are having a spat, squabble.

W. (laughs)

H. No just disagreements.

T. Well, I call it a spat, squabble, disagreement would fit for me too.

H. I’m pretty strong with what I’m saying, I mean it, I’ve given up on her disagreements, now I’m doing just what I’m doing.

T. One of your strengths, one of your strengths.

H. Ya.

T. Great.

(Pause)

T. I have to add too though, sometimes one of your weaknesses is your strength.

H. Correct, go to fast, get too cocky as they say, and you can just crash down as fast as you got there.

T. Whatever we do, if we do get to work on something here today, whatever, we do, if there is any success then we can’t say “ah wonderful”, nor should we even go to far too fast. We’ve got to really work on something. I’m still coming back to this. Is there something, perhaps this, that we can work on today?

H. Well, as I say we have come here to get counselling, we
have come here to figure it out, you are suppose to be calling
the shots. I understand that you have to get subjects to find
out what the problems are, everybody has a problem, so you
have to find the main group and take it out. The whole thing
is the drinking created a problem, for action there is a
reaction, so of course that created a lot of the financial
problems also, the drinking too. But even if I didn’t drink
there is still financial problems, so they are always going to
be there, it’s just how you cope with it in your daily life.

T. Ya, that’s why the financial problems could be a subject
that we work on and it’s a legitimate thing for us, for this
team in here to work on, because it is linked to her behavior,
to your behavior and it’s linked very much to the bottle.
And feelings and thoughts are very much involved. But I
really appreciate that you say that I’m the expert and you
can trust my judgment and one of the things that I’m acutely
aware of though is that I cannot come in here and say “I
think, well I know that we must work on this today, so you
guys are going to work on this “. I know its my role to say,
“well look it, to me it makes sense today to work on this,
what do you guys think about that?” That’s my role, the one
thing that I just can’t do is, won’t do, is say “we are going to
work on this today”.

H. Well, I’m not a woman’s libber. I believe in supportive
and helpful, right, but when a woman starts to get out of
her place in my life, I kind of put the wall up and that’s 242
what I’ve been doing lately. I remember the first few days
we met each other, I shouldn’t mention this but I was
banking all my money and I was living in all these in all
these houses and I was living just with a mattress on a
heater, I’m just one of these, I didn’t have any friends, I just
knew a lot of people, and so I functioned by that means,
people used to borrow money off of me or cigarettes,
whatever, that’s fine, I didn’t mind helping out in that area.

T. Yes.

H. But I lived in all these homes, I built them, lived in them
and then went to the next one, just with a mattress on the
floor, the owner who I worked for at that time used to feed
me and that’s how I did it free room and board and I got my
pay cheque and I banked it. And I do this and this and I met her, ah, she ah I remember driving over to the (Name of a place) once, I only had one pair of pants and one pair of shoes and I was contented with what I was doing, you know, if I wanted to I could have went and bought another pair of pants, I didn't want to. I didn't know what I was saving my money up for, I just put it away, I'm just that kind of a guy. At that time and she mentioned to me "well I don't have this, I don't have that" and I thought my goodness, "I got one pair of pants and your complaining". It's just, I function that way, but over the years that part has changed. I still have domination, I guess you could say. When we bought our first house and then we sold that and bought our second house, then we went on from there and eventually it went down hill. I wasn't satisfied working in the mill, I was a first aid attendant and shop steward and I was getting burned out, I was working day and night, night shift, afternoons, overtime, and all that stuff. I was getting pretty burned out, sure I'd stop, I was drinking a bit, at that time, not to the point to realize that I was getting into a problem. And I'm just generalizing here, at that time too I always had two cars and she complains she doesn't have a car, and we got one car but she needs two, one for her and one for me. . .

W. (Interrupting) I'm not complaining about not having a car.

H. Well, not now but we mentioned this over the years, but she says "I gotta have a car if we are going to live here" I want to go to the country. . .

W. (Interrupting) I have to have a car because he never gives me the car ever.

H. One of the thoughts of juggling is that I want to get a hobby farm. I want to go work Monday to Friday. I have a nice job now, and I want to come home and feed my animals on the weekends, do the garden, I love the garden and all that stuff, quite mellow country life, but there is no way she is going to live in the country she says.

W. I simply said, that 's right, that I will not live in the country without the car because he will not give me any
particular days of the week that are my car. He just won’t give me the car, like I can’t say, “I want the car this day a week every week”. Like he won’t give me any kind of firm thing that he will keep his word on. So therefore, if I live in the country that means I’m totally dependent on him...

H. (Interrupting) I did state too, if you don’t mind my saying, that ah, I’ve always, I gave her a car for Christmas once, you know, I’ve always had two cars for her, I had seven cars at one time, a van and all this stuff, I had all the material things. And ah, the cost has changed today since it was years ago but I’ve always said “yes I want to give you a car”. I do, I wouldn’t mind, the thing is I’m getting older, things have changed a bit, now if I can take the car to go to work and back that’s fine. We are going to have to juggle something around, so we can make it so she can have a car to go to school, while I go to work or something, because I have to work it out but it takes time. You have to go with it, that’s what I’m doing right now I’m just sitting back and doing what I have to do. If she is not going to be patient enough then that’s up to her, but I’m doing what I have to do.

T. You’re telling me, listen to what you’re telling me, you’re saying, you’re saying, “I’m doing juggling and ah, it seems to me . . .

H. (Interrupting) It’s a long term goal.

T. It seems to me, it feels legitimate to me, the long term goal feels legitimate to me, but it seems like “she’ll never appreciate this”.

H. She will after.

T. O.k. but right, o.k. then I’ll adjust that,’cause you are helping me understand this o.k. “I have a long term goal and I feel good about that long term goal and right now to get there I’m doing kind of a juggling and she will want to reach that goal but right now she is just not going to appreciate it” and that doesn’t feel good to you.

H. Well, she’ll hear it and do it, but it’s very difficult for her
to believe things too. So she's in a situation, I understand her when she's "Oh sure, sure, sure". So instead of telling her anymore and forgetting promises and all that stuff, I'm just keeping her out in the dark and do what I have to do. And eventually I'll come out and say here is your car. Or eventually I'll do this and that but now she's hearing this you see and she's probably thinking "o sure, I heard this before".

T. Ahh

H. She's not to be blamed for it,

T. No

H. her feelings are right, I don't mind that, but it makes it difficult for me every time I say something...

T. (Interrupting) I know, so what you are talking about is there is a kind of a bind that you guys are in a kind stickness, right? 'Cause you just said "she's a good woman". She's hearing this and she is probably thinking, "oh, I have heard all of these things before, but (Name T.), this is not a blaming thing, its she's logical that she would think that."

H. Right.

T. But you say, but that's not quite, that's not satisfying because it's trouble between us.

H. Well, all it does is create a daily disturbance.

T. That's what I'm saying this a bind between the two of you. A good woman and a good man, who are in a terrible bind, you are both trying to get to a dream spot which is legitimate.

H. A contented spot.

T. Ya o.k. and yet in this point in time, today they find yourselves in a malign bind, that they really don't deserve, I mean really, he doesn't deserve to be in this bind, you don't deserve to be in this bind, but you are in the bind.
W. Well, I think what happened was we were both involved
in the finances . . .

T. (Interrupting) What was your reaction to my statement?
Do you have a sense of . . .

(Both C and W talking at once)

W. Well he is reaping what he is sowing through the years,
he’s constantly deceiving me about the finances and how
much he owed or who he owed or who he borrowed from.
And then we get the welfare cheque and instead of paying
the rent, paying the hydro and putting money aside for
groceries, he pays the rent, maybe pays the hydro,
sometimes pays the rent, sometimes pays the hydro and
then he pays back everybody that he thinks he owes, that I
don’t know who he owes, that he borrowed money for
drinking or whatever and then we got to go three weeks of
every month without grocery money. This is what is
upsetting to me, is I cannot rely on being able to you know, I
have to buy a book, I and don’t have any money today for a
story that I have to write a 1500 word essay for next
Wednesday. You think I’m not upset, I’m upset.

H. You know, every time she snaps her finger we got to
respond to it, everybody I know, I’ve talked to households
who are both career people and they are having there
financial troubles. It doesn’t matter what level it is, or how
much money they make, they are still having their
difficulties. I have like I said, the old traditional ways, that
you do what you do. I come form a family where we had
nothing, we didn’t even have sugar in our house and they
had to start from there on. We lived on rice for a while, I
mean she was brought up that way too. The thing is “I’m
never going to do this”, but the system, sometimes you are
going to have your up and downs, you learn from that. The
deforestation, we learned from depressions, my parents are
misers today because of that.

W. I shouldn’t pay for it when he drank last month and
spent the money. He should give me the grocery money for
the month, and then if he has to go work in the fields to pay for the bills that he owes because he went drinking last month, then he should do that because that's his responsibility. He doesn't want me involved in the finances, he doesn't want me to work, he doesn't want me to do a lot of things, then at least he should do his part of the bargain which is providing a place to live and what to eat. I'm not asking for new clothes all the time, I'm not asking for new clothes for my kids, or runners or fancy anything, or brand new cars or anything, new furniture, which we haven't got any new furniture, that's fine I'm not asking for those things, I'm simply asking for grocery money. And I don't understand why I'm being blamed when I'm simply asking for grocery money.

H. (H. husband talking over W.) I didn't blame you.

T. (Interrupting) I'm going to jump in here for a minute. Do you notice what's going on between you two, well you have to notice, you guys are having a disagreement, squabble, spat, fight, o.k.. That's alright, I know you have concerns about that. Would you like me to help you with this?

W. MMM

T. I mean you would (pointing to wife)

H. I have my mind made up what I'm doing, it doesn't matter what, if she doesn't like what I'm doing, that's too bad, there's the door. 'Cause I'm doing what I have to do and that's right and if she doesn't like it that's too bad.

T. (Referring to husband) Would you like me to help you work on this so that it could be more satisfying. ‘Cause I know what you are saying now is “it's o.k. you can survive it, you are a survivor, you will survive” But you know that there is a better way, so would you like me to, would you like to take some risks with me, walk out on some thin ice, all three of us together, do you think there might be a way to dance on this thin ice.

H. It's just the things that I was doing right now is the right thing to do o.k.. And the first thing is to get the job, the first
thing is working there, it takes time and it takes its course
and the thing is you are going to say “get her involved in the
finances”

T. Well, I’m not going to say that.

H. Well, that is what she desires so of course you are going to
have to have a mutual consent on this area.

T. But you see

H. I’m doing what I did before and I’m doing it again.

T. O.k. now listen, compromise isn’t what you guys need, it’s
not what you guys need. You must not be forced into any
position. There may be times when you look at yourself and
say “ah, gee, am I doing the right thing”, and you really
deploy yourself and then you make a decision one
way or the other but you must not make any changes that
you feel are forced upon you by me.

H. She’s forcing something.

T. O.k. so then what I’m saying, this is what I’m saying
(Name H), would you like, I’m giving you an invitation, in
fact I’m telling you this is the way that it is possible to do it.
And I don’t want to help you guys make any changes
whatsoever, that leave one of you feeling that you were
forced into making any kind of a change, even if it was a
tiny one. Right now she has to get involved in a particular
kind of way and that’s the only way that she can . . .

H. (Interrupting) It’s her security.

T. O.k., ya fine but if that’s the only way to work it out to
make her happy, it won’t ultimately lead to happiness for
the two of you. So somehow there has to be an evolution,
that you’ll walk away from this saying “gosh, this feels right,
we made a change and I like it” she says at the same time”
we made a change, ya and I like this too”. It won’t work if
the change comes an you say ” well he’s happy but I’m not”
or “she’s happy now but I’m not”. So my invitation, my 
question, would you like me to help you?
H. Time.

T. O.k.

H. It takes time to do what I’m doing right now, and she doesn’t see the result right now, but at the end she will. But of course she is angry and bitter at me right now.

T. Ya and that’s dissatisfying to you.

H. Well to a point but I can take it, ‘cause I know the light is there, so I’m just going to keep driving at it, you know, I don’t know how long it takes, but if you keep going you’ll eventually get there.

T. O.K. that’s fine.

H. So she’s out in the dark a lot but I do what I have to do. If I need twenty dollars for gas to go to some place and she ask me where the money was, I’ll just you know, if she doesn’t smell alcohol on my breath, then she doesn’t have a question. I’ve been to Victoria three times this week, she doesn’t know that.

T. She knows now.

H. But she didn’t know that and where the money goes and that I’m ...

W. I’m not asking where its going, I’m asking, give me my grocery money first and then do whatever you want. That’s always been my attitude, I’ve never been a demanding sort of “I’m in charge of the chequebook” kind of woman, I’ve never have been and I don’t feel that I need to be, so.

T. Well, let me draw this to a close.
The Therapeutic Alliance Scales-Revised (TAS-rev.)

Pinsof and Catherall (1986) designed the Therapeutic Alliance Scale (TAS) as a self-report measure of the experience a client has of the therapeutic alliance. They defined the therapeutic alliance as "... that aspect of the relationship between the therapist system and the patient system that pertains to their capacity to mutually invest in, and collaborate on, the therapy" (p. 139).

Two dimensions are used to operationalize this definition - Contents and Interpersonal System. The content dimension is represented by three subscales: bonds, tasks, and goals. The interpersonal dimension is represented by three subscales reflecting the multiple relationships possible in the therapeutic milieu such as therapist, other-therapist, and group-therapist.

There are three versions of the TAS. Two of these versions, namely, the Individual Therapeutic Alliance Scale (ITAS) and the Couple Therapeutic Alliance Scale (CTAS) were used in TARP. In order to provide a statistical comparison between the two treatment modes, the two scales were revised so as to render them alike (Olsen, 1993).