A PROCESS COMPARISON OF PEAK AND POOR SESSIONS IN

EMOTIONALLY FOCUSED MARITAL THERAPY

by

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ABSTRACT

Psychotherapy research has in the past been primarily focused on outcome, that is whether a particular therapy has been successful in promoting change in the client. More recently it has sought to explicate the processes through which change happens. This study examines the process of therapy for 16 couples who received 8-10 sessions of Emotionally Focused Couples Therapy (EFT) (Greenberg & Johnson, 1986). Two sessions were chosen for each couple, a peak and poor session as assessed by the couple on post-sessional questionnaires. The couples were rated both on the depth of their in-session experience (Experiencing Scale, Klein, Mathieu, Gendlin & Kiesler, 1969) and their interactions (Structural Analysis of Social Behavior, Benjamin, 1974). Peak and poor sessions were compared. Results showed that depth of experience was greater and that interaction was more affiliative and autonomous in peak sessions than in poor. Clinical implications of this research are discussed.
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CHAPTER I

Introduction

Marriage... will never be given new life except by that out of which true marriage always arises, the revealing by two people of the Thou to one another.

Martin Buber, p. 45, 1958
I and Thou

To embark seriously on healing through meeting is to leave the safe shores of the intrapsychic as the touchstone of reality and to venture onto the high seas in which healing is no longer seen as something taking place in the patient. Although one hopes that the client becomes wholer in the process, and although the therapist has a special role as initiator, facilitator, confidant big brother and representative of the dialogical demand of the world, the healing itself takes place in the sphere which Buber calls "the between."

Maurice Friedman, p. 221, 1958

Studies have shown that effective conflict resolution is directly connected with marital satisfaction (Gottman, Markman & Notarius, 1977; Koren, Carlton & Shaw, 1980). In one marriage "conflict may touch off anger, leading to mutual attack, in turn aggravating the initial difficulty" while in another "it may encourage open discussion, attempts
at mutual understanding and thus increased intimacy" (Argyle & Furnham, 1983, p. 492). Clearly, something is different between these two kinds of couples. Absence of conflict does not appear to be the solution as happy relationships often have a fairly high level of conflict (Argyle & Furnham, 1983).

Considerable research has been done to observe the differences in conflict resolution behaviour between distressed and non-distressed couples (Gottman, Markman & Notarius, 1977; Gottman, 1979; Hahlweg, Revenstorf, Schindler & Brengelmann, 1984; Sullaway & Christensen, 1983). These research projects, done in many different ways in many laboratories, have obtained consistent results concerning the differences between satisfied and dissatisfied couples. The interactions of dissatisfied couples were characterized by a high level of negative affect and escalating negative interaction (Gottman & Levenson, 1986). Satisfied couples made fewer negative or hostile statements and were less likely to engage in a negative escalatory cycle.

Whereas these studies observed the differences in conflict resolution patterns of the two classes of couples, they made no attempt to explicate the process, or processes, which enabled a distressed couple to adopt the conflict styles of the non-distressed couple. As Knudson, Sommers and Golding (1980) observed, conflict offers couples the
opportunity, not only to reach agreement, but also to gain more understanding of the way each construes reality. If this is the case, the process of successful marital therapy may well be indicated by an alteration in the interactions of the in-session behaviour of the spouses.

**Background of the Problem**

Interpersonal relationships are the foundation of the development of identity and a sense of the self (Swensen, 1973). Laing states that, "no more fiendish punishment could be devised, even if such a thing were physically possible, than that one should be turned loose in society and remain absolutely unnoticed by all members thereof" (Laing, 1961, p. 82). Thus, it is not surprising that marriage, a relationship second only to the parent-child connection in intensity of emotion and longevity, has tremendous power to affect the individual's sense of self and connection. Johnson (1986) saw marriage as "more of an affect laden attachment or bond between partners where the other is usually perceived as the primary source of basic security, contact and affection and as a primary source for information as to the value and nature of the self" (p. 11). Whether marriage meets the partner's twin needs for security and satisfaction (Swensen, 1973) and thus promotes intimacy and contact or offers anxiety and disconfirmation depends on the quality of the partners' interaction and
communication. It is to the details of these interactions that researchers need to look in order to understand how partners are currently experiencing each other. It is here, in these interactions, that change will be most likely to appear. Increases in the degree of emotional expressiveness that result in new levels of self-disclosure and more positive behaviour on the part of the partners could be strong indications of an inner perceptual shift on the part of each.

Some evidence of the importance of this sort of positive, validating behaviour has been found by Gottman (1982). One of the outstanding differences he found between satisfied and dissatisfied couples was that satisfied couples interspersed their interchanges with brief indications that it was understandable that the other felt as she or he did, even though she or he continued to disagree with the other's point of view. Gottman (1982) termed this a "validation sequence" and saw it as promoting the exchange of feelings.

In her task analysis of marital conflict resolution, Plysiuk (1983) corroborated this view. She found that subsequent to one partner's expression of previously unacknowledged underlying feeling, that it was necessary for the other to respond positively in order that there be "a shift from problem escalation to problem solving" (Plysiuk, 1983, p. 50). Her work indicated that this positive vali-
dation sequence was crucial to the couple's ability to move toward mutual openness.

Mutual openness or self-disclosure has been identified as a "fundamental aspect of intimacy in interpersonal relationships in marriage" (Waring, 1984, p. 186). Although definitions of intimacy vary, (Frey, Holley & L'Abate, 1979; Perlman & Fehr, 1987; Perlmutter & Hatfield, 1980; Tolstedt & Stokes, 1983), most researchers agree that intimacy is desirable in close relationships and that it depends to a great degree on self-disclosure. Therefore, it is important to understand the conditions under which self-disclosure can occur between spouses.

A possible approach to the study of in-session psychotherapy process has been suggested by Rice and Greenberg (1974, 1984) and Greenberg (1986). They propose the choice of change events as important therapeutic segments in which a couple (or individual) is grappling with significant therapeutic problems. These "events" are characterized by four components, "the patient problem marker, the therapist operation, the client performance, and immediate in session outcome" (Greenberg, 1986, p. 3). It is the presence of the marker, in this case a negative interaction between the spouses, that indicates that the partners are actively engaged in their problem and that the opportunity exists for therapeutic intervention.
Selected events consisting of a negative interaction between spouses followed by a therapeutic intervention and the couple's subsequent interaction, in total, a 15-20 minute segment, will be examined. These selected events seem likely to highlight changes in the couple's manner of relating to one another both in the degree of affiliation or hostility and the levels of self-disclosure.

Purpose of the Study

In studying couples therapy it is important to engage in outcome research to assess treatment efficacy and to establish whether couples have improved over the course of therapy. However, it is even more important to understand the process by which this change takes place. Without knowledge of how change occurs, it is not possible to explain how psychotherapy works. The core of science is to be able to explain how phenomena occur, not only to evaluate whether they occurred. All approaches to marital therapy have the goal of changing marital interaction from an adversarial, win-lose situation to one in which the partners can resolve their conflicts and support each other even if they do not agree. How that shift can happen and what the change processes are that produce it or, conversely, what prevents this shift from happening, is much less well understood. The thrust of this study is to increase understanding of the processes of change in marital therapy.
as well as the factors that inhibit change.

Of particular interest is the process of change as it occurs in Emotionally Focused Therapy (Greenberg & Johnson, 1986), the treatment used in the therapies examined in this research. Emotionally Focused Therapy is an experiential couples therapy which combines aspects of systemic therapy with an emphasis on the importance of acknowledging and expressing disowned feelings and needs. Greenberg and Johnson (1986) suggest that through the expression of previously disowned feelings and their accompanying needs, there will be a change in both the interactional cycle and each person's experience of the relationship. They see Emotionally Focused Therapy as producing change in at least five dimensions. First, through the experience of a new aspect of the self, an individual comes to view him or herself differently. Second, when the partner sees this new aspect, she or he is enabled to change his or her perception of the spouse. Third, the individual's new self view opens up new possibilities in his or her behaviour in the relationship. Fourth, the spouse can respond in new ways and, fifth, the partners are able to see themselves in new ways in the relationship (Greenberg & Johnson, 1986, p. 261). In other words, the spouses' definitions of themselves and of their relationship is open to a new construal. The purpose of this investigation is to highlight
and analyze the change processes that actually occurred in couples who underwent Emotionally Focused Therapy.

The Problem

Self-report measures such as the sessional outcome questionnaire used in this study are one way of measuring therapeutic change (Orlinsky & Howard, 1967). Orlinsky and Howard (1967) indicate that these post-sessional questionnaires are a good measure of "global satisfaction or dissatisfaction with the experienced therapy encounter" (p. 621). Although such questionnaires do not provide a full picture of therapeutic change, they do provide a "great deal of informed critical judgment" (p. 621). Orlinsky and Howard (1967) suggest that the foundations for the judgments implicit in the post-sessional questionnaires can be sought in "those patterns of interactions, feeling and perception which characterize productive therapeutic exchange" (p.621).

An alternative or additional method of measuring the effectiveness of marital therapy is through direct observation of the couples in therapy sessions. This requires the use of a coding system which is administered by independent, outside raters to assess in-session process. A direct observational system such as this offers an objective
perspective on the session and can compliment the experiential perspective gained through post-sessional self-report questionnaires.

The theoretical tenets of Emotionally Focused Therapy indicate the use of certain interventions that are designed to deepen the individuals' experience of their problems and lead to productive therapeutic outcome. Although the effectiveness of Emotionally Focused Therapy has been shown (Johnson & Greenberg, 1985; Goldman, 1988; James, 1989), the process by which this improvement happens has not yet been investigated. The problem addressed in this study is the following; are successful therapy sessional outcomes associated with sessions which contain deep levels of experiencing and more affiliative interactions? It is hypothesized that sessions viewed by the couples as productive of change and problem resolution on the sessional self-report questionnaires, hereafter designated "peak" sessions, will be differentiated from sessions seen as unproductive and lacking in problem resolution, hereafter termed "poor" sessions, in two ways. First, peak sessions will be characterized by a higher level of experiencing by one or both partners than will poor. Second, peak sessions will have a greater proportion of friendly or affiliative statements than will poor. These results would support Emotionally Focused Therapy's theoretical contention that an intrapsychic emotional focus in marital therapy is one way
to promote increased positive exchanges and ultimately a more satisfying, intimate relationship. The sequence of the expression of deeply felt experience which is responded to positively by the partner may well be an important process in ameliorating the marital relationship.
CHAPTER II

Literature Review

The literature in several areas relevant to the understanding of marital therapy and interaction of couples will be discussed. Emotionally Focused Therapy has two significant foci, the first intrapsychic and the second interpersonal. It differs from most other marital therapies in its emphasis on the importance of the emotional experience of the individuals to their interaction in the relationship. This chapter will begin by discussing the field's increasing emphasis on the role of emotion or affect in the marital relationship and research seeking to illuminate this. Next it will examine conflict in marital interaction as well as research on marital conflict resolution. Finally, it will present studies done on Emotionally Focused Therapy to assess its effectiveness and the processes associated with change in this therapy.
Affect in Marital Therapy

During the past 50 years most marriages in this culture have been based on strong feelings between a man and a woman. Given this fact it seems remarkable that until recently marital therapy has either ignored or attempted to suppress emotion in therapeutic situations.

Diverse approaches to marital therapy are now recognizing the importance of emotion. Behaviourists Finchan and O'Leary (1982) see affect as the "remaining member of psychology's tri-partite division (cognition-behaviour-affect) which has yet to be integrated into the behavioural marital literature" (p. 1). Bradbury and Fincham (1986) see "affect as a critical component of marriage" (p. 1). In the same vein Margolin and Weinstein (1983) view affective experience and expression as "essential to behavioral marital therapy's underlying aims of increasing intimacy and disrupting repetitive, non-productive patterns" (p. 334). From their observations of couples in the process of resolving conflict Gottman and Levenson (1986) have shown that marital dissatisfaction is strongly associated with high levels of negative affect as well as negative affect reciprocity. Finally, Greenberg and Johnson (1986) state what perhaps should have long been self-evident, that is, that most often couples come for therapy for emotional problems not instrumental issues.
What, then, are current views on the nature of emotion in marriage and its importance in therapy?

Current views on emotion in marital therapy present a somewhat confusing scene. Some researchers operate from an underlying assumption that emotion is a word which includes all physiological arousal and emotionally expressive situations. Instruments developed to assess the presence of emotional material from this perspective primarily tap the interpersonal dimension of emotional responsiveness between the spouses but are unable to differentiate these from emotions originating in one or the other spouse's intrapsychic experience. For the most part intrapsychic experience is not mentioned.

Several rating systems have been developed to measure emotion in marital therapy. One such instrument is Fincham and O'Leary's (1982) 20-item self report measure, "Positive Feelings Questionnaire." Here positive feelings are seen as crucial, a logical conclusion from the information provided in the literature on marital satisfaction. In fact the Positive Feelings Questionnaire correlates .78 with the Locke Wallace Marital Adjustment Test (Locke & Wallace, 1959), a standard measure of marital satisfaction. Another such instrument is a sophisticated observational specific affect coding system (SPAFF, Gottman & Levenson, 1985, p. 153 for details). Gottman and
Levenson (1986) believe that emotion in social interaction can be accurately detected by people from the same culture who have been sufficiently trained in the use of SPAFF. This coding system is extremely time-consuming, requiring two coders, two years to complete the coding of thirty couples used in the Gottman and Levenson (1986) study. These are but two examples of instruments aimed at detecting the presence of emotion in marital therapy sessions.

Theories of marital interaction have, until recently, afforded little space to the role of affect. Fincham and O'Leary (1982) began to address the issue of affect as it relates to cognition and behaviour in marital therapy. To do this they investigated the antecedents to both positive and negative acts and found that "causal attributions" (cognition) "did not directly affect behavioural responses." Moreover, "to the extent that they did have an effect it was mediated by the affective feeling response" (Fincham & O'Leary, 1982, p. 4). They concluded that it was necessary for therapists to learn how to alter these feeling responses.

Gottman and Levenson (1986) assert that sufficient evidence now exists to allow the construction of a theory of marital interaction which gives central importance to the role of emotion. Briefly, marital satisfaction has been consistently shown to be connected with a couple's ability to resolve conflicts. Only when couples are actually in
conflict can their styles of conflict resolution be compared. To this end these researchers' studies have focused on situations which generate conflict in both distressed and non-distressed couples and have allowed the observation of the couples' patterns of conflict resolution. Some of these patterns have been summarized in Chapter 1. Gottman and Levenson (1986) were particularly interested in the feelings generated in each spouse by conflict situations. They used an easily moved dial by which a spouse could record his or her responses to a particular statement. This dial was used in both the original conflict situation and later when the spouses individually watched a videotape of the conflict. These researchers wished to validate this ingenious form of self-report in five ways. First, it should be able to distinguish between high and low conflict situations. Second, satisfied and dissatisfied couples should be distinguishable. Third, ratings of the original conflict and the video viewing should show statistical correlation. Fourth, these self-reports should agree with external observation (using SPAFF) and fifth, and most controversial, the ratings of the original conflict and the video viewing should show similar affective patterns. "The self report of affect passed all five of these tests" (Gottman & Levenson, 1986, p. 41). What stands out in this research is that emotions generated in the video viewing correlated with statistical significance in over 90% of the 500 comparisons.
made, and the time sequence of particular emotional responses also coincided. A follow-up study showed that high levels of negative affect reciprocity and physiological arousal, as assessed in the original study, were predictive of a deterioration in marital satisfaction.

Further indication of the growing attention being paid to the role of emotion in marital therapy is an extensive chapter on the assessment of affect in marital discord by Bradbury and Fincham (1987). Although a large amount of research has been done on intrapsychic emotion in individuals, until recently, very little had been done on emotion in close relationships. Gottman and Levenson's (1986) theory begins to illuminate aspects of the importance of emotion between couples and its effect on marital satisfaction and dissatisfaction.

However, Bradbury and Fincham (1987) highlight some serious problems in this sort of research on emotion in marriage. First, emotion is a convenient term to describe a particular state which, as humans, we understand. Unlike behaviour, it is not easily observed nor is there a way to be sure that two people identify feelings in the same way. For example, what one may identify as fear another may call excitement. Both states imply certain kinds of physiological arousal but are open to the interpretation of each individual. As Bradbury and Fincham (1987) state, "emotion is a hypothetical entity, and does not exist in any true sense..."
(and) is inferred from various sources of information" (p. 5). Thus, it is important for researchers not to confuse emotion as a construct with measures which indicate emotion. Secondly, affect is woven into many of the measures of marital satisfaction. Satisfaction, after all, indicates some degree of positive feeling about the relationship. Therefore, correlating marital satisfaction and self disclosure or marital satisfaction and affect, as earlier mentioned, is "tantamount to correlating two self-report measures of affect in marriage" (Bradbury & Fincham, 1987, p. 22).

For the purposes of this study, emotion must be understood to operate in at least two ways in marriage. First, the emotions that exist between individuals in response to their interactions are of central importance. It is these emotional responses that brought the two people together, and it is current emotional responses to one another that are the usual cause for seeking help. The second way in which emotion operates is intrapsychically for each of the spouses in the relationship. Marital therapy is aimed at altering the interpersonal dimension of emotional contact. However, one route to this change is through the accessing of underlying individual intrapsychic experience and emotion that may be fueling the negative interactions between the partners. In the discussion that follows these
two aspects of emotion, interpersonal and intrapsychic, need to be kept separate.

If therapeutic interventions are designed to change interpersonal emotional responses in marriage, it is essential that there exist some way to measure feelings and changes in feelings. The observational system used in this study, the Structural Analysis of Social Behavior (Benjamin, 1974, 1986, Appendices A & B), is an instrument which permits raters to rate interpersonal responses in the therapy session. SASB does not specifically rate emotion or feelings. Rather, its construction allows the level of hostility or affiliation exhibited by the spouses to be rated. For example, if one person is "belittling and blaming", one cluster of behaviours on the SASB, it is probable that that person is experiencing hostility of some sort, although the specific feelings are unclear. Similarly, if a person is "affirming and understanding" it is probable that the underlying feelings are friendly ones, although their exact nature is not easily guessed. SASB is used in this study to assess the nature of the interactions between the spouses on the interpersonal dimension, not to identify the particular emotions of the individuals. Thus, it is involved with interpersonal responsiveness, whether negative, positive, autonomous or submissive, not with the emotional experiences of the individuals in the session.
It is one thing to be able to observe and measure emotion, and it is another to understand the nature of emotion well enough to be able to work with emotion therapeutically. Bradbury and Fincham (1987) speculate that the volume of research on emotion in individuals has frightened off researchers of marital therapy, but that an understanding of the literature of emotion is necessary for the serious researcher of marital interaction. Greenberg and Johnson (1986), the originators of Emotionally Focused Therapy, have an extensive understanding of the literature on emotion (Greenberg & Johnson, 1986; Greenberg & Safran, 1987; Greenberg & Safran, 1984a; Greenberg & Safran, 1984b; Safran & Greenberg, 1982). Their view of emotion is derived from Leventhal's (1979) model of information processing. This model presents emotion as involving three automatic mechanisms. First, expressive motor mechanisms consist primarily of facial expressions which are innate to the human organism. Second, the schema of the organism's subjective response to earlier situations comprises particular emotional memories. This schema operates in present information processing by directing the individual's attention to certain areas. Third, the cognitive or conceptual system, the most conscious of the three processes, stores rules about and evaluations of experience. "Experienced emotion results from a preattentive synthesis of expressive motor information, implicit
emotional schemas and conceptual cognition" (Greenberg & Johnson, 1986, p. 2). These concepts are important to an understanding of the foundations of Emotionally Focused Therapy. When, in Emotionally Focused Therapy, these expressive motor responses or emotional schema are evoked, the possibility exists for the perceptions arising from these responses and schema to change. The focus in this therapy, is to evoke live, underlying emotion within the session. This then allows the construction of "a new emotional synthesis which translates into new action tendencies and new responses toward the spouse" (Greenberg & Johnson, 1986, p. 3). The focus of many EFT interventions is the accessing of primary, adaptive emotion of each of the spouses. As such, it is concerned with intrapsychically driven, not interpersonally evoked emotion. It is not that the emotional interactions of the spouses are of no importance. Rather, EFT takes the position that much of the intensity of the negative interactions between spouses derives from earlier experiences in which the individual was not able to meet his or her needs. When the underlying emotions associated with these experiences are evoked and expressed, there is a possibility for a change in the interactions of the couple.

What is the nature of this underlying emotion? Emotion is conceived of in three categories, primary, secondary and instrumental (Greenberg & Safran, 1984b,
Instrumental emotions are those emotions expressed consciously or unconsciously to encourage certain behaviours from others. For example, I might cry so that you would feel sorry for me and help me with my problem. Secondary emotions are reactive emotions, ones that serve in some way to defend. If you push me, I might respond with anger and push you back. Emotional interchanges of these sorts, occurring in the therapy session, are not fruitful in producing therapeutic change. Rather it is the primary emotions, which are usually outside of immediate awareness, that "convey biologically adaptive information" (Greenberg & Johnson, 1986, p. 5). Greenberg and Johnson go to some length to describe the quality of primary feelings, finally stating "one does not doubt their veracity, but is rather intensely involved and 'moved' by them" (Greenberg & Johnson, 1986, p. 5). It is as though the original sensory-motor-schema experience is reevoked in a context in which the individual is now safe enough to express rather than hide the resulting emotional experience. Naturally, the therapist in Emotionally Focused Therapy must have the skill to evoke this depth of experiencing and facilitate its expression. Evocative and/or gestalt techniques are often employed (Perls, Hefferline & Goodman, 1951).

In describing Emotionally Focused Therapy Greenberg and Johnson (1986) say that "because of the high demand for disclosure, this whole process is conducive to the building
of intimacy and emotional bonds" (p.261). Here, the interpersonal dimension of the relationship reappears. As intimacy has been seen as an essential component of marital satisfaction (Berman & Lief, 1975; Horowitz, 1979; L'Abate & L'Abate, 1979; Tolstedt & Stokes, 1983; Waring, 1984) it seems crucial to understand the interpersonal factors which encourage or allow intimacy to develop in marital relationships. In other words, after an individual has disclosed a new aspect of his or herself to the other, what needs to happen in order for the couple to become closer and more self-revealing, more intimate, rather than moving back into negative interaction?

Answers to this question arise from the field of interpersonal psychology. The issues which appear in the marital relationship are similar to ones which appear in all significant close relationships beginning with the parent-child relationship. From the perspective of philosophy, M. Buber (1957) states, "In human society, at all levels, persons confirm one another in a practical way, to some extent or other in their personal qualities and capacities."

In discussing the therapeutic relationship, Truax and Mitchell (1971) sum up qualities which promote self-disclosure and, if applied to marriage, intimacy.

That an accurate and sensitive awareness of another's feelings, aspirations, values, beliefs,
and perceptions, that a deep concern for the other person's welfare, without attempts to dominate him, and that an open, non defensive, non phony being (genuineness) proves beneficial to any human interaction has long been recognized by philosophers and novelists as well as by theoreticians in psychotherapy and counseling, and indeed by others who study the broad areas of human relationships" (p.313).

Studying the broad areas of human relationships has long been the task of interpersonal psychology. The development of the child and specifically the growth of self-esteem have been carefully examined. Cotton (1983) states that "almost all theories of self esteem discuss the significance of the opinion of others upon developing self esteem" (p. 124) and then cites 13 studies beginning with James (1890) and ending with Kohut (1971) to corroborate her statement. Explicitly, she says that growth of high self esteem in children happens when they are supported, validated, confirmed and accepted by their parents. Moreover, and this seems significant when we think of the marital dyad,

the shift to a reliance on internal sources for self esteem regulation is never complete. One will always depend to varying degrees on recognition, validation and praise from external sources. The
notion that maturity involves utter independence from the opinions and attitudes of others is a pathological form of self esteem regulation. As Erikson eloquently describes in his writings, 'men are psychosocial beings in continual need of recognition from their fellow men for their sense of self-worth'" (Cotton, 1983, p. 143).

If we bring together these various strands, a picture of marital interaction begins to emerge. It is not sufficient to view marriage as two individuals interacting with each other. As Laing (1961) stated, "it is a process going on between two people," and that process has the power to confirm or disconfirm the individuals. If the process is one in which the partners accept each other's disclosures with warmth and friendliness in a positive emotional atmosphere, they are each enabled to reveal more of their inner lives to one another and to create the basis for an intimate relationship. However, if any kind of self revelation is met with rejection or scorn, there is likely to be quite a different result. Coopersmith (1967) summarizes Sullivan's views on this occurrence.

The individual is continually guarding himself against a loss of self esteem, for it is this loss that produces the feelings of distress that are elsewhere termed anxiety. Anxiety is an inter-
personal phenomenon that occurs when an individual expects to be or is indeed rejected or demeaned.

(p. 32)

Leary (1957) is even more forceful in his statements about the power of this anxiety. "Primal anxiety is the fear of abandonment. As the child begins to develop this becomes a fear of rejection and social disapproval. Mankind's social interdependence means that extreme derogation on the part of crucial others can lead to destruction" (Leary, 1957, p. 14-15). Is it then surprising that the interactions of couples in conflict can be fierce? Each experiences the possibility of a profound loss of self-esteem and fights furiously to avoid this. What then has recent research on patterns of marital conflict resolution discovered about the interpersonal responses that facilitate successful resolution? Although studies do not, in general, focus directly on this issue, many refer to the importance of acceptance or positive responses as engendering successful conflict negotiation.

In their discussion of the differences between distressed and non-distressed couples, Koren et al. (1980) observed that nondistressed couples were more verbally responsive to each other, and that these responses were at least "minimal acknowledgments (e.g. 'uh-huh') as well as overt agreements and acceptances" (Koren et al. 1980, p.
In contrast, the distressed couples had more critical verbal responses to each other.

Similarly, Gottman's (1979) study noted that one major distinguishing characteristic of satisfied versus unsatisfied couples was the existence of a "validation sequence" on the part of the non-distressed couples. In the validation sequence the couple affirm each other and their relationship in some way. It is as though the meta-message is "this disagreement is not dangerous. It does not threaten our marriage. I can accept that we can have different opinions."

This kind of acceptance has the power to promote trust between two people, and thus provide an atmosphere in which increased levels of self revelation are possible. In the process of examining the role of affect in behavioural marital therapy, Margolin and Weinstein (1983) refer to a "metaperspective" that develops as a result of sharing deep feelings. "With the giving and receiving of important feelings comes the realization that 'this is someone whom I can trust with my feelings and who trusts me with his/her feelings.' That mutual and reciprocal trust tends to be an important symbol of intimacy" (Margolin & Weinstein, 1983, p. 326). In comparing the effectiveness of Problem Solving Therapy and Emotionally Focused Therapy, Johnson and Greenberg (1985) proposed that one possibility for the greater effectiveness of Emotionally Focused Therapy was
that it increased trust and responsiveness. Guerin (1982) postulates that safety is the emotional environment in which self disclosure can take place. He sees an underlying question for couples as "Is it safe to be vulnerable in this marriage" (p.18)?

Hahlweg, Schindler, Revenstorf and Brengelmann (1984) attack the problem of acceptance more directly by employing communication skill training. They state that by employing the communications skills it was hoped that partners would avoid blaming, criticizing, and sidetracking; increase their mutual understanding...The core skills are reciprocal self disclosure of feelings, attitudes, and thoughts either about a specific problem in the relationship or about a general point of discussion, and accepting of not necessarily agreeing to the speaker's utterances (p. 8, italics added).

They clearly recognize the importance of positive responsiveness even though they view it more as a skill to be taught than as an existential state.

Several researchers see that acceptance by one partner for the other facilitates a perceptual shift. It is not that the couple no longer has conflict, but rather that the partners can now see each other differently. In proposing a cognitive component to behavioural marital therapy, Jacobson (1983) asserted that when a couple's underlying beliefs were explored, this fostered greater empathy in the partners. In
other words each partner's perception of the other was explicitly discussed, so that negative attributions that may have existed could be challenged. Although this approach lacks the emotional depth of Emotionally Focused Therapy, it does promote more acceptance and acknowledges that it is not only behaviour that is important, but also the internal state of the couple. Glick and Gross (1975) pointed out that whether or not an individual was actually accepting or rejecting was often a perceptual issue rather than a reflection of what was actually occurring. A seemingly supportive statement could be interpreted as criticism by a partner who felt incompetent or had a history of criticism in the relationship. In fact, Laing et al. (1966) stated that a characteristic of distressed marriages was the inability to distinguish accepting or rejecting behaviour in the other. Thus it is essential that therapists assist couples to hear the partner's affirmative responses. The expression of emotion followed by acceptance "even though it may require work" (Greenberg & Johnson, 1986, p. 7) is crucial in allowing a new construal of the relationship.

What this view of emotional responsiveness of one partner to the other emphasizes is the fact that marital therapy strongly differs from individual therapy. No longer is it sufficient for the therapist to validate the individuals. Couples frequently come for therapy because their own interactional process is a problem and disconfirms
them as individuals. Often their solution to the problem has been to demand change from each other. This locks them into blaming and criticizing each other for their difficulties, thus increasing their sense of disconfirmation. What goes on between them needs to change. When one partner is able to express vulnerability and it is met with a positive response by the other, this opens whole new possibilities for trust, self-disclosure and intimacy between them.

**Marital Conflict Resolution**

Webster's Ninth Dictionary defines conflict as "struggle resulting from incompatible or opposing needs, drives, wishes, or external or internal demands." As such, conflict is an inevitable component of interpersonal contact, and the greater the amount of contact, the greater the possibility for high levels of conflict. Conflict often implies a right-wrong controversy, whereas the resolution of conflict may depend on accepting the other's right to have a different view which has its own legitimacy.

As early as 1974, Raush, Barry, Hertel and Swain observed that it was not conflict itself that was a problem, but rather the way in which conflict developed. They saw "constructive conflict" as characterized by the couple's ability to focus on the issue, explore each other's points of view and negotiate a solution. In contrast "destructive
bringing in past hurts and resentments and tended to include power tactics such as threat or coercion to achieve some solution (Raush, et al 1974). In other words, particular ways of handling conflict led towards a positive outcome while other ways tended to reinforce escalation and lack of consensual resolution.

In a survey article Peterson (1983) concurred with the views of Raush, et al (1974). He also sees conflict as inherently neither constructive nor destructive. It is simply the result of incompatible needs. The emotional intensity and interdependence of close relationships, especially marital relationships, means that any conflict and its resolution have durable implications. Several common themes in successful and unsuccessful conflict resolution emerged. First, relationship-oriented conflicts were experienced by the couples as more threatening, evoked more intense feeling, and led to the use of more coercive or threatening behaviours than did issue-oriented conflicts (Peterson, 1979). Thus, the relationship-oriented conflicts were more likely to escalate, and the issue-oriented conflicts were more likely to be negotiated successfully. In addition, satisfied couples were more likely to focus their discussion on one specific issue, thereby increasing the likelihood of successful resolution, while dissatisfied couples tended to become personally rejecting and blaming toward one another. Next, engagement of conflict rather
than its avoidance was associated with more understanding by each spouse of the other's perceptions (Knudson, Sommers, & Golding, 1980). Further, Gottman (1979) notes that a consistent finding through several studies is that dissatisfied couples in treatment tend to move quickly into a pattern of cross-complaining. Peterson (1983) concludes by stating that "all this suggests that the escalation of conflicts in close relationships is accompanied by, and is possibly caused by, the attribution of blame to the other rather than to oneself...and particularly by a shift from behavioral description to personal blaming" (p. 376).

In a review of 26 studies comparing distressed and non-distressed couples, Schapp (1984) found that distressed couples were predominantly negative in their interactions, even in low conflict situations. Also, their problem solving behaviour was consistently more negative. Schapp concluded that "negative affect, especially, discriminates the distressed couples" (p. 148).

Guerin (1982) examined the development of dysfunctional conflict by examining the regulation of distance, that is the amount of contact or separation demanded by partners, in couples undergoing stress. He observed that when the relationship was under stress, one partner moved closer asking for more support (the pursuer) and the other distanced him or herself (the distancer) and became involved in another activity or object. At this stage stress was seen as low
and the distance between the individuals was comfortable for each. Implicit in this stage was a sense of free movement. Either could move closer or back away, whereupon a new equilibrium would be achieved. When marked stress occurred, often the couple moved through further stages which were characterized by the pursuer's ever increasing demand for emotional connection and the distancer's ever increasing demand for emotional autonomy. This process was usually accompanied by escalating negative interaction. At a later stage the pursuer was very hurt and angry and began to move away reactively. At this point there was the possibility that the distancer could begin to move closer. However, often, the pursuer was metaphorically standing behind a wall of hurt, hurling criticisms at the distancer. This criticism precipitated the final stage, as above all the distancer required acceptance. In the final stage, in response to this criticism, the distancer continued to distance, and each partner resided behind a wall of hurt in a fixed position in reference to the other. At this stage the couple was profoundly alienated.

Another aspect of conflict resolution involves the perceptions of each spouse about the behaviour of the other. Kelley (1979) reported that partners tended to interpret each other's behaviour "in terms of stable, general causal properties" (p. 96). While individuals described their own behaviours in neutral or positive terms, such as forgetful
or preoccupied, the partner often saw the behaviour in negative terms such as irresponsible or selfish. Knudson, Sommers and Golding (1980) asked whether externally observable behaviour was sufficient to understand interpersonal interaction or whether it was also necessary to know how each spouse construed the behaviour. They concluded that the construal of behaviour was as important as the behaviour itself. Deutsch (1969) suggested that perceptual distortion was one of several processes that led to conflict escalation. Gottman (1979) found that distressed partners themselves experienced each other's behaviour as more negative than did an outside coder.

Taking a somewhat different perspective, Wile (1981) postulated that conflict between spouses occurred because of the partner's real experience of unmet needs. He described them as "suffering psychological malnutrition resulting from an inadequate emotional diet" (p. 10). He identified three interactional patterns which developed in couples with unmet needs. When partners avoided fighting at all cost, the result was mutual withdrawal. Where open discord was permissible, the partners blamed each other in accelerating arguments resulting in mutual accusation. The third pattern was a combination of the first two, where one partner blamed and the other withdrew, a demanding-withdrawing pattern. All of these patterns resulted in alienation. Wile's primary therapeutic approach was to help individuals to
identify underlying unmet needs. He believed that when each partner was able to express important feelings and had them acknowledged by the other, much of the more superficial conflicts would disappear.

In summary, these diverse studies highlight the following aspects of distressed couples. 1) Their conflicts tend to become relationship-oriented rather than issue-oriented. 2) Their conflicts tend to escalate and include the use of power tactics such as threats, rejection, blame and coercion. 3) In general, distressed couples are far more negative in their behaviour toward one another than are satisfied couples. 4) Not only are they more negative as rated by an outside coder, but they themselves rate their partner's behaviour as even more negative in its impact on them than does the coder. 5) Escalating unresolved conflict is often engendered by differing needs for closeness and distance and is exacerbated by stress on the relationship. 6) Continued conflict in marital relationships can be the result of real, adult, unmet needs on the part of each spouse.

Emotionally Focused Therapy

The majority of research in marital therapy has been done in the area of behavioural, rather than non-behavioural therapy. (Gurman, Kniskern & Pinsof, 1986). These therapeutic approaches, exemplified by Jacobson's (1977)
Behavioral Marital Therapy, intervene by attempting to change the actual interchanges or behaviours between spouses. Jacobson (1977) developed a systematic training for couples in problem solving skills through which each spouse could derive equal benefits. A simple example might be where a couple was having difficulty in deciding how to allocate household chores. In return for one doing all the dishes the other agrees to shop for groceries and make three dinners. Such behavioural approaches can and do improve communication skills as well as daily interaction but are not aimed at altering the internal experiences of the spouses of themselves and/or their relationship.

Wile (1981) took the position that discord often arose from the individual's experience of being "deprived, trapped and isolated" (Wile, 1981, p. xi). Legitimate adult needs were not met by the spouses. Often in the interest of "solving" problems therapists would encourage compromise and the giving up of what they saw as unreasonable expectations. The difficulty with this, as Wile saw it, was that it engendered even more disqualification of both partners' feelings and increased self-criticism. "The therapist's task (is) to discover the hidden rationality" (Wile, 1981, p. 196) in the couple's seemingly trivial arguments. Solving problems is not Wile's goal, but rather to legitimize the problem and then "to enable partners to
incorporate their fantasies, arguments, and differences into the relationship" (p. 211).

Emotionally Focused Therapy (Greenberg & Johnson, 1986) incorporates Wile's belief that marital conflict often arises as a result of the inability of the relationship to meet legitimate adult needs. By alternately focusing on affective experience and interactional patterns, the Emotionally Focused therapist seeks to bring into each spouse's awareness the underlying needs that fuel their negative interactional cycles. These cycles, once begun, appear almost self perpetuating. An example might be a husband who has an underlying fear of being overwhelmed and a wife who fears abandonment. When she seeks reassurance and closeness from him, he feels his autonomy being threatened and backs away, which she in turn experiences as rejection and pursues him more vigorously for reassurance. This cycle becomes incorporated into the system without either partner being aware of his or her underlying needs and feelings. Using many of the techniques developed in Gestalt Therapy (Perls, Hefferline, & Goodman, 1951) the Emotionally Focused therapist seeks to evoke in a vivid fashion, in the session, these previously unacknowledged, underlying feelings. As these feelings are experienced and expressed by one spouse, the possibility emerges for the other to change his or her perception of the meaning of the other partner's behaviour.
Several studies have now demonstrated the effectiveness of Emotionally Focused Therapy (Goldman, 1986; James, 1989; Johnson & Greenberg, 1985). Other studies have illuminated the process of Emotionally Focused Therapy (Johnson & Greenberg, 1988; Plysiuk, 1983; Vaughn, 1986). The latter studies are of particular interest for this research. Using the task analytic technique (Greenberg, 1984), Plysiuk observed what actually happened in situations where four couples successfully resolved conflict and contrasted this with one couple who was unsuccessful. The two instruments used by Plysiuk (1983) to explore the processes of resolving and non-resolving couples were the Structural Analysis of Social Behaviour (SASB) (Benjamin, 1974) and the Experiencing Scale (ES) (Klein, Mathieu, Gendlin, & Kiesler, 1969, Appendix C), the two instruments used in the present study. From these observations Plysiuk developed a four stage model of marital conflict resolution. Stage I, "escalation," was characterized by hostile behaviours such as blaming, sulking, avoiding or submitting. Stage II, "de-escalation," was facilitated by more affiliative, accepting behaviours, such as disclosing, trusting, affirming or helping. This was followed by a two-step "testing" stage in which the partner who had disclosed sensitive feelings seemed to be testing the other by responding negatively to the other. If these negative statements were met by affiliative responses, then the interaction moved on to the
final stage of "mutual openness". If they were met with hostility, then the interaction returned to "escalation". The non-resolving couple in this study never reached the de-escalation stage. For this couple there was a marked lack of affirming and understanding statements. Disclosures were followed by blaming and defending rather than by understanding. The mutual openness stage was quite similar to the de-escalation stage. However, it could be differentiated by the level of experiencing which occurred for the partners. Plysiuk describes mutual openness as occurring when each of the spouses feels safe enough to explore issues at a deep level without reactivity. Vaughn (1986) undertook a process study in which he investigated the efficacy of Emotionally Focused Therapy as evidenced by the processes which occurred in the second and seventh sessions of an eight session therapy. Johnson and Greenberg (1985a) had demonstrated that Emotionally Focused Therapy was effective in helping couples in goal attainment and the reduction of target complaints, but they had not demonstrated that the couples had become more positive in their interaction. Vaughn sought to show that in the second session couples would behave similarly to distressed couples and by the seventh session would have altered their behaviour to that of a non-distressed couple. He also used the Structural Analysis of Social Behavior (Benjamin, 1974) to observe the couple's interaction.
Vaughn found that seventh sessions had lower levels of negative disaffiliative behaviours and higher levels of positive, autonomous behaviours than did second sessions. He also found that there was more supportive, affirming and empathic behaviours as well as positive assertions and disclosures in seventh sessions than in second sessions. Vaughn also investigated sequential interaction and discovered that there were significantly more negative sequences in second sessions than in seventh and significantly more positive sequences in seventh sessions than in second. In general, his hypothesis that the interactional process of couples in Emotionally Focused Therapy would change from that of a distressed couple in the second session to one more characteristic of non-distressed couples in the seventh was upheld.

Johnson and Greenberg (1988) sought to link in-session processes with overall therapy outcome in Emotionally Focused Therapy. Basing their investigation on the theoretical foundations of Emotionally Focused Therapy, they examined both the intrapsychic processes and the interpersonal dynamics associated with change. Six couples were chosen, three of whom had had the most change between their pre- and post-Dyadic Adjustment Scale (DAS) (Spanier, 1976) scores and three of whom had had the least change between these two scores. These were then termed "successful" and "unsuccessful" couples. Next, one best session for each of
the six couples was chosen by examining the self-report sessional measures answered by both spouses and therapist after each session. They found good agreement between the spouses and therapists in evaluating specific sessions as productive of change. In addition, the "blamer" in each of the couples was identified by raters who listened to the first ten minutes of the session. The spouse who exhibited more hostile influencing behaviours was considered to be the blamer. The last half of each of these best sessions was then transcribed and coded both on the Experiencing Scale (Klein et al. 1969) and the Structural Analysis of Social Behavior (Benjamin, 1974).

Results on these instruments showed a marked difference between the best sessions of successful couples and the best sessions of unsuccessful couples. On the interpersonal dimension, successful couples had a higher percentage of affiliative and autonomous responses than did unsuccessful couples. In addition, the blamers in the successful couples exhibited more affiliative and accepting behaviours than did the blamers in the less successful couples. Successful couples also achieved higher levels on the ES, thereby indicating that these couples were engaged in deeper experiencing with one another. Specifically, the blamers in these couples experienced more deeply than did the blamers in the unsuccessful couples.
These process studies begin to create a picture of the process of marital therapy in Emotionally Focused Therapy. First, conflict resolution moves in a stage-like fashion from mutual hostility to mutual openness. This movement begins with partners attacking each other or attacking and defending. As one partner begins to expose some vulnerability to the other, hostile statements diminish, and there is the opportunity for the other, first, to understand and accept the partner's experience and, then, to expose some vulnerability of his or her own. When this happens, the interaction is a positive, disclosing one in which each spouse is involved in deep experience of emotional material (Plysiuk, 1983). Next, Vaughn (1986) discovered that the interactions of couples who had formerly (Session 2) appeared quite distressed had shifted to behaviours more like non-distressed couples. Specifically, hostile behaviours had greatly diminished, and positive, more understanding, accepting behaviours had increased. Finally, when comparing best sessions of couples who had successful therapeutic outcomes as measured on the DAS with ones who were unsuccessful, Johnson and Greenberg (1988) found a clear difference in their behaviours. The sessions of the successful couples showed them engaged in grappling with significant emotional experience and able to affirm and accept each other in that process. It remains for us to
fill in more details of this emergent map of successful change processes in Emotionally Focused marital therapy.
CHAPTER III

Methodology and Procedures

This study contrasts process in a session designated as peak with process in a session designated as poor by each of 16 couples. Subsequent to each therapeutic session, the couples filled out a post-sessional questionnaire which asked them each to indicate whether they had made progress on their problem, how resolved the problem was, whether any change had occurred and, overall, how they felt about the problem that had brought them into therapy (Appendix D). The couples' scores for these aspects of the therapy session dictated the selection of a session as peak or poor. It was hypothesized that a session reported by the couple to be productive of change and progress and conducive to greater problem resolution would be likely, first, to exhibit higher levels of emotional experiencing and, second, to contain fewer negative interactions than a session reported as poor in these areas. It will be the task of this study to investigate these hypotheses.
Description of the Population

The accessible population for this study consisted of 29 couples who had participated in one of two university marital research projects in which they received 8-10 sessions of Emotionally Focused Marital Therapy. Fourteen of the couples were part of a research project in which the effectiveness of problem-solving therapy (Jacobson and Margolin, 1979) was compared with the effectiveness of Emotionally Focused Therapy (Greenberg & Johnson, 1986). The other 15 couples participated in a similar research project a year later and received 10 sessions of Emotionally Focused Therapy.

They had the following demographic characteristics. The men had a mean age of 44.1, ranging from 36 to 61. Women had a mean age of 40.4, ranging from 29 to 57. For both men and women, mean educational attainment was a community college degree and ranged from Grade 10 or less to a Ph.D or equivalent. The couples had been married an average of 15.1 years, ranging from 1 year to 32 years. Of the women 31% and of the men 43% had been previously married. Thirty-one percent of the couples had undergone some therapy before, the minimum amount being one session and the maximum being three months. All couples completed a Dyadic Adjustment Scale (Spanier, 1976). The male mean score was 93.3, SD 8.8, and the female mean score was 86.1, SD 8.25. Below 100 is considered indicative of marital
dissatisfaction. Therefore, this can be considered a fairly dissatisfied group of couples.

These 29 couples were self-referred in response to a newspaper article which offered them help in resolving marital conflict. All couples were first screened in a telephone interview and later in person to assess their suitability for the project. Couples had to have been living together for at least a year, have no known problems with alcohol or drugs, have no immediate plans for divorce or separation, have no primary sexual dysfunction, and be willing to participate in the research process, including videotaping of sessions. In addition, none of the individuals were to have had psychiatric treatment or hospitalization in the previous two years, and they were not currently to be in psychologically oriented treatment.

Description of the Sample

The 16 couples in the study were randomly selected from this pool of 29 couples. The importance of random selection was to insure that all therapist-couple combinations had an equal opportunity for representation and that there would be no selection bias.
Process Measures

Experiencing Scale

The Experiencing Scale, (Appendix C) developed by Klein, Mathieu, Gendlin and Kiesler in 1969, is a 7-level scale which rates the level at which an individual is in contact with his or her own experience and has been shown to be a very reliable measure of client's 'experiencing' in therapy. At the lower end of the scale, levels 1 and 2, the content is impersonal and abstract and language is impersonal, the overall sense being that of outward focus and distance from immediate experience. Level 4 is the pivotal level at which the person is beginning to achieve an internal focus. Events themselves become less important than the individual's vivid experience of those events. Language becomes more associative as in, "When she left me I felt really lost, as though my life just didn't have a purpose anymore." Levels 5 and 6 include further exploration of experience combined with the introduction of a problem related to those feelings. "I'm aware of how lost I am feeling, and I'm going to have to find a new focus in my life." At level 7 words and associations flow easily from an inner referent.
Structural Analysis of Social Behavior (SASB)

The development of the SASB (Benjamin, 1974) has allowed researchers to analyze patterns of interpersonal communication. The SASB model consists of three diamond shaped grids, two of which focus on interpersonal interactions and the other on intrapsychic phenomena. (See Appendices A & B) This study uses only the two interpersonal grids of the SASB. Each is organized around a horizontal and vertical axis. The horizontal axis moves from affiliation and friendliness on the right to disaffiliation and hostility on the left. The vertical axis moves from "encouraging or taking autonomy" on the top to "submission or controlling" on the bottom. The first grid, labelled "other", focuses on the behaviour of one person toward the other and the second grid, labelled "self", focuses on the response to that behaviour. Behaviours located at similar positions on each grid have a complementary quality, although this does not imply that one behaviour causes the other (Benjamin, et al., 1986). For example, if I "endorse your freedom" (top of "other" grid) you are able to "freely come and go" (top of the "self" grid). These axes divide each grid into four quadrants, numbered 1 to 4. Starting in the upper right quadrant and moving counterclockwise on the other grid, these quadrants are, 1) Encourage Friendly Autonomy, 2) Invoke Hostile Autonomy, 3) Hostile Power, and 4) Friendly Influence.
Moving in the same fashion on the self grid, the quadrants are 1) Enjoy Friendly Autonomy, 2) Take Hostile Autonomy, 3) Hostile Comply, and 4) Friendly Accept. Each of these easily form complimentary pairs, e.g. if I exert hostile power, then you may comply with hostility.

There are three levels of complexity by which communication can be coded in the SASB, ranging from the full version which divides each surface into 36 parts to the least complex which uses only the four quadrants of each surface. The 36 point coding is primarily useful when the researcher is trying to investigate statement by statement interaction (Benjamin, et al., 1986). The second level of complexity, the cluster version, divides the quadrants into eight sections of similar sorts of behaviours, such as "affirming and understanding" in the other-focus diamond with its complement, "disclosing and expressing" in the self-focus diamond. One disadvantage of this level of coding is that the clusters around the poles of the axes all combine behaviours that are to some degree contradictory. For example, the cluster entitled, "freeing and forgetting" has clearly autonomous behaviour but includes both hostile and affiliative statements of that position. The third level of complexity is a quadrant version in which there are four quadrants on each diamond. Here, behaviours are delineated as hostile, autonomous, affiliative, or submissive. Since the hypotheses of this study are concerned
with these dimensions, rather than with the subtleties of interaction, the quadrant version seems most suitable for analysis. Further study could be done at both the cluster level and full version level to examine couples interactions more closely. This study, however, investigated the overall "map" of effective therapy sessions and the associated levels of hostility, affiliation, autonomy and submission.

**Outcome Measures**

**Post Sessional Questionnaire**

After each therapy session the husband and wife completed a post-session questionnaire (Appendix D) developed by Johnson (1984), in which they evaluated certain aspects of the session. This questionnaire contains three scales, two of which were 5-point Likert scales and one a 7-point scale. The two 5-point scales evaluated, first, how much progress the spouses felt had been made in the session in dealing with their issues and, second, whether they believed that they were any closer to achieving resolution of these issues than they were when the session began. These two items were adapted from the Orlinsky and Howard (1975) Therapy Sessional Report (TSR) questionnaire. The 7-level scale asked how resolved, overall, they felt in relation to the issues that had brought them into counselling. This item was adapted from a post sessional questionnaire used by Webster (1981). Both the Orlinsky and
Howard (1975) study and the Webster (1981) study were concerned with individuals, not couples. This questionnaire has face validity but has not undergone validity and reliability checks for use by couples. In addition, the post-sessional questionnaire included three descriptive sections that were used in the Johnson (1985) study, but not in this study.

Selection of an Event

In order to illuminate possible differences in process between peak and poor sessions, it was necessary to select appropriate examples of such sessions for examination. Because the first and last sessions often include introductory or summarizing material, they were deleted as possible choices for the peak and poor sessions. A simple numerical calculation was made on all the remaining sessions by adding up the scores given by the male and female on the "progress", "resolution", and "how resolved" scales. As the male and female scored the sessions quite similarly, an average of only 2 points difference on the scoring of both peak and poor sessions, the couple was handled as a unit. The highest number a couple could score, an extremely poor session was 34. The best that could be scored was 6. The mean of the best sessions was 16.3, with a range of 12 to 23, and the mean of the poorest sessions was 25.1 with a range of 17-34. The least difference between peak and poor
sessions was 4 points. This couple scored the peak session at 13 and the poor session at 17. They consistently rated sessions as quite productive. The greatest difference between scores was 16, scored by a couple who rated the poor session that was chosen at 34 and the peak session at 18. The mean difference between peak and poor session scoring was 7.1, SD 3.2.

This study sought to highlight process in productive therapy sessions versus unproductive ones. Therefore, it was important that peak and poor sessions be not simply examples of early stages of therapy versus late stages of therapy. Thus, if possible, some peak sessions should occur early in the therapy and some poor sessions late. In some cases this did occur. In other cases there were two choices for either the peak or poor sessions, that is two sessions that were scored as equally productive or unproductive. When this happened, the earlier session was chosen as peak and the later as poor. This resulted in six couples for whom an earlier session was peak and a later session was poor.

Episode Definition

This study is concerned with the processes of change. An underlying assumption is that therapeutic process within sessions is not uniform (Rice & Greenberg, 1984; Greenberg, 1986). Thus, the segment of the session to be studied needs to be selected according to certain criteria, rather than
randomly. A particular sequence of events was chosen as appropriate to study. This sequence of events will be referred to as "the episode" (Rice & Greenberg, 1984; Greenberg, 1986).

The episode to be investigated begins when the following "marker" occurs. Rice and Saperia (1984) describe a "marker" as "certain kinds of client statements... signifying that there is an affective task that needs to be worked on and that the client is ready to work on it" (p. 29). The marker used in this investigation is a negative interactional event closely followed by a therapist affective intervention designed to elicit underlying feelings. Both negative interactional event and therapist's affective intervention require definition. The negative interactional event is a destructive form of conflict, (Deutsch, 1969) in which the argument tends to escalate, with the partner trying to win by blaming, accusing and criticizing the other who then responds similarly, or crumples into pleading, defending or avoiding (an attack-attack or attack-withdraw exchange). Little possibility for resolution exists in such an interaction. The EFT therapist attempts to break into this cycle by helping the spouses to focus inward on their immediate experience and feelings. It is important that the feelings expressed are neither reactive feelings to what is happening nor instrumental feelings which serve to coerce the other into compliance.
Rather the feelings sought by the EFT therapist are those primary, deeply felt and often unacknowledged feelings which arise in response to a situation which is perceived as threatening to the survival of the individual. Even though the actual events are clearly not threatening, the person's sense of identity or autonomy is experienced as challenged. The natural response to threat of this kind is to fight back or give up. The affective intervention seeks to elicit the feelings of threat which lie beneath the negative interactional event.

The marker was selected by previewing a five-minute segment of the video-taped session twenty minutes from the end of the tape to locate the possible appearance of a marker of the above sequence, that is, a negative interactional event followed by a therapist intervention eliciting underlying feelings. The therapist intervention did not need to occur immediately following the negative interaction for the segment to qualify as the marker of the episode. There could be a few comments by clients or therapist between the escalation sequence and the therapist intervention. If the marker did not happen in the first five-minute segment viewed, then the preceding five minutes was viewed until the first sequence of required interactions was found. Thus, the procedure was one of searching for the marker in a sequential set of five minute segments starting twenty minutes from termination and moving earlier and
earlier into the session until a marker of the required type was identified. This then constituted the beginning of the episode. Starting at the therapist intervention, the following 15-20 minutes of the tape formed the episode used in the study.

In all sessions this sequence of events was found. This is not surprising as one of the primary interventions of Emotionally Focused Therapy is one in which the therapist seeks to explore each partners underlying feelings about the problems that are occurring in the relationship. Such problems are often expressed in the session in the form of negative interactions.

In summary, the episode is a 15-20-minute segment selected by locating a three-talk-turn negative interaction between the spouses, closely followed by a therapist intervention designed to elicit underlying primary emotion. The 20 minutes following this sequence forms the episode.

**Coding Procedures**

**Training of Raters**

All the raters for both the Experiencing Scale and The Structural Analysis of Social Behavior met the criteria suggested by Benjamin et al. (1986). These criteria were similar to those suggested by Klein, Mathieu-Couglan and Kiesler (1986). They were 1) Masters level or above in either psychology or social work, 2) experienced in
research, 3) trained in clinical interviewing and 4) "interpersonally sensitive and 'cognitively complex'".
(Benjamin, et al., p.409-410).

Experiencing Scale raters were trained by the author according to the procedures in the Experiencing Scale Manual (Klein, Mathieu, Gendlin, & Kiesler, 1969). The three Experiencing Scale raters received at least 20 hours of training as well as two interim sessions while they were in the process of rating the material. Initially, they were introduced to the ES concepts. This was followed by a group rating session in which the first of the eight transcript segments supplied by the manual was rated cooperatively. After this session the raters took home segments, rated them individually and then met with the author to compare ratings. The eighth transcript was used as a reliability check. All three raters rated this transcript independently, at home. When the ratings were compared, they achieved a reliability rating of \( r = .89 \) on this transcript. This compares favourably with representative reliability ratings presented in the Manual.

In addition three practice sessions were held using transcripts from couples therapy sessions. The ES was developed for use with individual psychotherapy sessions, so it seemed important to help raters to become familiar with using the scale with couples. Particular care was needed to avoid confusing an emotional statement such as "You don't
have a clue about what I'm saying. I don't ask for the moon" with a Level 4 statement which accesses internal experience. The quality of blaming in the above statement would make it a Level 3.

Two different raters were used in coding the material on the Structural Analysis of Social Behavior. Both raters had already received extensive training and were experienced in rating material. One had rated transcripts in two earlier studies, and the other had rated material in one other study. Four sessions were held in which these raters worked with practice transcript material in order to refresh their skills and to bring them to an appropriate level of interrater reliability.

**Structural Analysis of Social Behavior (SASB)**

The middle 10 minutes of each 20 minute segment was coded on the SASB. These ten minute segments were broken down into units of speech by the author, usually beginning each time a new person began to speak. However, when more than one thought was expressed in these "talk turns", the longer units were further broken down into elements. This unitizing was done so that raters were able to rate the same units of speech.
Benjamin et al. (1986) recommend the use of audio (or video) tapes in conjunction with typed transcripts for analysis. In this study the raters first listened to the tape and then rated the units of the episode. They then listened to the tapes a second time to check their ratings.

Each rater analysed the units of interaction independently following prescribed procedures. The first task was to identify the focus of the interaction, whether it was directed at the partner, an "other" focus, or at the self, a "self" focus. Next was determined the level of hostility or friendliness, from -9 for very hostile to +9 for very friendly. Then the level of autonomy was assessed from "give autonomy" to "control" on the other focus scale and from "be separate" to "submit" on the self focus scale, again assigning numbers ranging from +9 to -9. The last step was to take these numbers to the diamond grid itself and to determine where they intersected. This gave a number rating to each statement.

Interrater reliability in the rating of the transcript material in this study was r = .73. The use of product-moment correlations was seen by Benjamin, Foster, Roberto, and Estroff (1986) as appropriate when a study is attending to the analysis of "profiles or a cross-sectional summary of each participant's action during a session" (p. 413) rather than to a sequential analysis which requires the use of Cohen's Kappa.
Experiencing scale (ES)

Experiencing Scale raters were provided with a typed transcript and audio tape of the 20-minute segment. Raters first read through the transcript. They then rated it by listening to the audio tape of the segment and reading the transcript. Ratings were assigned by rating the statements made each time a spouse spoke, or when, within a speech, the level changed, a running rating. These running rating scores were used in the chi-square analysis presented in Chapter IV.

One third of the peak and poor sessional transcript material was rated by all three raters. Interrater reliability was $r = .69$. Although this figure is lower than that obtained on the training manual material, it is within the range achieved by other studies of therapy which had reliabilities from $0.65 - .91$ (Klein, Mathier-Coughlan, & Kiesler, 1986). When there was a discrepancy among raters, the score level agreed on by two of the raters was used. The remaining $2/3$ of the transcripts were distributed equally among all three raters.
Hypotheses

The following hypotheses were tested in this study.

**Hypothesis I:**

There will be a greater proportion of positive/affiliative statements (SASB Quadrants I & IV, self- and other-focus) than hostile statements (SASB Quadrants II & III, self- and other-focus) in peak sessions than in poor.

**Hypothesis Ia:**

There will be a greater proportion of other-focused positive/affiliative statements (SASB Quadrants I & IV, other-focus) than other-focused hostile statements (SASB Quadrants II & III, other-focus) in peak sessions than in poor.

**Hypothesis Ib:**

There will be a greater proportion of self-focused positive/affiliative statements (SASB Quadrants I & IV, self-focus) than self-focused hostile statements (SASB Quadrants II & III, self-focus) in peak sessions than in poor.

**Hypothesis II**

There will be a greater proportion of Level 4 and above experiencing in peak sessions than in poor.
CHAPTER IV

Results

This chapter presents the results of the analysis of data obtained from ratings of the selected transcript material by using Benjamin's Structural Analysis of Social Behavior (1974) and Klein, Gendlin, Mathieu and Kiesler's (1969) Experiencing Scale. This examination consisted of subjecting the data to a chi-square test of association, an appropriate statistic to use when dealing with proportional material in which the expected proportions are unknown (Glass & Hopkins, 1984, p.287). In addition, where there was more than a 2 x 2 contingency table, for example when each of the four SASB quadrants formed the data, creating four cells, a post hoc multiple comparison analysis (Glass & Hopkins, 1984, p. 391) was done to determine which cell or cells were responsible for any significant chi-square results. This post hoc multiple comparison test was developed by Marascuilo and McSweeney (1978) and is suitable for analysis of the kind of data presented in this study.
To understand these results it may be helpful to keep in mind the behaviours associated with each of the eight SASB quadrants:

Self focus: Quadrant 1 = Enjoy friendly autonomy  
Quadrant 2 = Take hostile autonomy  
Quadrant 3 = Hostile comply  
Quadrant 4 = Friendly accept  

Other focus: Quadrant 1 = Encourage friendly autonomy  
Quadrant 2 = Invoke hostile autonomy  
Quadrant 3 = Hostile power  
Quadrant 4 = Friendly influence.

Refer to Appendices A and B for the complete SASB model.

The two hypotheses and the two sub-hypotheses of this study were tested in the previously mentioned manner and will be presented separately.

Hypothesis I

Hypothesis I states that in peak sessions there will be a greater proportion of positive/affiliative statements (SASB Quadrants I & IV, self and other focus) than hostile statements (SASB Quadrants II & III, self and other focus). This hypothesis was tested. The raw data and results of these tests are presented in Tables 1a and 1b.
Table 1a
Numbers and Proportions of Statements in Quadrants I, II, III, & IV in Peak and Poor Sessions, Self- and Other-Focus

<table>
<thead>
<tr>
<th>Quadrants</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak Sessions n=324 p=(.70)</td>
<td>n=15 p=(.03)</td>
<td>n=61 p=(.13)</td>
<td>n=63 p=(.14)</td>
<td>463</td>
<td></td>
</tr>
<tr>
<td>Poor Sessions n=266 p=(.57)</td>
<td>n=40 p=(.09)</td>
<td>n=124 p=(.26)</td>
<td>n=39 p=(.08)</td>
<td>469</td>
<td></td>
</tr>
</tbody>
</table>

Table 1b
Chi-square Analysis with Multiple Comparisons, SASB Quadrants I, II, III, IV, Self- and Other-Focus

<table>
<thead>
<tr>
<th>SASB Quadrants</th>
<th>Chi-square</th>
<th>D.F.</th>
<th>Critical Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quadrants I, II, III &amp; IV, self and other focus</td>
<td>44.13*</td>
<td>3</td>
<td>9.49</td>
</tr>
<tr>
<td>Quadrants I with II</td>
<td>19.58*</td>
<td>1</td>
<td>5.99</td>
</tr>
<tr>
<td>Quadrant I with III</td>
<td>29.98*</td>
<td>1</td>
<td>5.99</td>
</tr>
<tr>
<td>Quadrant I with IV</td>
<td>1.80</td>
<td>1</td>
<td>5.99</td>
</tr>
<tr>
<td>Quadrant II with III</td>
<td>0.75</td>
<td>1</td>
<td>5.99</td>
</tr>
<tr>
<td>Quadrant IV with II</td>
<td>20.79*</td>
<td>1</td>
<td>5.99</td>
</tr>
<tr>
<td>Quadrant IV with III</td>
<td>23.99*</td>
<td>1</td>
<td>5.99</td>
</tr>
</tbody>
</table>

*p<.05

Table 1a designates the number of statements occurring in each quadrant in the peak and poor sessions. There is a marked difference in the proportions of statements in the
affiliative and hostile quadrants. In peak sessions 84% of the statements were affiliative and 16% were hostile. In poor sessions only 65% of the statements were affiliative while 35% were hostile. Table 1b shows the results of the chi-square analysis used on these data as well as the results of the post hoc multiple comparison. The chi-square of 44.13, df=3, supports Hypothesis I, p<.05.

In the multiple comparison analysis every paired comparison of the affiliative quadrants with the hostile quadrants achieved statistical significance, p<.05, df=1. Significant results occurred in comparing the positive autonomous quadrants with the hostile power or compliant quadrants, chi-square = 29.98, df=1. Quadrant IV compared with Quadrant III also achieved statistical significance, chi-square = 23.99, df=1. Thus, we see that friendly autonomous and friendly compliant statements were far more characteristic of peak sessions than poor when compared with either hostile autonomous or hostile compliant statements. The converse was also true. That is, an important characteristic of poor sessions seemed to be the occurrence of a large proportion of negative or hostile statements, especially in Quadrant III, the quadrant of hostile power taking and hostile compliance.
Hypothesis Ia

Hypothesis Ia states that in peak sessions there will be a greater proportion of other-focused, positive/affiliative statements than other-focused hostile statements. The raw data used in the chi-square analysis appears in Table 2a. The results of the chi-square test of association as well as the results from the multiple comparison analysis are listed in Table 2b.

Table 2a
Numbers and Proportions of Statements in Quadrants I, II, III, & IV, Other-Focus

<table>
<thead>
<tr>
<th>Quadrant</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak Sessions</td>
<td>n=40</td>
<td>0</td>
<td>n=29</td>
<td>n=34</td>
<td>103</td>
</tr>
<tr>
<td></td>
<td>p=(.39)</td>
<td>0</td>
<td>p=(.28)</td>
<td>p=(.33)</td>
<td></td>
</tr>
<tr>
<td>Poor Sessions</td>
<td>n=30</td>
<td>n=3</td>
<td>n=94</td>
<td>n=29</td>
<td>156</td>
</tr>
<tr>
<td></td>
<td>p=(.19)</td>
<td>p=(.02)</td>
<td>p=(.60)</td>
<td>p=(.19)</td>
<td></td>
</tr>
</tbody>
</table>
Table 2b  
Chi-square analysis with Multiple Comparisons, SASB Quadrants I, II, III, & IV, Other-Focus

<table>
<thead>
<tr>
<th>SASB Quadrants</th>
<th>Chi-square</th>
<th>D.F.</th>
<th>Critical Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quad I, III &amp; IV</td>
<td>29.57*</td>
<td>3</td>
<td>9.49</td>
</tr>
<tr>
<td>Quadrant I with III</td>
<td>21.85*</td>
<td>1</td>
<td>5.99</td>
</tr>
<tr>
<td>Quadrant I with IV</td>
<td>0.12</td>
<td>1</td>
<td>5.99</td>
</tr>
<tr>
<td>Quadrant IV with III</td>
<td>16.59*</td>
<td>1</td>
<td>5.99</td>
</tr>
</tbody>
</table>

*p<.05 level

* Quadrant II had no statements in any of the 16 peak sessions and only 3 statements in the 16 poor sessions, so did not enter into the analysis.

Table 2a shows an even larger difference in the proportions of statements occurring in the affiliative and hostile quadrants in peak and poor sessions than did Table 1a. In peak sessions 72% of the statements were in Quadrants I and IV while only 28% were in Quadrants II and III. However, in poor sessions 38% of the statements were in Quadrants I and IV with the remaining 62% occurring in Quadrants II and III.

Here, too, the chi-square statistic was significant, 29.57, df=3. Thus, Hypothesis 1a is also supported. In addition, the paired comparisons showed both positive autonomous and positive compliant behaviours to be statistically significant when compared with hostile power behaviours, chi-square =21.84, df=1 and chi-square =16.59,
df=1, p<.05 respectively. Clearly, encouraging friendly autonomy (Quadrant I, other) and friendly influencing statements (Quadrant IV, other) are more prevalent in peak sessions than are hostile power oriented statements.

**Hypothesis Ib**

Hypothesis Ib states that in peak sessions there will be a greater proportion of self-focused, positive/affiliative statements than self-focused hostile statements. Table 3a presents the raw data on which the chi-square analysis was based. Table 3b presents the results of the chi-square analysis as well as the post hoc multiple comparison data.

Table 3a
**Numbers and Proportions of Statements in Quadrants I, II, III, & IV, Self-Focus**

<table>
<thead>
<tr>
<th>Quadrants</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Peak Sessions</strong></td>
<td>n=284</td>
<td>n=15</td>
<td>n=32</td>
<td>n=29</td>
<td>360</td>
</tr>
<tr>
<td></td>
<td>p=(.79)</td>
<td>p=(.04)</td>
<td>p=(.09)</td>
<td>p=(.08)</td>
<td></td>
</tr>
<tr>
<td><strong>Poor Sessions</strong></td>
<td>n=236</td>
<td>n=37</td>
<td>n=30</td>
<td>n=10</td>
<td>313</td>
</tr>
<tr>
<td></td>
<td>p=(.75)</td>
<td>p=(.12)</td>
<td>p=(.10)</td>
<td>p=(.03)</td>
<td></td>
</tr>
</tbody>
</table>
### Table 3b

**Chi-square Analysis with Multiple Comparisons, SASB Quadrants I, II, III, & IV, Self-Focus**

<table>
<thead>
<tr>
<th>SASB Quadrant</th>
<th>Chi-square</th>
<th>D.F.</th>
<th>Critical Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quadrants I, II, III, &amp; IV</td>
<td>19.87*</td>
<td>3</td>
<td>9.49</td>
</tr>
<tr>
<td>Quadrants I with II</td>
<td>14.09*</td>
<td>1</td>
<td>5.99</td>
</tr>
<tr>
<td>Quadrant I with III</td>
<td>0.09</td>
<td>1</td>
<td>5.99</td>
</tr>
<tr>
<td>Quadrant IV with I</td>
<td>7.39</td>
<td>1</td>
<td>5.99</td>
</tr>
<tr>
<td>Quadrant II with III</td>
<td>6.62</td>
<td>1</td>
<td>5.99</td>
</tr>
<tr>
<td>Quadrant IV with II</td>
<td>22.77*</td>
<td>1</td>
<td>5.99</td>
</tr>
<tr>
<td>Quadrant IV with III</td>
<td>5.40</td>
<td>1</td>
<td>5.99</td>
</tr>
</tbody>
</table>

*p<.05 level

Table 3a shows a somewhat different picture than either Tables 1a or 2a. The proportion of statements in peak sessions in Quadrants I and IV is 87% with 13% occurring in Quadrants II and III. In poor sessions 79% occur in Quadrants I and IV with 21% in Quadrants II and III.

Hypothesis Ib is supported with chi-square = 19.87, df = 3, p<.05. Positive statements, both autonomous and influencing, continued to comprise a significantly greater proportion of peak sessions than did hostile autonomous or
hostile power oriented statements. The post hoc multiple comparison showed that, as expected, Quadrants I and IV were statistically significant when compared with Quadrant II (chi square = 14.09, df = 1 and chi-square = 22.77, df = 1 respectively). However, neither was significant compared to Quadrant III. Positive accepting behaviour was significantly more associated with peak sessions that was positive autonomous behaviour. The implications of these results will be discussed in detail in Chapter V.

Hypothesis II

Hypothesis II is concerned with the level of experience that occurs in peak and poor sessions for each of the partners. It states that peak sessions will have a greater proportion of Level 4 and above experiencing on the Experiencing Scale than Level 3 and below experiencing. This hypothesis was also subjected to a chi-square test of association to discover whether this is a plausible assertion. Tables 4a and b show the results of this test.
Table 4a
16 x 2 Contingency Table of Experiencing by Couples in Peak and Poor Sessions

<table>
<thead>
<tr>
<th>Couples</th>
<th>Peak Session</th>
<th>Poor Session</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Level 4+</td>
<td>Level 4+</td>
</tr>
<tr>
<td>1</td>
<td>27</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>9</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>11</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>13</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>14</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>16</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

Total 157 59

Table 4b
Chi-square Analysis of the Experiencing Scale Ratings

<table>
<thead>
<tr>
<th>Levels</th>
<th>Chi-square</th>
<th>D.F.</th>
<th>Critical Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 4+ with Level 3-</td>
<td>47.28*</td>
<td>15</td>
<td>25</td>
</tr>
</tbody>
</table>

* p<.05 level

Hypothesis II was supported. As shown in Table 4a peak sessions contained approximately three times as many Level 4 and above experiencing as did poor sessions. Peak sessions appear to contain significantly deeper levels of experiencing on the part of each partner. The size of the chi-square statistic is such that there appears to be an
association between peak sessions and deeper levels of experience. However, the fact that several couples had no responses at Level 4 and above in the poor sessions means that several of the cells are empty, somewhat compromising these results. The implications of these findings will be discussed in detail in Chapter V.

**Conclusion**

In conclusion, a strong association between affiliative statements and peak sessions was found. Although both self-focused and other-focused affiliative statements reached statistical significance, peak sessions contained a greater proportion of other-focused positive statements (encourage friendly autonomy and friendly influence) than self-focused positive statements (enjoy friendly autonomy and friendly accept). When the four quadrants were considered separately there was again a consistent association between positive statements and best sessions. A post hoc multiple comparison analysis showed that positive autonomous as well as positive compliant statements accounted for the statistical significance when self- and other-focused statements were combined and when other-focused statements were considered separately. However, when self-focused statements were analysed separately, a somewhat different pattern emerged. These results will be examined in more detail in the following chapter. Finally, there was a significant difference
between the level of experiencing in peak and poor sessions, with peak sessions containing significantly more Level 4 and above experiencing.
CHAPTER 5

Discussion

This study has investigated the in-session processes which led to successful or unsuccessful sessional outcomes as assessed by the couples in post-sessional questionnaires. The theoretical tenets of Emotionally Focused Therapy (Greenberg & Johnson, 1986) state that subsequent to the experience of a new aspect of the self, spouses will be able to respond to each other in new ways. In order to investigate the validity of this theory, it was hypothesized that good sessions would be characterized, first, by deeper levels of experience on the part of each of the partners, as assessed by the Experiencing Scale (Klein, et al, 1969) and, secondly, by predominately affiliative interactions between the spouses. The results of this investigation have supported both of these hypotheses.

Hypothesis I, Ia, and Ib

It was hypothesized that peak sessions would have a greater proportion of positive/affiliative statements (SASB Quadrants I & IV, self- and other-focus) than hostile
statements (SASB Quadrants II & III, self- and other-focus). In addition, there were two sub-hypotheses. First, it was hypothesized that, when self- and other-focused statements were considered separately, peak sessions would have a greater proportion of self-focused, affiliative statements (e.g. disclosing, expressing, trusting and relying) than self-focused, hostile statements (e.g. walling off, distancing, sulking and appeasing). They would also have a greater proportion of other-focused, affiliative statements (e.g. affirming, understanding, nurturing and protecting) than other-focused, hostile statements (e.g. ignoring, neglecting, belittling and blaming). The main hypothesis and both sub-hypotheses were supported.

An outstanding characteristic of couples in distressed relationships has been found to be the predominance of negativity in their behaviours and attitudes, even in low conflict situations (Gottman, 1979; Peterson, 1983; Schapp, 1984). In contrast, couples in more satisfactory relationships were more positive in their interactions. If negativity in a relationship discriminates between satisfied and dissatisfied couples, which it does, then it makes intuitive sense that therapeutic sessions seen as "good" by the couple would appear more like the interaction of satisfied couples than would ones rated as "poor". The results of this study corroborate this view.
Although peak sessions were found to contain a significantly greater proportion of both self- and other-focused positive statements, it is of particular interest to consider self- and other-focused statements separately. There were two striking differences between peak and poor sessions. First, peak sessions had a much greater number of self-focused, Quadrant I statements. In poor sessions the overall number of statements by all 16 of the couples was 313, while in peak sessions there were 360, a difference of 47. There were 48 more self-focused Quad I statements in good sessions than in poor. One way of looking at the differing number of statements in the good and poor sessions is that there was a greater number of self-focused statements in the peak sessions, and all of them were positive, autonomous statements. Second, there were almost three times as many Quadrant IV (Friendly Accept) behaviours in peak sessions as in poor. Many of these were rated as "self willingly accepts, goes along with other's reasonable suggestions, ideas" (Quadrant IV), which implies considerable trusting and relying on the part of one spouse for the other.

These results accord well with the work of other investigators. Guerin (1982) suggests that a critical component in successful therapy is the therapist's ability to enable the spouses to take a self focus. He states,
In reaction to emotional pain or upset, there is an automatic reflex in all of us that places the cause of that pain or upset outside of self. The more intense this projection becomes the more it produces an experience of victimization and a holding of others responsible for the way we feel and act. (p. 22)

Guerin (1982) further contends that "in the treatment of marital conflict, assisting the respective spouses to attain self-focus is of the utmost importance to a successful outcome" (p. 22). In a similar vein, Peterson (1983) identifies the spouses' ability to take a self-focus as crucial to the reduction of conflict. "The person making the first conciliatory move attributed some responsibility for the conflict to himself or herself rather than blaming the other for the difficulties they were experiencing (p. 377).

When self-focused, Quadrant III (Hostile Comply) statements are compared in the peak and poor sessions there is a somewhat surprising result. In this quadrant, there is very little difference between the good and poor sessions. When the 36 point version of SASB is examined, this quadrant includes statements such as "self whines, unhappily protests, tries to defend him or herself from other (point, 233 in Quadrant 3)", "self caves in to other and does things other's way, but self sulks and fumes about it (point, 236 in Quadrant 3)" and "self mindlessly obeys other's rules, standards, ideas about how things should be done (point, 238
in Quadrant 3). If the raw data are examined more closely, it becomes apparent that two of the sixteen couples, couples who may be termed "contentious couples", were responsible for 81% of the Quad III behaviour in peak sessions and 37% in poor sessions. If these two couples are removed, there are only 6, self-focused Quadrant III statements in peak sessions and 19, self-focused Quadrant III statements in poor sessions. These results would have been more consistent with other findings in this study, where hostile statements were significantly more prevalent in poor sessions than in good.

It is interesting to look at one of these "contentious couples" in more detail. For one of these couples in the peak session, the wife's other-focused Quadrant III statements were quite controlling but only moderately hostile. Her husband's responses were nearly all defensive ones (hostile comply), as were many of her self-focused statements. For each of them, however, there were many statements in the "enjoy friendly autonomy" (Quadrant I). They were each expressing themselves in a straightforward affiliative fashion. Contrast this with their poor session where both husband and wife were blaming each other (other-focused, Quadrant III), and there were very few affiliative, autonomous expressions. In addition, there were 7 statements by the wife which were rated "self bitterly, angrily, detaches from other and doesn't ask for
anything. Self weeps alone about other" (point, 223 in Quadrant II). This kind of pattern is characteristic of an attack-withdraw interaction which can indicate that one partner is quite alienated and disengaged from the other. This behaviour is similar to that described by Guerin (1982) as characteristic of couples who are seriously alienated from one another. Thus, the peak session saw the couple actively engaged in sorting through an issue, and was much less hostile than was the poor session.

One thing to note here is that this study has examined the couple's interactions at the Quadrant level of the SASB, so information about the degree of hostility couples are expressing toward one another can become lost. For example Quadrant III, self-focus, can range from "self mindlessly obeys other's rules, standards, ideas about how things should be done," a marginally hostile position to "In great pain and rage self screams and shouts that other is destroying him or her", an extremely hostile position. The couple just discussed had made a significant shift in the intensity of their hostile statements and had greatly increased the number of Quadrant I statements. If the peak and poor sessions of the other "contentious couple" were examined similar kinds of differences could be found.

The results of the analysis of other-focused SASB ratings of the peak and poor sessions are quite illuminating. Here there was a great difference between the
proportions of statements in the affiliative and hostile quadrants when peak and poor sessions were compared. First, peak sessions contained 72% Quadrants I and IV statements with only 28% Quadrant III. (There were no Quadrant II statements in any of the 16 couples' peak sessions.) In poor sessions the picture was very different. There, only 38% of the statements were in Quadrants I and IV with the remaining 62% in Quadrants II and III, with the great majority in Quadrant III. What this means is that an outstanding feature of poor sessions was the occurrence of put-downs, accusations or blaming statements. The underlying message in poor sessions seemed to be, "You are not OK, the problems we are having are your fault."

These results are consistent with the literature describing the interactions of dissatisfied couples. Peterson (1983) describes conflict as being perciptated by "criticism, illegitimate demand, rebuff, and cumulative annoyance" (p. 371), all of which are either Quadrants II or III, other-focused behaviours. Gottman (1979) even named this sequence of events as "cross-complaining". This term describes well the tone of unhappy relationships. The focus of each of the spouses is on criticism of the other for the difficulties they are having. Koren, Carlton and Shaw (1980) found that distressed and non-distressed couples could be reliably discriminated by
"two behaviors, responsiveness and criticism, in that order" (p. 463).

The flavour of these differences can, perhaps, best be captured by looking at a brief portion from a good and poor session of one couple. (The numbers following each statement are the Quadrant numbers and the actual point rating given to the statement. See Appendices A & B.)

**Poor Session**

**Wife:** Like the changes I am going to try to do are what I want to do, the changes I want in myself not what he wants necessarily. (Quad I, 217)

**Husband:** But, the changes you want me to do, I try to do them for you (Quad III, 137)

**Wife:** Yes, and you've done really well. (Quad I, 115)

**Husband:** But then you're saying now that you will not do the things. (Quad III, 137)

**Wife:** Hmm, hmmm, I did, didn't I. (Quad IV, 240) Maybe, because, because, well, what are the things you want me to change? You don't want me to have my little fits anymore. OK (Quad III, 236)

**Therapist:** What's happening to you right now? There's something in your voice.

**Husband:** See, that's her sarcasm coming out. (Quad III, 137)

**Therapist:** Is it?

**Wife:** What did I just say? I don't know what I just said. (Quad II, 226)

**Peak Session**

**Wife:** Yeh, I'm not pretty enough. I'm not slim enough, I'm not young enough. I'm not fun enough. (Quad I, 215)

**Therapist:** Can you hear how she is feeling?

**Husband:** OK, I don't care anymore if you're not slim enough. I don't care. I love you the way you are. I don't care if you get 300 pounds, I could care less. (she laughs) I'm serious, honey. (she starts to sob) I think you're beautiful. (Quad I, 113)

**Therapist:** He really touched you didn't he?

(there ensue several interchanges in which the wife voices her discomfort over crying in the session. The husband
tries to make her laugh, his way of soothing her. Then, spontaneously the wife returns to the therapist's question.)

Wife:  I wish I did feel better about myself, then I could accept what he's trying to tell me. (Quad I, 216)

Therapist: So you feel as though you'll have to change yourself before you can

Wife: I really work hard at trying to improve myself and it's not an easy thing to do. Maybe I'm not doing it the right way, I just try to tell myself, "You're all right." (Quad I, 216)

Husband: Yeh, you're all right. I'll let you take me out for a beer on the way home. (Quad I, 114)

(here the husband is still joking, probably to diffuse the intensity of the session)

There were a number of clear differences between peak and poor sessions. Peak sessions had more self-focused statements than did poor sessions, and more of those statements were positive, autonomous (Quadrant I) statements. In contrast, poor sessions had more other-focused statements than did peak sessions, and more of those statements were hostile power, especially critical, (Quadrant III) statements.

In general, the characteristics of productive therapy sessions were similar to those exhibited by couples who were not distressed. Hahlweg, Schindler, Revenstorf and Brengelmann (1984) had considerable success in their marital therapy in which they taught couples how to behave in a more affiliative manner toward one another. They reported that these couples improved in their ability to solve problems and in their social interaction. "However, it appears less
well suited to deal with internal events affecting the emotional qualities of a relationship" (p. 21). They suggest that future research should "supplement a behavioral treatment with emotion-enhancing procedures" (p. 21). Emotionally Focused Therapy adds this dimension to couples therapy and addresses the emotional foundation of the partners in the marital relationship.

Hypothesis II

It was hypothesized that peak sessions would have a greater proportion of Level 4 and above experiencing on the Experiencing Scale than would poor sessions. Peak sessions contained nearly three times as many Level 4 and above experiencing as did poor sessions. The chi-square analysis supported this hypothesis. Some of the implications of these results will be discussed.

Emotionally Focused Couples Therapy is designed to change partner's experience of their relationship. In focusing on the negative interactional cycle of the couple, it seeks to redefine the conflict in terms of previously unacknowledged underlying feelings. The theoretical foundation of EFT views these underlying feelings as the individual's primary signalling system which, when accessed, can lead to the expression of needs. These "underlying feelings" are considered by Greenberg and Safran (1984) to be primary, biologically adaptive emotions. They
differentiate this type of emotion from both secondary and instrumental emotions. Couples coming for therapy often exhibit the last two types of emotions. That is, they are frequently involved in actively attacking or defending themselves from each other (secondary or reactive emotion) or displaying emotion designed to manipulate the other into certain responses (instrumental emotion). Neither of these emotional responses is facilitative in interrupting the couple's negative interactional cycle. In fact, these types of emotions are exactly the ones that fuel continuing dissension.

What, then, is meant by the term "primary adaptive emotion"? An example may be helpful. If I am faced with the death of someone I love or a profound loss, I will have many emotions. First, I may feel angry, blaming, "why did this have to happen to me?" This would be a reactive emotion to the experience of loss. Next, I might bargain, plead, "If things can only be as they were, I'll do..." These are instrumental emotions, ones in which I am trying, through my emotional expression, to influence the outcome of the situation. Finally, I may give up my external focus, turn inward, and begin to experience my sadness, my loss, the emotions which lay under the previous expression. In this internally focused process, I begin to "work through", "let go" or "adapt" to the reality of my loss. Gendlin (1981) states, "The experience of something emerging from there
feels like a relief and a coming alive" (p. 8). The Experiencing Scale (Klein, et. al., 1969), the rating instrument used in this study, was developed to assess the degree to which an individual is internally focused, that is, engaged in the process of accessing these underlying emotions and needs. Only these biologically adaptive primary emotions are meant in Emotionally Focused Therapy when it describes accessing underlying emotion. These emotions are thought to signal needs which are important in the relationship.

In this study, if the theory were correct, the expectation was that good sessions would be differentiated from poor sessions by the levels of experiencing, achieved by the partners. Deeper levels of experiencing make it possible for an individual to access underlying emotion. This was found to be true. The difference between a Level 4 or 5 response and a Level 2 or 3 is marked (See Appendix C). In this therapy the therapist attempts to "reach" under what is going on between the couple with interventions such as, "what are you aware of right now? It looks like something in what she just said touched you." In a peak session, the man responded to the above intervention with, "For me, it's fearful. I get concerned about giving up things, that's giving up what I believe in, giving up my happiness, giving up. So it takes on many (pause) I'm quite capable of looking after myself, taking care of myself, but it's not my
choice. So when I get frustrated, when we get that way, I'm aware that it could - I get scared, I get concerned." This Level 5 response shows the husband looking inward, struggling to understand his feelings about what is happening with his wife. He moves closer and closer to his fear of losing her, his fear of being alone.

Contrast this response with a series of interactions from a poor session from the same couple.

Therapist: So, underneath your anger you are feeling very unnurtured.
Husband: Yeh, I'm neglected.

(There ensue four negative interchanges between husband and wife.)

Therapist: So you feel unappreciated for the way you're kind of in the background.
Wife: This doesn't stand in my way. That's a good way to have him off his back.

(Again there is a negative interchange.)

Therapist: See, I don't think either of you are hearing that underneath you both feel neglected and unloved and unappreciated.

When another negative interaction begins, the therapist stops trying to focus the spouses inward and begins to investigate their negative interactional style. Clearly, at this time this couple is not feeling safe enough to let go of their reactivity to one another. In spite of the therapist's attempts to elicit more of each spouse's inner world, the couple continues to express dissatisfaction and blame toward each other, with the majority of the session at Levels 2 or 3 on the Experiencing Scale, levels
characterized by a focus on external events with any feeling expression as reactive emotion.

Another example from a good session shows the way in which the experience and expression of underlying feeling can change the perception of the partner about what is going on.

Wife: Well, I think there's hope. I just, I've got to believe there's hope. My father doesn't drink anymore. He did change his life. He made a great transition. Something clicked and I'm not really sure what it was. I keep thinking something's going to click here in our relationship. It's going to, maybe it's me, maybe it's something that's going to have to click in me. (4)

Therapist: If I gave you a magic wand right now, and you could change one thing about yourself, what would you change?

Wife: I think I would probably be a lot more open and receptive to people, be a lot more comfortable with people, and initiate things more. (4)

Therapist: The sort of things that P.'s asking for, you really want.

Wife: Yeh, the things that I have always found very difficult. I don't feel comfortable in crowds. (5)

Therapist: So when he asks for that, does it kind of tap into an area where, it must, where you feel not very good?

Wife: Oh yeh. It's something that I don't feel comfortable with, I don't suppose I've ever really done with anyone.(5)

Therapist: You seem sad about that.

Wife: Well, yeh because it's probably it's one of the things about myself that I would like to change. It would certainly make my life a lot easier, less stressful, if I didn't feel uptight. (5)

Therapist: (turning to husband) Did you know that what you're asking for is something that she wants very much to be herself and has difficulty? 

Husband: I didn't put the connection together, but I know, I am aware that she's not immediately open to people and is not real good in crowds and is not real good at initiating contact or is not real good at starting a conversation with another person and being able to get over the scary parts
of new contact with anything. But I didn't put it together simply because the initiation of contact with me, I thought maybe I'm different than those other things out there. I'm on the inside, I've been there for 15 years or 10 years. You shouldn't be afraid of initiating contact with me, at least not afraid that I'm going to do anything bad.

For the husband, here, it is new to realize that his wife has the same kind of difficulty being open with him as she does in other situations. He seems able to accept this, and, at the same time, encourages her by reassuring her that he won't do anything "bad" if she is more open with him. No longer is he blaming her for not being the way he wishes.

This kind of response fits with the findings of Kelley (1979). He found that the areas couples chose as problems included, "failure to give appreciation, understanding and affection" (p. 98). He went as far as contending that a positive attitude toward one's partner was of more importance than specific behaviours.

It was not true, in best sessions, that the entire session was uniformly at a high level of experiencing. Rather, what seemed to happen was that one of the spouses moved to a deep level of experience and then moved out of it. The partner then responded to what had just happened. These responses varied from acceptance to humour (the other partner was often uncomfortable with the intensity of what had just happened) to non-acceptance, which needed to be quickly handled by the therapist. An example of a therapist intervention when the partner was unable to accept the
other's newly disclosed experience might have been," This is really hard for you to hear right now, a little overwhelming." This would both acknowledge the difficulty the spouse was having with this new information and validate the spouse who had just revealed a new level of vulnerability. What appeared to happen was that experiencing itself had a powerful impact on a couple's view of the session as a productive one. In one couple's post sessional questionnaire, the wife said that the issue she had worked on was "my insecurity and fear," and what was important to her was "my partner hearing this for the first time." The husband stated, "I have an understanding of why my partner makes demands on me." These responses occurred on a section of the post sessional questionnaire which required written responses rather than numerical ones. These responses were not considered in selecting peak and poor sessions.

Emotionally Focused Therapy (Greenberg & Johnson, 1986) emphasizes the importance of the experience and expression of primary adaptive emotion in order to reframe and change the meaning of the couple's interaction. The results of this study indicated that deep levels of experiencing were important, perhaps even crucial, in good therapy sessions. Subsequent interaction between the partners became like that seen in satisfied couples.
Conclusion

The two major hypotheses of this process study of marital therapy were both supported. When both self- and other-focused behaviours were compared in peak and poor session on the SASB, all predicted comparisons achieved statistical significance in the chi-square analysis, that is, both the autonomous affiliative and submissive affiliative quadrants were significantly more characteristic of peak sessions than poor. When self- and other-focused behaviours were examined separately, similar findings occurred. Both Quadrants I and IV, other-focused statements were significantly more prevalent in peak sessions than were Quadrant III, other-focused statements. In the self-focused comparisons Quadrants I and IV achieved statistical significance compared with Quadrant II (take hostile autonomy). However, this was not true when Quadrants I and IV were compared with Quadrant III (hostile comply). This may have been due to the presence of two couples in the study who interacted quite negatively even in their peak sessions and who, together, comprised 81% of the Quadrant III, self-focused behaviours in peak sessions.

More detailed observation of the data showed that peak sessions had more self-focused statements in general, and more of these statements were Quadrant I, enjoy friendly autonomy, ones. Poor sessions had more other-focused
statements in general, and more of these statements were Quadrnat III, hostile power, ones.

Hypothesis II stated that there would be a greater proportion of Level 4 and above experiencing on the Experiencing Scale (Klein, et al, 1969) in peak sessions than in poor. In the chi-square analysis of the data peak sessions did contain a significantly greater proportion of level 4 and above experiencing.

A picture of the good marital therapy session emerges from these results. The partners have stopped blaming each other for their difficulties, have turned to their own inner experiences for information about their situation, have been willing to disclose this new information to each other and respond to new information in a positive manner. If these kinds of shifts in awareness and behaviour can be maintained, it seems likely that the outcome of the marital therapy will be successful.

Clinical Significance

To practice as effectively as possible the clinician needs to understand what therapeutic processes facilitate change. This study has illuminated several processes which indicate good therapeutic process in Emotionally Focussed Therapy for couples. The strong link between sessions seen by the couple as facilitative of change and movement toward problem resolution and the depth of experiencing as rated on
the Experiencing Scale should encourage therapists to help spouses achieve a focus on themselves and to move deeper into self-exploration and expression. One question therapists need to be investigating as they work with clients is, "how do the individual sensitivities and vulnerabilities on the part of each of these partners fuel their negative interactions?" The answers to this question seem to emerge as each partner accesses his or her inner world.

The results from the Structural Analysis of Social Behavior ratings of the sessions in many ways confirms the focus indicated by the Experiencing Scale results. Clearly, a couple in the throes of an escalating negative interaction, consisting of a great deal of blaming and demeaning of the other is not likely to able to negotiate conflict resolution nor to create an atmosphere in which vulnerability and self-disclosure can occur. As spouses begin to disclose and express their thoughts and feelings in an affiliative manner, the possiblity for conflict resolution increases. Good marital therapeutic process appears to be marked by an increase in self-disclosures of each partner and a decrease in the number of other directed statements, especially "hostile power" statements. The therapist, then, needs to encourage the experience and expression of underlying feelings on the part of each spouse and, also,
the acceptance of these feelings by the other partner in an affiliative manner.

Limitations of the Study

The sample used for this study was randomly drawn from a pool of 29 couples who had received 8-10 sessions of Emotionally Focused Therapy in previous studies. The results of this study may be generalized to comparable couples who would respond to a newspaper advertisement offering free marital therapy in return for participation in a university research project. However, my clinical intuition, after over ten years of work as a marital therapist, is that the couples in these projects were similar to ones who come for private therapy. They differed mainly in their decision to seek free therapy.

There are some questions about the effects of participation in such research projects on the subjects. Webster's Ninth Dictionary defines the Hawthorne effect as "the stimulation to output or accomplishment, as in an industrial or educational methods study, that results from the mere fact of being under concerned observation" (p. 557). However, these effects should be uniform throughout the duration of therapy rather than specific to any particular session. The approach of observing process within session should minimize this problem.
The use of the post-sessional questionnaires as an outcome measure posed the problem that the number rating of some couple's peak sessions were lower than the number rating of other couple's poor sessions. In this design couples were being compared to themselves, rather than to each other. The strong results of this study indicate that couples were showing real differences between productive and unproductive sessions in these questionnaires even though the individual number assessment differed between couples.

The interrater reliability of the ratings of the Experiencing Scale (Klein, et al, 1969) was somewhat lower in this study than that achieved in ratings of individual therapies. After this project was well under way, M. Klein (personal communication, June 25, 1986) suggested that the newer Therapist Experiencing Scale (Klein, Mathieu-Coughlan, 1986) might prove to be a better scale to use with couples.

**Future Research**

The scope of this research did not permit an analysis of the sequencing of interactions. It would be important to learn more about the specific patterns of interaction which indicate good therapeutic process. One would like to know what responses by a partner encourage or discourage the continuation of the other's revelation of his or her inner world. A sequential analysis approach could be useful in
this project (Gottman, Markman, Howard & Notarius 1977; Hahlweg, Revenstorf, Schindler & Brengelmann, 1984).

As was mentioned earlier in this chapter, the use of the Quadrant level analysis of the SASB meant that a considerable amount of data concerning the degree of hostility or affiliation and autonomy or submission was obscured. Future research using either the cluster levels or the number ratings of the SASB could provide more information about the intensities of these kinds of behaviours in good and poor therapeutic sessions.

A major step in this kind of research is to link in-session process with therapy outcome. This work has already begun with the Johnson & Greenberg (1988) study. Further work in this area would be quite illuminating.
References


The SASB model at levels of increasing complexity. (1) The quadrant version appears at the center of the figure. (2) The middle section provides names for 8 subdivisions or clusters. (3) The outer ring shows boxes corresponding to each of the clusters and containing specific model points from Figure 11-1. Model points in this figure present text from the INTREX questionnaires, to give coders a highly specific description of each model point in each cluster. Clusters are numbered from 1 to 8, clockwise from 12 o'clock. Quadrant version copyright 1979 by William Alanson White Psychiatric Foundation. Cluster version and questionnaire items copyright 1982 and 1983, respectively, by INTREX Interpersonal Institute. From L. S. Benjamin, Principles of prediction using structural analysis of social behavior (SASB), in R. A. Zucker, J. Aronoff, & A. J. Rabin (Eds.), Personality and the prediction of behavior (New York: Academic Press, 1984. Reprinted by permission.
# Appendix C

## Experiencing Scale

<table>
<thead>
<tr>
<th>Stage</th>
<th>Content</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>External events; refuse to participate</td>
<td>Impersonal, detached</td>
</tr>
<tr>
<td>2</td>
<td>External events, behavioral or intellectual self-description</td>
<td>Interested, personal self-participation</td>
</tr>
<tr>
<td>3</td>
<td>Personal reactions to external events; limited self-descriptions; behavioral descriptions or feelings</td>
<td>Reactive, emotionally involved</td>
</tr>
<tr>
<td>4</td>
<td>Descriptions of feelings and personal experiences</td>
<td>Self-descriptive associative</td>
</tr>
<tr>
<td>5</td>
<td>Problems or propositions about feelings and personal experiences</td>
<td>Exploratory, elaborative, hypothetical</td>
</tr>
<tr>
<td>6</td>
<td>Synthesis of readily accessible feelings and experiences to resolve personally significant issues</td>
<td>Feelings vividly expressed, integrative, conclusive or affirmative</td>
</tr>
<tr>
<td>7</td>
<td>Full, easy presentation of experiencing; all elements confidantly integrated</td>
<td>Expansive, illuminating, confident, buoyant</td>
</tr>
</tbody>
</table>
Appendix D

Couples Post Session Questionnaire

COUPLE NO.________ SESSION NO. ________

1. Briefly describe the issue you and your partner worked on in the session today.

2. Was this the same or related to the issue which you brought into counselling? Please circle one of the following.
   
   Very different  Different  Related  Similar  Same
   1  2  3  4  5

3. How much progress do you feel you and your partner made in dealing with your issues in the session you have just completed? Please circle one of the following.
   
   A great deal of  Considerable  Moderate  Some  No progress  Progress  Progress  Progress
   1  2  3  4  5

4. Are you and your partner any closer to resolving your relationship issues than you were when you came to the session today? Please circle one of the following.
   
   Very much  Considerably  Moderately  Somewhat  Not at all
   1  2  3  4  5

5. If you feel that change has occurred in your relationship during the session can you describe the change and also suggest what might have lead to the change?

6. Apart from these sessions has anything happened during the last week which may have created some change in your relationship?

   If so, can you describe what happened?

7. How resolved do you feel right now in regard to the concerns you brought into counselling? Please place a tick in the appropriate box.

   Totally resolved

   Somewhat resolved

   Not at all

   Resolved