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The Circularity of Love:

A Hermeneutic Phenomenological Study

Exploring the Process of Change

in Couples after Single-Session Therapy

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Abstract

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the Process of Change in Couples after Single-Session Therapy

In this study, I wanted to shed light on how couples experience change as a result of attending single-session therapy (SST). The research question in this study is: "How does the couple experience the process of change within the first week after attending an SST focused on defining the problem?" To answer this question, I have conducted a qualitative interview with four couples who have undergone this single session. Using a version of interpretative phenomenological analysis (IPA), I came up with 4 key findings:

1. The informants experienced improved communication

2. The informants experienced a cognitive shift in the way they viewed themself and their partner

3. The informants experienced a positive circular effect of kind acts

4. The informants experienced increased relational trust

I have discussed the empirical material in light of previous research on the process of change and SST. The theories that support this study include: systemic couple therapy, the well-adjusted couple relationship, the integrated model of systemic formulation and intervention as well the theory of what works in therapy. Three out of the four couple informants reported positive changes in their relationship in the week following the SST. The therapist's ability to get them to openly talk about couple problems in therapy facilitated

cognitive, behavioral and emotional changes that continued throughout the week. The

positive outcome was related to the therapist conducting the session in accordance with the

extensive research on what works in therapy, as well as the three decades of research on

how to facilitate an effective SST. These three couples who achieved the most positive

outcomes displayed characteristics of a well-adjusted relationship in which both parties were

invested in meeting their partner's needs while getting their own needs met. The fourth

couple that experienced no significant positive outcome was resistant to change and the

therapist was unable to execute an effective session. Furthermore, this case discrepancy

couple did not appear to be equally invested in fulfilling their partner's needs. The

significance of the differentiation in outcomes can have clinical implications for which

couples are best suited for SST and what types of therapeutic interpersonal relationship

styles and strategies are necessary to deliver a transformative session with resistant clients.

Advisor*: Jacob Cilius Vinsten Christiansen*

Acknowledgements

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1   Introduction

In this introduction I will present the background and reason for choice of topic. I will also include a presentation and description of the problem statement and delimitations.

1.1   Background and Reason for Choice of Topic

I have been a self-employed couple's therapist since 2017, primarily serving well-educated Norwegian couples who are seeking to improve their couple relationship. I have witnessed dramatic changes in my clients after a single session of defining the couple problem, so I wanted to research the process of change after a single session. There are many couples that refuse to go to couple therapy due to stigma, cost or fear that it will take too long to see benefits. I wanted to find out if SST was a viable alternative that delivered positive outcomes that would motivate more couples to seek help. I also wanted to research a particular SST structure that I have been incorporating into my practice which has never before been studied, called the Integrated Model of Systemic Formulation and Intervention (Vetere & Dallos, 2003).

1.2   Presentation and Description of Problem Statement and Research Questions

The problem statement for my thesis is: "How does the couple experience the process of change within the first week after attending an SST focused on defining the problem?"

I also have the following research questions: 1) What changes, if any, occurred on an *individual* basis within the first week after attending an SST of defining the problem? and 2) What changes, if any, occurred in the *couple relationship* within the first week after attending an SST of defining the problem?

1.3   Delimitation and Clarification

Delimitations are choices made by the researcher which describe the boundaries that she

has set for the study (Theofanidis & Fountouki, 2018). Due to space limitations for this thesis,

in the theory chapter, I combine language systems theory within the introduction to

systemic couple therapy. The collaborative dialogical conversation, central to language

systems theory, is vital to the execution of this study's SST, and is expanded upon in relevant

sections throughout the thesis.

Also due to space limitations I do not discuss the efficacy of SST vs. long-term therapy. There

are pluses and minuses to both forms, and plenty of research to support the evidence that

both are helpful in specific situations and with specific target groups. The goal of

researching SST with couples in this study was to explore whether it is a viable therapy form

for this target group.

1.4   Relevance to the Field of Study and Practice

Families are one of the strongest influences on the outcome for individuals, children and

society (McKeown & Sweeney, 2001). Couples that report a high level of marital satisfaction

tend to stay together and live longer (Gottman & Notarius, 2004) and their children tend to

fare better in life (Gorman-Smith, Tolan, Henry, & Florsheim, 2000; McLanahan, Garfinkel,

Reichman, Teitler, Carlson, et al., 2003).

Governments invest in free counseling services to help couples who struggle, however,

research conducted globally over the past 30 years suggests that between 25% and 30% of

couples who receive couple therapy do not demonstrate significant improvement and that

there are substantial rates of relapse (close to 40%) among those who do (Halford & Snyder,

2012). If this study contributes to the data about what actually facilitates therapeutic

change, then this could improve long-term outcomes for couples and have a positive impact on their children and society (Greenman & Johnson, 2013).

Another problem with couple therapy is the fact that many couples don't show up for their session or drop-out before therapeutic gains are achieved. In Norway, where this study is conducted, the government's free nationally-driven counseling center has had a historical 25-30% no-show rate and a 40-60% drop-out rate by couples and families who attend traditional family therapy (Hesla, 2019). The Norwegian government invests over 365 million kroner a year for the public counseling centers across the country to serve over 150,000 children and parents who are struggling in their relationships (Bufetat Arsrapport, 2019). The amount of money wasted due to no-shows or drop outs translates into several tens of millions Norwegian kroner (Hesla, 2019).

In neighboring Sweden, however, agencies using a SST approach had a much lower no-show rate (2.5 %), and low cancellation or rescheduling rate (9%) by comparison (Söderquist, 2018). There exists over three decades of research showing positive outcomes with SST for individuals and family (Talmon, 1990; Rosenbaum, Hoyt, & Talmon, 1990; Bloom, 2001; Miller, 2008). Research specific to couples and SST has been lacking, which is why I wanted to research couple change via SST in Norway to see if it was a viable alternative to traditional longer-term couples therapy.

This study explores facilitating a highly-structured SST for couples using an Integrated Model of Systemic Formulation and Intervention -- a model never before researched. This study's findings could impact the structure and delivery of couple therapy and change the way public counseling agencies are run in the future. This study's research on SST with couples can provide a blueprint for a therapeutic service model that helps more couples at a lower

cost to the government. The learnings could contribute to family centers being able to offer a single session to couples that is well-structured, highly-effective and life-transforming. The impact on centers could be reduced waiting, lower costs and increase in capacity. The impact for the community is that more children and teens might grow up in families with parents that get-along.

1.5   Definition of Terms

I have chosen to use the term single-session therapy (SST) to describe a service model that involves the therapist delivering a 60-minute session and treating it as though it would be the last. SST is "one face-to-face therapy meeting between a therapist and a patient with no previous or subsequent sessions within a year" (Hoyt, Bobele, Slive, Young & Talmon, 2018, p. 4). The terms single-session work (SSW), single-session therapy (SST) and single session (SS) are interchangeable, however, I have chosen to use SST throughout this paper to be consistent.

1.6   Structure of the Thesis

The thesis is divided into six main chapters. In Chapter 1, I have explained the background for choice of study topic, problem, delimitation of the thesis, and relevance to the field of study and practice. In Chapter 2, I present relevant theory in the field of systemic couple therapy, as well as relevant research on therapeutic change and SST. In Chapter 3, I provide a description of method and analysis. In Chapter 4 I present the findings that were identified from the data and analysis. Chapter 5 discusses the study's most important findings in light of theory and research. In Chapter 6, I present the implications for future research and practice as well as present the study's weaknesses.

2.   Theory and Research

In this section, I will introduce four theories that are directly related to the design and execution of this study: 1) systemic couple therapy as a form for facilitating change, 2) the theory of the well-adjusted relationship as researched by John Gottman and Sue Johnson, 3) presentation of the never-before-researched Integrated Systemic Model of Formulation and Intervention, and 4) an introduction to the extensive research supporting the theory of what works in therapy. Finally, I will present relevant research on two topics that are central to this study's objective: 1) change process research for couples and 2) research about the structure and efficacy of SSTs.

2.1   Systemic Couple Therapy

Systemic family therapy theory originated in the 1950s with Gregory Bateson and the Palo Alto Group, when they applied general systems theory (cybernetics) to communication systems. System theory (von Bertalanffy, 1950) distinguishes dynamic or active systems from static or passive systems. Bateson theorized that all human systems are information-processing systems that have a natural tendency to maintain homeostasis. Homeostasis maintains an internal equilibrium of the system and is therefore dynamic and moves in response to the feedback process (Bateson, 1972). Just like a thermostat in a room has a set temperature, so can a couple, for example, have a set way of functioning (for example, constant arguing). Despite efforts to change, family systems often return back to their unproductive default way of functioning.

Bateson (1972) rejected linear thinking (cause and effect) and instead maintained that all interactions are circular in that each member of the family impacts the other member(s) via words or actions, which can create a reaction, that creates another reaction. The key to

change and development in family relations lies in being aware of and changing circular patterns (Hårtveit & Jensen, 2004).

The therapist helps each member of the couple system to understand their own context as well as that of their partner's because people tend to interpret their situation from their own observation window (Jensen & Ulleberg, 2011).   The therapist works with the couple to attach new meanings to the unproductive thoughts and behavioral patterns or to experiment with new ways of relating to each other (Jones & Asen, 2000).   By creating awareness, acknowledging feedback loops and helping the couple to arrive at a new set-point, the therapist helps the couple from returning back to homeostasis.   The symptoms of the couple are perceived as problems in interaction and communication within the family system rather than as existing within an individual. To dissolve the couple's problem often involves shedding light on the current symptoms by placing them in the context of the couple's current and past relationships, as well as examining socio-cultural factors and discourses (Anderson & Goolishian, 1988).

Systemic family therapy has developed through the years. The most recognized schools of thought within systemic family therapy are: Structural family therapy, largely developed by Salvador Minuchin (1974), Strategic family therapy, developed initially during the late 1960s and 1970s at the Mental Research Institute (MRI) in Palo Alto, California; Solution Focused Brief Therapy developed during the 1980s by Steve de Shazer, Insoo Kim Berg, and colleagues in the Milwaukee Brief Family Therapy Centre, and social constructionist approaches from the late 1980s onwards.

Social constructionists Harlene Anderson and Harold Goolishian (1988) introduced the idea that human systems were not social systems defined by social organization but instead are

understood as "meaning-generating systems, as a flowing network of interacting ideas and correlated actions" (Anderson & Goolishian, 1988, p. 371). Anderson & Goolishian (1988) developed a language systems metaphor on how to work with people.

Anderson & Goolishian (1988) maintained that the client's problem was created through dialogue and can be dissolved through dialog. "The therapeutic system is a problem-organizing, problem-dis-solving system" (Anderson & Goolishian, 1988, p. 37).

In Systemic Couples therapy, the therapist becomes a part of the system and serves as a "master conversational artist, an architect of dialogue whose expertise is in creating a space for and facilitating a collaborative dialogical conversation" (Anderson & Goolishian, 1988, p. 384). The dialogue generates new narratives, meanings and interpretations – and explores the unsaid. The therapist is never an expert and therefore maintains a `not-knowing' stance (Anderson & Goolishian, 1992).

Systemic therapists focus on strengths and capabilities within the system, and problems are treated within the context in which they arose. Systemic therapists are aware of their own constructions and prejudgments, and work toward keeping them from impacting the therapeutic relationship.   In this research study, the therapist takes the role of "master conversational artist" (Anderson & Goolishian, 1988, p. 384) as she collaborates systemically with each couple in this study to define the couple relationship problem.

2.2   The Well-Adjusted Couple Relationship

Research clinicians who work with couples are interested in uncovering the factors that contribute to a healthy satisfying relationship (well-adjusted) and what factors contribute to an unhappy unsatisfying relationship (mal-adjusted). Merriam-Webster (1951) defines

adjustment as: 'the establishment of a satisfactory relationship as representing harmony, conformance, adaptation or the like.'

Shaffer (1961, p. 511) writes: "Adjustment is the process by which a living organism maintains a balance between its needs and the circumstances that influence the satisfaction of these needs." Gates, Jersild, McConnell, and Challman, R. (1948, p. 614) state that "Adjustment is the continuous process in which a person varies his behavior to produce a more harmonious relationship between himself and his environment."

All of these definitions imply that well-adjustment is a condition or state in which the individual behavior conforms to the demands of the culture or society -- or in this case, one's partner -- and feels that her own needs have been fulfilled. A well-adjusted couple relationship could then be described as a win-win situation in which both parties are meeting someone else's needs while getting their own needs met.

What have clinical researchers learned about the key factors that maintain couple satisfaction and happiness together? Within the field of Systemic Family Therapy there are two prominent researcher clinicians who have evidenced-based theories about the well-adjusted couple relationship. Below is a short introduction to John Gottman's Relationship House Theory and Bowlby's Attachment Theory, which is also the foundation of Sue Johnson's Emotionally Focused Therapy (EFT).

2.2.1   Gottman's Relationship House Theory

After 40 years of research in and outside of the love laboratory, John and Julie Gottman (2017) developed a theory of how relationships function well or fail, and methods to facilitate change in these relationships through psychoeducational, preventive, and

therapeutic interventions. Gottman & Gottman (2017) created the Sound Relationship House Theory. Each floor represents a point in their research studies in which they witnessed couples either excel or fail. In response to what they witnessed, they created therapeutic interventions. The interventions are designed to deepen intimacy, manage conflict, and share meaning. According to the theory of Gottman's Sound Relationship House, this therapeutic approach provides a constructive map for creating love and mutual understanding between couples.

At its very core, the Sound Relationship House Theory (Gottman & Gottman, 2017) narrows down "the good couple relationship" to these three criteria: 1) Treat your partner like a good friend, 2) Handle conflicts in gentle and positive ways and 3) Be able to repair after conflicts and negative interactions.

Being a friend involves being genuinely interested in one's partner and asking questions to get insight into the partner's internal world of thoughts, feelings, hopes, fears, etc. In the research conducted by John and Julie Gottman (2018), the stable couples responded to their partner's attempts to initiate conversation or connect 86% of the time. The divorce-prone couples only responded to these bids for connection 33% of the time.

Handling conflicts in gentle and positive ways is the ability to listen to one's partner without criticizing, becoming defensive, shutting down or acting superior. Stable couples handled conflict with mutual respect, humor, interest, openness, they accepted influence and acknowledged their partner's ideas or feelings. These positive responses consistently were found to be at a 5:1 ratio of positive to negative, as opposed to the divorce-prone couples, who had a positive to negative ratio of 0.8:1 (Gottman & Gottman, 2018).

Gottman and Gottman (2018) maintains that reparation after conflict is a crucial relationship skill because it can actually deepen intimacy and bring couples closer together. Stable couples started repair conversations gently and took responsibility for even a part of the problem. Couples were then likelier to avoid the attack-defend mode and move instead into a collaborative mode (Gottman & Gottman, 2018).

In an observational study of the conflict interactions of 130 newlywed couples, it was discovered that the reason why unhappy couples get stuck in this negative absorbing state is the failure of repair attempts. What lies at the heart of unhappy couple relationships can best be thought of not as some quality inherent in the partners, but as a failure to repair the inevitable conflicts and disjunctions that occur in any couple (Gottman & Gottman, 2018).

Gottman's Sound Relationship House Theory is relevant to this study for two main reasons: 1) Gottman's three criteria for a well-adjusted relationship will be used to screen informants for the recruitment process, as inclusion requires a "no" to at least two of these three questions:

- Does your partner treat you like a good friend?
- Do you handle conflicts in gentle and positive ways?
- Are you able to repair after conflicts and negative interactions?

2) Gottman's three criteria for a healthy relationship as outlined above, form the characterization of a well-adjusted vs mal-adjusted couple which will be evaluated against the couples' experiences presented from the data from this study's qualitative interview.

2.2.2   Attachment Theory

Psychologist John Bowlby (1969), notable for pioneering Attachment Theory, maintained that human beings have a biological need and motivation to pursue relationships that create security and belonging 'from the cradle to the grave' (p. 129). Attachment theory postulates that early attachment experiences – based on the availability and responsivity of key attachment figures – can impact one's self-worth and relationship patterns up to and through their adult life (Bowlby, 1969/1988; Klonen & John, 1998; Bartholomew & Shaver, 1998).

Insecure attachment is associated with adverse effects on relationships and therapy, including reduced relational satisfaction and poorer therapeutic outcomes (Mikulincer & Shaver, 2007). Couples who lack soothing and supportive responses, behaviors supporting secure attachment, and who feel that their relationship is not a safe place for emotional engagement, experience severe relational distress and are at higher risk for relational dissolution (Gottman & Gottman, 2018).

Secure attachment between partners is considered by many marriage and family therapy scholars to be a foundational marker of a well-adjusted couple relationship. Results from the European Values Study (Abela, 2000) conducted in thirty European countries, revealed that the interpersonal bond between partners was the most prioritized marriage value. This bond (or attachment) was characterized by time together, sharing and discussing mutual problems, talking, expression of respect and appreciation, and understanding and tolerance.

Researcher Clinician Sue Johnson created Emotionally Focused Therapy (EFT) based on attachment theory to treat couple distress. Use of EFT techniques has been associated with good client outcomes (Johnson & Greenberg, 1985; Johnson, Hunsley, Greenberg, &

Schindler, 1999; Snyder, Castellani, & Whisman, 2006). The systemic therapeutic process is designed to encourage couples to acknowledge and express their hurts and fears. A key component in EFT is acknowledging one's own fundamental needs for security; asking in a clear, inviting way for them to be met; receiving positive, soothing responses from one's partner; and remaining open and responsive to emotional needs of one's partner (Mikulincer & Shaver, 2007).

Attachment theory and the EFT technique of strengthening the couple's ability to ask for what they need will be explored in the therapeutic session of this research study. Expressing emotional needs is one of the five key focus areas of the Integrated Model of Formulation which is used in this project's SST, and discussed in greater detail below in Section 2.3.4.

2.3   Defining the Problem: Systemic Formulation and Intervention

Formulation is the process that systemic therapists engage in when they collaborate with the system (in this case, the couple system) to understand and define the problem and facilitate change. It is the "lynchpin that holds theory and practice together" (Butler, 1988, p.1). Therapeutic formulation is a two-fold process in which the therapist analyzes the nature of the family and the problem; and "starts to integrate the strands of information in preliminary hypotheses or formulations of the problem" (Vetere & Dallos, 2003, p. 75).

Family therapy does not have a range of pre-determined, problem-specific formulation models (Dallos & Draper, 2015). Instead, the therapist typically incorporates their own clinical experience and theoretical approach with the family's situation, in an attempt to facilitate a fluid and active collaborative process to define and address the problem (Dallos & Draper, 2015).

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How one defines the problem, however, often varies according to the model of therapy that the therapist subscribes to. Therapist allegiance to any particular theoretical model may limit the therapist's understanding of the problem and cause them to overlook useful interventions. Rigid adherence to just one theoretical model is associated with poorer outcomes in therapy (Owen & Hilsenroth, 2014) and can increase resistance to treatment (Wampold & Imel, 2015, p, 275).

Vetere & Dallos (2003) created the Integrated Model of Systemic Formulation and Intervention to widen the lens for the therapist to explore the entire spectrum of contributing factors to a problem (Boscolo & Bertrand, 1996). Couple problems are complex and involve beliefs, behaviors, emotions, context and prior socio-cultural historical experiences. The Integrated Model of Systemic Formulation and Intervention allows therapists to operate with a greater degree of flexibility. Therapeutic flexibility is associated with better client outcomes (Wampold & Imel, 2015). Vetere & Dallos' (2003) five-step integrated model of systemic formulation provides reference points and a checklist to guide hypotheses (Boscolo & Bertrand, 1996). These five parts which can overlap, interact, and be performed in any order is the model the research-therapist uses in this study to facilitate the 60-minute SST, as follows:

2.3.1   Deconstruct the problem

The therapist and couple seek to understand how the problem is defined. Is it an individual problem or interpersonal? How does it affect relationships, and how do relationships affect the problem? Who is most affected by the problem? When did the problem start, develop, and what factors influenced it? The therapist also explores exceptions to the problem, such

as recent successes in addressing the problem, absence of problem, distant past exceptions, and the wider family network (Vetere & Dallos, 2003).

2.3.2 Explore problem-maintaining patterns and feedback loops

The therapist explores behavioral patterns to reveal family structures and processes. This allows for mapping of family boundaries, power, roles, tasks and inter-connected systems. The therapist also explores feedback loops to understand repetitive patterns of behaviour between family members (Vetere & Dallos, 2003).

2.3.3 Analyze beliefs and explanations

Beliefs systems underlie family processes, and shifts in beliefs may lead to profound changes. Exploration of socio-cultural beliefs and discourses, along with family members' perceptions and beliefs can shed light on the problem. Exploration of family scripts and family myths (Byng-Hall, 1998) can be exposed to see how they impact their current partner's scripts (Vetere & Dallos, 2003).

2.3.4 Examine emotions, attachment and relationships

The therapist explores the couple's emotional atmosphere, as well as finds out what arouses or threatens the attachment dynamics of the relationship. The therapist inquires: What are the attachments/emotional connections in the family? How do they connect or cut off across generations (Vetere & Dallos, 2003)? How can therapeutic techniques soften the conversational tone (Andersson, Butler, & Seedall, 2006), help them express emotions (Feeney, 1999; Johnson, 2004), and build trust to increase relationship satisfaction (Zitzman & Butler, 2005)?

2.3.5   Understand contextual factors

The therapist explores the wider context of the relationship, looking at socio-cultural discourses. In which context is the problem evident, in which contexts non-existent? The therapist uncovers strengths, resources, and constraints tied to various contexts, such as environmental/social factors, extended family, social support and professional agencies and networks (Vetere & Dallos, 2003).

In this study, the therapist uses the five-step integrated model of systemic formulation to guide the conversation to define the couple problem in the SST. Hypothesizing, exploring circularity within the system and remaining neutral are key interventions used in systemic family therapy (Selvini, Boscolo, Cecchin, & Prata, 1980) which were also utilized in this study's 60-minute couple SST.

2.4   Theory of what works in therapy

In this research project – and therapy in general -- it is the aim of the therapist is to facilitate positive change for the client(s). Extensive research about what supports change in a psychotherapeutic session narrows it down to three key elements: build a strong therapeutic alliance, define the problem and create structured goals to work on to address the problem (Wampold & Imel, 2015). A brief description of these three follows:

2.4.1   Build a strong therapeutic alliance

The therapeutic alliance is a key change variable across all theories of Marriage Family Therapy (Blow & Sprenkle, 2001). The client needs to experience a bond of trust and attachment to the therapist (Bordin 1979) as this is "… the essential ingredient of all therapy." For the alliance to be strong, the client must perceive the following: 1) the

therapist is supportive and empathic, 2) the therapist is purposeful and helpful in the session, 3) The therapist works on client-driven goals and 4) The client believes that counseling will be effective and as a result the client expects change to occur (Luborsky 1984; Gaston 1990; Wampold & Imel, 2015).

2.4.2 Define the problem

To facilitate positive change, the client must receive an explanation for the presenting issue, as well as accept the therapeutic actions consistent with that explanation (Wampold & Imel, 2015; Jones & Asen, 2000). The process of defining the problem is a collaborative effort in which the therapist attends to what the client considers important and addresses what the client indicates is relevant (Duncan & Miller 2000). In this study, the 5-step Integrated Model of Formulation (as outlined in Section 2.3) was used to define the problem in collaboration with the client.

2.4.3 Create structured goals to work on

Collaborative client-therapist consensus is achieved as client goals, interpretation about the problem and thoughts about possible interventions are explored. Systemic therapists believe that clients have the resources within them to identify and resolve their problems. Via client-therapist collaboration, actions are proposed that are targeted at the current problem aligned to the client's prior experiences and own interpretation of the problem (Duncan & Miller, 2000). Clients have better therapeutic outcomes when clients and therapists agree about the treatment goals and work together toward these goals (Tryon & Winograd, 2001). Positive change is facilitated when the client believes that the interventions agreed upon will address the problem (Wampold & Imel, 2015). In this study, the therapist facilitates the

discussion with the hope that the couple obtains a change of perspective that sparks a collaborative solution to the problem.

Wampold and Imel's (2015) three key elements that support change in psychotherapy as described above are highly relevant to the current study because the therapist's 60-minute define-the-problem SST is built upon these three pillars as its foundation.

2.5   Relevant Research

Very early in the process, I began to search for relevant terms related to my problem statement via Google Scholar, Oria and BIBSYS. Most of the research found was related to in-session variables for change, for example the relationship between therapist and client, or the specific actions of the therapist, but only a handful of qualitative studies are focused on the client's or couple's own personal change process. Furthermore, there is a lack of research on couple's change mechanisms experienced after an SST with couples. Below are what I found to be relevant research on the therapeutic change process and SST outcomes.

2.5.1   Research on Change Process Among Couples

Research conducted over the past 30 years suggests that between 25% and 30% of couples who receive therapy do not demonstrate significant improvement and that there are substantial rates of relapse (close to 40%) among those who do (Halford & Snyder, 2012). Despite the call for more practice-focused research with an emphasis on "specific mechanisms of change" (Sexton, et al 2011, p. 379), there is still little information about what actually facilitates therapeutic change (Greenman & Johnson, 2013).

There have been a few studies using qualitative interviews to uncover clients' phenomenological experience of couple and family therapy (e.g., Beck, 2003; Christensen,

Russell, Miller, & Peterson, 1998; Greenberg, James, & Conry, 1988; Sells, Smith, & Moon, 1996). The results of these research studies points to three types of intrapersonal change processes that occurred in therapy: (a) emotional experiencing, including feeling validated by other family members, hope, and a sense of safety; (b) cognitive change, insight, and awareness; and (c) a strong connection with a therapist who is caring, competent, active, and attuned to the family's presenting concerns (Heatherington, Friedlander & Greenberg, 2015).

The within-system alliance of family members (Pinsof 1994) appears to have a significant impact on client's change processes in therapy and between sessions. Alliance researchers (Friedlander, Lehman, McKee, Field & Cutting, 2000; Heatherington, et al., 2015) discovered that a shared sense of purpose among family members -- for example, validating each other's point of view and asking others to explain their perspective on the problem -- resulted in more positive outcomes. In fact, a shared sense of purpose had a greater impact on post treatment goal attainment than family members' individual alliances with the therapist (Beck, Friedlander, & Escudero, 2007).

Emotion-focused therapy research (Greenberg & Johnson 1988; Johnson, 2004) reported that client change mechanisms were heavily linked with perceptions of secure or not secure attachment to their partner. Feeling safe (e.g., expressing vulnerability and/or revealing a secret or encouraging a reluctant family member to tell the truth) can strengthen feelings of attachment and the emotional bond among family members. Emotional acceptance of one's partner is strongly linked to positive therapeutic outcomes (Doss, Thum, Sevier, Atkins & Christensen, 2005). Thus perceptions of secure attachment directly impact client change mechanisms.

Significant turning points in the therapy are incidents that can spark cognitive reflections and/or an emotional response. Christensen et al., (1998) conducted a study of 11 heterosexual couples (18-55 years old) that participated in 4 conjoint therapy sessions. Participants were asked to describe any turning points in therapy that left them thinking or feeling differently about their situation, themselves, or the relationship as well as about important factors in helping them deal with their presenting problem.

Three clusters of change were identified as a result of therapeutic turning points that led to increased relationship satisfaction: 1) change in affect, 2) change in cognition and 3) change in communication. Partners who experienced improvement in their relationship reported making changes in their definition of the problem or relationship (cognition), in feelings about themselves, the relationship, or their partner (affect), or in styles of relating and talking (Christensen et al., 1998).

Research on change process is relevant to this study's problem statement of "How does the couple experience the process of change within the first week after attending an SST focused on defining the problem?" The research seeks to explore ways in which the couple changed, and what type of change occured.

2.5.2   Research on Single-Session Therapy and Outcomes

SST has been defined as "one face-to-face therapy meeting between a therapist and a patient with no previous or subsequent sessions within a year" (Hoyt, et al., 2018, p. 4). What separates SST from traditional therapy is that with SST the therapist acts like the first session will be the last (Hoyt et al., 2018, p. 4). If one session is all you have, then the therapist and client seek to make the most out of it.

The first documented SST was with the father of psychoanalysis, Sigmund Freud in 1893. Research on the 'single session' phenomenon in psychotherapy grew in the late 1980s when Rosenbalm, Hoyt and Talmon (1990) discovered that the modal length of therapy for 100,000 outpatients at Kaiser Permanente Medical Centre psychiatry department in California was just one session, and that a majority of these patients felt that their issue had improved. Talmon then questioned 200 of his own clients who had attended just one session and discovered that 78% of his patients reported feeling 'better' or 'much better'.

The most rigorous study to date has been Perkins' (2006) clinical trial of single session work (SSW) with 258 families over a 14-month period in a Victoria's Family Institute at Bouverie Center, Melbourne, Australia. Results showed that 50% of families elected to have a single session. Client satisfaction after the single session was 95% immediately after the session and 88% at the 4-week follow-up. Furthermore, the study reported a marked reduction in the frequency of the presenting problem with the single session treatment group exhibiting a significantly greater improvement (71%) than the control group (Perkins, 2006).

These results are aligned to Bloom's (2001) meta-analysis of 40 papers evaluating SST, where there is emerging evidence that approximately 71-88% of clients who attend for one session report improvements in their wellbeing and are satisfied with the session.

The rationale for offering SST with clients is based on three key research-based findings: 1) The most common number of service contacts that clients attend, worldwide, is one, followed by two, followed by three -- irrespective of diagnosis, complexity, or the severity of problem; 2) As many as 70-80 percent of people who attend only one session, across a range of therapies, report that the single session was adequate given their current circumstance; and 3) It is impossible to accurately predict who will attend only one session and who will

attend more. Given this, why not approach the first session 'as if' it might be the last? (Hoyt, et al., 2018)

SST research has largely been focused on individuals and families. Research specific to couples and SST is starting to develop through the work of researcher clinicians like Söderquist (2020) who has been offering and evaluating the efficacy of SST for couples since 2011 in Malmo, Sweden. SST is based on three underlying beliefs: 1) There is a strong expectation that change can occur 2) The client is already empowered with the strengths and resources needed to make a change 3) Change can occur right now, in the present (Söderquist, 2020).

SST is not a theoretical model, but instead a service delivery model (Young, 2018, Hoyt et al., 2018). It's structure resembles Brief Therapy (Söderquist, 2020) but multiple therapeutic approaches based on differing theories can all be used synergistically to assist the same client. At its core the therapist has a responsibility to hold a clear treatment focus, be conscious of using the time well, set goals with clear results, do quick evaluations and integrate the discoveries into the treatment (Söderquist, 2020).

Talmon (1990) presented therapeutic success factors as: professional confidence and authority, strengthening the patient's motivation, strengthening the patient's sense of autonomy, seeking a therapeutic focus, using the patient's own metaphors, and practicing suggested solutions to the problems. "The talking cure becomes the doing cure (Talmon, 1990, p. 88)."

Including SST research in this section of the thesis is highly relevant to this study because the informants will be attending an SST and then a qualitative interview one week later to find out whether the SST sparked a change process.

3   Method

This chapter will provide open and transparent information on the methodology chosen for the study which is necessary for good understanding of the research process and for a critical evaluation of the research study. Six main topics are presented in this chapter: 1) Research Strategy and Theoretical Orientation 2) Research Design 3) Qualitative Method, 4) Data Analysis, 5) Ethical Considerations and 6) Validity and Reliability of the Study

3.1   Research Strategy and Theoretical Orientation

The research strategy explains the overall approach to the research process and provides background to the methodological choices. The purpose of the research study was to explore how couples experienced change after attending a potentially complex and transformative SST focused on defining their problem. My research approach is based on a hermeneutic phenomenological theoretical position which is both a philosophy and method of inquiry based on the idea that the best way to study a subjective experience of a life lived is to examine the experience in relation to a particular phenomenon (Husserl, 1937/1970). The hermeneutic phenomenology of research is conducted through empirical (collection of experiences) and reflective (analysis of their meanings) activities.

A hermeneutic phenomenological theoretical position is in line with my own beliefs and values. "Every researcher speaks from within a distinct interpretive community, which configures, in its special way, the multicultural, gendered components of the research act"

(Denzin & Lincoln, 2018, p. 16). Researchers approach the world with a set of ideas or a framework theory about the nature of the social world (ontology) that specifics a set of questions concerning the nature of knowledge and how it can be acquired (epistemology) which are then examined (methodology) (Denzin & Lincoln, 2018). Researchers need to be conscious of their theoretical position when studying the social world, so that they can evaluate their assumptions and address any logical inconsistencies of those assumptions (Bateson, 1972).

Ontology can be defined as the study of reality (Slevitch, 2011, Denzin & Lincoln, 2018, p. 19). I adhere to the ontology of phenomenology believing that the study of reality is achieved by studying what appears, as phenomena are appearing things. Phenomenology is essentially the study of lived experience or the life world (van Manen, 2014). Its emphasis is on the world as lived by a person, not the world or reality as something separate from the person (van Manen, 2014).

I believe in an interpretivist epistemology that maintains that knowledge of the world is intentionally constituted through a person's lived experience. The researcher operating from this theoretical position is therefore focused on understanding and interpreting the context-dependent life world of participants, contingent upon social, historical and cultural factors (Eatough & Smith, 2008). Within this paradigm, researchers do not "find" knowledge, they construct it from the rich, in-depth data collected through in-depth life stories. The result is that the researcher presents an interpretive account of what it means for respondents to have such experiences, within their particular context (Eatough & Smith, 2008).

Methodology answers the question: "How do we know the world or gain knowledge of it?" (Guba 1990, p. 18, cited by Denzin & Lincoln, 2018, p.19). The method of inquiry that I chose to analyze the experiences of these four couples is a version of Interpretative Phenomenological Analysis (IPA) as described by Jonathan Smith (1996). Through careful and diligent interpretative methodology, it becomes possible to access an individual's cognitive inner world. In the following subsections, I will briefly present the two key theoretical underpinnings of IPA: phenomenology, which originated with Husserl's attempts to construct a philosophical science of consciousness, and hermeneutics (the theory of interpretation). Afterwards, I will provide a brief introduction to how these two theoretical underpinnings contribute to meeting the objectives of IPA analysis.

3.1.1 Phenomenology

Husserl (1937/1970) – often called the "father of phenomenology" -- believed that people derived meaning from their experiences, and that these experiences could be validated and studied. Phenomenology is the "study of human experience and the way in which things are perceived as they appear to consciousness" (Landridge, 2007, p. 10). Phenomenologists focus on participants' streams of consciousness – their thoughts, feelings, and memories – in an effort to understand the meanings individuals attach to human experience (Smith, Flowers, & Larken, 2009). Phenomenologists acknowledge that in the social world, data can't be reduced to verifiable facts and numbers, but instead the data is the truth and understanding that emerges from people's life experiences (Byrne, 2001).

The goal is to capture all the various perspectives of a phenomenon through a variety of lenses to obtain knowledge about the true essence of the phenomenon from the perspective of the informant and describe the world as the informant experiences it (Husserl,

1937/1970). The philosopher moves from the consciousness of individual and concrete

objects to pure essences and thus achieves an intuition of the *eidos* of a thing or a being

(Husserl, 1937/1970).

In order to get to this pure essence, the phenomenologist must "bracket" off their own

commonsensical, natural presuppositions about the world (Giorgi, 1997) so that their beliefs

are set to the side, so that pure phenomenological description can be obtained.

Husserl (1937/1970) called this process of removing presuppositions as epoche (Greek:

"withholding" or "suspension"). The *epoche* was proposed by Husserl as a way to reduce the

researcher's prejudices *about* things and instead leads the researcher back to the things

themselves. By doing so, it allows the researcher to overcome the natural and gives access to

rigorous science (Spiegelberg 1994, p. 119).

Heidegger (1962) critiqued Husserl's work, arguing that people are not able to fully bracket

off their prior-knowledge, experience and preconceptions because our "being in the world"

is always related to other people, contextual and perspectival (Landridge, 2007). Heidegger

maintained that researchers can strive to withhold such presuppositions through reflective

and reflexive awareness (Smith et al., 2009).

In this study, I will be interpreting or making sense of what the couple says they experienced

about the phenomenon of change after attending an SST focused on defining the problem.

The research will focus on what it is like for the informants to experience this particular

phenomenon in their particular context.

3.1.2   Hermeneutics

While phenomenology describes the study of lived experience, hermeneutics describes how one interprets the conversations or texts of lived experience. Thus the methodology of hermeneutic phenomenology involves systematically collecting and analyzing narrative materials using methods that ensure credibility of both the data and the results. The objective is to uncover meanings contained within a conversation or text in order to gain insights into psychosocial processes.

Hermeneutics, the theory and practice of interpretation, evolved as a method for the interpretation of biblical texts into a wider application for interpretation of historical and literary documents through the centuries (Smith et al., 2009). An interpretative or hermeneutic approach looks not only at the text, but also the author/speaker. Heidegger claimed that human existence of being in the world (called "dasein") can only be understood and interpreted in context to our relationship with the world (Smith et al., 2009, p. 18). Central to this concept is the awareness that self cannot be separated from the world.

The hermeneutic (interpretative) aspect of the research process involves evaluating the whole of the transcribed text against the parts and vice versa, so that understanding is not based on one isolated data point. The researcher starts with a pre-understanding and then moves toward a discovery-oriented phase in an effort to illuminate understanding (Van Manen, 2014). Hans Georg Gadamer (1900-2002) contributed to the hermeneutic tradition by creating a circular illustration which later evolved into a spiral detailing the progressive steps the researcher should follow when interpreting human understanding. These steps include the interpreter being aware of their own foreknowledge and pre-judgments, researching related theories and relevant research studies, interviewing subjects (keeping in

mind their socio-historical and cultural experiences), transcribing, and revising the interpreter's foreknowledge and prejudgments.

Through this process of being open to rethinking what was originally interpreted, to revising one's understanding, and then challenging the new interpretation, one comes to a deeper understanding of a phenomenon. The original understanding is surpassed and integrated into a broader, more informed understanding. The interpreter broadens her horizon to the point where she can wonder and reflect upon matters not considered earlier.

3.1.3   Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA) is a qualitative methodology developed by psychologist Jonathan Smith (1996). A version of IPA inspired by Smith (1996) was implemented in this study as it is a particularly useful methodology for examining experiences which are complex, ambiguous and emotionally laden – such as couples attending an intensive 60-minute therapy session. The focus of IPA is to systematically explore the meanings that individuals attach to human experience, and then evaluate that experience in light of existing theoretical preconceptions and literature (Smith, 1996).

An IPA approach includes idiographic, inductive and interrogative methods. The idiographic principle is based on the researcher seeking to get an insider perspective on the informant's reality. The inductive principle states that theory evolves through hearing individual experiences, and interrogative is when the research actively engages the informant in inquiry, so that the process leads to co-constructed meanings (Smith, 2004).

According to Smith (2004, p. 40), "The participant is trying to make sense of their personal and social world; the researcher is trying to make sense of the participant trying to make

sense of their personal and social world." An important component of IPA is the ability to separate the strands of what the participant experiences from that which the researcher experiences, and then present a description of the experience as accurately as possible with minimal filtering. IPA research is phenomenological in its attention to a particular experience, with a hermeneutic approach to the analysis of the text of interviews.

The objective in IPA, then, is to obtain a description which gets as "close to the participant's view as is possible" (Larkin, Watts, & Clifton, 2006, p. 104). The second aim is to create an interpretative account expressing how the participant made sense of the experience and what it means to him or her. There are six key stages in IPA analysis which will be briefly outlined here, and detailed later in Section 3.4. The researcher starts with a transcript of an informant's interview and begins the analysis as follows: (1) a reading and re-reading of the transcript, (2) initial noting of descriptive, linguistic and conceptual comments, (3) developing emergent themes, (4) moving to the next case, (5) looking for patterns across cases (Smith et al., 2009), and 6) a final presentation of key findings across cases.

3.2   Research Design

The choice of research design should be determined by the nature of the research question, topic being investigated, research objectives, available time and resources, plus the researcher's own convictions, beliefs and interests (Denzin & Lincoln, 2018).

The research question in this study is: "How does the couple experience the process of change within the first week after attending an SST focused on defining the problem?" Being clear on the research question has a decisive influence on the research approach (Thagaard, 2013). Researchers need to focus on the "what" and "why" before focusing on the "how" (Kvale & Brinkmann, 2015, p. 137).

For this study, I wanted to find out how couples experienced change as a result of attending an SST focused on defining the problem. The results would contribute to the researcher's understanding of the phenomenon of change in this particular context. Interviews would be used to understand how couples experienced change, what changed, and how they changed.

The goal was to describe the essence of a phenomenon by exploring it from the perspective of those who experienced it. The research was not aimed toward obtaining an ultimate truth, but rather as a way to gain perspective about the phenomenon under investigation, namely how couples experienced change after a single session of defining the problem.

This study was guided by two key research questions: 1) What changes, if any, did the individual experience in the first week after attending an SST focused on defining the problem? and 2) What changes, if any, did the couple experience in their couple relationship in the first week after attending an SST focused on defining the problem?

A qualitative research approach was chosen as the methodology because this approach was the best way to shine a light on people's experiences, views and self-understanding (Thaagard, 2013). Data was collected using in-depth interviews. The next paragraphs outline a detailed justification for selecting the specific approaches and methods.

3.3   Qualitative Method

Qualitative research was chosen as a suitable approach for the research and is inspired by

the work of Denzin and Lincoln (2005, 2018) and Van Maanen (1998, p.1 xi).

> Denzin and Lincoln (2005, p. 3) define it this way: "Qualitative
> research is a situated activity that locates the observer in the
> world. It consists of a set of interpretive, material practices that
> make the world visible. These practices transform the world. They
> turn the world into a series of representations, including field
> notes, interviews, conversations, photographs, recordings, and
> memos to the self."

Qualitative research is the best method for studying an occurrence within the environment

in which it naturally occurs and exploring the social meaning derived from the individuals

who were subjected to that occurrence (Denzin & Lincoln, 2018). In this study, I wanted to

explore the impact of an SST on the couple's change process.

Van Maanen (1998: xi) describes qualitative research as "particularly difficult to pin down"

due to its "flexibility and emergent character" as it is an adaptive process that calls for

"highly contextualised individual judgements." Even though there is no one universal

definition of qualitative research, there are key characteristics of qualitative research that

social scientists tend to agree upon:

- Subject's perspective is central (Denzin & Lincoln, 2018).

- Research problems seek to explore the meaning individuals or groups ascribe to a social

  problem or given situation (Creswell & Poth, 2018; Corbin & Strauss, 2014; Levitt,

  Motulsky, Wertz, Morrow & Ponterotto, 2017).

- The researcher, as the primary instrument of data collection and analysis, gathers,

  organizes and interprets information, using his or her eyes and ears as filters (Denzin &

  Lincoln, 2018).

- Collected data is understood within a broader educational, social and historical context (Denzin & Lincoln, 2018).

- Research is exploratory and descriptive using context and setting to search for a deeper understanding of the person(s) being studied (Marshall & Rossman, 2016).

- The research process is inductive. Hypotheses are commonly generated from analysis of the data rather than stated at the outset (Silverman, 2011).

- The role of researcher is subjective and allows for "highly contextualised individual judgements" (Van Maanen, 1998: xi).

Qualitative research was the best method for me to obtain a holistic, in-depth and interpreted understanding of the meanings and experiences of four couples who attended an SST.

3.3.1   Justification for Using Qualitative Interview

I chose the qualitative interview, over other qualitative methods, because I wanted to get in-depth, honest and open responses from the four couples in the study.   In-depth interviews allow the researcher to obtain rich data by exploring participant experiences, ideas, perspectives, views and situations with a small number of respondents (i.e. a sample group that represents the group of people that can best answer the research question(s)) (Thaagard, 2013).

The qualitative interview provides the researcher with a greater level of freedom to guide the questioning, engage with the participants, and be responsive and adaptive in the process to the words, body language and topics raised by the research participant (Thaagard, 2013).

I chose a semi-structured qualitative interview format so that each couple would get the opportunity to answer the same questions, however, I also wanted the flexibility to ask questions not originally planned. The qualitative research interview is a conversation guided by both the topics the researcher is interested in, as well as new topics that the informant brings up (Thagaard, 2013).

The semi-structured interview is called a "conversation with a purpose" (Smith et al., 2009, p. 57) because it puts the researcher in an investigator role so that the phenomenon of interest is brought forth via inquiry (Smith et al., 2009).

During the interview the researcher prompts respondents to tell their own story in their own words and treats them as the true experts of their own life (Smith, 2004).   The data is only valuable if the participant is able to articulate their experiences and only if the investigators are able to understand and interpret those experiences in light of the participant's context.

Semi-structured interviewing appears to be the most widely adopted method for IPA researchers (Reid, Flowers, Larkin, 2005). Denzin and Lincoln (2018) maintain that semi-structured interviews allow for unexpected categories and theories to emerge during analysis and interpretation. The researcher can seek clarity and probe for deeper understanding without constraint. The researcher seeks to gain a deeper understanding of the participant's constructions through dialogue and the language they use in constructing their meanings (Thagaard, 2013).

3.3.2   Development of Interview Guide

The qualitative interview is designed to extract the most important themes related to the original problem statement (Thagaard, 2013).   While good research questions do not

necessarily produce good research, poorly conceived or poorly constructed questions can hinder the data collection process and thereby derail all subsequent stages of a study. The questions need to articulate what a researcher wants to know about the intentions and perspectives of the participants (Corbin & Strauss, 2014).

In this particular study, I was interested in understanding the intentions and perspectives of couples who attended an SST focused on defining the problem. Specifically, I wanted to know whether change occurs, and if so, what has changed and why it changed.

I prepared a series of 22 possibly significant questions to ask during the interview process that would stimulate each couple to talk. These 22 questions were just a guideline, as I was prepared to administer a semi-structured interview, so that I could probe and expand upon the participant's responses as needed.

I started each interview with a broad question to get the most information possible without leading: "How would you describe your couple relationship in the first days after the therapy session?" Afterwards I moved toward a more specific line of questioning that was designed to solicit information that would answer the research question.

In Attachment 1: Interview Guide, the reader will find an example of the questions planned beforehand and included in the interview guide. The questions were not asked in any sequence and were merely developed to ensure focus during the interviews.

The questions were open in nature to encourage the participant to be descriptive in their answers thereby opening up the possibility for more rich, in-depth answers. Leading questions limit the informant's ability to answer the question (Thagaard, 2013).

3.3.3 Sampling and Recruitment of Participants

In the qualitative method, the researchers usually focus on relatively small samples (Thaagard, 2013). Research participants are generally selected because they are able to provide rich descriptions of their experiences and are willing to articulate their experiences, thereby providing information that will be able to challenge and enrich the researcher's understanding (Crabtree & Miller, 1992).

In qualitative research the number of participants is informed by the extent to which the research question has been addressed (Sargeant, 2012) and the methodology being used (Smith et al., 2009). Smith et al. (2009) recommends sample sizes for an IPA approach for a Masters-level IPA study to be between three to six participants (Smith et al., 2009). Small sample sizes enable the IPA researcher to go narrow and deeper into the analysis. I felt that four couples would most likely provide a good amount of data but keep the project manageable.

Strategic selection of informants is based on the systematic selection of persons or entities with characteristics or qualifications that are strategic in relation to the purpose of the research (Thagaard, 2013). The interviews would give me an opportunity to apply those learnings to the greater group of couples coming to my office for therapy in the future.   In qualitative studies it is not necessary for the sample group to be representative to the greater population, as it is in quantitative (Thagaard, 2013).

Smith et al. (2009) highlight that when adopting IPA, researchers should attempt to recruit a fairly homogenous sample, for example, a group of people that do not vary significantly in relation to demographic characteristics. The inclusion criteria for this study included heterosexual couples, living together for at least 1 year in the Stavanger, Norway region, ages 30-60.

Additional inclusion criteria included couples who 1) responded to a Facebook Advertisement announcing this research project and 2) answered "no" to at least two out of three of Gottman's characteristics of a healthy relationship:

- Does your partner treat you like a good friend?

- Do you handle conflicts in gentle and positive ways?

- Are you able to repair after conflicts and negative interactions?

I felt that these socio-demographic parameters best represented the group of people I was interested in studying. Gottman's (2018) three question survey above helped me to find couples that were experiencing problems in their relationship, most likely due to communication issues.

I approached potential participants via online advertising on Facebook. By providing general and then more specific information to interested candidates, I was able to select participants who met the criteria for inclusion in the study. Apart from telephonic conversations with them, I emailed them an outline of my study and formally asked their consent. None of the interested couples declined and all showed a sincere interest in the research project.

In *Attachment 2 - Invitation Letter & Informed Consent*, the reader will find an example of the invitation letter I distributed to all selected participants. In total four interviews were

conducted. The first three couple interviews demonstrated similar experiences, but the experiences from the fourth interview was a clear case discrepancy. It was at this stage that I decided to conclude the interviewing process and proceed to analysis having achieved three similar experiences, and one outlier.

All participants received verbal and written information that clarified the aim of this study and the selection process. They signed a consent form and confidentiality agreement. I informed participants that I would hold two roles in the research study. First, I would be the therapist who conducted the 60-minute SST focused on defining the problem. One week later, I would take the role of qualitative interviewer.

Participants confirmed that they were participating of their own free will, and they were assured that any personal data or information that identified the participants would be excluded.

3.3.4   Presentation of Participants

Below is a brief introduction to the four couples in the study. All four couples met the

criteria of saying "no" to at least two of Gottmans' three criteria for a healthy relationship as

described in 3.3.2. Pseudonyms have been given to protect their identity.

Names	Age Range	Nationality	Presenting Problem in Relation to Gottman's Screening Questions
Couple #1 Linda & Robert	Married couple in their mid 20s.	American wife & Norwegian husband	● Not always friendly to each other. ● Sometimes unable to resolve small conflicts in kind and respectful ways.
Couple #2 Anne Marie & Johnny	Married couple in their late 20s.	American wife & Norwegian husband	● Not always friendly to each other. ● Sometimes unable to resolve small conflicts in kind and respectful ways.
Couple #3 Betty & Howard	Married couples in late 50s	British wife & British husband	● Not always friendly to each other. ● Sometimes unable to resolve small conflicts in kind and respectful ways.
Couple #4 Debra & Marius	Married couple in their late 40s.	British wife and British husband	● Not always friendly to each other. ● Sometimes unable to resolve small conflicts in kind and respectful ways.

3.3.5   Execution of the Single-Session Therapy

All five couples consented to a confidential single-session therapy (SST) focused on defining

the couple problem with the researcher-therapist that lasted on average about 60 minutes.

As therapist, I facilitated the SST with the goal of adhering to evidence-based practices of

what works in therapy based on Wampold and Imel's (2015) extensive research on the topic: 1) build a strong therapeutic alliance 2) define the problem and 3) set goals to address the problem. These three elements were carried out as follows:

1) **Build a strong therapeutic alliance.** I aimed to build a therapeutic alliance in a variety of ways, including: introducing the structure of the session, reaffirming and clarifying the couple's experiences, slowing down the session, enabling each of them to process their experiences, helping them to organise different aspects of their experiences into a more integrated whole and by exploring the meaning of important and powerful human experiences.

2) **Define the problem.** In this study's therapy session, I invited the couple to share with one another what they perceived as problematic and told them that their partner and I would actively listen to them. Active listening was defined as being curious, open, and in a position of wanting to understand. The opposite of active listening was defined as preparing one's defence or opposing arguments while the other one is speaking. These definitions set the stage where both partners in the couple relationship were motivated to listen actively to one another.

Each person shared one at a time what they perceived as problematic, while their partner actively listened, and when necessary, questions of inquiry came from both the partner and therapist to gain more clarity and understanding around the problem. Couple problems can often be quite complex and involve beliefs, behaviors, emotions, context and prior socio-cultural historical experiences (Vetere & Dallos, 2003). I followed the guidelines of the integrated model of systemic formulation (as outlined in detail in the Theory Chapter, Section 2.3) to help the couple gain greater insight into

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their situation. Five key areas were explored with the couple as follows: 1) deconstructing the problem, 2) exploring problem-maintaining patterns and feedback loops, 3) analyzing beliefs and explanations, 4) examining emotions, attachment and relationships, and 5) understanding contextual factors.

3) **Set goals to address the problem.**   At the end of the session the couples in the study gained greater insight concerning their relationship and their problem. "The process of how formulation is undertaken, the questions that are asked, when and how they are asked, are all seen as having the potential to bring about significant changes" (Dallos & Stedmon, 2014). Three out of four couples said they were more knowledgeable about their problem and felt confident in their ability to eliminate the issue. For these three couples just talking about the problem dissolved the problem, as detailed in greater detail in Chapter 5: Discussion.

The therapy session was not recorded, but the therapist kept notes. At the end of the session, each couple was told that they should come back within a week for an interview on what changes, if any, occurred in the relationship and/or on an individual level.

3.3.6   Execution of the Qualitative Interview

Based on the notion that that qualitative research is only as good as the researcher (Morse 1994, p. 225), I made a point to prepare myself prior to conducting any interviews. I did a practice interview with a test couple to examine my own ability to ask the right questions and interpret the answers in real-time, so that I could maintain a level of reflexivity in the process. This practice interview went well, and I received a 60-minute transcript with lots of data, so I felt confident to meet the subsequent couples. I also chose to include the transcript of the test couple into the research project as Couple #1.

An appointment was made with each couple at the time convenient to both themselves and the interviewer. The interviews took place at the therapist's office. The background of the research was explained to the couple as well as the ethical considerations relating to participation.

I interviewed all the couples in English and all interviews were recorded on an audiotape. Audio taping the session allowed me to concentrate on the couple's response and on the dynamics of the interview itself.   Conducting the interviews in English allowed me to listen and transcribe the interviews in my own mother tongue.

The interview style was based on the following qualitative research interview method described by Neuman (2000):

- Questions are tailored to the participant's situation.

- The interviewer showed interest in responses and encouraged elaboration.

- An interview is like a friendly conversational exchange but with slightly more direction from the interviewer.

- Open-ended questions are used and probes are frequent.

- Interviewer and participant jointly control the pace and direction of the interview.

- Questions emerge and are shaped during the data-gathering phase

- The interviewer adjusts to the participant's norms and language usage.

Kvale (1996, p. 1) defines qualitative research interviews as "attempts to understand the world from the subject's point of view, to unfold the meaning of people's experiences, to uncover their lived world prior to scientific explanations." In many cases I had to ask various clarifying questions to check my understanding as well as the context. Any explanation of

behavior that does not take into consideration the context is assumed to be incomplete (McMillan & Schumacher, 2011).

The participants were allowed to speak freely in response to the questions, in their own terms about the phenomenon in question. By using the semi-structured interview format I was able to follow particularly interesting avenues of conversation that emerged in the interview. In qualitative research we analyze the data as it comes to us because we are observing our subjects, reflecting over their words, and making connections. Analysis and interpretation of data is a continuous process throughout the entire research project (Thagaard, 2013).

I listened to the informant's words and sentences, against the backdrop of their historical and cultural life experiences. Both observation data and interview data should be interpreted in light of the cultural and social framework that the persons we study relate to (Thagaard, 2013). The interaction between researcher and the participants consists of a dialogue where multiple truths are investigated (Matsumoto, 1996). The couple was treated as experts in their relationship and were allowed to make the most of the opportunity to tell their story.

I engaged in a hermeneutic circle method of understanding that involved listening to the couple's words and sentences (the parts), and going back to the big picture of their life experiences, and cultural and historical time horizon (the whole), to make connections and interpret meanings.

The interviews were conducted over a period of three months. The average length of the interviews was approximately one hour. I alternated as to who would start answering each

question, so that no one person's position held more weight in the responses. I was consciously focused on conducting the interview in an ethical and responsible way which included being neutral and flexible to go in the direction that the couple wanted to take.

In an effort to stay focused and unbiased, I had the interview questions in front of me. The informants and material guided me during the interview process – and not my own biases. Researchers should attempt to "avoid control" (Ragin, Nagel & White, 2004) and that too much structure limits the collection of data that is ideal for capturing subjects' meaning of the experience (Lasch et al., 2010). I did not adopt an expert position and was transparent with the participants, which allowed them to easily talk about their experiences.

Both broad and specific questions were asked. The interviewer can be impacted by new information that widens the researcher's views about the phenomenon being researched (Kvale & Brinkmann, 2015). The researcher and the informant were free to bring up new relevant topics that would contribute more information to answer the research questions (Thagaard 2013). Meaning is created within the interactional process whereby phenomena becomes more understood and meaningful because the researcher and informants reproduce the meanings together (Willis, 2007).

Before the interview was terminated, the couples were asked whether they had anything more to add. All four couples reported that there were no additional questions to ask. The data gathered and analyzed is the four couple's experiences, views and self-understanding derived from their responses to the semi-structured interview. The data included observations of the couple during the interview process, the transcripts of the actual conversations, as well as the researcher's own notations of the interview process.

3.3.7 Transcribing of the Interview

I transcribed the interview verbatim to not lose any of the content with regard to how the couples expressed their feelings. I made a note of significant pauses and non-verbal utterances (for example, laughing) to aid with interpretation and not to miss any nuance. Analysis of the non-verbal communication was not conducted by the researcher due to the space limitations on this thesis. Written text was created from each couple interview.

The identity of the participants was removed from the transcripts to maintain their confidentiality and pseudonyms were assigned in order to protect their identity while providing information relating to their backgrounds. The recorded interviews were transcribed within one week of being conducted to allow me to become familiar with the data as quickly as possible.

The transcripts of the tapes were closely listened to a number of times by the researcher to accurately extract the data from the interviews and to properly present the entire scope of the interview.

3.3.8 Self Understanding

The personal biography of the researcher impacts the study's execution and interpretation. There is no such thing as a neutral stance. Every researcher has experiences, judgements, beliefs, preferences, etc., that can impact the research process and results (Denzin & Lincoln, 2018; Parker, 1994). Biases and subjective positions should be communicated explicitly to the reader of the research report. Despite wanting to maintain objectivity in the research process, my subjectivity needs to be acknowledged. When a researcher acknowledges this subjectivity he or she is able to account for what has led him or her to investigate the subject

in the first place (Denzin & Lincoln, 2018; Parker 1994).

The researcher is a woman in her 50s who has been married, divorced, and then married again. The experience of being in two significant long-term relationships (one that ended in divorce and one that has lasted so far 18 years) brings with it foreknowledge, biases, and beliefs about satisfying and unsatisfying couple relationships. In her role as a couple therapist in her own private practice, the researcher has gained personal insights into what types of challenges often hinder a happy relationship, and what types of therapeutic interventions can help turn a bad relationship into a good one.

Matsumoto (1996) argues that women who conduct research based on their own experiences have a better understanding of the dynamics and play of social relationships that inform the situation under investigation. Given my personal and professional background, it was easy to identify with and understand the different constructions being presented by the couples when discussing their relationship challenges.

I made sure, however, that I did not impose my values or opinions on the participants during the interviews. I drew upon my own experiences during the research process to understand and identify with what is being said, however, the focus of the investigation and research always remains on understanding the phenomenon from the participant's perspective (Babbie & Mouton, 2001).

Reflexivity (or self reflection of the researcher) generally refers to the examination of one's own beliefs, judgments and practices during the research process and how these may have influenced the research. Reflexivity of the researcher contributes to an improved ethical stance toward the research (McGraw, Zvnkovic, and Walker, 2004) as the researcher places

themselves and their practices under scrutiny, acknowledging the ethical dilemmas that permeate the research process" (McGraw, Zvnkovic, Walker, 2004, p. 68).

As a researcher, I needed to be aware of and yet put aside my own understanding of the subject of investigation and open my mind to understand and listen to what was told to me by the participants. During the analysis phase I was able to draw on my understanding of typical couple problems. At the same time it was important for me to continuously reflect on my position in the research process and remain focused on the content of the interviews. More will be said about this in the section on reliability and validity.

3.4   Data Analysis: Interpretive Phenomenological Analysis

After the qualitative interview, a version of IPA was used to explore the essence of four couple's experiences in relation to attending an SST focused on defining the problem. Smith et al. (2009) outlined a number of stages involved in IPA that I used as the framework to guide the process. IPA is characterized by a set of common principles which start with a standard thematic analysis. Analysis is fluid, iterative and multi-directional in that many of the steps are repeated several times so the researcher truly gains the full essence of the participants' experiences. Analysis moves from the researcher's focus on the individual, to a more collaborative or shared understanding, and from a descriptive level to a more interpretative level (Smith et al., 2009).

Below are the steps inspired by the IPA process that I followed but it should be noted that the analysis was in fact a cyclical process, rather than a linear one. It was also approached with the hermeneutic circle in mind in order to understand part-whole relationships. I focused on one couple transcript at a time, so that each case would be examined "on its own terms, to do justice to its own individuality" (Smith et al., 2009, p. 100).

3.4.1 Reading and note taking

The first transcript was read several times to get a deeper level of analysis from each reading. By reading through the text many times the researcher is more likely to uncover patterns and make meaningful connections (Thagaard, 2013). I also listened to the audio recordings of the interview while reading the couple's transcript to not only *hear* what was said, but also to note *how* it was said.

In keeping within the tradition of hermeneutic phenomenology, I tried to capture all the various perspectives of the phenomenon (i.e, the couple's change process) through a variety of lenses to obtain knowledge about the true essence of the phenomenon from the couple perspective and describe the world as the couple experienced it. Interpreting and understanding the couple's life world was context-dependent and influenced by social, historical and cultural factors.

In order to get to the pure essence of the phenomenon, I "bracketed" (epoche) my own commonsensical, natural presuppositions of what I believed about change in couple relationships and opened myself to pure phenomenological discovery. I suspended my prejudices to get closer to the things itself.

The hermeneutic (interpretative) aspect of the research process involved evaluating the whole of the transcribed text against the parts and vice versa, so that understanding was not based on one isolated data point. This included me being aware of my own foreknowledge and pre-judgments, related research and theories, analysis of subject interviews, and of course many readings of the transcript. Through this process, I gained a new perspective on my old views and new views emerged. Thus my horizon was broadened to take in new

information and new understanding. "A person who has no horizon does not see far enough and hence overvalues what is nearest to him" (Gadamer 1979, p. 269). In the left hand margin of the transcript, I jotted down any thoughts, observations, and/or reflections related to the couple's narratives.

3.4.2 Writing down emergent themes

After reading, re-reading the couple transcript, and listening to the audio, I moved to the next stage of the process, which was to document any emergent themes in the right-hand side of the margin. Emergent themes were discovered by reviewing the comprehensive annotations made in the previous step -- not by re-reading the transcript. Themes are concise phrases that reflect the essence of a particular annotation in the transcript. See 3.4.2.1 for an example of the coding process.

Each couple interview was analyzed on its own, and meanings were condensed down to a few key words and/or categories that revealed the essence of the interview (grounded in the participants own words).

3.4.2.1 Example of the coding process

Comprehensive annotations	Transcript	Emergent Themes
Surprised they could be open	I think mostly just to be able to talk about it was a little bit of a "aha" moment [Johnny, line 1]	Open Communication
Opening up about difficult issues, being vulnerable Trusting enough to open up	and that we touched upon a few topics, which were not necessarily directly related to the- the- the- the- to the main challenge we have with this moving part--but more, like, upbringings and where we're from and sort of... I- I spoke about my family at one point.That's something, which is not something I do very often in that sense. [Johnny, line 2-10]	Open communication Attachment family origins Trust
Benefits of open communication Hopeful	I think it was more, like... yeah, the- the clarity and possibility of how good this sort of session can be for us. [Johnny, line 12-13]	Attachment Bonds
more secure about relationship knowing they can talk about deeper issues	The positive feeling of this is something we could do every week without it being anything challenging with it. [Johnny, 170-173]	Security in Communication
He cleans so she can enjoy herself	"I started cleaning more. I guess I knew from before, but I definitely, got it, that there shouldn't be a lot of tasks lying around makes her enjoy herself and that's what I want. [Johnny line 103-108]	Adjusting to her needs Mutual interests
He cleaned and she was appreciative	"She was appreciative and thankful" [Johnny, line 109]	Circularity of Kindness

3.4.3   Connecting emergent themes

In this stage I looked to eliminate and/or combine themes for the first couple under analysis.

Emergent themes that were similar to one another were clustered under one label, others

stood on their own. Some hierarchical relationships arose within the themes, which resulted

in ending up with main categories of themes and subcategories. Some themes were

eliminated if there was not enough evidence to support it as being significant.

Once I was certain I had found the primary significant themes for a particular couple, I

checked my interpretation by reviewing the transcript again to ensure that my interpretation

rang true against the couple's own words.

3.4.4   Producing table of themes

In this phase of IPA analysis I created a table to portray the main themes, the sub-themes,

and the couple's quotes that supported my interpretation of that theme. This table showed

how the analytic discovery came directly from the participant's own testimony. For the

interpretations to be viewed as credible there must be sufficient evidence from the

individual stories to support the major themes that were highlighted (Smith, 1996).

The goal was to create a theoretical analysis of the meanings presented by the informants,

so that both the informants and the researcher felt that the summary of interpretations

resonated with their own understanding.

3.4.5   Continuing to the next case

The next stage involved moving onto the next transcript and repeating the process.

Naturally, every time I did the analytical steps, I had in mind the themes discovered in the

previous cases. Despite this foreknowledge, I strived to bracket "epoche" any pre-notions

from the previous analytical work done on the other couples.

3.4.6   Final table

Each of the individual couple cases were analyzed in the same way, before all the cases were analyzed against each other to find ways in which the rich and divergent stories are similar but also different (Smith, 1996).

The result was a final table showing the 4 findings aligned to 4 Superordinate themes with 3 subordinate themes each. The entire process from transcription reading, to categorizing, to theme development occurred in close cooperation with the supervisor of the study to ensure against researcher bias. Attention to rigor, transparency and internal coherence should be in focus when deriving categories and high-level themes (Smith, 1996). Even the researcher's transcribed thoughts about the project prior to the start of the study, were also examined against the findings to see whether the researcher's preliminary assumptions were confirmed or not. See *Attachment 3 -- Final Table of Themes* and *Attachment 4 -- Comparison of Preliminary Assumptions vs. Findings*, to get a comparison of the researcher's original preliminary assumptions against the final table of themes.

3.5   Ethical Considerations

All researchers should meet required ethical standards. This section presents the strategy employed in this research project to promote the dignity, rights, safety and well-being of those involved in the research study. I also address the ethical considerations related to the fact that I held a dual role of both researcher and therapist in this study.

Prior to the start of the project, the project plan and information letter was sent to the Norwegian Center for Research (Norsk Senter for Forskningsdata (NSD)) for review and approval. *Please see Attachment 6 - Approval Letter from NSD. T*his organization holds the standards for research in Norway, and their strict criteria has been followed in this study.

This section details some of the steps that were taken to ensure that ethical standards were met.

According to Polit and Hungler (1999), 'informed consent means that participants have adequate information regarding the research, are capable of comprehending the information, and have the power of free choice, enabling them to consent to or decline participation in the research voluntarily." Ethically, it is important for the researcher to respect people's private lives and hold their identity anonymous (Thagaard, 2013; Kvale & Brinkmann, 2015).

All participants provided written consent to be interviewed and to participate in the research. The consent form that was used can be found in *Attachment 2 -- Invitation Letter & Informed Consent.* The purpose of the research was explained to the participants and the participants were told that should they wish to withdraw at any point during the interview they could do so. Permission to record the interview was also obtained from the participants and none of the participants had difficulties with the tape recording of the interviews.

It was further explained to the participants that their information would remain confidential and that the specific content of individual interviews would only be discussed with the supervisor. The supervisor and the participants were unknown to each other. In the final report the identity of the participants was removed and pseudonyms were used for the participants. As a result of the personal nature of the content of the research interview, the researcher found it appropriate to emphasize the confidentiality of the information and to establish trust with the participants in the early phase of the interviews.

3.5.1   Do No Harm

Since this was a phenomenological study that aimed to gain access to life experiences of couples, much of the information obtained could be described as "sensitive" information. Securing a research subject's well-being falls under the principle of beneficence requiring that researchers "do no harm and maximize possible benefits and minimize possible harms" (National Commission, 1979).

In assessing the potential adverse effects, risks or hazards for research participants, it was acknowledged that discussing couple relationship problems could be distressing and or painful. While most couples tackle discussing challenges in the therapy room quite well, I assessed participants for signs of distress when discussing sensitive topics. I identified strategies for minimizing discomfort, such as restraining from probing questions if it was obvious that a participant was distressed. At the end of the qualitative interview, the couple was asked if they needed more therapy sessions or whether they felt equipped to continue on their own. In all cases, the couples said they were confident they could continue the process without the therapist. Just in case distress or pain arose in the days following the interview, participants were given information on how they could book a session with the therapist at a later point, if the need arose. "It is ethically questionable for researchers to address sensitive issues without being equipped to deal with resultant distress'' (Coyle and Wright, 1996).

3.5.2   Research Objectivity

The researcher aimed to achieve an empathic neutrality in the conduct of the research. I strived to avoid obvious, conscious or systematic bias and to be as neutral as possible in the

collection, interpretation and presentation of data. However, I recognize that this aspiration can never fully be attained.

Prior to the start of the research project, I had a colleague interview me about my foreknowledge and presuppositions about what I thought the study's findings would reveal. Ethically, recording my presuppositions at the start made me more aware of what biases I had, and it motivated me to suspend my own presuppositions when interviewing the couples and analyzing the data.

Throughout the research process I reflected on potential sources of bias and reported on these in a separate researcher's journal. Awareness of bias is necessary if the researcher wants to stay objective throughout the entire process (Kvale & Brinkmann, 2015). To ensure objectivity, I obtained and analyzed the data according to respected principles, procedures and ethos. I methodically collected and analyzed data using a structured process as it ensures credibility of both the data and the results (Byrne, 2001).

3.5.3 Ethical Considerations of Therapist-Researcher Role

The dual role of the researcher as both therapist and qualitative interviewer a week later, raises ethical considerations. I was aware of these ethical considerations when creating the research design. In close cooperation with my supervisor, the pros were weighed against the cons of conducting the project with a dual researcher-therapist role. Both the supervisor, myself as researcher, and the Professor in the Master Program at VID, agreed that the potential benefits of a dual researcher-therapist role outweighed the potential negatives, as long as the potential negatives were transparent and risks managed. Below is a discussion of the benefits and potential pitfalls of the dual therapist-researcher role.

3.5.4   Benefits of Therapist-Research Dual Role

The primary benefit to the researcher-therapist dual role was that first-hand knowledge gained might directly impact the researcher's own clinical practice, reducing the distance often found between research and clinical practice. The researcher-therapist would understand how the therapy session impacted the couples change process because she was present in both meetings.

The dual role experience aligns with a post-modern, social constructionist epistemology and reflexive systemic practice that enables the researcher to learn by doing (Helps, 2017). By connecting what happened in the therapy session to the interview one week later, the therapist learns about what works in therapy to contribute to change. If no positive change was reported by the couples in the interview, then the therapist might re-evaluate her therapeutic style or method. If many couples, however, report significant positive changes then the therapist gets more validation about what works in therapy.

Another primary reason for the dual role choice is so that the researcher could learn from the experience of using an integrated model of systemic formulation (as outlined in Section 2.3). The researcher is not aware of any therapist in Norway that uses this model of inquiry. The therapist-researcher has been using it for the past two years and wanted to learn directly from the participants how this model of systemic formulation might have contributed to the process of change in the relationship one week after SST.

3.5.5   Potential Pitfalls of the Therapist-Researcher Dual Role

A negative associated with the dual role is that the therapist-researcher could possibly guide the therapy session in a way that leads the couple to talk about topics that the

therapist-researcher is interested in studying, instead of what the couple actually wants to talk about in therapy.

Then in the subsequent meeting, the therapist-researcher could use the interview to punctuate those experiences of change that the researcher-therapist is interested in studying, instead of what the couple actually experienced as significant to them.

Another potential negative is that since the therapist-researcher was privy to what occurred in the therapy session, she could present herself as an expert on the couple relationship during the interview and analytical process, which could hinder the data gathering process and derail analysis.

These are the steps that I took to manage the risk of me taking on a dual role:

- Prior to the start of the study, I had a colleague interview me about my expectations and biases related to the study's potential findings. These thoughts were recorded, transcribed and summarized. Please see *Attachment 5 - Excerpts of researcher's reflections prior to the start of the study.*

- The therapy session was planned out in advance to follow the guidelines of the Integrated Model of Systemic Formulation as outlined in the theory section (2.3), so the therapy session format was very similar for all couples.

- I kept a researcher's journal to record potential biases or ethical considerations to keep myself aware of my own thought process during the study, and to be as transparent as possible.

- The study's key findings were reviewed against my transcribed pre-recorded thoughts about potential biases as shown in *Attachment 4 - Comparison of Preliminary Assumptions vs. Findings*.

3.6   Validity and Reliability of the Study

Reliability and validity are concepts used to evaluate the quality of research. It indicates how well a method, technique or test measures something. In quantitative research, which reports its results in numbers, reliability is about the consistency of a measure, and validity is about the accuracy of a measure.

In qualitative research, however, the data that one is studying is people's experiences. Hidden and important meanings are often buried within the participants' tone of voice, body language or situational details. As a result, analysis entails researcher interpretation and thereby opens the door to subjectivity. Validity and reliability then become contingent upon the trustworthiness of the researcher, the methods the researcher used, and the research report. "How can an inquirer persuade his or her audiences that the research findings of an inquiry are worth paying attention to (Guba & Lincoln, 1994, p. 290)?"

In this section, I will seek to explain why the research findings in this report are to be trusted and worth paying attention to. Trustworthiness is broken down into three sections: Validity, Reliability and Reflexivity.

3.6.1   Validity

The concept of validity in qualitative studies often refers to the quality and trustworthiness of the study, and the rigor applied throughout the process so one can establish confidence in the findings (Guba & Lincoln, 1994). Koch (1994) and Kvale (1995) state that the trustworthiness of the research process can be determined by the extent to which the research provides information and the process by which the end product has been reached. This study provides significant information concerning couple change and SST as outlined in

the findings (Sections 4) and the discussion section (Sections 5).

The highly detailed discussion of data collection, research methodology and data analysis processes outlined in this chapter is in keeping with this hallmark of ensuring validity during the research process. The data was collected and analyzed in adherence to the best practices of IPA analysis as inspired by Smith (1996), which has the underpinnings of Hermeneutic Phenomenology as its philosophical foundation. The steps of the research can be evaluated against other IPA analytical studies.

Validity often refers to whether the researcher measured what he was supposed to measure (Kvale & Brinkmann, 2015). In qualitative research this refers to whether the research answered the research questions via analysis of the participant's own words. "Research methods should be transparent and the results obvious; and the results of the research should immediately convince the critic of its truth, beauty and goodness (Kvale & Brinkmann, 2015, p. 288)."

To limit the impact of my own subjectivity, I focused on understanding the phenomenon under investigation and capturing what the participants said. Validity in this regard is measured by the extent to which the analysis reflects what was said by the participants. Any evidence of the data obtained that became repetitive or irrelevant relative to the research question was discarded. The researcher aimed to provide sufficient detail to enable the reader to interpret the meaning and context of what was presented.

Guba and Lincoln (1994, p. 300) recommend an "inquiry audit" (p. 317) as a way to examine both the process and the product of the research. Allowing external persons to evaluate the accuracy and to evaluate whether or not the findings, interpretations and conclusions are supported by the data, allows researchers to ascertain the extent to which the presented

data is dependable.   This type of inquiry audit adds rigour, breadth, and depth to the study (Patton, 1990; Denzin & Lincoln, 2018). As a result, I sought the ideas and opinion of three additional sources: Peer, participant and supervisor analysis/interpretation.

During a master-level workshop on IPA analysis, peers reviewed my interview transcript from this study and came up with their own analysis of the transcript. Credibility increases when the analysis is scrutinized by others.

My supervisor was involved with a periodic inquiry audit during this study, so that I was forced to account for my choices and methods. My supervisor also reviewed the transcripts against the findings to see if he detected researcher bias or uncovered themes the researcher overlooked. This included review and analysis of the raw data, initial interpretations, and journal notes.

If every person who is involved in the same data analysis comes to the same outcome then it is more likely that the findings are true and therefore dependable. However, due to the fact that IPA is inevitably subjective, no two analysts working with the same data are likely to come up with an exact replication of the others analysis. The work of my peers and supervisor, however, were aligned to my analysis giving this researcher confidence in her interpretation.

I also asked for input from the couples in the study for their feedback on my preliminary interpretations during the qualitative interview. This practice of asking participants for feedback has been conducted in other IPA studies to test researcher assumptions (Smith, 1996; Turner and Coyle, 2000; Alexander and Clare, 2004). Any interpretation not accepted by the couple in this study was questioned.

3.6.2   Reliability

In quantitative research, reliability refers to exact replicability of the processes and the results. With qualitative research there is a multiplicity of information and results can thus not be generalized across different contexts (Denzin & Lincoln, 2005). Rather, the reader should engage in the process of "theoretical generalizability" which involves adopting an active role, drawing on their existing knowledge and experience, in order to judge the applicability of the findings and the possible implications for their own practice (Smith et al., 2009).

The researcher in this study did a small test to check whether the results from the study rang true for couples who did not participate in the study. After all the transcripts were analyzed and themes arose, the researcher asked couples from her private practice, if they could relate to the themes that arose from the research. A majority of those asked reported that the themes derived from informants also rang true for them. Other IPA researchers have recommended this strategy of discussing their analysis with members of their target population who were not participants in the study (Touroni & Coyle 2002).

Although the experiences presented are specifically applicable to the couples under study, these findings can increase understanding about change process in couples participating in an SST.

3.6.3   Reflexivity

The construct of reflexivity illustrates the researcher's subjective involvement in the research process. Gadamer (1979) said that the interpreter comes with their own foreknowledge, judgements, prejudices and horizon of understanding that can either enhance or interfere with getting to the true understanding of the other human being.   The researcher should

attempt to acknowledge and set aside any existing knowledge of personal and professional experiences in an attempt to see the world as it is experienced by the respondent so as to attempt to ensure that interpretations are grounded in the data (Gadamer, 1979).

IPA is the interpretation of a phenomenon and the analysis of this phenomenon. First, the participant has to make sense of, or interpret, the phenomenon of interest. Then the researcher seeks to make sense of the participant's interpretation and does this in two ways: 1) empathizing with the sense making of the participant and 2) questioning the sense making of the participant. This requires that the researcher put aside one's own preconceptions to fully engage in the sense-making (Tufford & Newman 2010).

'Pure' phenomenologists like Heidegger (1962) argue that putting aside one's own preconceptions is not possible because researchers operate via philosophical, theoretical, literary and interpretative lenses. In IPA terms, however, putting aside one's own preconceptions is necessary to get a non-biased interpretation of the data (Smith 1996; Tufford and Newman, 2010). Due to the awareness of these possibilities, conscious attempts were made by the researcher in this study to "bracket" preconceptions and concerted efforts were made to ensure that interpretations were grounded in the data as outlined in the validity and reliability sections of this chapter.

To combat subjectivity and increase the validity and reliability of this research study, I created a reflective journal that maintained a historical account of my thought process from the start of this study to the end. Several goals were set for this journal: 1) be transparent about how my initial preconceptions developed and changed through the process 2) track my own reflections about how my personal life journey and context may impact the collection of and interpretation of data 3) keep track of and be aware of the progressive

development of theories after analysis of each transcript, as well as after peers and supervisors and even participants evaluated the findings. According to Smith (1996) the quality and validity of the final analysis is determined by the researcher's personal analytical work done at each stage of the procedure.

4   Presentation of Research Findings

This chapter presents the findings that were dominant in the interviews. The aim of this chapter is to provide a phenomenological and interpretative narrative of the research findings. Through the use of IPA, the researcher analyzed the experiences described by the informants. The findings are a product of my interpretation and analysis, and may therefore vary from another researcher with a different focus, previous judgments and/or position (Jensen og Ulleberg 2011).

The findings should not be interpreted as ultimate truth, but rather as a way to gain perspective about the phenomenon under investigation, namely how couples experienced change after an SST focused on defining the couple problem.

The findings represent the key themes tied to the study's problem statement "How does the couple experience the process of change within the first week after attending an SST focused on defining the problem?" and research questions, which were:

- What changes, if any, did the individual experience in the first week after attending an SST focused on defining the problem?
- What changes, if any, did the couple experience in their couple relationship in the first week after attending an SST focused on defining the problem?

The findings, illustrated with quotes taken directly from the participants, represent three out of the four couple's experiences. The fourth couple (an outlier) will be treated as a case discrepancy at the end of this chapter to reflect how their experience differed significantly from the first three couples.

In *Table 1 - Key Findings, Superordinate Themes and Related Subordinate Themes*, the four key findings from the data analysis is presented, as well as the four superordinate themes and related subordinate themes that emerged from the interpretative analysis.

Table 1: Key Findings, Superordinate Themes and Related Subordinate Themes

4 Key Findings	Superordinate Theme	Subordinate Themes
1. The informants experienced improved communication	Improved Communication	- Emboldened - Relaxed - Positive tone and mood
2. The informants experienced a cognitive shift in the way they viewed themself and their partner	Cognitive shift	- Acceptance of their partner's "deficiencies" - Acceptance of partner's needs - Awareness and acceptance of own needs
3. The informants experienced a positive circular effect of kind acts	Behavioral adjustment	- Did more for partner - Received positive feedback - Kind behavior reciprocated
4. The informants experienced increased relational trust	Changed Feelings	- Felt more secure in the relationship - Felt more hopeful about the relationship - Felt a stronger emotional bond to partner

Table 2 provides a high-level overview of the prevalence of the superordinate themes among couples. Tables will also be included as each subordinate theme is discussed.

Table 2: Prevalence of Superordinate Themes Among Couples

	Couple #1 Linda & Robert	Couple #2 Anne Marie & Johnny	Couple #3 Betty & Howard	Couple #4 Debra & Marius (Case Discrepancy)
Improved Communication	✔✔	✔✔	✔✔	✔
Cognitive Shift	✔✔	✔✔	✔✔	✔
Behavioral Change	✔✔	✔✔	✔✔	✔
Feelings Changed	✔✔	✔✔	✔✔	

✔✔ = both partners described experiencing the superordinate theme

✔ = only one partner described experiencing the superordinate theme

As demonstrated in Table 2, Couple #4 can be considered a case discrepancy (outlier) reporting significantly different experiences from the other three couples interviewed. Since only the wife in Couple #4 described experiences related to three out of four Superordinate Themes, a single checkmark is shown in that column in Table 2.

The findings presented in Sections 4.1 thru 4.4 reflect the findings based on Couples #1, #2 and #3, illustrating the common themes represented among them.   The findings from Couple #4 (case discrepancy) will be presented in Section 4.5.

4.1   The Couples Experienced Improved Communication

The informants described that in the days following therapy they noticed that communication improved between them.   In general, their responses fell into these three key categories: 1) more emboldened in their communication, 2) more relaxed when conversing and 3) more positive mood and tone during communication.   See table 3 for the related subordinate themes and the prevalence of these across couples.

Table 3: Prevalence of Subordinate Theme: Improved Communication

Improved Communication	Couple #1 Linda & Robert	Couple #2 Anne Marie & Johnny	Couple #3 Betty & Howard	Couple #4 Debra & Marius (Case Discrepancy)
More emboldened communication	✔✔	✔✔	✔✔	✔
More relaxed when conversing	✔✔	✔✔	✔✔	
More positive tone and mood	✔✔	✔✔	✔✔	

✔✔ = both partners described experiencing the subordinate theme

✔ = only one partner described experiencing the subordinate theme

Participants reported feeling more emboldened to initiate conversations without worrying about any possible negative reaction from their partner. Prior to therapy all three couples reported holding back, treading lightly and not sharing everything on their mind. They were screening their communication to avoid possible negative consequences. This changed after the therapy session and in the days following. Laurie, who craved more intimate deep conversations with Robert, said this about her experience after therapy:

"I felt emboldened to say what was on my mind. Before I would think that it is going to put him in a bad mood if I ask too many questions." [Laurie, line 845-846]

This fear subsided after the therapy session and so she was able to freely ask questions knowing that he would be open to it.   Her husband, Robert agreed with her.

"We now know that it's not bad to bring stuff up… instead of letting it build up inside. We can say what we mean, we can open Pandora's box."   [Robert, line 338-339]

Pandora's box In Greek mythology is a gift that the god Zeus gives to his wife Pandora (Hesiod, 2018). He warns her to never open it. Pandora can't control herself and opens it up and horrible things fly out of the box including greed, envy, hatred, pain, disease, hunger, poverty, war, and death. The saying "Pandora's box" now refers to anything that is best left untouched, for fear of what might come out of it.

Many couples are afraid to be truly open and honest in their communication out of fear that opening up "Pandora's box" might have horrible consequences. There are fears like, "Will my partner leave me, hate me, think less of me if I say what I really feel?" After therapy all the couples lost their fear of opening "Pandora's box". Howard mentioned that in the days after the session Betty was more emboldened in her communication with him:

"You (Betty) told me to piss off a couple of times and made sarcastic remarks. It's just sort of a friendly fencing exercise, so it was nice to get a response that shows the kind of wife I got." [Howard, line 165-167]

Betty reported that after the therapy session she was more emboldened to show her true self. Howard appreciated that she could joke with him freely without worrying about any negative reaction.

Johnny reported that he was bolder in talking with Anne Marie about a subject he tended to avoid discussing, his family.   He reported that he felt relaxed about talking about how his family of origin impacts his vision for their future. Being open generated a good feeling for him after he opened up.

> *"I spoke about my family at one point, which is not something I do very often in that sense. I changed my own perception about how good it is to talk. There was a positive feeling that talking at a deeper level is something we can do every week without it being a challenge."*   [Johnny, line 7-10]

Anne Marie reported being bolder about saying what was bothering her to Johnny, and how that lifted her mood. After many months of holding back her frustration about moving to and living in Norway, she felt emboldened to say what she felt.

> *"I finally just got it all out what I struggle with, so that took a big burden off."*   [Anne Marie, line 1655]

Johnny said that the tone of communication between them was much more positive due to the fact that no one was holding back. Johnny said:

> *"There was definitely an uplift in spirit, mostly because things just felt a bit lighter."* [Johnny, line 1723]

Betty also reported feeling more relaxed in her conversations with Howard, and noticed that he was more mentally present during personal interactions. Betty said:

> *"You've made an effort to listen more and be more empathetic."*   [Betty, line 137]
> *"We were both a bit more softer. Our edges are a little less hard."*   [Howard, line 451]

4.2   The Couples Experienced a Cognitive Shift

The informants described that after the SST and in the days following, they felt a cognitive

shift in the way they viewed themselves and how they viewed their partner.   In general,

their responses fell into these three key categories: 1) Acceptance of their partner's

deficiencies, 2) Acceptance of partner's needs and 3) Awareness of their own needs.   See

Table 4 for the related subordinate themes and the prevalence of these across couples.

Table 4: Prevalence of Subordinate Theme: Cognitive Shift Among Informants

Cognitive Shift	Couple #1 Linda & Robert	Couple #2 Anne Marie & Johnny	Couple #3 Betty & Howard	Couple #4 Debra & Marius (Case Discrepancy)
Acceptance of their partner's "deficiencies"	✔✔	✔✔	✔✔	
Acceptance of their partner's needs	✔✔	✔✔	✔✔	
Awareness of their own needs	✔	✔	✔	✔

✔✔ = both partners described experiencing the subordinate theme

✔ = only one partner described experiencing the subordinate theme

Informants reported that prior to coming to therapy they considered their partner's

"deficiencies" as a hindrance, but after the session they accepted those deficiencies, and/or

reclassified them entirely so they weren't a deficiency at all. In some cases, after such a

mindset change, the deficiency was actually classified as an asset.

Betty came to therapy because she felt that Howard's "deficiency" was that he was not empathetic to her needs, but after the therapy session and the days ahead she changed her view about him, as follows:

> *"I defined you as not being very empathetic, but it really is just that our levels of empathy are different, and then I realize that is who you are and it is actually a very good mix for us. The problems that I sometimes create are because I am expecting you to be somebody you are not."* [Betty, line 68-71]

Linda came to therapy because she wanted Robert to have longer and deeper conversations, but after the therapy session and in the days afterwards her mindset changed. She accepted his "deficiency" in not want to engage in long conversations, as follows:

> *"Right now I sympathize with him when he says he doesn't like to talk about his feelings, because we have this really nice balance. He has an opposition to talking about feelings and I have an opposition to cleaning. I know it's not easy for him and I know what it's like to not be good at maintaining that."* [Linda, line 460-463]

This cognitive shift that the informants described was a compassionate understanding and acceptance of their partner's way of being. Instead of being critical and finding fault in their partner, the individuals turned that critical eye back on themselves instead, and looked at their partner with acceptance. Betty summed it up like this:

> *"The biggest thing that happened is just this idea of putting somebody else's shoes on. So you go home and you are NOT thinking: "Oh he, he, he." But instead you're thinking: "Yeah but what am I not doing?" Or "How am I not being?"* [Betty, line 1889-1991]

The three couple informants in the interview focused on the couple unit, rather than their own individual needs. They spoke from a voice of "us" as opposed to "me and my needs."

Betty explained that her transformation or mindset change was a process in which she had to go against her natural inclination to think about her individual needs:

> *"Because you can sort of fight to protect your core sort of thing, and then not actually see it from the other person's perspective."*   [Betty, line 1921]

Her husband, Howard, also reported that he showed more understanding and openness to communicate with Betty. He said prior to coming to therapy he might have considered some of the topics that she brought up as unnecessary or demanding. After the therapy session and in the days following, Howard's mindset was focused about Betty's needs more than his own:

> *"I realized I need to listen more. I may not always want to hear what I am listening to, but I have to listen more."*   [Howard, line 43-44]

Johnny, husband to Anne Marie, also changed his mindset after therapy. Prior to the session Johnny knew that Anne Marie needed a clean house to feel relaxed in, but he didn't really take it seriously. After the session and the days ahead, he experienced a mindset shift about this need of hers. Johnny reported:

> *"I guess I knew from before, but now I definitely got it, that there shouldn't be a lot of tasks lying around, because it makes her enjoy herself more and that's what I want."*
> [Johnny, line 105-108]

Prior to coming to therapy, and especially in the dark months of winter in cold Norway, Anne Marie felt a bit down and could easily complain about living in Norway. In the therapy session, Johnny mentioned that he preferred praise and acknowledgement, and was a bit averse to criticism. He explained that when she was critical of Norway, he felt she was critical of him. Anne Marie made an effort in the days after therapy to not criticize Norway.

"I realized the impact of moving towards Johnny's love languages (praise and acknowledgement), but also the impact when you go the other way (criticism). I understand that if I am not happy, that makes Johnny not happy." [Anne Marie, line 57-59]

All four of the women interviewed said that after the session was over, they engaged in self-reflection and analysis. They became aware of and examined their own needs and their own behavior. Linda reported:

"I did a lot of introspection and noticed some things that had been bugging me and I kind of shook some stuff loose, so that was good. I am accepting shorter conversations. I am working on accepting less. You can't expect everything to be perfect … as long as you see the other person actually making an effort." [Linda, line 163-167]

Anne Marie felt that the therapy session helped her to sort out her feelings about moving to Norway.

"I felt relieved after therapy. Just feeling like coming to Norway and having some of those challenges is not unique to me. I realized I have to give myself more grace. I also recognize that I am also responsible for being in this negative place. This process reinforced that I have to make choices of how I want to react to things right now." [Anne Marie, line 337-341]

Betty also engaged in introspective thinking after therapy. Prior to the session she would evaluate herself as somehow not as worthy as her husband in terms of career and money. As a result of therapy and finding out that this was in her head but not Howard's, she changed her perspective on herself as an individual:

"I have been thinking that I ought to consider myself worthwhile and not look for somebody else to validate me." [Betty, line 525-526]

4.3   The Couples Experienced a Positive Circular Effect of Kind Acts

The informants described that in the days following therapy they noticed that their behavior

changed as well as their partner's. Three out of four couples consciously adjusted their

behavior to do more of what the partner asked for. Three subordinate themes came out of

the data: 1) Informants reported doing more kind acts for their partner, 2) Informants

received positive feedback from their partner and 3) their partner reciprocated with kind

acts back to them. See Table 5 for the related subordinate themes and the prevalence of

these across couples.

Table 5: Prevalence of Subordinate Theme: Positive circular Effect of Kind Acts

Positive circular effect of kind acts	Couple #1 Linda & Robert	Couple #2 Anne Marie & Johnny	Couple #3 Betty & Howard	Couple #4 Debra & Marius (Case Discrepancy)
Consciously did more kind acts for the partner	✔✔	✔✔	✔✔	✔
Received positive feedback	✔✔	✔✔	✔✔	
Kind behavioral acts were reciprocated back to them	✔✔	✔✔	✔✔	

✔✔ = both partners described experiencing the subordinate theme
✔ = only one partner described experiencing the subordinate theme

Three couples in the study were conscious of their partners needs after the therapy session,

and purposefully engaged in behaviors to meet those needs. Even if it was an activity they

were already doing, like cleaning, they started doing it with renewed purpose. Informants

reported that knowing why something was important for their partner, increased their

desire to accept their partner's needs and do the behavior.

Prior to coming to therapy, Linda was averse to cleaning. She did it because it needed to be

done, but it wasn't the first thing on her mind and she wasn't so particular as to the standard

of cleanliness.

During the therapy session, her husband mentioned that growing up with a mentally

disabled mom meant that the house was not always tidy. The chaos from childhood

impacted him as an adult when he came home to a disorderly living room. After the therapy

session, Linda made a point to change her behavior because she now understood why it was

important to him:

> *"I felt like I improved a little bit on keeping things slightly cleaner. I did it with a*
> *renewed sense of purpose."*   [Linda, line 40-41]

This effort did not go unnoticed by Robert, who reported:

> *"I noticed you had put in a bit more effort and then I tried to be less demanding. And*
> *well, when it's cleaner, my mood is better. It has a ripple effect."*   [Robert, line
> 184-187]

This ripple effect that Robert mentions appears to be a circular effect in which kindness

begets kindness. This reciprocality of kindness appeared to flow back and forth between the

couple. To reciprocate and meet the needs of Linda, Robert made an effort to call more

often when he was away traveling that week. When he was back at home he engaged in

mini conversations. They weren't the long, deep conversations Linda originally wanted

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before the therapy session, but instead she was satisfied with his effort in making small conversations. Linda focused on micro cleaning and Robert focused on micro communicating, and they reported feeling happier knowing they were both dedicated to giving the other person what they needed.

Howard and Betty also noticed changes in the way they treated each other in the days after the therapy session. For example, Howard bought Betty flowers and there was more physical touch between them. Howard reported:

> *"We were both a bit softer. Our edges are a little less hard."*   [Howard, line 461]
>
> *"As a partnership, we're trying to make the other person feel a bit better."*   [Betty, line 465]

Howard and Betty also reported experiencing this circularity of kindness:

> *"Well, you have to move towards each other, don't you? Rather than away. And you appreciate it when somebody wants to be responsive to you."*   [Howard, line 469]
>
> *'"And you can see that when you respond, in a like manner, it's a positive cycle."* [Betty, line 491]

Johnny and Anne Marie also experienced this circularity or reciprocality of kindness, as reported by Anne Marie:

> *"He made dinner the next night so that was really nice, and then he did the cleaning. You've always been good at cleaning, but I can see you're making it very intentional."* [Anne Marie, line 571-573]

In response, Anne Marie considered the impact of her mood on his mood and made some changes after therapy:

> *"Johnny takes words so heavy because he is more thoughtful, so the words I choose have more weight on him, so I am trying to be more selective in what words I use. I am making a more conscious effort to find things I really enjoy (about Stavanger) and share those with Johnny because that makes him happy."* [Anne Marie, line 467-470]

4.4 The Couples Experienced Increased Relational Trust

The informants described that in the days following therapy their feelings about their partner and the relationship changed for the positive. Three subordinate themes emerged as follows: 1) they felt more secure about the relationship, 2) they felt more hopeful about the relationship and the future, and 3) they felt a closer bond to their partner. See Table 6 for the related subordinate themes and the prevalence of these across couples.

Table 6: Prevalence of Subordinate Theme: Couples experienced increased relational trust

Feelings changed about partner and relationship	Couple #1 Linda & Robert	Couple #2 Anne Marie & Johnny	Couple #3 Betty & Howard	Couple #4 Debra & Marius (Case Discrepancy)
Felt more secure in the relationship	✔✔	✔✔	✔	
Felt a more hopeful about the relationship and the future	✔✔	✔✔	✔✔	
Felt a stronger emotional bond to partner	✔✔	✔✔	✔✔	

✔✔ = both partners described experiencing the superordinate theme

✔ = only one partner described experiencing the subordinate theme

Three couples reported that after the therapy session and the days following that they felt 1) an increase in trust and security in regard to the relationship, 2) more hopeful about the relationship and the future, and 3) that their attachment or bond to their partner was stronger.

The informants reported experiencing renewed hope in the relationship. There was a "we-can-fix-anything" attitude. Just the fact that one's partner was willing to come to therapy meant a lot to these couples. Linda described it like this:

> *"I feel more confident in our ability to figure it out. The fact that he (Robert) came, and participated and made an effort signals that "well whatever happens, we'll be okay. It feels more stable."* [Linda, line 288-291]

Robert agreed with Linda that therapy gave him hope:

> *The session released some energy and clarified a few matters and then everything's better. And it gives you renewed hope."* [Robert, line 420-421]

Johnny also felt that talking in therapy gave him hope to solve future problems and strengthened his bond to Anne Marie:

> *"It makes me think that all challenges can be solved if you manage to talk about it. Digging deeper is a possibility and it's a very positive thing. I do think that complete openness and trust is the way to do it, but that is also a bit scary because that technically means you have no excuse for when things go wrong, because you can technically fix anything."* [Johnny, line 1982-1987]

> *"The whole trust thing is what it all boils down to because we both know what we want, but we just have to sort of say yeah, we'll trust it!"* [Johnny, line 179-180]

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"I am feeling a bit closer (to Anne Marie) because trust is the most important thing, and (this process) felt like bonding in some ways and I was happy. And as long as I give 100% of me, then I sort of get it reciprocated and that's a good feeling."
[Johnny, line 432-435]

Betty also reported feeling an increase in trust in the relationship:

"Feeling that somebody trusts you enough to actually come to therapy is very important. Getting trusted, as well as trusting. Knowing that we're able to work on things….It felt that both people were listening and trying and trusting." [Betty, line 835-838]

4.5 Couple #4 was a Case Discrepancy: Only One Partner Experienced Change

Marius and Debra's experience after the therapy session was that not much changed on the homefront in the days following the session. Debra made some effort, so the three points below describe the ways in which she experienced change in the week following therapy. Her partner, Marius, reported no change.

4.5.1 The wife in Couple #4 was bolder in her communication

Debra reported being a bit more bolder in her communication, as follows:

"There were a couple of times that I didn't like the way he was speaking to me, and I called him out on it and said, "This is an example of what we are talking about. Moments later he came over and apologized and gave me a hug or version of that."
[Debra, line 235]

4.5.2 The wife in Couple #4 had a cognitive shift about the relationship and her needs

During therapy Marius reported that he ranked the relationship at a 6 or 7 in terms of how happy he was on a scale from 0 to 10. He reported that he was generally satisfied with the current status, because, "It could always be worse."   [Marius, line 113]

During the interview a week later, Debra, his wife, said she ranked the relationship low at a 3 or 4. This difference in opinion sparked a cognitive awakening for Debra as she grappled to embrace this current reality:

> *"If you peel everything back, it's based on the foundation that I want things to be better...I'm not content with the status quo... And I think the therapy session brought that more to life for me. There is a new reality for me, which I haven't really reconciled, which is where do you go when one thinks it's good enough and one doesn't? How is that sustainable if only one person is really happy?*   [Debra, line 315-319]

> *That doesn't seem bright, but if they're not willing to, I'm not saying he's not, but willing to put in a bit more effort to try and meet somewhere in the middle. I mean this status quo, if I wasn't as clear last week, this is not what I want for the rest of my life."*   [Debra, line 320-322]

Marius denied having any cognitive shifts in the days following therapy, but he did think about the relationship:

> *"Even though they are not spoken about, the pain and issues are there. We own that," he reported.*   [Marius, line 35]

Debra responded:

> *"They tend to repeat."*   [Debra, line 36]

4.5.3   Only the wife in Couple #4 made conscious changes to behavior

The wife in Couple #4 made a conscious effort to meet more of her partner's needs, but these efforts were not reciprocated.   Debra reported making several attempts to do kind acts for Marius, such as making an extra nice dinner for when he came home from work. She also made an effort when travelling through the airport that week to pick up his favorites at the duty free counter.   Despite her efforts, Marius did not respond with kind acts back.   Debra said:

> *"That stuff is not always reciprocated."*   [Debra, line 273]

Debra also reported making a conscious effort to watch her words to avoid conflict, but it back-fired.   Debra said:

> *"I had been quite conscious about the words that I was using when I was trying to explain something to him because what I had really thought, the first word that came into my head, I knew it was going to push buttons...And so I consciously changed the word and I used that word so that there was no blame around.   But it didn't even matter that I had done that. He got upset because he misunderstood or didn't let me finish my thought... I don't even know. Whether or not I would have done this before the session, I don't know, but I was quite conscious about trying to communicate something in a way that was non-confrontational."* [Debra, line 253-260]

Debra reported her disappointment that Marius did not make an effort to spend more time together that week:

> *"And there was a miscommunication today, and I'm not blaming you, but you got home from work early and I was supposed to leave work early and we were going to meet here and we're going to walk up to our son's school and*

then walk back. But there was some kind of miscommunication so we missed

that time together. And I do not think that it was on purpose, at all. But at the

same time, I don't feel like you are consciously trying to spend more time with

me. And you would say, well there's no time. But it's things like that. You have

to kind of create it." [Debra, line 403-410]

Marius admitted in the interview that he did not make any conscious effort to meet more of

Debra's needs in the week after therapy:

"I am not so good in this relationship. Debra is making more effort, and is

kinder than I am remembering to be." [Marius, line 197]

4.5.4 Couple #4 did not experience change in regard to trust, security nor attachment

Neither Debra or Marius reported an increase in trust and security,

hopefulness nor increased bonding.

5   Discussion of Findings

In this chapter I will discuss the findings of the study in relation to the problem statement, relevant theory and research. The significance of this research in the context of couples therapy and SST is presented.   The scope of the following conclusions is limited to the context of one couple therapist's execution of an SST with four international couples living in Stavanger, Norway followed by a qualitative interview one week later. Thus, applied to other situations, these conclusions may yield incorrect assumptions. Still, these conclusions are relevant to the process of examining how couples experience change after an SST focused on defining the couple problem.

Discussion and interpretation of the findings are presented under four key points: 1) What was the process of change for informants? 2) What types of change occurred? 3) What were the therapeutic contributing success factors for couple change in the SST, and 4) Why did one couple out of four not experience positive change?

5.1   What was the Process of Change for Informants?

Three out of four couples experienced positive changes in their relationship in the week following the SST on both an individual and couple level.   These positive changes were the result of four interlocking change processes -- open communication, cognitive change, behavioral change and emotional change. These processes did not happen in any chronological order, nor did they occur just once. As illustrated in Figure 1, there was a continuous verbal and non-verbal feedback process that sparked positive cognitive, behavioral and emotional change as the couple communicated with itself both in and outside the therapy room.

These four interlocking change processes are illustrated in Figure 1 and explained in greater detail below:

Figure 1: Process of Change for Couples after an SST.
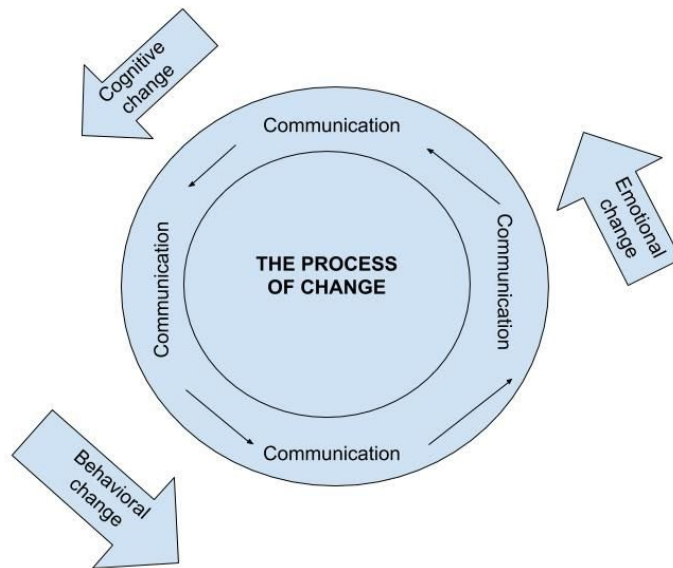
5.1.1 The therapist facilitated open and bold communication

The change process was first instigated by the therapist's ability to facilitate open and bold communication that broadened understanding and continued the process of improved communication at home. The therapist -- serving as a part of a linguistic system with the informants -- challenged them to take a deeper look into their couple relationship. Guided by the Integrated Model of Systemic Formulation and Invention, the therapist invited them to evaluate their patterns, their beliefs, and their emotions within a collaborative atmosphere.

The result was that three of the four couples expressed their deepest relational fears, needs, and complaints to each other. For these three couples, the therapeutic dialog was a mutual

search and exploration expedition facilitated by the therapist designed to dissolve the problem, dissolve the therapeutic system, and in essence dissolve the "problem-organizing, problem-dissolving system" (Anderson & Goolishian, 1988, p. 371). For three of the four couples, communication in the therapy room sparked a chain of interlocking processes that were cognitive, behavioral and affective as illustrated in Figure 1 and described in the sections below:

5.1.2   The therapist facilitated a cognitive shift

Informants experienced a cognitive shift that transformed their perspective of self and partner.   The therapist encouraged them to open up to each other and be vulnerable enough to share their needs and insecurities. This openness created a stronger secure attachment to each other which often delivers more positive outcomes (Johnson, 2004; Johnson & Greenberg, 1988). "The business of couple therapy is essentially the business of addressing the security of attachment bonds" (Johnson, 2004, p. 37).

The cognitive shift was not a result of persuasive intellectual arguments between partners, but rather the result of a psychological connection where each partner was genuinely interested in meeting the needs of the person who was exposing vulnerabilities. Conversations that were non-threatening, "I need…" or "I feel…" sparked the other partner's desire to understand why those needs were real and valid. Emotional acceptance of one's partner is strongly linked to positive therapeutic outcomes (Doss et al., 2005).

The cognitive shift went from a "me" attitude at the start of the session to an "us" attitude by the session's end. The cognitive shift also evolved from focusing on their partner's deficiencies, their own deficiencies, and the relationship in a negative light -- to eliminating or reclassifying those deficiencies as assets and seeing the relationship in a positive light.

The cognitive shift that started in the therapy room continued throughout the entire week after the session.

These changes represent a second-order change because it involves seeing the world in a different way, challenging assumptions, and working from a new and alternate viewpoint (Nichols & Schwartz, 2004). Instead of being frustrated by their partner's way of being, they were focused on being a better partner. Second-order change is often described as transformational or revolutionary. This second order change phenomenon altered the couples' beliefs, their actions and their emotions.

First-order change is the opposite of second order change. First order change is a change in which one tinkers with the system to do more or less of something, or improve a process, or make small incremental changes (Nichols & Schwartz, 2004). For example, if the therapist encouraged the wife to clean more -- that would be a first-order change if she obliged. Facilitating a discussion with the husband sharing his childhood trauma about growing up in a messy house sparked second-order change because the wife wanted to satisfy her husband's psychological need for a clean house.

5.1.3   Informants engaged in reciprocal behaviors of kind acts

As a result of operating with an alternative viewpoint, three out of four couples made behavioral changes to meet their partner's needs, and did so with the intention of making their partner happy. With a second order cognitive change, the recipient is seeing a more genuine behavioral change process in action that is aligned with the cognitive shift. This reciprocal pattern of being kind to each other contributed to more kind actions reciprocated back. This is what I have called the circularity of love, namely that the more one gives to their partner and shows kindness, the more one receives, and then one gives some more.

This aligns to game theory (Gottman & Gottman, 2018), brought into psychology by Harold Kelley and John Thibaut, that suggests that the only way you can get a really good deal is to work together with mutual interest. So each person needs to work not out of self-interest, but out of mutual interest, where the sum of the benefits is what the partners are maximizing.

This attitude of mutual interest led each partner to feel cared for, respected, and validated—in other words they felt loved. This circular causality comes from the foundations of systemic therapy, inspired by cybernetics, which refers to the relational viewpoint where one part of the system impacts another (Bateson, 1972). The power behind this concept can be transforming for couples when they realize the mutual influence they have upon each other to improve the relationship.

5.1.4 Informants felt greater trust and attachment toward their partner

Trust and attachment toward their partner increased as a result of experiencing a change in attitude and change in behavior from their partner. As Paul Watzlawick (1967), a fellow of Gregory Bateson, has stated, you cannot not communicate. Every behavior is a form of communication. For the three couples that achieved positive change in the week following the SST, they saw evidence in the form of verbal and non-verbal communication that their partner was emotionally invested in having a well-adjusted relationship.

The kind words and kind actions created a strong psychological connection between the couple that translated into a greater level of trust for their partner and a stronger bond between them. Knowing that their partner heard their needs, and sought to satisfy them increased the bond between them. This aligns to Gottman's theory (2018) that trust is built through the art of intimate conversation in which the couple expresses compassion and

empathy for one another's feelings. The willingness to be vulnerable is said to be a

significant feature of lasting relationships (Gottman & Gottman, 2018). Well-adjusted

couples have a need to both care for and be cared by each other throughout life. The need

to form a mutually protective alliance is innate in human beings (Bowlby, 1969).

By the end of the therapy session, all three couples in the study had an attitude of, "if we

have the skills, desire and heart to work on these issues together, then we have what it takes

to address whatever comes next." This aligns with Gottmans' (2018) three pillars of a

satisfying, long-lasting relationship: 1) we treat each other like good friends, 2) we manage

conflicts in kind and respectful ways and 3) we can repair after a bigger conflict or escalation.

5.2   What Types of Change Occurred?

For three out of four couples in the study, change occurred on a cognitive, emotional, and

behavioral level which is aligned with previous research on the subject (Heatherington et al.,

2015; Beck, 2003; Christensen et al., 1998; Greenberg et al., 1988; Sells et al., 1996).

Furthermore, the change was a second order change in that the three couples started to see

the relationship in a different way, challenged their own previous assumptions, and worked

from a new and alternate viewpoint (Nichols & Schwartz, 1998).

Change occurred on a couple level, but also on an individual level as demonstrated by the

three women in the study who reported engaging in significant self-reflection about their

personal needs and self identity. These women reported feeling more empowered and

equipped to obtain their own satisfaction as an individual.

5.3 Therapeutic Contributing Success Factors for Couple Change in the SST

Four therapeutic success factors were displayed in this study specifically related to executing an SST: 1) The therapist had a clear structure for the SST, 2) The therapist's confident attitude contributed to a strong therapeutic alliance, 3) The therapist produced a clear definition of the problem and 4) The therapist achieved mutual agreement concerning the treatment of the problem. A discussion of each factor follows.

5.3.1   The therapist had a clear structure for the SST.

The therapist in this study facilitated a highly effective, highly structured 60-minute session. When one session is all you have, you want to make the most out of it so structure is critical (Söderqvist 2020). In this study the structure included using an Integrated Model of Systemic Formulation and Intervention (Vetere & Dallos, 2003) to define the couple problem. The model was used as a guide to dissect the system's governing rules and habits by exploring emotions, cognitions, patterns, context and discourses. The session was structured around the three pillars of Wampold and Imel's (2015) extensive research on what works in therapy, namely: build a therapeutic alliance, define the problem, and agree upon a relevant treatment plan (Wampold & Imel, 2015). These three pillars were demonstrated as noted below:

5.3.2   The therapist's confident attitude contributed to a strong therapeutic alliance

The therapist in this study developed a strong therapeutic alliance (a trusting personal relationship) with three of the four couples that participated. The persona of the therapist is especially critical in SST due to the short nature of the relationship, as well as the importance that client and therapist expectation plays in the treatment process (Söderqvist 2020). The therapist in the study engaged with the couples, demonstrated a confident attitude and was

highly active in the collaboration process with three of the four couples. This type of strong

therapeutic engagement from a therapist in SST is associated with better psychotherapy

outcomes (Anderson, Ogles, Patterson, Lambert, Vermeersch, 2009; Santisteban,

Suarez-Morales, Robbins, and Szapocznik, 2006).

Alliance was strengthened through the therapist's ability to successfully collaborate with the

couple system, while refraining from being an expert (Anderson, Crowley & Carson, 2001).

The tools of the therapist to inquire, remain neutral and deliver hypotheses contributed to

strengthening the alliance of the triad, and strengthening the diad of the couple which also

increases the chance for positive outcomes (Pinsof 1994; Friedlander et al., 2000).   The

therapist in the study made a point to validate each other's point of view and ask for their

perspective on the problem, a strategy that results in more positive outcomes

(Heatherington et al, 2015). The therapist encouraged the couple to express vulnerability

and/or reveal their deepest thoughts knowing that this type of sharing strengthens feelings

of attachment and the emotional bond among family members (Greenberg and Johnson

1988; Johnson 1996). The therapist's engagement and persuasion to work on the issues in

the SST created mutual emotional acceptance between the couple, which is strongly linked

to positive client change process outcomes (Doss et al., 2005).

5.3.3   The therapist produced a clear definition of the problem

When people go to the doctor, they want to know what's wrong with them and how to fix it.

The couples in this study wanted an explicit rationale for why they had their couple problems

and what they could do about it. The therapist was focused on helping the couple to

understand why they were distressed and how therapy could help them, which is a key

factor in effective therapy (Frank & Frank, 1991; Wampold & Imel, 2015). Guided by the

Integrated Model of Systemic of Formulation and Intervention, the therapist asked circular questions to expose the problem-maintaining feedback loops (Vetere & Dallos, 2003). Dissecting and being aware of one's own family system's dynamics can be an enlightening process. Creating a collaborative definition of the problem created positive expectations for change, thereby raising the likelihood that the couple would come to a consensus concerning the remedy, factors which are associated with positive outcomes (Frank & Frank, 1991; Wampold & Imel, 2015).

5.3.4   The therapist achieved mutual agreement concerning the treatment of the problem.

Systemic therapists -- unlike cognitive or behavioral therapists -- do not normally prescribe a treatment plan for their clients, but instead collaborate with the system to agree on therapeutic procedures that are consistent with the client's understanding of his or her problem (Frank & Frank, 1991; Garfield, 1992; Wampold & Imel, 2015). In this study, the therapist-client alliance contributed to a productive collaboration on defining the problem and discussing an intervention. This process resulted in three out of four couples stating what they needed to do differently going forward. As they were operating from a new world-view, they already knew by the session's completion what they needed to do to have a well-adjusted couple relationship and felt equipped to do so.

5.4   Why did one couple not experience positive change?

As Miles and Huberman (1994) have pointed out, outliers (or exceptions) can take a variety of forms. We detect them in our data sets as "discrepant cases, atypical settings, unique treatments or unusual events" (p. 269). Discrepancies or case outliers should not be bad

news for a researcher, but instead be seen an opportunity to explore alternative meanings and enrich the research process (Kuzel, 1999; Patton, 1990).

The researcher and writer of this thesis participated in this study's therapy session and qualitative interview, thereby gaining extra insight concerning the case discrepancy couple. There are two reasons for why this couple experienced no significant change: 1) The male informant of Couple #4 was highly resistant to change in the couple relationship and in therapy and 2) The therapist failed to facilitate change in the session with this specific couple. I will elaborate on these two reasons below.

The male in the fourth couple admitted in therapy that his couple relationship was not ideal, but that it was good enough because "it could always be worse." When the wife suggested ways in which she would like the relationship to improve, he was not in agreement. He thought the relationship was fine as it was. His resistance to change lacked the adaptive attitude displayed by the first three couples.

The author of this study acting as therapist-researcher admits to failing to address the resistance. Communication in the meeting did not broaden understanding surrounding the presenting problem because the therapist did not challenge the homeostasis of the couple's situation in a way that sparked a cognitive shift. The therapist could have asked more questions about the individual's childhood, discourses about relationships, and other clarifying questions concerning his beliefs and emotions about relationships in general. An hypothesis could have been presented that he may have suffered poor attachment issues from childhood or that he had a self-preservation defense mechanism that made it difficult for him to seek mutually-rewarding gains as outlined in Game Theory (Gottman & Gottman, 2018).

The researcher-therapist admits to feeling hesitant to challenge the individual out of fear that the informants would not want to continue in the research project. This hesitancy to challenge the homeostasis of the couple relationship hindered a crucial aspect of therapy, namely having the couple "relate and struggle" in the therapist's presence (Napier and Whitaker (1978, p. 64). This struggle among clients is often the inciting event that pushes the family to tap into their own internal resources to get to the heart of the problem (Napier & Whitaker, 1978, p. 64).

The therapist's hesitancy to address the resistance, resulted in poor collaboration that did not clearly define the couple problem. Furthermore, due to the therapist's inability to facilitate intimate conversations between the couple, the fourth couple did not form a strong emotional connection to each other in the SST, and experienced no significant positive change in the relationship the week following therapy. There was no circularity of love since the resistant informant did not engage in positive kind acts. There was no increase in trust, hopefulness, or bonding since neither of them saw any real difference in intention or behavior.

6 Summary and Closing Comments

In this final chapter, I will provide a summary of the study, the significance of the research, implications for stakeholders, and end with a self-reflection.

6.1 Summary of the Study

In this study three out of four (75%) couples interviewed resolved their couple issue and experienced second order (transformative) change after just one SST focused on defining the problem. These three couples felt the relationship improved in terms of 1) more open and bold communication, 2) a positive change in perspective about self and the relationship, 3) a

circular effect of reciprocated kind acts, and 4) a greater feeling of trust and bonding between them.

These four findings represent an interlocking change mechanism process sparked and fueled by communication which impacted the informants' cognitive, behavioral and affective functions. A circularity of love ensued -- demonstrated by acts of kindness based on mutual interests and a willingness to be vulnerable in communication -- which aligns with Game Theory (Gottman & Gottman, 2018) and Attachment Theory (Bowlby 1969/1988). The three couples who achieved the most positive outcomes displayed the characteristics of a well-adjusted relationship in which both parties were genuinely interested and invested in meeting their partner's needs while getting their own needs met.

With three couples in this study, the therapist facilitated an effective SST following a clear structure, focusing on the present issue in the here and now, and exploring the problem and solution. This format is based on the extensive research on what makes therapy work (Wampold & Imel, 2015) and gives further evidence that adhering to these pillars contributes to successful outcomes in SST.

Use of the Integrated Systemic Model of Formulation and Intervention (Vetere & Dallos, 2003) was proven to be a useful tool for defining the couple problem in the SST via a collaborative dialogue facilitated by the therapist in this study. The model assisted with the process of immediately focusing on the problem and collaborating on relevant interventions.

In this study, the case discrepancy couple did not achieve a positive outcome due to the fact that the male in the couple was resistant to change, and the therapist did not engage and persuade the couple into a collaborative dialogue that facilitated change.   The failure to facilitate change with the case discrepancy couple, highlights the vital role that the persona

of the therapist plays in SST. SST requires engaged and persuasive therapists who have the

ability to stick to a structured and focused session while at the same time strengthening an

alliance with and between the couple. SST is often best suited for clients who are motivated,

are well-functioning in society, and are not suffering from severe problems (Hymmen,

Stalker, & Cait, 2013, p. 67). The husband in Couple #4 did not demonstrate motivation for

change which also contributed to the poor outcome for Couple #4.

6.2   Implications for Stakeholder Groups

The fact that three out of four of the couples in this study experienced positive change after

an SST and decided that no further therapy sessions were required was significant. Once

again SST research outcomes challenge conventional thought that therapeutic change occurs

gradually and that treatment should be based on a thorough case formulation. This study,

specific to couples, provides significant data demonstrating that formulation and

intervention can occur in one session.

The implications of the findings of this study impact four stakeholder groups: 1) therapists, 2)

clients, 3) family therapy education and training institutes, and 4) public counseling clinics. I

will present the implications for each of these four groups below.

6.2.1   Implication for therapists

Understanding how quickly a cognitive-behavioral-emotional change process can occur via a

60-minute couple SST can be very motivating for therapists who desire to see quick results

and positive outcomes. Therapists may need to rethink the way they currently do therapy

and explore getting trained on SST. Therapists who offer SST for their clients in private or

public counseling centers will experience reduced no-shows, less drop-outs, and be able to

offer their clients less waiting times. Therapists who want to practice SST will have to be

individuals who can be engaging, active, and focused in the session, giving the client the expectation that "We can solve this issue today." This requires a new attitude for therapists who are often stuck believing that progress in therapy takes a long time to see results.

6.2.2   Implications for clients

SST can be a service model that attracts couples who don't have the time, money or energy for a long-term therapy process. Client waiting times would be drastically reduced if the center offers SST. Many couples avoid couple therapy because they think it will break up the relationship, but if the philosophy and marketing of SST is based on the notion that you can probably fix your couple problem with just one session, then more couples would give it a try. Instead of couples therapy having a stigma for being a problem-focused session that might make their relationship worse, clients would see SST as a solution-oriented approach that could positively impact their relationship.

6.2.3   Implications for family therapy education and training institutes

The implication for family therapy educational and training institutes is that they need to create a curriculum that gives therapists the tools and skills to deliver effective SSTs. Training would need to be designed to teach therapy students how to structure an SST, how to present oneself as confident, and how to use research-proven strategies that build a strong therapeutic alliance and facilitate change in one 60-minute session. Family therapy training institutes also need to teach which types of clients are best suited for SST and which clients are not.   Training institutes can teach therapists how to draw from and integrate different theoretical models to customize the session to each client, the client's goal and the desired outcome. Models like the Integrated Model of Systemic Formulation and Intervention can be presented, practiced and evaluated, to enrich the therapist's toolbox.

6.2.4   Implications for public counseling clinics

SST with couples can be a new working model for public counseling institutions. SST need

not replace longer-term therapy, however, it could be a viable alternative for those

individuals or couples who are best suited for a single session, namely clients who are

motivated, well-functioning in society, and not presenting severe problems (Hymmen et al.,

2013, p. 67).

Clinics should create screening questionnaires to sort clients into two groups: those that

would most likely benefit from SST and those that won't. These pre-screening

questionnaires could detect clients with solid attachment histories who would most likely

form an alliance with the therapist. Those that would be screened for longer-term therapy

are those clients with poor attachment styles, who alienate people in their lives, and/or are

resistant to change in therapy.

Based on the current method of operations at public counseling centers, according to the

data analysis pulled from Bufetat, the economic cost for one hour of therapy in the public

counseling center (Familievern) is around kr. 2800-3500 Nok (Hesla, 2019). This is due to

massive waste in the system due to no-shows, cancelled or postponed appointments. Much

of this waste could be drastically reduced if clinics offer SST. The implication could be

millions of Norwegian kroner saved from the government's welfare budget (Hesla, 2019).

6.3   Possible Limitations of the Study

In this section I will discuss the possible limitations of this study. The first limitation is that I

held the role of both therapist and qualitative interviewer. This dual role as both therapist

and researcher may have impacted the informant's answers. There is a possibility that the

informants felt an obligation to say they experienced positive change during the qualitative

interview to be polite, or to continue the alliance that was started in the first meeting, or they just said what they thought the researcher wanted to hear.

The dual role hindered the therapist's ability to challenge the resistant couple for fear that the couple might drop out of the research project. If the therapist was independent of the research process, then the therapist would have conducted the session with her usual vigor and not hesitated to challenge the couple system's unproductive homestatus. Persuading and engaging the client to discuss and process emotions they probably want to keep to themself is a critical aspect of therapy (Diener, Hilsenroth, & Weinberger, 2007) that this researcher neglected to do with Couple #4.

Another possible limitation of the study is the use of Integrated Model of Systemic Formulation. The model has never been researched before and there is no actual step-by-step instruction manual for how to use it in therapy. As a result the researcher used her own judgment in the use of the tool for formulation and intervention. Other researchers in future studies might use it differently, thus making the findings less generalizable.

Another limitation of the study is that due to the project's limited scope, the research did not include an 8-week follow-up with the couples to discover whether the positive changes were lasting.

Despite these possible limitations of the study, the researcher has been transparent as outlined in Chapter 3, and considered these limitations during the research design phase. It is important to remember that the aim of the study has not been to create "universal truths", but to offer reflections and perspectives about a phenomenon.

6.4   Recommendations for Further Research

In this chapter I will give some reflections on further research. I have listed four research questions below that could provide further empirical data on the couple change process and SST:

1. **What motivates individuals to engage in the circularity of love and kindness?**

Is being kind and reciprocating kindness the result of secure attachments as a child or adult, or could it be that being kind and reciprocating kindness is a calculated math equation that one subconsciously engages in because they know from experience that you get more when you give more?

2. **What works best in SST with resistant clients when trying to facilitate positive change in couple therapy?**

What can help break through resistance with couples in an SST? Does the couple need to experience an emotional vulnerability in the session to increase bonding and attachment to one's partner or can the resistant person learn via psychoeducational methods how to have a circularity of love attitude?

3. **What type of screening methods would detect which type of couple should be classified as appropriate for SST?**

The research could possibly be a short questionnaire that asks about beliefs relating to relationships or questions about experience with previous significant attachments.

4. How effective is the use of the Integrated Systemic Model of Formulation and Intervention (Vetere & Dallos, 2003) for defining couple problems in SST?

Public counseling centers could train their employees in the model's use, and then do a research project on getting the experiences of both therapists and clients as to the usefulness of this tool in defining couple problems in an SST.

6.5   Closing Comments and Self-reflection

My starting point for this thesis project was to explore "How does the couple experience the process of change within the first week after attending an SST focused on defining the problem?" My underlying motivation behind this research study was to find out how I could be a more useful therapist with the couples who come into my practice. By sharing their insights, the four couples in this study have revealed to me what works in SST and what doesn't work.

I learned first and foremost that the therapist's role as conversational architect is even more important when you only have one session. The therapist builds a relationship while simultaneously digging away at the root of the couple problem. Using a tool like the Integrated Model of Systemic Formulation and Intervention helps to provide a clear structure for the 60-minute session. The therapist's confidence and engagement drives the collaborative conversations, while respecting and acknowledging the couple as the true experts of their life.

I learned how important it is to set the stage in the therapy session so that certain key events might naturally occur between the couple that are associated with change. Having the couple struggle and relate to each other, show vulnerability to each other, to softly state their needs and their feelings, and/or to agree on mutual goals are all incidents linked to

facilitating cognitive, affective and behavioral change. If the therapist fails to set the stage for these types of interactions, then change is less likely.

I feel more confident in my ability to be an effective conversational architect in an SST now compared to when I started this research project. I am inspired to continue to research change process in couples attending an SST via my private practice, because it is a valuable service model for the clientele that I serve.

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Attachments

Attachment 1 - Interview Guide

Questions	Prompt for
THEME: WHAT CHANGED	
• How would you describe your couple relationship, the first few days after the therapy session?	• High level insights • Self understanding & self-reflections
✓ What changed for you as a couple? ✓ Did your communication change in anyway? ✓ Did your behaviors change in any way? ✓ Did your love life change? (change in degrees of love, respect, kindness, attention?) ✓ Any other key area change? ✓ Did your thinking change about how you SHOULD communicate? ✓ Did your thinking change about how you SHOULD behave?	• Clear examples • Before and after differences • Look for patterns, connections • Self understanding, reflections
THEME: WHO CHANGED	
• Who changed the most? How so? • Who changed the least? How so? • Did you change most as a couple? • Or was there more individualized personal change? How so?	• Clear examples • Before and after differences • Look for patterns, connections • Self understanding, reflections
THEME: WHY DID CHANGE OCCUR?	
• Did you think differently about you as a couple? How so? • Do you feel differently about your relationship? How so? • Do you feel like you understand your partner better? How so? • Have you changed your perspective of your partner, in any way? How so?	• Feelings • Self understanding • Reflections • Before and after differences in perspective • Socio-historical revelations
THEME: WHEN DID CHANGE OCCUR	
• If there was change, did it occur immediately after the session, or was it a slow change process?	• Clear examples • Before and after differences • Look for patterns, connections • Self understanding, reflections
THEME: EXPLORING MEANINGS	
• So what would you say was the single most important thing that you got out of going? • What was the most positive thing that was achieved through this process, if any? • What was the most negative thing that came out of this process, if any?	• Clear examples • Before and after differences • Look for patterns, connections • Self understanding, reflections
THEME: MOVING FORWARD	
• After experiencing this one therapy session, do you feel like you have what you need to move forward on your own? • If not, what would you hope to achieve with more couple therapy sessions?	• Clear examples • Self understanding, reflections • Socio-historical revelations

Would you like to participate in the research project:

"Defining the Problem with Couples in Therapy: How does the couple experience the process of change after the first session of defining the problem?"

Would you like to participate in a research project where the purpose is to find out whether positive changes in a couple relationship can occur as a result of the first therapy session of defining the problem? In this letter we give you information about the goals of the project and what your participation involves.

Purpose

The purpose of the study is to see whether and how change occurs in individuals and couples after a 60-minute problem defining session. The study will examine the personal experiences of five couples who undergo one therapy session of defining the couple problem. Approximately one week after the first session of defining the problem, each couple will be interviewed by the researcher for about 60 minutes to get their experiences of their own reactions to the therapy session. For example, they will be asked questions like, "What did the therapist say or do that was helpful to you?" Or "Did the therapy session contribute to new thoughts, new emotions and new behaviors? How so?" Each partner in the couple relationship may have experienced change in different ways. As a result, each person in the couple relationship will be able to answer the questions from their own point of view, as well as from a couple point of view. The research will also explore in the interview whether one partner's change impacts the other partner to change.

You will not meet the other couples in this research project. The therapy session is with one couple at a time and the research interview is with one couple at a time.

The research conducted in this project will be compiled and analysed as a part of my master thesis for my second year of Master in Family Therapy at Vitenskapelig Høyskole (VID) in Oslo. There will be no other uses for this data for any other purpose other than the master thesis.

Who is responsible for the research project?

Institution	Student Conducting the Research	Supervisor
VID Vitenskapelige Høgskole Diakonhjemmet Oslo Diakonveien 14-18, 0370 Oslo Personvernombudet ved VID Nancy Yue Liu personvernombud@vid.no Tlf: 938 56 277	Lindis Courtney Jaatun Mobile: 928 19 865 Lindis.courtney@gmail.com Family Therapist Tjensvollveien 44, 4021 Stavanger	Jacob Cilius Vinsten Christiansen Lektor i socialt arbejde, Socialrådgiveruddannelsen i Odense Master i familieterapi og systemisk praksis Studieleder på Diplomuddannelsen i familieterapi og relationel praksis Psykoterapeut MPF Tlf. 284 91 175 jchu@ucl.dk

Why are you being asked to participate?

The reason why you have been asked is because I am interested in studying heterosexual couples that live together in Rogaland, who speak English, and are between the ages of 30-60 years old. Since the study is about a couple therapy session, I am interested in couples who report having typical couple problems that they would like to change (such as poor communication patterns).

To find couples to meet these requirements, I placed some advertisements on Facebook to the International Community explaining that I needed 5 couples for a master research project that involved a free couple's therapy session followed by a 60-minute research interview one week later.

To screen out those that best met the qualification of having some type of couple problem out of all the couples that expressed interest in participating, I wrote back to them and asked them to answer yes or no to the following three questions:

1. Do you feel like you and your partner treat each other as good friends?

2. Do you feel like you and your partner handle conflicts in gentle and positive ways?

3. Do you feel like you and your partner are able to repair the relationship after conflicts and negative interactions?

These three questions highlight three elements of a good relationship as determined by John Gottman, an American psychological researcher and clinician who has conducted empirical research and therapy for over 40 years to detect divorce prediction and marital stability factors. Couples who answered "no" to at least two of these questions, were then invited to be a part of the research project.

What does it mean for you to participate?

Your participation involves two steps:

Step 1. You and your partner will participate in a 90-minute couple therapy session in which we define the couple problem together. The therapist-researcher will conduct this session and record information in the form of notes. No video or audio device will be used, just handwritten notes.

Step 2. Approximately 1 week later, you and your partner will come back to the therapist-researcher's office and be interviewed about your experiences after the therapy session. This interview will last approximately 60 minutes, and will be voice recorded, and later transcribed. In addition, the therapist-researcher may write down non-verbal communications between the couple (such as eye contact, heads nodding in agreement, etc.).

Personal Data we will Gather

In the problem-defining session, you will be asked to share your thoughts about your perception of the couple problem. Some personal information may arise that you as a participant voluntarily share. For example, even though the therapist will not ask you any

specific questions related to any health or sexual issues that you or your partner may have, these items may come up if you choose to voluntarily share them. This type of information will be included in the data processing leading to the master thesis, however, all data is anonymized and your identity removed.

Data Analysis:

The data that I will gather and analyze is the couple's experiences, views and self-understanding about their experience of change after the therapy session. The transcribed interview will be categorized and coded to uncover patterns. Typically several themes will surface that are common among all the couples interviewed. These themes will be expanded up in the master thesis.

Participation is voluntary

Participation in the project is voluntary. If you choose to participate, you may at any time withdraw your consent without giving any reason. All information about you will then be anonymized. It will have no negative consequences for you if you do not want to participate or later choose to withdraw.

Your privacy - how we store and use your information

We will only use the information about you for the purposes we have told about in this written document. We treat your information confidentially and in accordance with the Privacy Policy.

• The only people who will have access to your information is the student therapist-research at Vitenskapelig Høyskole and the student's supervisor for the project.

• To anonymize your data so that it can not be found and traced back to you, I will replace your name and contact information with a code after the interview is transcribed. The code and your name will be stored separately from the transcription which will be encrypted and saved in another separate location.

The publishing of the master thesis will only contain anonymized data so that the identity of the couples will be impossible to trace back to any actual individual or couple.

What happens to your information after the project is completed?

The project is scheduled to end by July 15, 2020. The data for the research project (your experiences reported during the interview) will be anonymized and stored until the final grade is administered for the master thesis project. After the grade is received no later than July 15, 2020, the anonymized transcripts will also be deleted and destroyed. All personal data such as your name, email address, etc. will be deleted or destroyed after the final grade is received, unless you choose to remain in contact with the therapist-researcher and state in writing that you wish for your contact details to be saved by the therapist-researcher only.

Your rights

As long as you can be identified in the data material, you are entitled to: - information regarding what personal information is registered about you, - receive a copy of any personal information written about you, - have your personal information deleted - get a copy of your

personal data, and - to send a complaint to the Data Protection Officer or the Data Inspectorate about the processing of your personal data.

What gives us the right to process personal information about you?

We process information about you based solely on your consent to do so.

On behalf of Vitenskapelig Høyskole (VID), NSD - Norwegian Center for Research Data AS has considered that the processing of personal data in this project is in accordance with the privacy regulations.

Where can I find out more?

If you have questions about the study, or would like to exercise your rights, please contact:

• Vitenskapelig Høyskole (VID Oslo) with Lindis Courtney Jaatun, student therapist-researcher, Telephone 928 19 865 / lindis.courtney@gmail.com or the student's supervisor, Jacob Cilius Vinsten Christiansen, Lektor i socialt arbejde, Socialrådgiveruddannelsen i Odense, Tlf. 284 91 175 / jchu@ucl.dk • NSD – Norsk senter for forskningsdata AS, på epost (personverntjenester@nsd.no) eller telefon: 55 58 21 17.

Regards,

Lindis Courtney Jaatun   Jacob Cilius Vinsten Christiansen
Family Therapist   Lektor i socialt arbejde,
Master Student - Researcher   Socialrådgiveruddannelsen i Odense
                                            Supervisor for this project

Consent Statement:

Your consent must be obtained in writing by filling out the form below by sending it to me in advance of the therapy session, or signing it prior to the start of the session.

I have received and understood information about the project "Defining the Problem with Couples in Therapy: How does the couple experience the process of change after the first session of defining the problem?" and have been given the opportunity to ask questions. I agree to:

- □ *To participate as a couple in the free 60-minute defining-the-problem therapy session*
- □ *To participate in a 60-minute qualitative interview as a couple approximately one week after the couple therapy session*
- □ *To allow my personal information to be processed until the project is completed, approximately July 15, 2020.*

Signed by Participant 1

Signed by Participant 2

Attachment 3 -- Final Table of Themes

4 Key Findings	Superordinate Theme	Related Subordinate Themes
1. The informants experienced improved communication	Improved Communication	- Emboldened - Relaxed - Positive tone and mood
2. The informants experienced a cognitive shift in the way they viewed themself and their partner	Cognitive shift	- Acceptance of their partner's "deficiencies" - Acceptance of partner's needs - Awareness and acceptance of own needs
3. The informants experienced a positive circular effect of kind acts	Behavioral adjustment	- Did more for partner - Received positive feedback - Kind behavior reciprocated
4. The informants experienced increased relational trust	Changed Feelings	- Felt more secure in the relationship - Felt more hopeful about the relationship - Felt a stronger emotional bond to partner

Attachment 4 -- Comparison of Preliminary Assumptions vs. Findings

The researcher was interviewed by a classmate on May 30, 2019 to record preliminary assumptions, foreknowledge and biases prior to the start of the study. This was an effort to make sure the researcher would be aware of these preliminary assumptions so that they did not impact the research process, especially in light of the fact that the research held a dual role as therapist and interviewer one week later.

Below you will find a comparison of the researcher's preliminary assumptions from the recorded interview against the actual findings of the study.

Researcher's Preliminary Assumptions (Tape recorded interview May 30, 2019*)	Study Findings: *Superordinate Theme*	Study Findings: *Related Subordinate Themes*
The researcher suspected positive behavioral changes would most likely occur but did not mention improved communication as one of those behaviors.	Improved Communication	● Emboldened ● Relaxed ● Positive tone and mood
The researcher predicted that participants would experience a cognitive shift about how they viewed the relationship, but not about how they viewed themself. The researcher also did not predict that the partner's deficiencies would be accepted or reclassified as an asset.	Cognitive shift	● Acceptance of their partner's "deficiencies" ● Acceptance of partner's needs ● Awareness and acceptance of own needs
The researcher predicted that participants would change their behavior toward one another but did not specify what types of behaviors would change.	Behavioral adjustment	● Did more for partner ● Received positive feedback ● Kind behavior reciprocated
The researcher predicted that the participants would be changed on an emotional level, but she did not specify what this emotional level would consist of.	Changed Feelings	● Felt more secure in the relationship ● Felt more hopeful about the relationship ● Felt a stronger emotional bond to partner

*Selected quotes from this recorded interview can be found on the next page, in Attachment 5 - Excerpts of researcher's reflections prior to the start of the study.

Attachment 5 - Excerpts of researcher's reflections prior to the start of the study

This is a short summary of a recorded interview with this study's researcher that took place on May 30, 2019. The researcher was interviewed by a classmate in the Master program to uncover any researcher biases, foreknowledge or prejudgments.

Selected quotes from the researcher's responses are outlined below:

"I believe that the study will show that couples are changed after a single session because I believe that all conversations change us for better or worse when we are talking about something important and when we are getting more than our own viewpoint." [Lindis, line 10-13]

"If I had to predict prior to study start as to what findings might come out of this research I would predict that couples experience cognitive, behavioral and emotional change. I have read preliminary research about change process and it appears that these three elements are common change experiences after therapy. [Lindis, line 22-26]

"I believe that all the couples I interview in the study will be enlightened and that their enlightenment will impact their behavior and how they feel about each other. I am not sure if all the couples will have a better perspective about their relationship after the study because the cognitive shift may be that they discover they are not right for each other." [Lindis, line 34-37]

"Based on the experience I have with my own clients, couples tend to have a cognitive shift in the session which makes them understand their partner in a better way, and they feel less attacked by their partner with a third party in the room. This dialogue with a therapist usually helps the couple get to the heart of their problem and open up to each other in a new way." [Lindis, line 60-65]

Attachment 6 -- Proof of NSD Approval

Prosjekttittel: Defining the Problem with Couples in Therapy: How does the couple experience the process of change after the first session of defining the problem?

Prosjektperiode: 01.06.2019 - 15.07.2020

NSD Personvern

05.06.2019 15:04

Det innsendte meldeskjemaet med referansekode 842644 er nå vurdert av NSD.

Følgende vurdering er gitt:

Our assessment is that the processing of personal data in this project will comply with data protection legislation, so long as it is carried out in accordance with what is documented in the Notification Form and attachments, dated 05.06.2019, as well as in correspondence with NSD. Everything is in place for the processing to begin.

NOTIFY CHANGES

If you intend to make changes to the processing of personal data in this project it may be necessary to notify NSD. This is done by updating the Notification Form. On our website we explain which changes must be notified. Wait until you receive an answer from us before you carry out the changes.

TYPE OF DATA AND DURATION

The project will be processing special categories of personal data about health and sex life or sexual orientation in addition to general categories of personal data, until 15.07.2020.

LEGAL BASIS

The project will gain consent from data subjects to process their personal data. We find that consent will meet the necessary requirements under art. 4 (11) and 7, in that it will be a freely given, specific, informed and unambiguous statement or action, which will be documented and can be withdrawn.

The legal basis for processing special categories of personal data is therefore explicit consent given by the data subject, cf. the General Data Protection Regulation art. 6.1 a), cf. art. 9.2 a), cf. the Personal Data Act § 10, cf. § 9 (2).

PRINCIPLES RELATING TO PROCESSING PERSONAL DATA

NSD finds that the planned processing of personal data will be in accordance with the principles under the General Data Protection Regulation regarding:

- lawfulness, fairness and transparency (art. 5.1 a), in that data subjects will receive sufficient information about the processing and will give their consent

- purpose limitation (art. 5.1 b), in that personal data will be collected for specified, explicit and legitimate purposes, and will not be processed for new, incompatible purposes

- data minimisation (art. 5.1 c), in that only personal data which are adequate, relevant and necessary for the purpose of the project will be processed

- storage limitation (art. 5.1 e), in that personal data will not be stored for longer than is necessary to fulfil the project's purpose

THE RIGHTS OF DATA SUBJECTS

Data subjects will have the following rights in this project: transparency (art. 12), information (art. 13), access (art. 15), rectification (art. 16), erasure (art. 17), restriction of processing (art. 18), notification (art. 19), data portability (art. 20). These rights apply so long as the data subject can be identified in the collected data.

NSD finds that the information that will be given to data subjects about the processing of their personal data will meet the legal requirements for form and content, cf. art. 12.1 and art. 13.

We remind you that if a data subject contacts you about their rights, the data controller has a duty to reply within a month.

FOLLOW YOUR INSTITUTION'S GUIDELINES

NSD presupposes that the project will meet the requirements of accuracy (art. 5.1 d), integrity and confidentiality (art. 5.1 f) and security (art. 32) when processing personal data.

To ensure that these requirements are met you must follow your institution's internal guidelines and/or consult with your institution (i.e. the institution responsible for the project).

FOLLOW-UP OF THE PROJECT

NSD will follow up the progress of the project at the planned end date in order to determine whether the processing of personal data has been concluded

Good luck with the project!

Contact person at NSD: Silje Fjelberg Opsvik

Data Protection Services for Research: +47 55 58 21 17 (press 1)