CLIENTS' PERCEPTIONS OF PIVOTAL MOMENTS IN COUPLES THERAPY: 
A QUALITATIVE STUDY OF CHANGE IN THERAPY

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Few qualitative research studies have been conducted on change processes in couples therapy, and even fewer have focused on the clients' perceptions of change processes. In this grounded theory qualitative study on marital therapy, clients' perceptions and experiences of pivotal moments are identified. Analysis of transcripts of therapy sessions, postsession questionnaires, and two posttherapy interviews with each couple revealed that clients did identify specific therapy events or discourses as pivotal. Reports of pivotal moments tended to be highly individualized accounts, with little overlap between spouses and little overlap between therapist and client identification of pivotal moments. Pivotal moments tended to occur during discussions of topics that were presenting problems for the couple but, typically, after repeated discussions of the same topic. Other findings and implications are discussed.

It has been suggested that for every marriage, there are really two marriages and that they do not always coincide (Bernard, 1982). Not only may there be two different marriages in every marital union, but there may be two, and even three, therapies in every marital therapy: his therapy, her therapy, and the therapist's therapy. That, at least, is one assertion that can be made from this qualitative study of clients' perceptions of pivotal moments in couples therapy. To date, there have been few qualitative studies that examine change processes in couples therapy from the point of view of the clients.

A number of recent reviews of marriage and family therapy outcome research have indicated the overall efficacy of marriage therapy (Alexander, Holtzworth-Munroe, & Jameson, 1994; Pinsof & Wynne, 1995; Shadish, Ragsdale, Glaser, & Montgomery, 1995). As the scope of the field's investigation expanded to include "process" as well as "outcome" variables and measurement, process research has come to play an important role in understanding how, when, and what changes occur in marital therapy (Alexander et al., 1994; Bourgeois, Sabourin, & Wright, 1990; Heatherington & Friedlander, 1990; Holtzworth-Munroe, Jacobson, DeKlyen, & Whisman, 1989; Johnson & Greenberg, 1988). Gurman, Kniskern, and Pinsof (1986) called for a "new process perspective," in which within-session behaviors are linked to short-term and long-term results. Process research has attempted to clarify this relationship between process and outcome by elucidating the "little o's" or outcomes occurring within sessions (Greenberg & Pinsof, 1986).

Several gaps in process research remain, however, in the effort to understand more about the therapeutic processes of change, such as a lack of emphasis on covert processes (e.g. perceptions), especially within and between clients (Hill, 1990); a lack of focus on interactions between clients (Pinsof, 1989); and a lack of focus on clients' perspectives. As a consequence, there have been numerous calls to supplement what has been learned in outcome and process research with qualitative studies of change (Alexander et al., 1994;
Traditionally, quantitative research has been biased in favor of observational or nonparticipant methods of process analysis (Greenberg & Pinsof, 1986). In response, there have been calls for research that includes the perspective of the clients (Sprenkle & Bischoff, 1995) that have been virtually ignored (Wark, 1994). Qualitative research is ideally suited for obtaining data about clients’ experiences of change in therapy. An increasing number of qualitative studies have begun to examine clients’ perspectives of marital therapy (Gale, Odell, & Nagireddy, 1995; Metcalf & Thomas, 1994; Sells, Smith, Coe, Yoshioka, & Robbins, 1994; Smith, Sells, & Clevenger, 1994; Toukmanian & Rennie, 1992).

However, few qualitative process research studies have been conducted on change processes in couples therapy that incorporate clients’ perceptions of change processes. Three such studies have specifically examined change processes from the clients’ perspectives. In one study, Greenberg, James, and Conry (1988) identified five patterns of change in couples therapy that were representative of emotionally focused therapy (EFT): expressing underlying feelings leading to changes in interpersonal perception, expressing feelings and needs, acquiring understanding, taking responsibility for experiences, and receiving validation from the therapist. They identified these latent categories of change by conducting a task analysis on critical incidents in therapy. They used the critical incident technique (CIT; Hanagan, 1954) when asking 21 couples to describe specific incidents in therapy that were helpful or hindering, and to describe how change occurred. These data were collected 4 months after completion of therapy, a possible limitation of the study, since the processes of change were not examined as they occurred.

Wark (1994) attempted to address some of these concerns in her study on change processes in couples therapy. While Greenberg et al. (1988) looked at clients’ overall impressions of therapy, which included instances from specific sessions, Wark looked at change processes within a specific therapy session, using CIT to ascertain clients’ experiences in therapy. She interviewed five couples who were in therapy with five different therapists at three times during the process of therapy. The interviews were conducted immediately after sessions that were observed live by the interviewer. The clients were asked to describe positive and negative events of therapy sessions and how these events were related to change or lack of change in the concerns that brought them to therapy. In general, she found that there was a lack of congruence between the perceptions of the clients and those of the therapists.

Christensen, Russell, Miller, and Peterson (1998) also studied change processes in marital therapy from the client’s perspective. They argued, however, that implicit in the two previous studies’ focus on critical change incidents was the assumption that change happens suddenly in therapy, and they wanted to examine whether change also occurred gradually. They interviewed 24 adults, (13 couples, engaged or married, including two individuals whose partners did not participate in the study), using open-ended interviews that were conducted within 2 weeks of the completion of therapy. Nine different therapists saw these clients. Participants were asked to tell the interviewer about what the therapist did to help facilitate change and what was happening at the time they thought the most was being accomplished. They were also asked questions about turning points in therapy that “left them thinking or feeling differently about their situation, themselves, or the relationship,” and “important factors in helping them deal with what brought them into therapy” (Christensen et al., 1998, p. 180).

Christensen et al. (1998) used grounded theory methodology and the constant comparative method (Glaser & Strauss, 1967) to analyze the data. Coders, who had not necessarily conducted the interview, analyzed the transcripts. As with Greenberg et al. (1988), none of the coders or interviewers observed any of the actual therapy sessions. They found three clusters of change that co-occurred with relationship satisfaction: (1) change in affect, (2) change in cognition, and (3) change in communication. In any one description of change, at least two of these clusters were involved. Even though change started in one of the three clusters, change eventually occurred in all three clusters (Christensen et al., 1998).

Our study differs from the three previous studies in several important ways, including research design and methods of data collection and analysis. We focused on a specific type of change process, (e.g., pivotal moments), rather than on more general aspects of change in therapy (e.g., what was helpful about therapy). The researcher was fully immersed in the data, being involved with all stages of data collection and analysis, from watching videotapes of the therapy sessions to conducting the interviews to coding and analyzing the
data. The previous studies all included multiple therapists in their design. A number of studies have indicated that therapist effects can contribute a great deal to outcome (Chrits-Christoph et al., 1991) and that outcome may vary greatly from therapist to therapist (Luborsky et al., 1986). Thus, we included only one therapist in an attempt to provide some consistency.

Our study also differs in that data were collected after each session, rather than once (Christensen et al., 1998; Greenberg et al., 1988) or three times (Wark, 1994). In addition, all three previous studies analyzed the data collected from the interviews with the client; none analyzed the actual events referred to by the clients in the interview. In contrast, we analyzed not only clients’ reports from interviews but also the moments in therapy that clients identified as significant. Our study also included a second interview with the couple for the purpose of confirming initial findings and receiving further information from them.

METHODS

Design

This qualitative investigation of clients’ identification and perception of pivotal moments in couples therapy used methods from grounded theory (Glaser & Strauss, 1967; Strauss & Corbin, 1990), which is a “method based on theory development from data that are collected and analyzed systematically and recursively. It is a way of thinking about or conceptualizing data as the essential element from which theory evolves” (Rafuls & Moon, 1996, p. 65). Strauss and Corbin (1990, p. 23) define a grounded theory as “one that is inductively derived from the study of the phenomenon it represents. That is, it is discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon.” Grounded theory provides researchers with a framework for generating theory from an immersion in the data through an inductive process. Grounded theory methods are used to guide the emergent process of theory development (Glaser, 1992).

In this study, grounded theory methodology was used to discover and identify key themes and patterns of pivotal moments based on clients’ experiences and perceptions in couples therapy, and to guide the emergent process of generating hypotheses or assertions regarding pivotal moments. The following research questions guided this investigation: What significant or meaningful events in therapy do the participants consider to be pivotal? How do participants account for the pivotal moments they experience in therapy?

Site

All therapy sessions were conducted at a Commission on Accreditation for Marriage and Family Therapy Education--(COAMFTE) accredited university marriage and family therapy doctoral program clinic. Clients calling the clinic for an appointment were informed that doctoral students receiving supervision conducted therapy and that therapy sessions would be videotaped as part of the students’ training.

Data Collection

In qualitative research, internal validity, dependability, and confirmability of the findings are increased by the use of triangulation (Patton, 1990). In grounded theory, the validity, or “trustworthiness,” of the findings increases when multiple methods of data collection and analysis are utilized as in this study (Rafuls & Moon, 1996). Data collection methods included in-depth interviews, nonparticipant observation, and document analysis. Data sources included audiotapes, videotapes, field notes, transcripts of therapy sessions, transcripts of interviews, client and therapist questionnaires completed after every session, quantitative measures of change in therapy, a reflexive journal kept by the researcher consisting of theoretical and analytical memos, and documents (charts, diagrams, summary analyses, etc.).

Procedures. Couples calling the counseling center were invited to participate in a research project. If they indicated interest, the researcher contacted the couples, explained what their participation would involve, and told them that declining the invitation would not affect the delivery of counseling services to them. A count of the number of couples who were invited to participate but declined was not made, nor were their reasons for declining to participate assessed. The couples who agreed to participate were then contacted...
by the therapist, who arranged an initial session with them so that the first session of therapy was conducted in a standard manner. The researcher met with the couple and the therapist at the beginning of the second session to obtain their consent and to explain the project procedures and goals. At this point, the partners selected pseudonyms for themselves. The couples were assured that they were free to terminate participation at any time without penalty. It was explained that they would not meet again with the researcher until the completion of 10 sessions or after the conclusion of therapy, whichever came first, although they were free to contact the researcher if they had any questions or concerns. All therapy sessions were videotaped, and data were collected immediately after each session via postsession questionnaires and again after therapy was completed via two interviews conducted by the researcher.

**Postsession questionnaires.** Each partner was instructed to fill out a postsession questionnaire (PSQ) independently and immediately after each session. The PSQs asked each partner to make note of any pivotal moments, turning points, or breakthroughs that they experienced in the session or in a previous session, and they were asked to describe what, if anything, had changed in that therapy session and what they thought accounted for the change. The therapist filled out a similar PSQ, in which she was asked to identify any moments in therapy that she thought either spouse might experience as pivotal, to describe the change that she had observed, and to give her account for why the change had occurred.

**Posttherapy interviews.** The researcher interviewed the couples on two different occasions within 2 weeks after 10 sessions of therapy or after the completion of therapy, whichever came first. The researcher met with the couple conjointly for the first posttherapy interview (PTI). In the first PTI, an adaptation of Interpersonal Process Recall (IPR; Elliott, 1986) was used in which clips of therapy that had been identified by the clients on a PSQ as pivotal moments were reviewed with the clients in order to stimulate their recall of selected therapy events and to help gain access to their covert processes. Once the clients confirmed that the selected segments of video were the moments in therapy they had referenced on their PSQs, they were asked to give their account for what made those moments pivotal. The researcher conducting the interview had viewed all of the sessions of therapy prior to this interview, so many of the questions drew on the researcher's familiarity with the therapy events and discourses to which the clients referred.

In the second PTI, the researcher met with the couple and the therapist together and presented initial findings from the first PTI. Clients then confirmed whether their views were accurately represented, offering corrections and clarifications. This was the first opportunity for the therapist to hear the clients’ perspectives on their pivotal moments, and her perspective and responses were included. Her comments often provided additional details about what had happened during a session and with the couple’s concurrence, allowed for greater accuracy in identification and analysis of pivotal moments.

**Videotapes and transcripts.** The researcher observed and transcribed all videotapes of therapy sessions as well as the two PTIs and made field notes throughout the observations.

**Data Analysis**

The clients’ accounts of their pivotal moments were analyzed using the constant comparative method that is typically associated with grounded theory (Glaser & Strauss, 1967). For the analysis, the researcher used videotapes and transcripts of each therapy session and both PTIs, as well as client and therapist self-report from each session. During the first viewing of therapy sessions, the researcher kept a running log of the session content as well as a running time clock and intentionally tried to keep any interpretations and impressions to a minimum. During subsequent viewings of videotapes and readings of transcripts, the researcher began to simultaneously code and analyze the data. Prior to the first PTI with each couple, the researcher developed a matrix of the PSQ information consisting of all written comments made by the therapist and each spouse for each session. This organization of the data became a valuable tool for later data analysis.

In further reviews of the transcripts and videotapes, the researcher continued to code the data, looking for themes, patterns, and emergent assertions (Moon et al., 1990). In each subsequent viewing, closer attention was paid to those moments that were identified by the clients as pivotal, as well as other moments in therapy that seemed to be closely related to those moments. Approximately 5–7 hr of analysis were spent during this phase of the analysis on each of the 23 sessions of therapy and on each of the PTIs.
List of categories of analysis. As the data analysis progressed, the researcher developed a list of categories that could be applied to the analysis of the pivotal moments, ranging from more quantifiable, objective data about pivotal moments (such as existence of pivotal moments, and frequency per session) toward more subjective, theoretical, hypothesis-generating assertions. This list was constantly updated and revised, as new questions, themes, and patterns in the data emerged and initial hunches faded. Using the list of categories as a guide, the researcher made a grid with each of the pivotal moments in a case on one axis and the list of categories of analysis on the other axis. For each case, each pivotal moment was analyzed along the various dimensions represented in the list of categories. So, for instance, once a category emerged, such as “Stage of therapy session in which pivotal moment occurred,” each pivotal moment was reexamined in order to determine whether the pivotal moment had occurred at the beginning, middle, or end of the therapy session.

Cross-case analysis. After all three single cases were analyzed, the researcher conducted a cross-case analysis, going back through the findings of each case, looking for themes, patterns, or any especially salient features about the cases. Then the researcher returned to the various sources of data, such as transcripts or PTIs, to determine if those initial assertions could be confirmed or if there was another way of putting together the findings that was a better fit with the data.

Recursivity of analysis. In this study, data collection and analysis occurred recursively; one process continually informed the other. Data were collected via videotapes and questionnaires, and initial analysis began. This stage informed the first PTI, and analysis from the first PTI and further review of videotapes and transcripts influenced the data gathered in the second interview. The recursive nature of analysis was true for both within-case analysis and cross-case analysis. The process of data collection and analysis described above was repeated for each case. Once the analysis of one case was completed, the researcher returned to an earlier case and reanalyzed the data using the newly revised and updated list of categories of analysis. This recursiveness is an essential component of grounded theory methodology and allows the researcher to confirm, disconfirm, alter, discard, and add hypotheses; in sum, to allow the findings to emerge from the data.

Participants

Sampling and selection procedures. The purposive sampling technique known as criterion sampling (Patton, 1990) was used to select three couples and the therapist. Patton (1990, p. 185) discusses the trade-off between depth and breadth in determining the sample size and concludes: “The validity, meaningfulness, and insights generated from qualitative inquiry have more to do with the information-richness of the cases selected and the observational/analytical capabilities of the researcher than with the sample size.” Because the study goal was to generate a rich, thick description of clients’ experiences of change processes, and because of the thoroughness and depth of the data collection and analysis methodology, a sample size of three was deemed to be sufficient.

Clients. All three couples who participated in this study presented with marital issues to a university-based family therapy clinic. In order to participate, couples agreed to fill out a brief questionnaire at the end of each session for no more than 10 sessions and to attend two meetings at the end of therapy or after 10 sessions, whichever came first. All participants were white and in heterosexual relationships. All three were first marriages, with one child between the age of 1-2 years. The length of marriages ranged from 4 to 7 years. Ages ranged from 28 to 30 years for the husbands and from 26 to 33 years for wives.

Couple A, “Rick” (30) and “Cathy” (33), received 14 sessions of therapy and had been in couples therapy previously for communication issues. They had been married for 7 years, had a 1.5-year-old child, and are both college educated and professionally employed. Their Dyadic Adjustment Scale (DAS) scores (Spanier, 1976) at the start of therapy were 117 (wife) and 114 (husband), placing them in Spanier’s relationally nondistressed category.

Couple B, “Joe” (30) and “Beth” (28), received 12 sessions of therapy, and Beth had been in previous individual therapy for depression. They had been married for 4 years and had a 2-year-old child. Joe is college educated and employed as a skilled laborer. Beth is a high school graduate, previously employed in retail, and currently a homemaker. Beth’s DAS score at the beginning of therapy (94) placed her just in the
relationally distressed category, while Joe's initial DAS score (109) placed him in Spanier's (1976) relationally nondistressed category.

Couple C, “Dave” (28) and “Sue” (26), received three sessions of therapy. The husband had been in previous individual counseling to deal with a traumatic event, and his wife joined him for one session. Married for 5 years, they had a 2-year-old child. Dave is high school educated and employed as a laborer. Sue is college educated and holds a clerical position. Their initial DAS scores were 54 (Sue) and 78 (Dave), falling in the relationally distressed category.

Therapist. The same therapist provided therapy to all three couples in this study. The therapist in this study had a BA in Clinical Psychology, held an MS from a COAMFTE-accredited marriage and family therapy master’s program, and was a doctoral student in a marriage and family therapy COAMFTE-accredited doctoral program. She had 5 years of clinical experience. Her theoretical approach was an eclectic family systems approach, in which she drew on behavioral, integrative, communication, transgenerational, emotionally focused, solution-focused, and narrative-therapy models.

Role of the researcher: The researcher was a more advanced doctoral student in the same program as the therapist and was not her supervisor. The role of the researcher in this study was primarily that of non-participant observer. The researcher met with the couple on three separate occasions: during the second session of therapy, for the first PTI, and for the second PTI. The researcher was thoroughly immersed in the data, having observed videotapes before conducting both PTIs, transcribed videotapes of therapy sessions and PTIs, and coded and analyzed all of the data. The researcher kept a reflexive journal, in part to assess any possible biases she might bring to the analysis. The researcher’s assumptions about change included (1) that clients could define what they meant by change, (2) that change in therapy is possible, (3) that change occurs through multiple avenues at multiple levels (i.e., internal, interpersonal, behavioral, affective, cognitive), and (4) that it is important for the researcher to remain open to observing change occurring in these various ways.

RESULTS

Pivotal Moments Can Be Identified

Although the first finding may appear to be an obvious one, no previous research has clearly established that couples would even identify something from therapy as a pivotal moment. Although the participants knew that this was a study about pivotal moments in therapy, they were given verbal and written statements to indicate that they may not have any experiences of pivotal moments. They were told that if that were the case, that would itself be an interesting finding. However, all six clients did identify something in therapy as pivotal, including both spouses in couple C, who terminated therapy after three sessions.

Frequency of Pivotal Moments

For the three couples, there were a total of 24 pivotal moments that occurred in the 23 sessions of therapy that were analyzed. The number identified ranged from one (for couple C husband, over three sessions of therapy) to seven (wife, couple A). The wives tended to identify slightly more pivotal moments than did the husbands (see Table 1). Even though there was an average of one pivotal moment per session, about two-thirds of these moments occurred in sessions in which another pivotal moment was identified, either by that same client or by his or her spouse. When multiple pivotal moments were identified in a particular session, there was no discernible trend regarding whether these were identified by the same spouse or by both spouses.

Another variable related to frequency was the number of times that the same event or discourse in therapy was identified as pivotal over the course of therapy (clients had the option of writing down something that had happened from a previous session of therapy). Each client tended to identify the same therapy event as pivotal only once on the PSQ. Nineteen of the 24 pivotal moments were listed only once, four were mentioned on two separate PSQs, and only one was mentioned on three separate occasions on the PSQs.

The identification of a therapy event or discourse as pivotal occurred immediately following the session
TABLE 1

Frequency of Pivotal Moments Per Case

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<thead>
<tr>
<th>Number of sessions</th>
<th>Number of pivotal moments identified by participants</th>
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<tr>
<td></td>
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<td>A</td>
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<td>C</td>
<td>3</td>
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<td>Total</td>
<td>23</td>
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Stage of Therapy

Nine of the pivotal moments occurred in the first three sessions, six occurred during the fourth through sixth, and seven occurred during the last four of the 10 sessions. Of the nine that occurred in the early stage of therapy, seven occurred in the second session, which was by far the therapy session in which the most pivotal moments occurred. The importance of the second session in our study parallels some of Odell and Quinn's (1998) findings. They studied therapist and client behaviors in the first session and suggested that although it is important that something happens early in therapy, it did not necessarily happen in the first session. In our study, several early pivotal moments did not maintain their significance by the time of the PTIs, and spouses at times even had difficulty recalling why they had listed it as pivotal. Yet many of these early pivotal moments tended to play an important role in establishing the tone (e.g., hope) and direction (e.g., clarified the problem or the goals) of future sessions. For instance, Joe (couple B, first PTI) described the importance of one of his wife's early pivotal moments:

Joe: Nothing probably would have happened in therapy, if she [the therapist] had never been able to say anything that related to me. That first day when we came in, if Beth had not been able to take that “good fit” out of there, then who knows, that probably set the tone for every other day, because that wasn’t something that was crucial for me, because I thought we were a good fit, but for Beth it probably crystallized something that she knew subconsciously. But taking that one thing home, because it was true.

Beth, (couple B, first PTI), also talked about the importance of that pivotal moment having happened so early on in therapy:

Beth: For that to be said at that time had a great impact on me, it really did, because I never really thought about how we matched, or how we merged together. And like we said, maybe he needs to build on my strengths, and I need to build on his strengths.

Even though the therapist was often focusing on the couples' goals for therapy, the importance of many of the early pivotal moments was related to their usefulness in clarifying the problem that brought them to therapy. For instance, Rick (couple A, first PTI) explained:

Rick: That moment helped to clarify what the problem was, more than anything. I think beforehand I had thought, “Maybe this is why we need to go to counseling, so I can decide,” but I really wasn’t sure, and I really wasn’t sure I was going to be able to. When she brought up this, I realized just how much of a problem it was.

in which it had occurred 62.5% of the time. Thus, if clients were going to identify something as pivotal, they were more likely to make this identification soon after its occurrence, rather than retroactively after subsequent sessions. However, for couple C, who terminated therapy after three sessions, none of the three moments was identified immediately, but only later, in subsequent sessions or in a PTI.
Similarly, Sue (couple C, first PTI) explained the usefulness of an early pivotal moment:

*Sue:* That is what I really think is my problem, my need for my independence and this need to find myself. I think that’s what was causing the problems in the relationship. The underlying, there were other things.

*Researcher:* Were you that clear that’s what the problem was before you started therapy?

*Sue:* No, I thought it was more a problem between Dave and I, that we weren’t getting along. Well, why weren’t we getting along? Because we were fighting. Well, why were we fighting? Well, because of this. And although I felt like I had these needs for independence and this need to find myself, I hadn’t put the two together. I hadn’t thought “The reason I am having trouble in my relationship is because I want to be an individual, and the relationship isn’t what I want it to be.” I didn’t know there was a connection.

Regarding the moments that occurred in the later stages of therapy, it is interesting to note that seven (or approximately one-third of the pivotal moments) were identified in the seventh to the tenth sessions, even though many managed care companies only approve six initial sessions. Of the three instances in which the husband and wife identified the same therapy event as pivotal, two of these occurred in this later stage of therapy.

*Couples Therapy: An Individualized Experience*

*Lack of concurrence between husband and wife.* One of the most interesting findings to emerge was how little the spouses concurred in what they identified as pivotal. Of 24 pivotal moments across all three cases, there were only three instances in which both spouses listed the same therapy event as pivotal. The clients’ reports of their experiences of pivotal moments in therapy often had little to do with their spouses’ experiences of pivotal moments. They did not select the same events or discourses in therapy as pivotal, and when they did, it was usually for very different reasons. Couple A listed one shared pivotal moment out of nine that they separately identified. Couple B listed two shared pivotal moments. Couple C did not have any shared pivotal moments. Only one of these three shared pivotal moments was identified simultaneously by both spouses. In the other two instances, one spouse identified it as pivotal immediately after the session in which it occurred and the other spouse did so one or more sessions later. In no instance did both spouses give the same explanation for what made it pivotal.

For many of the remaining pivotal moments, it did not appear as though the other spouse was even aware that something pivotal had occurred for the other spouse. In several instances, one spouse voiced surprise in the first PTI on finding out what their spouse had listed as pivotal. At other times, a spouse was aware that something important had happened for his or her partner but did not personally deem it to be pivotal.

*Lack of concurrence between therapist and clients.* Not only was there a lack of concurrence between the husband and wife regarding pivotal therapy moments but, for the most part, there was a lack of concurrence between therapist and clients as well. Table 1 lists the frequency with which the therapist identified something that might have been pivotal for the couple per case, but this does not represent “matches.” The therapist identified 10 of the couples’ 24 pivotal moments correctly, including two of the three shared pivotal moments. Of 24 pivotal moments, only two were identified by all participants as pivotal. In only one of those two occasions did all three participants identify it as pivotal at the same time.

The therapist’s concurrence with the clients varied from case to case. For couple A, the therapist identified six of the couple’s nine pivotal moments, although she did not always identify them in the session in which they occurred, nor did she give a similar account as to why it might be pivotal for the couple. Moreover, she listed an additional six pivotal moments that the couple did not list. The therapist correctly matched three of the 12 pivotal moments listed by couple B, and in addition, she listed nine pivotal moments that were not viewed as such by the couple. The therapist matched one of couple C’s three pivotal moments and listed an additional three pivotal moments not identified by that couple.

In reporting this finding, it must be stressed that the therapist’s lack of concurrence did not seem to impede the clients’ satisfaction with the therapist or therapy. On the contrary, all six clients reported feeling that the therapist was very much in tune with them.
Locus of change reported in self. Another indication that therapy was highly individualized was that the locus of the change associated with a pivotal moment tended to be in the spouse who was reporting the pivotal moment. Each pivotal moment was analyzed to determine whether the reported locus of change occurred in the spouse reporting the change, in the other spouse, or in the relationship. In 67% of the pivotal moments, the change was in the reporting spouse. In 29% of the pivotal moments, the reported locus of change was in the relationship. Thus, when noticing what had changed in therapy, the clients tended to focus primarily on what had changed in themselves and, to a lesser degree, on what had changed in the relationship, rather than on what had changed in the spouse.

Language. A final indication of the individualized nature of the experience of pivotal moments was the tendency for a particular use of language to be a key factor in some of the pivotal moments. There were several instances in which a specific word or phrase was an instrumental element of a pivotal moment. For example, for the wife in couple B, the phrase “slow it down” used by the therapist in a homework assignment really stood out for her. Another example was the use of the term “unified front” for Rick (couple B, first PTI):

Rick: Yeah, I think early on we expressed that we wanted to act more like a team. But the idea of how does a team act, we really didn’t know. And maybe it’s just a matter of using the right word, but I think it hit me when we came up with the words “unified front.”

Once that particular phrase was used, something clicked for Rick, and he had some resolution on the basic dilemma that brought him to therapy, even though similar discussions regarding how they could be a team were pivotal for the wife several sessions earlier in therapy. (This was one of the three occurrences of a shared pivotal moment between spouses mentioned previously.) What meant something for one individual did not necessarily have the same meaning for the other spouse.

Relationship between Pivotal Moment and Presenting Problem

One of the strongest trends that emerged was the association between the process of the occurrence of a pivotal moment and the content under discussion during that occurrence. When a pivotal moment occurred, the topic being discussed at the time was highly likely to be related to a presenting problem. For 79% of the pivotal moments identified, the content of the discussion was related to a presenting problem. This association between process and content was not always an obvious one. For example, Beth (couple A, PSQ) wrote about one pivotal moment that occurred in the fifth session:

Beth: Having Joe say in words that he believes I have changed more than our life and situations. I feel better about our relationship and myself because I know we will make it if we stick together and it can be happier all around if I let go of some stress. My attitude has changed in that I can’t let things bother me the way they used to; it was only bringing us both down.

Not only had her outlook changed, but her husband also had noticed that same change in her. Beth (couple A, first PTI) further explained the change that had occurred from her point of view:

Beth: Yeah, and even that too, letting Joe and actually both of us together, dealing with the money, and all of that, and doing that together, rather than me writing out the bills and noticing “Boy, that checking account is low,” and having that stress, where he can help alleviate that because he knows how the money is covered.

Her change in outlook was influenced by this reduction of stress. The stress itself was related to the financial struggles the couple was facing, which they had both reported as a presenting problem at the beginning of therapy. Going back to the therapy session, the researcher delved into the discourse related to the pivotal moment and discovered that the pivotal moment occurred in the context of a discussion of the couple’s pattern of dealing with finances, in which Joe downplayed the worry over finances and Beth worried excessively. Beth talked about how she had been able to let go of some of that stress, and Joe acknowledged in the session that “everything is different as far as her outlook.” So even though the pivotal moment itself was about her outlook having changed and Joe noticing that change, what was being addressed in the process was their presenting concern about finances.

In many other cases, however, the relationship between the presenting problem and the topic being discussed when the pivotal moment occurred was more obvious. For example, in the first case, both the husband and wife identified problems with relatives as one of their presenting problems. Several of their
pivotal moments involved discussions that directly addressed this problem, such as strategies for dealing with their in-laws or clarifying the reasons that this issue was so emotionally potent for the husband. Thus, one very important characteristic of the pivotal moments is how closely associated they were with the problems that brought the couple to therapy. This may appear obvious until one considers how many different topics can and do end up being discussed in therapy that have relatively little connection to the original reasons a client seeks therapy.

**Repetition of Topic Related to Pivotal Moment**

Related to the previous theme, whenever a pivotal moment occurred, the topic under discussion tended to be one that had been discussed repeatedly in therapy, both before and after the session in which the pivotal moment occurred. For each pivotal moment, the researcher went back through every transcript, looking for topic antecedents (instances of a topic being discussed before the session in which the pivotal moment occurred) and continued topics (instances in which the topic associated with the pivotal moment was discussed in a subsequent session). Of 23 pivotal moments (not including the pivotal moment in the first session, for which topic antecedents were not possible), there were only four times when something pivotal occurred when the topic under discussion was being brought up for the first time, and all four were identified by the same participant. None of the other five clients ever identified something as pivotal that did not have a topic antecedent.

A previous example illustrates how rare it was for a pivotal moment to occur in the context of an initial discussion of a topic. Rick’s concern regarding how he and his wife should relate to his mother (a presenting problem) was a topic that had come up in four previous sessions before it was pivotal for Rick in the seventh session. It appears that in order for something new to happen, something new does not have to be said. On the contrary, this finding suggests that some built-in repetition may play an important role in the occurrence of pivotal moments. In several instances, a client reported something as being a new insight, yet when looking back through transcripts of previous sessions, it became evident that a very similar discussion had taken place previously but had not been pivotal for that client.

Similarly, 20 of the pivotal moments had “continued topics,” in which the topics being discussed at the point during which something pivotal occurred were discussed again in subsequent sessions. It is interesting that two of the three pivotal moments that did not have continued topics were two of the rare instances both spouses listed the same event as pivotal.

**Pivotal Moments Associated with Specific Therapy Events**

Each pivotal moment was analyzed to determine whether it was associated with a specific event or discourse in therapy or if it were a more general experience of something important happening. The researcher used two criteria to determine whether a therapy event was specific: (1) whether a specific therapy discourse or event, or series of events or discourses, could be pinpointed based upon the client’s account from the PSQs and PTIs; and (2) whether the therapy discourse or event could be traced to one specific therapy session. Nineteen of the 24 pivotal moments met these two criteria for specificity. An example of a pivotal moment that was more general in nature was one identified by Sue (couple C). She talked about her sense that the therapist gave her feedback or information at a number of different times in therapy that helped to clarify and confirm certain ideas she had before coming to therapy. She did not reference any specific occasion in therapy on her PSQs or in the PTIs, nor, in looking back through the videotapes, could the researcher find any specific instance of this clarification and confirmation. This type of experience of a pivotal moment was rare, however. Most of them tended to be associated with something specific in therapy. For instance, Sue also described as pivotal an incident in the second session in which the therapist used an illustration about a mirror.

**Nonpivotal Factors Associated with Pivotal Moments**

In all three cases, there was a strong trend for the couples to identify several prerequisite factors that, although not pivotal in and of themselves, contributed to the occurrence of pivotal moments. Joe explained how a nonpivotal factor was related to the pivotal moments:
Joe: I feel it is up to the therapist to create pivotal moments. Whether you do it consciously or not, it is up to her to relate it back to the couple. You have to find ways to get them to relate to the couple. Some will happen by chance, but others a good therapist will help to create, maybe not consciously. It had to relate to each individual first and then relate to them as a couple. Pivotal moments are an individual experience.

Two categories of nonpivotal factors mentioned by all three couples were therapist characteristics and therapist’s use of practical suggestions, although the specific therapist characteristics and practical suggestions mentioned were different, depending upon the couple. In addition, there were other factors mentioned by the couples that were unique to them.

Therapist characteristics. Couple A noted the therapist’s use of positive reinforcement, her ability to relate to them by virtue of her life experiences, her ability to put adjectives and words to the wife’s experiences and feelings, her tendency to persist when they had doubts and objections about whether something new would work, her willingness to offer an opinion or take a stand, and their comfort with the therapist. Couple B listed the therapist’s use of positive feedback, her knack for what she does, her ability to be in tune with the moment, the fact that the couple immediately felt comfortable with the therapist, and the couple’s development of trust with the therapist. Although there were a number of differences in the specific therapist characteristics cited by the two couples, what was constant was that certain therapist characteristics were cited as essential prerequisites to the occurrence of pivotal moments.

Therapist’s use of practical suggestions. In some cases, a practical suggestion was itself pivotal. However, the therapist’s ability to give the couples something that was relevant and applicable to their life at home was one factor that laid the groundwork for the occurrence of other pivotal moments. Again, what each couple listed as a practical suggestion varied from case to case, but examples of practical suggestions included the therapist’s use of stories and illustrations, formal communication exercises, role-plays, homework assignments, and tips such as spousal time-outs. Rick (couple B) summarized the role of practical suggestions:

Rick: Yeah, we remarked a couple of times when we looked back on the sessions that it wasn’t necessarily that she gave us one big Freudian thing that unlocked the mystery to our relationship. There were a lot of little tools and practical suggestions. It wasn’t some huge key to a giant mystery or anything. It was very much practical tools she gave us.

Other factors unique to each couple. Further, the first two couples listed additional factors as playing an important role in the occurrence of pivotal moments. Couple A mentioned two outside events that had some impact on their pivotal moments: their discussions in the car following therapy and the fact that the wife kept a journal. Couple B also listed two additional factors: their participation in therapy as a couple and their own positive assessment of themselves as a couple as they compared themselves to other couples (especially to the ones in the waiting room at the counseling center). The third couple did not list any additional nonpivotal factors.

In summary, this study found that clients did identify specific events or discourses in therapy as pivotal and that these often differed from those identified by their spouses and by the therapist. Pivotal moments tended to occur in the discussion of a topic related to a presenting problem, and the topics under discussion when a pivotal moment occurred typically were discussed in previous and subsequent sessions. The locus of change associated with the pivotal moment tended to be in the client reporting the change, rather than a change in the relationship or in the spouse. Finally, several nonpivotal factors that varied from couple to couple emerged as necessary prerequisites for the pivotal moments.

DISCUSSION

Clinical Implications

One finding that came as a surprise to the researcher was the highly individualized nature of pivotal moments. Rather than being emotionally charged moments that were shared by or at least evident to all of the participants, they tended to be highly personal and private experiences. Therapists cannot assume that they will be able to identify what is significant for their clients in couples therapy, nor can they assume that what is significant for one spouse will be significant for the partner. Therapists need to be attuned to the
particular agendas, motivations, and meaning systems of each client, as well as other nuances, such as the importace of certain language or phrases to a client. Some theorists have advocated the need to attend to the clients' own theory of change (Duncan, Hubble, & Miller, 1997) and to each client’s particular meaning system (Duncan, Solovey, & Rusk, 1992). This study supports these suggestions. Asking clients directly about their perceptions of change in therapy is probably the easiest way to access this information and is something every clinician can easily incorporate into their own clinical practice. For instance, therapists can ask clients to keep their own logs of moments in therapy they experience as pivotal, along with their reasons for why they think it is pivotal.

Another finding of interest to clinicians is the central role that presenting problems played in the occurrence of pivotal moments. In addition, pivotal moments that occurred in earlier stages of therapy tended to function to clarify or reframe the problem that brought a client to therapy. Both findings highlight the importance of assessing clients’ perceptions of their presenting problems, either via a formal assessment device or through a less formal inquiry, and of keeping these presenting problems in mind as therapy progresses.

Another clinical implication is that it seems that clinicians have little to fear about being repetitive. Future research would be necessary in order to substantiate this assertion, but according to the findings in the current study, therapists need not steer clear of certain topics for fear that they have already been discussed in therapy. Rather, focusing and refocusing on subject material that is emotionally important to a client seems to be a key factor related to the occurrence of pivotal moments.

Summary of Findings Resulting from Methodological Differences

Highly individualized experience of pivotal moments. There was a striking lack of concurrence in the identification of what was pivotal, both between the spouses and between the therapist and partners. Even when there was concurrence, very different explanations were given as to why it was pivotal for that spouse. Some of this may be accounted for by the way in which the data was collected. Collecting data separately from each spouse is more likely to access individual differences in responses. In this study, each spouse filled out a questionnaire separately after each session, as compared to Wark’s (1994) study, in which the couple was interviewed conjointly. The couples in her study were likely to give similar responses: “Interestingly, in the case of client data, both husband and wife offered the same event or agreed with the spouse who suggested the event first” (Wark, 1994, p. 43). Both Greenberg et al. (1988) and Christensen et al. (1998) interviewed partners individually, but neither of them compared the responses of the partners.

In addition, data were collected from the clients at multiple points in therapy, including during the therapy process. Rather than asking once at the end of therapy (Greenberg et al., 1988) or once at some point during or at the end of therapy (Christensen et al., 1998), the clients and the therapist were asked to list their experiences of pivotal moments after every session of therapy. Data were again collected from both spouses in the PTIs, yielding greater opportunity to compare spousal responses.

Central role of presenting problems in occurrence of pivotal moment. This study included additional sources of data collection that were not included in the three previous qualitative studies on clients’ perceptions of change processes in couples therapy. In those studies, videotapes and transcripts of the interviews of the clients’ reports of change processes were used in the analysis, but none included an analysis of the transcripts and videotapes of therapy itself. The inclusion of these additional data sources yielded a number of important findings, including the important role of presenting problems in the occurrence of pivotal moments and the repetition of topics being discussed in previous and subsequent sessions.

Evidence of change precipitated by a clearly identifiable event. All six participants in this study identified at least one therapy event or discourse as pivotal. In the three previous studies, two of them (Greenberg et al., 1988; Wark, 1994) asked questions about more general types of change in therapy (e.g., what was helpful or hindering about therapy?), rather than about a specific type of change (e.g., pivotal moments or turning points). Clients in Christensen et al. (1998) were asked more general questions about what the therapist did that was helpful and what was happening during the times that were most helpful. As one aspect of their interview, Christensen et al. asked clients about specific change processes, asking them...
to “tell the interviewer one or two ‘turning points’ that left them thinking or feeling differently about the relationship” (1998, p. 184). They concluded that change is a gradual process and “was not precipitated by a clearly identifiable event; it occurred without clear demarcation” (1998, p. 184). This finding contrasts with the findings from the current study in that clients could pinpoint specific therapy events or discourses that led to change (although evidence for gradual processes of change was also evident).

Methodological differences might have contributed to the differences in findings in the two studies. In this study, clients were asked immediately after each session and were asked about events that occurred in that particular session. In contrast, clients in Christensen et al. (1998) were asked to reflect on their therapy experiences in general. In the current study, most pivotal moments tended to be identified within one session after the one in which it had occurred. If something was going to be recalled, it was likely to be recalled shortly after the session in which it occurred. In addition, there was some evidence that clients forgot events as therapy progressed. Thus, recall of moments in which change was associated with specific therapy events or discourses was enhanced by the current study’s methodology.

Limitations

The research presented here is limited in several ways. First, caution must be exercised in generalizing the findings, as only one therapist and three cases were involved. However, by detailing the methodology, we hope that others will attempt to replicate the findings. It will be important in future studies that information regarding a wide range of variables be included (such as the point at which data were collected, marital status of couples, types of questions the clients were asked, whether data was collected from couples individually or conjointly, etc.), so that future meta-analyses of qualitative studies on change processes in couples therapy can be conducted more reliably.

One study limitation is the inclusion of only one therapist (which was also a methodological strength). In future studies, it would be important to assess the impact of the therapist’s particular therapeutic style (e.g., emotionally focused, cognitive, behavioral) and cues on the type of pivotal moments that the clients experience and report. Another limitation is the possible expectancy effect that might have been created in the clients, as they knew the study was looking at pivotal moments and were asked repeatedly to identify pivotal moments.

Future Research

This study raises a number of questions that future studies on change processes in couples therapy may be able to address. One set of questions pertains to whether the effectiveness of therapy could be enhanced by increasing awareness of pivotal moments. It is not clear whether therapy is enhanced if spouses are more aware of each other’s pivotal moments. In future research, it would be helpful to assess each partner’s perception and awareness of the other spouse’s experience of pivotal moments. It is also not clear whether therapy is enhanced if the therapist is more aware of each spouse’s experience of pivotal moments. Perhaps a private, gestational period for each client’s experience of therapy is more likely to enhance a positive experience of therapy.

The lack of concurrence between spouses also raises additional questions. How do couples individually construct and conjointly coconstruct their perceptions of significant moments in therapy and in their relationship? What effect does time have on these constructions? What intermediate change processes are associated with those pivotal moments whose significance fades over time? What factors help to determine which events continue to have a lasting significance for a spouse? What factors are involved when a therapy event that was not initially considered pivotal later comes to be viewed as pivotal?

Another question for future research is whether there is some association between the therapist’s level of concurrence with clients’ identification of pivotal moments and the outcome of therapy. Is there a difference in outcome in cases when the therapist is more “on track” with the experiences of the clients than in cases where the therapist is not as attuned with them?

Conclusion

In many ways, the current study is consistent with the “new process perspective” that Gurman et al. (1986) called for, in which within-session behaviors are linked to short-term and long-term results; the
pivotal moments are akin to the “little o’s” described by Greenberg and Pinsof (1986). More studies such as this one are needed that attempt to link within-session behaviors with different types of change processes in couples therapy, such as pivotal moments, by utilizing the clients’ perspectives. The current study is also an attempt to reduce the gap between research and practice in our field (Pinsof & Wynne, 2000; Sprenkle & Bischoff, 1995), so that clinicians recognize research as being pertinent to their work. The findings from the current study have clear clinical implications and raise additional clinically relevant questions for future research. Finally, the contribution of clients in this endeavor as they share their perspectives on various aspects of change processes in couples therapy cannot be overlooked. Clients provide a key to unlocking an array of insights into change processes that occur in couples therapy. We, as researchers, are likely to make enormous strides in our understanding of what makes couples therapy effective as we engage clients as our partners in research.

REFERENCES


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