THE PROCESS OF CHANGE IN COUPLES THERAPY: A QUALITATIVE INVESTIGATION

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Open-ended interviews with 24 couples therapy clients regarding their experience of the process of change revealed shifts in clusters of affect, communication, and cognition. Six additional contextual preconditions for change were also identified. The change process within couples was uniformly reported to be gradual.

Recent reviews of marriage and family therapy outcome research have compiled an impressive list of studies that demonstrate the overall efficacy of marriage and family therapy (MFT) (Alexander, Holtzworth-Monroe, & Jameson, 1994; Lebow & Gurman, 1995; Pinsof & Wynne, 1995; Shadish, Ragsdale, Glaser, & Montgomery, 1995). While there is a continuing need for MFT outcome research, especially in view of the political landscape of health care reform, there is also a need for studies that explore why MFT is effective (Wynne, 1988). There has been a call for research examining the therapeutic change process and how it comes about within the therapy context (Sprenkle & Bischoff, 1995).

The past decade has seen a significant increase in the number of studies exploring the process of change. Most of these studies (Adams, Piercy, & Jurich, 1991; Heatherington & Friedlander, 1990; Holtzworth-Monroe, Jacobson, DeKlyen, & Whisman, 1989; Johnson & Greenberg, 1988; Patterson & Chamberlain, 1988) quantified the process and outcome using objective measures. For example, Shields, Sprenkle, and Constantine (1991) used the Therapeutic Interaction Coding System to measure therapists' behaviors during the first session and found that their use of executive skills was related to positive outcome.

An alternative approach is to examine change qualitatively, using the clients' perceptions of therapy and the change process. Researchers ask clients what they believe has been helpful during the therapy process, why they think therapy was helpful or not helpful, and what they think the therapist did that helped to bring about change in their lives. A qualitative, open-ended approach analyzing the change process from the clients' per-
spective can reveal aspects of the change process that may have been overlooked by hypothesis-testing quantitative methods (Moon, Dillon, & Sprenkle, 1990).

Although there are studies that used qualitative methods to explore clients' experiences in family therapy (Kuehl, Newfield, & Joanning, 1990; Newfield, Kuehl, Joanning, & Quinn, 1990; Sells, Smith, & Moon, 1996; Stith, Rosen, McCollum, Coleman, & Herman, 1996), only two studies have specifically examined the change process. Greenberg, James, and Conry (1988) conducted a study that identified what clients perceive as most important in the therapy process. Four months after the completion of eight emotionally focused therapy sessions, 21 couples described the specific "incidents in therapy that stood out . . . as helpful or hindering" (p. 8). Similarly, Wark (1994) examined client couples' perceptions of change in marital therapy using the critical incident technique. Wark's work differed from the earlier study in that data were collected immediately after a session at three separate times during the course of therapy, and questions focused on critical incidents in that particular session rather than on the overall therapy experience. Moreover, the therapists in Wark's study did not subscribe to the same theoretical model.

These two studies show two separate sets of critical incidents categories that clients in couples therapy believe have an impact on the change process. One set of categories refers to clients' perception of the overall therapy experience, and the other focuses on critical incidents in specific sessions. These studies assume that therapeutic change occurs during a noteworthy, significant incident. They do not address whether change could also occur as a subtle, gradual process that is without significant markers. How are these elements of the therapeutic process connected in a way that brings about positive or negative change in couples? There is a need to conduct research that takes a "discovery-oriented, hypothesis-generating" approach to understanding the therapeutic change process (Wynne, 1988, p. 251) and suggests relationships between therapeutic variables (Piercy & Sprenkle, 1990; Pinsof, 1988; Stanton, 1988). This method of research will yield a greater understanding of how change occurs.

The present study uses grounded theory (Strauss & Corbin, 1990) to analyze the qualitative responses of 24 people who were in couples therapy. The purpose is to inductively develop an explanation of change processes in couples therapy.

METHODS

Clients

Thirteen couples were represented in this project. The client sample consisted of 24 married or engaged adults who were receiving therapy for relationship distress or whose case had been terminated no more than two weeks before the interview. Of the 13 couples, two partners did not participate. To participate, participants were required to have attended at least four conjoint sessions. The number of sessions attended by participants ranged between six and 30 sessions.

All participants were in heterosexual relationships. Eighteen participants had received only conjoint therapy, whereas six of the participants had received a combination of conjoint, individual, or family sessions. The average age of the women was 30.5 years, with a range from 18 to 55 years. The mean age for men was 32.0 years, with a range from 25 to 57 years.

All of the participants had been seen in a university-based family therapy clinic that
serves clients from a broad geographic region in a rural Midwestern setting. Clinic fees were based on a sliding fee scale, and all participants paid directly. The research participants' fees ranged from $5 to $13, with an average fee of $7.22.

**Therapists**

Nine therapists participated in this study. Eight participants were female, and one was male. Four therapists had less than one year of clinical therapy experience, three had between one and two years of clinical experience, and two had a master's degree in marriage and family therapy or social work with one to two years of additional clinical experience. Moreover, each therapist had supervised experience providing individual, conjoint, marital, and family therapy.

The therapists involved in this study were enrolled in a marriage and family therapy training program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). The program curriculum included structural, strategic, behavioral, solution-focused, narrative, and intergenerational models of family therapy. Therapists were encouraged to try a variety of approaches before attaching themselves to one model or attempting an integrative model drawing on two or more of these schools. It was not required that the therapist subscribe to a certain theory to participate in this project.

Five faculty supervisors provided either live supervision (behind the mirror) or supervision in consultation (with or without videotapes of the sessions) during weekly supervisory sessions with the therapists involved in this project. Clients were aware that their therapists were graduate students in training and that sessions would be supervised by clinical supervisors. Supervisors did not use any one theory of family therapy in their supervision. Rather, therapists were encouraged by their supervisor to evaluate for themselves which model of therapy to use for the clients being served.

**Data Collection**

Data collection began when therapists were informed of the research project by the two research interviewers. Therapists were asked by the interviewers to request the participation of client couples being seen for relationship distress. Clients, therapists, and supervisors were aware that the investigators would be asking client couples what they thought might be "making a difference" in their relationship. Therapists then contacted the client couple, explained the purpose of the study, and determined interest in participation. Clients were informed that participation was voluntary and that their services would in no way be influenced by participation or nonparticipation.

The interviewers contacted clients who agreed to participate in this project and arranged a meeting. Interviews were conducted at a location convenient to the participant (e.g., within the facility where the clients were receiving therapy or in an office close to the therapy clinic). Interviews typically took one hour to complete. They were not conducted immediately following a scheduled therapy session. Generally, one research investigator interviewed one partner while the second researcher interviewed the other partner. Interviews were audio recorded and transcribed with standard laboratory equipment. Any identifying information was removed from transcripts to protect confidentiality.

Partners who participated in this study were interviewed separately, in a semistruc-
tured interview. In general, 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. Participants were also asked to describe “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 what brought them into therapy. Interviewers would then probe for specific details and personal examples to encourage further descriptions of their experiences, stimulate free thought, and clarify positions. The interview guide was designed to elicit rich and detailed information from respondents as investigators attempted to discover respondents’ experiences related to the study, with special emphasis on subjects’ personal accounts (Denzin, 1989; Lofland & Lofland, 1984; McCracken, 1988; Schwartz & Jacobs, 1979). Information received from one partner was not shared with the other partner or the therapist.

The interviewers were a part of the research team and also participated in data analysis. They did not provide therapy to clients who participated in this study or supervise therapists who participated in this study. The research interviewers both had graduated from COAMFTE-accredited master of science training programs and were enrolled in a doctoral program also accredited by the COAMFT.

Analysis

Researchers used the constant comparison method for data analysis. This process consisted of simultaneous coding and analysis of data (Taylor & Bogdan, 1984), and data were continually examined for similarities and differences (Schwartz & Jacobs, 1979). This project used a team of four researchers, each of whom examined the interviews, independently developing interpretations and identifying themes. Each transcribed interview was independently read and reread to identify themes or variables related to the topic under study. Variables were documented verbatim and placed under a heading reflecting the content of the quote. This process was repeated with each questionnaire as it was transcribed. Each questionnaire was examined by the investigators, and issues that seemed to be related to the topic under study were extracted from the text and broadly categorized. The categories were reappraised continually to check and recheck developing concepts and propositions. Every interview was reviewed and change variables identified.

The researchers met at specified intervals to discuss the accumulated data and emerging themes. The researchers used the information from these meetings to continue developing the research interview guide and to link concepts, refining ideas about how couples change in therapy. Although preliminary questions were posed to the participants, the interview guide was not rigidly adhered to and participants were encouraged to share openly opinions, thoughts, and ideas. Data collection continued until the research team discovered no new data that could help them to understand new properties of the themes or continue to illustrate previously identified themes (Glaser & Strauss, 1967). The constant comparison method of analysis gave concepts in the data precision and specificity and helped the research team to develop precise and consistent concepts and to guard against bias (Corbin & Strauss, 1990).
RESULTS

Process of Change

Three clusters of change were identified that co-occurred with increased relationship satisfaction during the process of therapy. These clusters included change in affect, cognition, and communication. Shifts within these clusters were gradual and no one cluster was predominant in a pattern of change. Respondents consistently linked at least two of these clusters in any single description of change and generally referred to the third cluster at some other point in the interview. Thus, for some, affect and cognition or cognition and communication were primary. Yet all three clusters were recognized, at some point, as playing a role in the change process.

Partners who experienced improvement in their relationship reported making changes in their definition of the problem or the relationship (cognition), in feelings about themselves, the relationship, or their partner (affect), or in styles of relating and talking (communication). Change could start in any one of the three clusters (affect, cognition, or communication), but typically every cluster eventually showed change. For instance, some respondents explained that insight into their spouse's feelings influenced their own affect, while other respondents reported that similar insight affected the couple's communication. Still other participants found that communication influenced the experience of affect in self and other. There were multiple paths to change, but layers of affect, cognition, and communication were common to each of these paths.

Affect

Participants consistently spoke of affect when discussing the change process. This was reflected in statements such as, "I'm not as angry as I used to be" or "I don't feel as discouraged about the relationship." While some participants reported that finally being able to express how they felt was important, others said that their partner's expression of affect was also important.

Reports indicated that affect influenced communication. One respondent said, "We have a major problem with negative feelings in our relationship. But instead of letting them escalate like it did in the past and then blow up, we deal with it now and with each other. Now we talk it out." Another reported that "A lot of good came out our exploration of feelings. My husband and I really talk and it's like we're getting to know each other again."

Sometimes changes in affect were reportedly related to changes in insight and awareness. For example, one respondent said, "When exploring feelings, I kind of felt that I was on the spot a little bit; I didn't really know what to say. I think it was helpful. It increased understanding—increased awareness. I think that talking about each other's needs is when the most was done and when the most was accomplished."

Communication

Communication was mentioned consistently as an important component in the change process. Typical comments were "I'm glad I can tell my partner about my concerns without putting her down and disregarding her feelings" or "I'm finally able to talk to my partner and listen without becoming angry." However, the significance of communication was understood and experienced in different ways. For some, communication
facilitated getting in touch emotionally with the partner and becoming reconnected: “We've been together for eight years, so it's like we just expect how the other person is going to feel so we don't always say it. It was kind of a way for us to open up and talk more and not just take for granted what the other one is going to think or say and just say it and get the response and find out if we're right or wrong.” “We spend quite a bit of time talking about what we're feeling and especially now, talking about how we're not responsible for other people's feelings. That's been real difficult for both of us. On the other hand, it's nice to start feeling like a real person.”

Communication was consistently mentioned in connection with participants' new discoveries of fact, perspective, or understanding. A participant stated, “[Communication training] helped my fiancé and I see that we both need attention. Sometimes we might not realize that. We're both busy with what we're doing and we may just completely miss that.” Another said, “An important factor in helping me deal with what brought us into therapy is the things I'm seeing that I wouldn't see if I didn't talk about them.” Yet another respondent said, “One turning point was the first time I really tried to see my husband's perspective. I remember talking to him about what he was feeling and what was going on with him and that I had kind of ignored that. And to me, that was the turning point because it wasn't just looking at everything from my eye-view; I needed to stop and see how he was dealing with things.”

Cognition

Participants spoke of acquiring new information and knowledge and modifications in conscious awareness of the relationship. Change in cognition was reflected by participants who said, “I didn't know that was important to my partner” or “I've changed my idea about my responsibility in our problems.” These discoveries were grouped into gains in insight, perspective, and understanding.

When participants indicated that through therapy they had unearthed or learned new facts, this was considered a gain in insight (e.g., “I never knew that before”). For example, one participant explained, “I was always going in kind of thinking that what I was thinking was right and that I was always justified. But coming out of sessions, I always had to stop and think, ‘Okay, you know my way is not always right and my husband has his feelings and his reasons.” Another participant indicated, “The things that were talked about have helped me to realize certain things that I never paid attention to or really thought about. It's helped me gain insight, helped me to realize things.”

When participants said that they had discovered a new way of thinking about previously known facts, this was a change in perspective (e.g., “I always knew that but never thought of it in that way before”). One participant discussed a turning point in therapy this way: “[The therapist] made us see a lot of positive things in our relationship that we, I think, in the back of our minds knew were there, but since we were focusing so much on what made us unhappy it was hard to see those things. So she helped bring a lot of that to the front.”

Gains in understanding were shown by participant responses that indicated they were able to appreciate facts or circumstances and the connections between them in a new way (e.g., “Now I can put this and that together and appreciate what they mean”). Some participants stated things such as, “I think the therapy has helped us to be more aware of each other's needs and more aware of how we might be reacting and affecting each
other's reactions” or “I know I’ve gotten a greater understanding of my husband since we’ve been coming here. That probably sounds stupid, but my husband is very hard to understand. A lot of our marital problems stem from the fact that he doesn’t understand me and I don’t understand him."

Change in cognition, for some participants, facilitated change in affect. One respondent said, “I think it was helpful to me to look at something I’ve said and how it would affect my partner. It really helps me put her emotions in perspective. We both have become really thoughtful about each other and our feelings and how we affect each other in things that we say or do.” Another reported, “The therapist helped to change things by pointing out the other person’s feelings which you might not have realized. It just gave me insight into how selfish I was. I’m more aware of her feelings instead of just my own.”

For other participants, change in cognition influenced communication. For example, one person commented, “I think the most was accomplished when we found out that I perceived that things went one way and my husband perceived that things went another way and then we’d talk about it.”

Preconditions for Change

The investigations identified commonalities to couples’ change processes, finding that while the gradual process of change was distinct for each couple, nearly all of the couples experienced certain preconditions. A total of five contextual factors were frequently identified by the participants as contributing to the perceived change. These were categorized by the researchers as follows: safety, fairness, normalization, hope, and pacing.

Safety. A safe context means that clients feel that they have a trusting connection with the therapist and do not fear repercussions from their partner for what is said or done in therapy. Generally, participants who discussed safety by stated things such as, “[Therapists] make it safe for us to say things to them and to each other that outside of that context, we might not be able to talk about them as well.” One participant asserted about her therapist, “I just feel really safe with her, her personality. She’s a really sweet person. She’s not devious or anything like that. She doesn’t make me feel unsafe at all. She just stays on our level and doesn’t try to use a bunch of big words and everything to make us feel less adequate.” Another participant declared, “They helped us feel comfortable that whatever we’re going to say is okay and there’s really no wrong answer to what we’re saying and that everything we said in there is really confidential.”

Fairness. Fairness means that a therapist does not become permanently aligned with one spouse, but understands each perspective, giving each partner the opportunity to express him- or herself. Fairness means that there are no fixed alignments or coalitions in which the therapist and one spouse join against the other.

Such unbiased therapy was reported to be a contributor to change. One participant stated, “The most important factor is the therapist understanding both sides of the story.” Another declared, “She sees both our points of view, and if she doesn’t, she asked for more explanations so she can. She doesn’t just automatically jump.”

Normalization. Clients who felt that their problems were not unusual felt somewhat normalized, and this normalization of the conditions that brought them into therapy was helpful in the process of change. Clients who felt out of control of these conditions upon entering therapy were able to progress in therapy by discovering that they were not abnor-
mal and that their problems were understandable and even predictable, given their circumstances.

For example, a participant stated, “I feel really comfortable. The therapist creates a comfortable atmosphere through seriousness and consideration. The therapist never does anything to suggest that what we’re saying is irrelevant or ridiculous.” Being treated as “normal” people was important to many participants. One said, “I think mostly [the therapist] just identifies with me and family members as real people, not subjects, specimens.”

**Hope.** Participants revealed that if they felt confidence and expected that things were getting better, change was facilitated. Participants said that a belief that their relationship has strengths and can improve through all the struggles motivated them to participate. Focusing on these strengths facilitated the change process.

**Pacing.** Therapists occasionally slow the process of a discussion to ensure that each spouse understands the other and that therapy proceeds at an appropriate pace for each partner. One participant expressed her appreciation for the therapist’s pacing in this way: “I was trying to express myself to my husband and if he didn’t understand or wasn’t listening to me or wasn’t paying any attention...then we would go over it until he kind of did finally understand my point...At home he can just blow me off, and then it’s like I feel like I’m not being heard, but at least, it makes sense when the third party comes in. At least there’s someone who’s hearing me and acknowledging or validating my feelings.” Slowing communication so that participants heard and understood the content of messages was a vital factor in change.

**Rate of Change**

Participants were asked to tell the interviewer one or two “turning points” that left them thinking or feeling differently about the relationship. Participants reported that change was not precipitated by a clearly identifiable event; it occurred without clear demarcation. Change was perceived as incremental rather than instantaneous or sudden; events identified as turning points were described not as earth-shattering revelations but as small, yet significant, experiences. One participant responded to the question by saying, “Nothing really turned everything around. I think they’re all kind of small things that worked. That was like we just made one small step.” Other participants responded similarly. One said, “I can’t really think of any real turning points; it was just kind of gradual.” Another reported, “There is a little of everything that helps. Every time I feel like there is some progress being made.” A third commented, “I think it all helped. I don’t think just one session did.”

Even those “turning points” that were identified seemed small and incremental improvements rather than dramatic events. One participant said, “I can’t remember anything that’s really earth-shattering, I can remember that our first assignment was that [my spouse] had to get the babysitter so we could just go out and do something for a little while, just something that I wanted to do because we had been talking about meeting each other’s needs. It made me feel more like I could ask for something I needed without feeling guilty about it, so I think that was one.” Another responded similarly: “Every time things come out, it’s like we’re building a bridge, and we just keep getting a step closer to the other side every time. I feel different about myself and our relationship every time.”
DISCUSSION

The elements of change that emerge from this research are congruent with most schools of family therapy. That is, most schools in one way or another facilitate change through shifts in affect, cognition, and communication. The experience of the participants shows that change can start in any one of these clusters and eventually tends to be felt in the other clusters as well. The data suggest that the systems principle of “wholeness” applies; parts of the interpersonal system are interconnected, so change in one part is likely to effect change in other parts. While prominent schools of family therapy conceptualize the process of change differently, each addresses at least two of the three clusters identified in this research, and usually all three.

In treatment approaches as diverse as social learning theory and symbolic-experiential therapy, recent developments highlight the role of affect in modifying cognitions and facilitating behavior change. For instance, Greenberg and Johnson (1988), working within the tradition of symbolic-experiential therapy, focus on the expression of emotion as an important precursor to change. The expression and experience of emotion in the session is used to set the stage for challenging “automatic thoughts,” modifying old cognitions about the partner and motivating change.

Similarly, in cases where change is especially difficult, Jacobson and his colleagues (Christensen, Jacobsen, & Babcock, 1995) have introduced the concept of “acceptance” as a strategy for motivating and creating change in otherwise resistant couples. Emotional acceptance comes from understanding and tolerating that which is a part of the partner’s history and is unlikely to change (Christensen et al., 1995, p. 39). Social learning approaches to couples’ therapy are increasingly using affect to enhance the effectiveness of behavioral, communication, and cognitive restructuring interventions.

If the patterns reported here appear in other research, researchers may then want to investigate how shifts in individual affect and cognition affect patterns of couple relating and perception of relationship satisfaction. For instance, what are the entry points that provide opportunity to restructure cognitions or affect? Jacobson’s group (Christensen et al. 1995) has identified “acceptance” as one of those entry points. Are these entry points different for men than for women? Is the optimum balance between attention to cognition and attention to affect in work with heterosexual couples different in gay or lesbian couples or couples of various educational or ethnic backgrounds? Gottman’s (1991) research suggests that gender may be a relevant variable: physiologically, men have more dramatic responses to affective material and hold that response longer than women. Therefore, a mix that is “richer” in cognition or at least is periodically “relieved” by attention to cognition may be helpful to male partners.

What is the role of the therapist in addressing affect, cognition, and communication in couples therapy? Anderson and Goolishian (1988) suggest that the therapist’s role is to create space for the co-creation of new meanings. The therapist does this by taking a non-expert, “not knowing” position. From the constructionist perspective, the therapist is a “respectful listener who does not understand too quickly” (p. 382). Questions formulated from a position of “not knowing” are tools the therapist uses to explore meaning (cognition) and affect and to facilitate verbal as well as nonverbal communication. Whether from an “interventive” or “noninterventive” stance (Goolishian & Anderson, 1992), our research would suggest that couples find the work of therapists helpful when it leads them to new
ways of thinking, feeling, and expressing themselves.

The preconditions for change identified in our study are consistent with relationship and structuring skills identified in previous research (e.g., Alexander, Barton, Schiavo, & Parsons, 1976) and would appear to be universally applicable to schools of family therapy. It is important that the clinician be able to establish an atmosphere of safety and hope, making it clear that both partners will be dealt with fairly. Beyond that, it is important that the therapist be able to normalize, interpret, mediate, challenge, keep the couple focused on “work,” and, above all, demonstrate fairness in interaction with each partner.

Limitations

The research presented here is limited by the nature of its setting. Therapy was conducted in a university-based clinic, where supervision was a visible part of the experience, as evinced by one-way mirrors, videocameras, and occasional messages from behind the mirror. In addition, clients became aware that the process of therapy is subject to study by outside investigators, a procedure that may, in fact, alter the process being studied. We do not know how the results of our investigation compare with research conducted using fully trained therapists working in less scrutinized settings.

Ethical Considerations

Researchers who ask clients to reflect upon and discuss their therapy process before therapy is complete become a part of the process they wish to study. It is likely that by being asked what made a difference in therapy and what the therapist did that was helpful or not helpful, clients became newly sensitized to what goes on in therapy. The research endeavor may heighten client satisfaction or dissatisfaction and may catalyze “turning points” or slower, unremarkable changes, some of which may be already under way but accelerate because they have been witnessed by an audience outside of therapy.

The experience of Jim Beer and Eric McCollum is informative here (McCollum & Beer, 1995). As a dissertation project, Jim Beer studied one client couple over the entire course of therapy, interviewing the couple on the experience of each therapy session and periodically reviewing with the couple videotapes of the therapy. On at least one occasion, the therapist joined the couple and researcher to review videotaped sessions and to expand understanding of the meaning made during those episodes. The couple reported that, overall, participation in the research was a very positive experience (Beer, personal communication, March 1997). In our research, couples' comments were not shared with therapists (and vice versa). While clients may respond more forthrightly when guaranteed such confidentiality, one might argue that a more ethical procedure would be to allow clients and therapists to choose to have their therapy process informed by the research process in which they are participating.

Future Directions

Theory construction involves not only identifying and defining central concepts but also relating these central concepts in a way that helps prediction. So far the field of MFT has done a better job of identifying and defining concepts than clarifying how these concepts relate to or influence one another. For instance, the field needs to determine what role, if any, cognition plays in making affect available for “work” in a relationship. How does affect make new meanings more or less likely? How are conversations (communication...
tion) best structured to encourage change as a likely outcome? What is the most effective balance of affect and cognition in conversations that lead to change? What is the impact on affect, communication, and cognition when the therapist takes an "interventive" rather than a "noninterventive" stance? These questions could perhaps be explored, initially, with research strategies that expand on earlier research (Greenberg, James, & Conry, 1988; Wark, 1994), examining the responses of couples after viewing segments of their own therapy sessions. Instead of simply categorizing perceptions of the experience, researchers could explore clients' perception of links between the categories or clusters of experience. Clients could report what they thought and felt during the process of therapy and how that may relate to their experience of change.

REFERENCES


