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ELICITING THE VOICE OF THE CLIENT:
INFLUENCES ON CLIENT SATISFACTION WITH
INTEGRATIVE COUPLES' THERAPY
A QUALITATIVE STUDY

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By

Dahlia Brenda Berkovitz

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ABSTRACT

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How individuals in couples' therapy describe what influences their level of satisfaction with Integrative Couples' Therapy was examined through a case study approach. Six couples in an intimate relationship participated in a conjoint open-ended-questions interview and filled out a demographic questionnaire. Data collection took place at the clinic where they attend or attended couples' therapy with a Marriage and Family therapist who practices Integrative Couples' Therapy. Participants were selected from two Marriage and Family clinics. The therapists were interviewed about how they applied the integrative approach to each participating couple and about their view on how each couple perceived the therapeutic process. This study follows the theoretical stance of Human Ecology theory (Bronfenbrener, 1979, 1989, 1993) and specifically Family Ecology (Bubloz & Sontag, 1993), and Integrative Couples' Therapy (Pinsof, 1983, 1994a, 1995; Lebow, 1984).

Human ecological, family, and clinical aspects interact and have an influence on client's level of satisfaction with treatment and outcome of couples in Integrative Couples' Therapy. The eco-systemic factors involve clients' values

and beliefs, social support that is available for the couple, and the individual's perception of level of fairness of the therapist during treatment. The clinical aspects involve the therapist's characteristics, therapist's use of Integrative Couples' Therapy, the therapist's values and beliefs, and therapist's fairness toward both partners in treatment.

Data analysis involves description and examination of themes and categories within each case (similarities and differences in responses of each partner), and across cases. Findings are presented in accordance with the original research questions. More studies involving different therapeutic approaches to couples therapy will be beneficial to increase the database relating to client's satisfaction with Integrative Couples' Therapy, and possibly rendering the therapeutic process more effective.

Dedicated with love to

my parents

Doris and Pesach Rosen

Mission accomplished

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CHAPTER 1

Introduction

The field of couples' therapy has been a part of psychotherapy practice as early as 1930 (Gurman & Fraenkel, 2002). Presently, couples' therapy gains only secondary importance in the larger field of family therapy (Gurman & Fraenkel, 2002). Ackerman (1970) has identified treating marital discord as the main method to bring about change in families. In spite of the secondary status of couples' therapy, marital and couple problems are issues most commonly identified by clients (Rait, 1988) and treated by therapists (Doherty & Simmons, 1995, 1996; Whisman, Dixon, & Johnson 1997). Increased number of books, workshops, and conferences relating to couples' therapy in the last decade indicate that only lately the practice of couples' therapy has become common practice. In terms of research, the field needs more studies evaluating effectiveness of different family therapy approaches in achieving the desired outcomes (Gurman & Fraenkel, 2002). This study utilizes an integrative approach to couples' therapy (Lebow, 1987 & Pinsof, 1995). The integrative approach was selected for this study on the basis that it is a model that can address a wide range of presenting problems. It integrates major theoretical models and allows the therapist to tailor a treatment plan that fits the client's needs (Pinsof, 1995).

Additional scientific studies are needed to explore the phenomenon of clients' satisfaction with couples' therapy. Allowing clients to express their

feelings and voice their opinions regarding their experience of couples' therapy can render the treatment more effective and lead to better outcomes for all involved (Quinn, 1996). There are several eco-systemic components that need to be considered as affecting client's satisfaction with couples' therapy. The therapist's background, professional values, personal values and beliefs (Lazaloffy & Hardy, 2000; Markowitz, 1994), and the therapeutic model used are all important factors influencing the direction of treatment. Likewise, each partner's background, values and beliefs are important eco-systemic factors. Dynamics in families of origin of all individuals involved, in the proposed model, may also affect the process of treatment (Lazaloffy & Hardy, 2000; Markowitz, 1994).

When treating couples, therapists also need to consider demographic factors and social forces. There is a continuous and reciprocal interaction within the different eco-system levels described above, and eliciting the client's voice will facilitate a better understanding of all the eco-systemic factors that are specific to each individual case (Bubolz & Sontag, 1993).

Some research was conducted to investigate client's satisfaction with individual therapy, but only a few studies were geared towards client's satisfaction with couples' therapy (Bowan & Fine, 2000; Christensen, Russell, & Miller, 1998; Helmeke & Sprenkle, 2000). The phenomenon of investigating client's satisfaction with couples' therapy lends itself to qualitative methods of exploration, providing subjects with the opportunity to express their feelings and views about their experience in the therapeutic process. Using a dyad as the unit

of analysis may complicate matters since partners may perceive the therapeutic process in different ways. It is assumed that the way each partner conceptualizes the problem will impact his/her experience and perception of the therapeutic process.

Purpose and Significance of the Study

This study purports to explore how human ecological, specifically the social/structural environment in family ecological aspects, and clinical aspects influence client's level of satisfaction with treatment of couples in couples' therapy. This phenomenon lends itself to a qualitative exploration in which the clients are given the opportunity via in-depth interviews to candidly describe their experience and feelings about the therapeutic process and treatment outcomes. The qualitative approach is suited to answer the questions raised regarding the therapeutic experience since this subject is under researched, and because the qualitative in-depth questions such as "how," and "what." Qualitative researchers need to be well informed and highly involved with all data collection and analysis process. The researcher is expected to have "intimate" knowledge of the data in order to gain a profound understanding of the case under investigation (Helmeke & Sprenkle, 2000).

Most studies addressing therapy concern the therapist's perception about, rather than the client's experience with the therapeutic process (Laszloffy, 2000). Understanding the social/structural environment of human and family ecological systems, and clinical aspects as influencing the level of satisfaction of clients in Integrative Couples' Therapy and outcome of treatment, and the possible

differences of how each partner perceives the experience will allow therapists to be attentive to the needs of each partner while attempting to work with them collectively. Allowing each partner in couples' therapy to recount his/her experiences and express satisfaction or dissatisfaction with the therapeutic process will add to a body of research that concentrates on the client's satisfaction with individual therapy. Unlike previous studies that considered an individual in therapy as the unit of analysis, this study views the relationship between the therapist and the couple in therapy as the unit of analysis. This unit of analysis has its own rules, norms and looks at relational issues. Interviewing the couple conjointly would allow for the emergence of new understanding of the dynamics of couples' therapy. And, interviewing the therapist regarding his/her view of the therapeutic experience with each couple will help examine the level of congruency between the client unit and the therapist.

It is hoped that this study will offer insight into understanding effective clinical methods (i.e., transgenerational approach, behavioral therapy, solution-focused approach), and will present therapists working with couples with new helpful tools. Through the results of this research, therapists will have the opportunity to examine what they do that is helpful or unhelpful in therapy, what they need to avoid and what they can build on (Bowan & Fine, 2000), resulting in a more effective therapeutic process. Additionally, if the couple benefits from the therapeutic process, and gains positive changes in their relationship, there will be a ripple effect on their close environment (i.e., children and other family members) (Gurman & Fraenkel, 2002).

Thus far, studies investigating client's satisfaction with therapy were geared toward individual therapy. This investigator found only one study (Bowman & Fine, 2000) that specifically examined couples' perceptions (i.e., "Client's perception of couples' therapy: helpful and unhelpful aspects"), and a small number of studies that incorporated some aspects of client's satisfaction in couples' therapy (Denton et. Al, 2000; Locke & McCollum, 2001; & William & Simmons, 1996).

Treating a couple involves different dynamics than treating an individual. A dyad involves personal interdependence and mutuality (Thompson & Walker, 1982). When dealing with a dyad it is necessary to include: conceptualization of the problem from a relational perspective, individuals that represent a relationship, measurements that can be applied to one or both members of the dyad and to the relationship assessment, an interpersonal analysis examining patterns between partners in a relationship, and interpretations and implication depicted about the relationship between the individuals (Thompon & Walker, 1982). This study is unique and important as it deals with the complex feature of investigating a dyad as opposed to an individual. Allowing the couple to describe their unique experience of the therapeutic process and express their satisfaction or dissatisfaction with the process may reduce the gaps between the therapist and each partner and hopefully lead to the professional growth of the therapist and hopefully, the personal growth of both partners.

Theoretical Framework

The main theoretical perspectives used for this study are the social environments of Human Ecology Theory (Bronfenbrenner, 1979, 1989), Family Ecology (Bubolz & Sontag, 1993), and Integrative Couples' Therapy (Lebow, 1987; Pinsof, 1995). A conceptual and theoretical map is provided in Figure 1.1 depicting how the concepts of Human Ecology, Family Ecology, and clinical aspects of therapy influence the level of satisfaction with the therapeutic experience and with outcome of treatment of individuals in Integrative Couples' therapy. Bi-directional arrows show the reciprocal interaction between the human ecological environment, Family Ecology theory and clinical aspects of therapy, providing the goodness of fit that will likely lead to satisfaction with the therapeutic experience and with outcome of treatment. Viewing couples therapy as part of an ecological system uncovers links and dynamics that explain the influence among the different factors involved.

Human Ecology and Family Ecology Theory

This researcher discusses Human Ecology Theory (HET), using Bronfenbrenner's systems approach extensively, in order to provide an explanation regarding the physical environment and the dynamics in and between all the systems in which families exist. However, for the purpose of this study, the main focus is on the social/structural environment, which is depicted in the Family Ecology Theory (Bubolz & Sontang, 1993). According to Human Ecology Theory (HET) humans engage in an ongoing reciprocal interaction in

different levels of the environment: the natural/physical environment, the human built environment, and the social/structural environment (Bubolz & Sontang, 1993) (See Figure 1.1). Each environment also affects couples and couples therapy. The natural/physical environment provides life-sustaining goods such as food, water, air and the like. The human built environment provides shelter and other made-up resources, which are necessary for the sake of safety.

Family Ecology Theory integrates human development and family relationships in a family resource management framework. Bubloz and Sontag (1993) propose similar ideas to Bronfenbrenner's systems approach suggesting that a family interacting with the environment is an ecosystem. The family is the basic human system made up of subsystems.

Family theory is in line with the viewpoint of critical science, which looks at knowledge as a source of education and emancipation, helping transform oppressive social structures to bring about justice and freedom for families, liberating individuals and groups from irrationalities. It employs hermeneutic rationality focusing on inter-subjective understanding of one another and mutual agreement on ethical issues, in spite of cultural differences, and understanding intentions and reasons for behaviors (Bubloz & Sontag, 1993).

The social/structural environment is the most significant for the purpose of this investigation. It is comprised of societal roles, norms, values, and beliefs about couples and couples therapy. Each culture constructs its own norms, values and beliefs, and each person may interpret cultural norms differently (Lazaloffy & Hardy, 2000).

Components of General Systems Theory are applied to Family Ecology. First, the structural components of the family involve physical structure, roles, rules, gender, age, and the like. Specific patterns result from various characteristics of individuals and families. Some factors influencing the structure are structure of subsystems, ethnicity, cultural origin, developmental stages of the individuals and the family, and socio-economic status (Griffore & Phenice, 2001). Also, needs, values, and goals of individuals and the family contribute to the structure of the family. The internal structure of the family regulates the relations within the family. The external structure involves interactions with outside organizations and systems of the family (i.e., school, work, church) (Griffore & Phenice, 2001).

Governing components of the family include: needs of individuals and the family in order of survival and adaptation, and values. Ethnicity is a factor influencing family values. It is noted that families in poverty have fewer resources to assist them with a healthy development and individuals in these families may be at risk for unhealthy values and behaviors. Goals of the family are another governing component. Values and goals are the major motivating force in families, and they may be different at different times (Griffore & Phenice, 2001).

Dynamic components involve energy and matter as they flow and transform from one form to another leading to individual and family processes. Information processing components suggest that perception is the process a person uses to make sense of his/her experience (Griffore & Phenice, 2001).

These would be affected by individual's goals, interests, abilities, environment, the fit of the person perceptual state to his/her ability to take advantage of the environment, and how the individual responds to this perception. Perception is also influenced by social context and cultural settings (Gibson, 1997, as cited in Griffore & Phenice, 2001).

Interrelationship components relate to decision-making. It is the main cybernetic control system aimed at achieving individual and family goals. They involve rules and consideration of alternatives, reflecting individual and family needs and values (Bubloz & Sontag, 1993). Decision-making helps maintain the stability of the system, and allows for non-disruptive change and adaptation (Griffore & Phenice, 2001).

Finally, life process components refer to family adaptation, involving the process of different situations that are introduced into the family's life. The family is a complex organization in which the whole is composed of parts. There is a constant need to coordinate actions of two or more persons in order to achieve goals (Kuhn, 1974, as cited in Griffore & Phenice, 2001).

Approaching couples therapy without incorporating the human ecological, and specifically social/structural environment of family ecological, lens will result in a linear cause-and-effect view of relationships. The ongoing reciprocal dynamics between persons and their environments, which are crucial to understanding couples and their therapeutic experience, will be ignored without consideration of the human ecological and family aspects. Using the Human Ecology and Family Ecology approaches in couples therapy allows the therapist

to observe the interrelationships among the marital system, natural environment, human constructed environment, and human behavioral setting. All these impact the therapeutic process. The client unit in therapy, being an individual, a couple, or a family, is seen as an adaptive system responding to different circumstances in the environment, such as physical, biological, economic, structural, and political factors (Bubolz, Eicher, & Sontag, 1979). It is assumed that a family will have different resources available to it if living in a rural area as oppose to in an urban setting. Having a large extended family in close proximity may provide a social support system, whereas, being more isolated from extended family members or other individuals may present some difficulties. If one or more family members have a medical or mental challenge the others will be affected by it. Religious and/or societal values may affect the way individuals interact with one another and with their environment as well as how they view couples' therapy. Socio-economic status may determine how many therapeutic sessions a couple can attend. Political agendas may affect third party coverage of couples' therapy rendering it more or less accessible. Finally, the characteristics of each individual must also be considered in the process of couples' therapy.

Bronfenbrenner (1989) offered an ecological model consisting of different systems. The *microsystem* consists of face-to-face interaction between individuals. The *mesosystem* relates to the interaction between two or more microsystems. The *exosystem* refers to a setting in which the individual may not be directly actively involved, but has an influence on the individual. The *macrosystem* is an overarching design encompassing the micro-, meso-, and

exosystmes' features of a specific culture, subculture, and other larger social context. Finally, the *chronosystem* is the influence over time such as life transitions, family life cycle and the like.

Therapy is influenced contextually and environmentally. Various interrelated factors, some obvious and some less obvious, affect the quality and effectiveness of therapy. Being part of the eco-system milieu, couples therapy is an active interaction likely to be described as being a helpful or not so helpful experience depending on internal and external circumstances and the interaction between them.

Systems consist of parts that interact in order to accomplish certain goals. As couples therapists, Hiebert, Gillesphie, & Stahmann (1993) try to understand these interacting parts and "modify the dysfunctional interchange of the system" (Hiebert, Gillesphie, & Stahmann, 1993, p. 2). Additionally, these authors state that therapists must pay attention to set patterns in the system: roles, rules, traditions, as well as lived history and attempts at changing patterns that resulted in the same dysfunctional interactions.

Bronfenbrenner's Ecology of Human Development Applied to Couples' therapy

According to Bronfenbrenner (1979) human development is seen as a flowing process growing from the interaction between organism and the environment. Persons operate within several interrelated levels in the environment, oscillating from interaction between individuals (i.e., therapy with couples or families) to remote social frameworks (i.e., social views on therapy

and couples' therapy, social values regarding marriage and marital conflict). The environmental factors may have a positive or negative impact on the process of couples' therapy, and the level of satisfaction with treatment of couples in couples' therapy.

The *microsystem* is the immediate environment of the individual involving interaction between individuals and their ever-changing milieu. It is believed to have an important influence since persons are part of different microsystems at the same time (Bronfenbrenner, 1979). Some microsystems in which a couple in therapy participate include family members who are affected directly by the couple's issues as well as indirectly by the benefits of therapy, friends who provide support or on the other hand criticize the couple, church or other religious clergy, and the therapist. In order for growth to take place it is necessary to have a face-to-face interaction in the immediate milieu in which the individual lives (Bronfenbrenner, 1993). Face-to-face interaction between the couple and the microsystems mentioned above may increase emotional support for the couple allowing for growth and resolution of conflicts.

The therapist may have a significant part in the couple's growth. He or she has the professional knowledge and understanding of couples' dynamics and also uses his/her own personality in the therapeutic process. It is necessary to have dynamic interplay between individuals for change to take place. Family theory addresses among other things which changes are necessary in order to bring about improvement in human conditions and how professionals can help (Bubolz & Sontag, 1993).

Mesosystems represent the connection and interaction that occur between microsystems. Couples express their feelings regarding their conflicts in more than one area (i.e., therapy, parents, children, friends, workplace). "Synergistic effects created by the interaction of developmentally instigative or inhibitory features and processes present in each setting" (Bronfenbrenner, 1993, p. 22). Understanding the mesosystemic interactions and connections (i.e., how each spouse interacts with his/her parents) helps the therapist and couple to develop an effective treatment plan. The spouse's microsystems may collide when emotional injuries from the past are being projected onto present relationships.

Social support groups offer relief on a micro- and meso-systemic levels as they allow individuals and families to meet their social and relational needs, and safeguard them from undesirable effects of daily stressors (Garbarino, 1983; Vaux, 1988). Social support is described as *mediating structures* (Wittaker, 1983) in which individuals and families receive and provide formal and informal help from others. This kind of support is significant to a couple in times of crisis when members from inside the family are unable to provide support.

Exosystem is the connection between more than one setting in which the participating individuals are not directly involved (Bronfenbrenner, 1989). For example, the process of therapy described in this study indirectly affects a child whose parents engage in couples' therapy.

The *macrosystem* affects all other systems. It involves social, cultural, political, economic, and other global influences. Social norms and values affect how individuals view marriage, divorce, and couples' therapy. A person's

"directive belief systems" and the way he/she perceives an experience is affected by his/her culture and have an effect on the person's thoughts and behavior (Bronfenbrenner & Morris, 1998, p. 1010). No specific literature was found that relates to the macrosystem as it applies to couples' therapy.

Chronosystem is a concept related to time and is part of the macrosystem (Bronfenbrenner & Morris, 1998). It suggests that growth occurs over time in both the individual and the environment. Human beings are viewed as a functional whole, whose psychological development, including: cognitive, affective, emotional, motivational, and social aspects interact with one another (Bronfenbrenner & Morris, 1998). No specific literature was found that relates to the chronosystem as it applies to couples' therapy.

Conceptual & Theoretical Map

The social environment of Human Ecology Theory provides an understanding of the individuals in couples' therapy in context of their systemic interaction with their environment (Bronfenbrenner, 1979,1989), and the social/structural environment of Family Ecology Theory provides an understanding of individuals' value system while using Bronfenbrenner's systems approach (Bubloz & Sontag, 1993). Additionally, according to Bronfenbrenner (1979) systems theory, bi-directional arrows show interaction between the different layers of systems: Micro-, Macro-, Exso-, Meso-, and Chronosystem. Also, according to Family Ecology Theory, bi-directional arrows show interaction

within three environments: natural/physical, human built, and social/cultural environment (Bubloz & Sontage, 1993).

These different aspects add information regarding the most suitable fit that will likely produce satisfaction with the therapeutic experience and with outcome of treatment in couples' therapy. In-depth interviews provide a better understanding of each case under investigation.

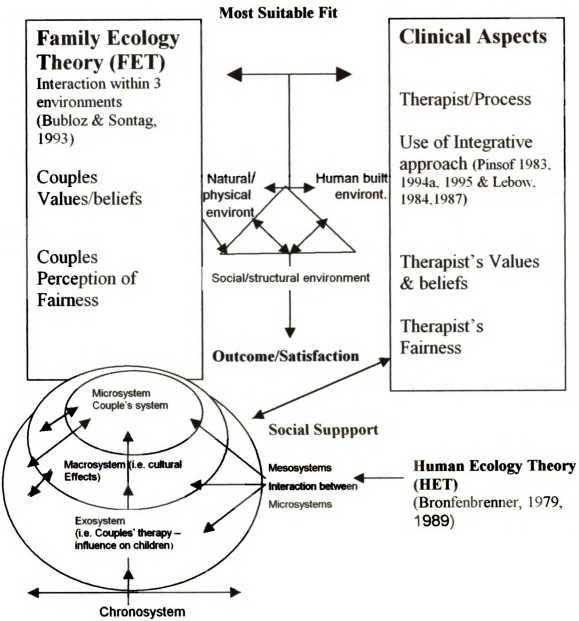

Figure 1.1 A Conceptual & Theoretical Map

Research Questions

The overarching questions of this study are:

Research Question # 1: How does the ecosystem (social environment) influence client's level of satisfaction with treatment of couples in couples' therapy?

Sub-Research Question # 1.1: What are the eco-systemic (social/structural environment) influences on client's level of satisfaction with couples' therapy and outcome of treatment?

Sub-Research Question 1.2: How do values and beliefs of both partners influence client's level of satisfaction with couples' therapy and outcome of treatment?

Sub-Research Question 1.3: How does their perception of fairness influence level of satisfaction of clients with couples' therapy and outcome of treatment?

Research Question # 2: How does Integrative Couples' therapy influence clients level of satisfaction with couples' therapy and outcome of treatment?

Sub-Research Question # 2.1: How do client's demographic aspects influence client's level of satisfaction with couples' therapy and outcome of treatment?

Sub-Research Question # 2.2: How does implementing the most suitably fitted therapeutic or clinical process influence client's level of satisfaction with Integrative Couples' Therapy and outcome of treatment?

Sub-Research Question # 2.3: How do therapist's demographic characteristics influence client's level of satisfaction with Integrative Couples' Therapy and outcome of treatment?

Sub-Research Question 2.4: How does the Integrative approach to couples' therapy influence client's level of satisfaction with couples' therapy and outcome of treatment?

In order to attempt to address these research questions, it is important to understand what is known about the influences on level of satisfaction of clients in Integrative Couples' therapy and how qualitative approach impacts the study of client's satisfaction with outcome of therapy. Additionally, it is important to understand what is known about the complexities of studying a dyad as the unit of analysis.

Chapter 2 reviews the literature related to client's satisfaction with therapy. Chapter 3 expands on the qualitative approach applied to this study, focusing on case studies and in-depth-interviews. Chapter 4 will present the findings of the study. Chapter 5 will discuss the findings, critique the research, and will offer suggestions for future research and treatment of couples' therapy.

CHAPTER 2

Review of Literature

The review of literature for this study covers three main areas: Integrative Couples Therapy, influences of Human Ecology and Family Ecology on couples in therapy, and client's satisfaction with outcome of couples' therapy.

Integrative Couples' Therapy

The term "integrative" refers to the combination of aspects of different schools of psychotherapy (Lebow, 1987). There is a wide scope of methods that can be used under this approach and there is also a large diversity among therapists practicing an integrative approach. Thus, a great deal of variability in practices is expected within Integrative Couples' Therapy.

The first attempt at integration of treatments incorporated psychoanalytic and behavioral orientations within the context of an individual (Wachtel, 1977). More recently, orientations such as structural, strategic, and psychoanalytic were integrated within an individual context (Wachtel & Wachtel, 1986), and strategic, behavioral, and psychoanalytic within the couple context (Gurman, 1981). Pinsof (1983, 1994a) discusses the problem-centered model, which includes three contexts and six orientations. The first context, family-community, relates to extended family, nuclear family and immediate community. The second context, couple, includes homosexual, sibling, premarital, heterosexual, or friendship couple. The third context, individual, relates to a single person, and although

treatment can target the individual's relationship with others it focuses primarily on the individual's perspective of these interpersonal relationships.

The six orientations include: Behavioral, Bio-behavioral, Experiential, Family of Origin, Psychodynamic, and Self Psychology. The first three orientations are contemporary and focus on the here and now. The assumption is that presenting problems result from organizational, biological and constrictions of meaning. The past is not considered as a focal factor in the progression of change. Behavioral orientation targets interpersonal behaviors, and it draws on the theory of social learning, problem-solving strategic therapy, solution-focused, functional family therapy, and structural family therapy. These theories ascribe the development and maintenance of psychological problems to dysfunctional behavioral patterns that stem from a social organizational issue. Intervention is geared toward finding alternative behaviors that will change the organization of the client system. Behavioral approaches, although focused on behavioral modification, integrate cognitive, experiential, and affect therapy (Pinsoff, 1995).

The second orientation, biobehavioral, uses either behavioral or biological approaches to modify biological constraints. This orientation draws on conditioning and training, biofeedback, psychopharmacology, and psychoeducation (Pinsoff, 1995).

Experiential orientation targets mainly the metaframework of meaning. Metaframework focuses on the organization of the structures of the self. This orientation draws on cognitive, narrative, emotionally focused, and interpersonal

communication (especially of feelings within intimate systems) therapies. All these interventions focus on meaning and empathic communication (Pinsoff, 1995).

The last three orientations: family of origin, psychodynamic, and self-psychology are historical orientations that look for meaning that stems from the past that needs to be addressed in order to resolve the presenting problem. The family-of-origin approach targets mainly transgenerational patterns of interaction in the formation, maintenance, and resolution of the problems which clients present in therapy. This orientation draws from contextual therapy, Bowen systems theory, and direct family of origin. The last method involves direct engagement of adult clients' families of origin in therapy sessions. The psychodynamic orientation focuses on object relations, or part of the psyche, and how they maintain homeostasis. This orientation focuses primarily on the history of the client in his/her nuclear family of origin and the influence it has on the development of the client's psychodynamics. Intervention targets analysis and modification of defensive and symptom-maintaining mechanisms. This approach uses the client-therapist relationship as a major tool for change as the therapist becomes a transference object for the client. The six orientation, self-psychology, focuses on the self-metaframework that aims at the organization of the structures of the self. A more recent development in this area is the model of the self as a self-organizing open system, which is consistent with family-system theories (Kohut, 1971, 1977, 1984). Using this approach the therapist attempts to mend the self-object transferences within the family systems. This model has

mostly been used to comprehend and treat narcissistic weakness in marriage (Solomon, 1992).

The main components of the theoretical framework of problem-centered therapy are: interactive constructivism, systems theory, and mutual causality. Interactive constructivism asserts that " there is an independent, objective reality but that human beings can never know it objectively," and the way they view the world is inevitably subjective (Pinsof, 1995, p. 47). Systems theory stems from general systems theory (Buckley, 1968), which states that human life is made of *hierarchically organized living systems* (Pinsof, 1995). Mutual causality refers to the idea of circular causality, which is an alternative to the linear approaches and is congruent with systems theory and the notion of feedback (Pinsof, 1995). Examining effectiveness of treatment requires looking at how the different specific approaches to psychotherapy may be incorporated to maximize their benefits and minimize their deficits. Additionally, it is useful to consider how certain treatment methods can be integrated to maximize cost-effectiveness (Pinsof, 1995). Some strength that is inherent in the integrative approach is its inclusion of different elements from different theories: it allows the inclusion of a larger range of human behavior, allows for more flexibility in treatment of different units of clients, offers an opportunity for more acceptability and efficacy of care, easily adapted to different client population, more easily customized by therapists to fit their own personal style, they offer a large spectrum of interventions and treatment techniques to deal with specific issues, can be easily improved with the development of new techniques and research findings, and they present

exceptional benefits in training (Lebow, 1984). The integrative approach to therapy may lack some theoretical focus, present some inconsistency in formulation, attempt to set perfect goal in therapy that may result in perpetual treatment, and have too much intricacy that may have harmful effects on the therapeutic relationship and complicate the way intervention is structured. Integrative approaches are more difficult to teach than other approaches (Lebow, 1984).

Lebow (1984) discusses guiding principles for clinicians to develop their personal paradigm in using an integrative approach that will allow for best use of their potential and avoid the drawbacks of integration. Principle #1 asserts that an integrative approach "must have a clear and internally consistent theoretical underpinning" (Lebow, 1984, p.3). Therapists using this approach need to have a theoretical framework, know the purpose of therapy, where, how and level of change that needs to occur, and what are the long and short-term goals of treatment. Principle #2 states, "the theoretical formulation should lead to a method of practice consistent with that formulation" (Lebow, 1984, p. 4). Interventions must be purposeful and carefully tailored, and strategies must be articulated. Principle #3 states "no single integrative theory is likely to emerge as the theory of therapy nor will a perfect theory will emerge" (Lebow, 1984, p. 4). Principle #4 points "scholastic approaches can be disassembled into a set of building blocks of treatment; integrative therapists can create their own combination of theory, strategy, and technique from these building blocks" (Lebow, 1984, p. 5). Therapists can select some concepts from different schools

of thought and leave out others. Therapists differ from one another in how they use integrative approaches. Principle #5 states, "Not all scholastic approaches need be obvious. Integrative therapists can limit their use of the concepts of an approach to the provision of an additional perspective on a strategy derived from another model" (Lebow, 1984, p. 5). Principle #6 claims, theories, strategies, and techniques may add in synchronous ways to greater power or have negative interactions that reduce overall effectiveness" (Lebow, 1984, p. 6). The therapist needs to plan carefully before adding a new intervention strategy, and monitor early on how a new intervention impacts the therapeutic process. Principle #7 asserts "problems are manifested simultaneously on a number of levels" (Lebow, 1984, p. 6), i.e., individual intrapsychic, family structure, biochemical, or behavioral. Principle #8 argues, "in choosing intervention strategies, integrative therapists must be aware of the importance of who is seen as well as what is done" (Lebow, 1984, p. 6). Integrative therapists must have a schema of the different modalities, and understand how treatment of one modality (individual) may impact other contexts (family). Principle #9 states, "each of the formal stages of treatment must be considered; the treatment plan should address each stage" (Lebow, 1984, p. 7).

Principles #10 through #12 involve the role of the therapist. Principles #10 claims, "technique is no substitute for therapeutic skills" (Lebow, 1984, p. 7). The therapeutic relationship must be included in treatment. According to psychotherapy research, the therapeutic relationship is one of the most important factors in the effectiveness of treatment. This is also true in family therapy

(Pinsof & Catherall, 1986). "The therapist must create an environment that is psychotherapeutic, i.e., that can be a vehicle for personal change. The personal qualities of the therapist are vitally important in the pursuit of such an environment" (Lebow, 1984, p. 8). The therapist needs to have the ability to feel and be hopeful, empathic, assertive, confrontive, and focused (Lebow, 1984, p. 8). Principle #11 states, "the integrative therapist should be attuned to the personal value implicit in theory and practice" (Lebow, 1984, p. 8). The therapist needs to be aware of his/her own values and whether they affect the choice of intervention. Principle #12 asserts, "the integrative therapist must also deal with what it means to be an integrative therapist" (Lebow, 1984, p. 8). The therapist must be able to adjust to the stresses that the integrative approach presents, stay current with all the latest developments in the different schools of thought, examine self in relation to the present status of his/her personal model, and be able to handle the large number of choices that must be made continually.

Principles #13 through #15 deal with adapting the integrative model to specific cases. "Principles #13: For each case, the therapist must choose among the available explanations and interventions and select a strategy that will maximize the accomplishment of the specific goals of the treatment... Principle #14: In choosing a specific intervention strategy, the therapist also must consider factors as its acceptability to the client and the resources available to serve this particular case.... Principle #15: In treating each case, the integrative therapist must balance a coherence of approach and the flexibility to move to additional modes of intervention" (Lebow, 1984, p. 9).

Principles #16 through #19 describe the building of an integrative model. Principle #16 states, "in moving to an integrative approach, the therapist should begin with a delimited range of interventions" (Lebow, 1984, p. 9). The therapist has to have a structure for practice that manages the complexity presented with the integrative approach, but at the same time allows for future personal development. Principle #17 asserts, "An integrative approach is not a static entity but an evolving method" (Lebow, 1984, p. 10). It is a system open to new ideas in which certain theoretical ideas and techniques may change over time (Liddle, 1985). Principle #18 states, "Techniques should only be added to the therapeutic armamentarium with care; requisite for experimentation with a technique should be both a technical understanding of the procedures involved and a theoretical understanding of the context within which it was created" (Lebow, 1984, p. 10). The therapist must consider carefully each technique's suitability to the case that he/she wants to integrate into treatment. Finally, Principle #19 states: "programs should more explicitly focus on training in integrative concepts and intervention strategies and should shape a path toward integration" (Lebow, 1984, p. 11).

Human Ecology and Family Ecology Theory

This researcher did not find any studies regarding the influence of Human Ecology and Family Ecology aspects on the level of satisfaction with treatment of couples in couples' therapy and outcome of treatment. However, the principles and ideas associated with Human Ecology and Family Ecology are salient to

outcomes of couples' therapy. For example, the social environment is comprised of societal roles, norms, values, and beliefs that among other areas pertain to couples and couples' therapy. Each culture constructs its own norms, values and beliefs, and each person may interpret cultural norms differently (Lazaloffy & Hardy, 2000). How individuals or systems interact with one another is relevant to couples attending couples' therapy interacting with the therapist and other systems that may influence their level of satisfaction with treatment. The client unit in therapy, being an individual, a couple, or a family, is seen as an adaptive system responding to different circumstances in the environment (Bubloz, Eicher, & Sontag, 1979).

Client's satisfaction with couples' therapy

Literature addressing client's satisfaction with couples' therapy is limited. Most studies done in this area investigate individual satisfaction with therapy. Although not specifically aimed at couples' therapy, William and Simmons (1996) survey can be used with couples. The authors conducted their survey at the Family Social Science Department of the University of Minnesota in the summer of 1994. Clinical members of the department filled out this survey to provide detailed information regarding clinical practices of AAMFT clinical members throughout the United States. One of the eight questions in the survey specifically addressed "How satisfied are their clients" (William & Simmons, p. 9, 1996). Fifteen states representing all geographic regions of the United States, from states that do and do not regulate family therapists participated in the

survey. Clinical members of AAMFT in each state received a letter explaining the challenges facing the MFT profession. Random sample of 1716 clinical members was drawn from the 15 states, and the final number of responses by therapist used for this survey reached 526. Outcomes for level of clients' satisfaction yielded: "97.4% of all clients reported themselves generally satisfied, in an overall sense, with the services they received. In 98.1% of the cases, clients rated the services as good or excellent" (William & Simmons, p. 4, 1996). Additionally, 97.1% of the clients reported that they received the help they wanted, 91.2% were satisfied with the amount of help they got, 93% reported that their needs have been met, 98% of the clients indicated that the services they got from MFT therapists benefited them in terms of handling problems more effectively. Moreover, 94.3% of the clients stated that they would seek therapy with the same therapist in the future if they had problems, and 96.9% stated that they would recommend their therapist to others.

Another study geared to measure individual client's satisfaction with therapy is that of Locke and McCollum (2001) who conducted a qualitative study at a university based clinic. The authors assessed clients' perception of, and satisfaction with live supervision, as well as clients' level of satisfaction with therapy. The relationship between the two was then examined. The study was not geared specifically to couples' therapy; however, it would be interesting to apply the questionnaires to couples in therapy. One hundred and eight participating clients provided at least partially completed surveys. Information was kept confidential from participating therapists. Two self-reports were used to

examine clients' satisfaction with the therapeutic experience and with live supervision. Client Satisfaction Questionnaire-8 (CSQ-8) was used to assess clients' satisfaction with the therapeutic experience. This Likert scale includes eight question to be rated from "1" to "4" – low to high. An example of these questions is: "How would you rate the quality of the services you received," and "To what extent has our program met your needs" (Locke & McCollum, 2001, p. 131). The scores on the CSQ-8 showed that clients were generally satisfied with their experience in therapy. Average satisfaction score was 28.4 when scores on the CSQ-8 ranged from 8 to 32, and higher scores indicated high level of satisfaction (Locke & McCollum, 2001).

Denton, Burleson, Clark, Rodriguez, and Hobbs (2000) conducted a study in which they compared couples that received Emotion-Focused Therapy (EFT) with couples on a waiting list. One of the aspects addressed in the study was clients' satisfaction with the therapeutic process. Couples participating in the study were referred by clinicians or responded to local newspaper advertisements. The couples had to meet certain criteria; they had to be married, living together, and experiencing problems in their marriage. Clients were selected randomly to be in the treatment group or on the waiting list for the eight weeks of therapy. Cases of presence of physical or emotional abuse, substance abuse issues, and primarily sexual problems were excluded from the study. The Dyadic Adjustment Scale (DAS) was used to determine if at least one of the spouses had a certain level of distress. Therapy was free of charge, conducted in a room with a one-way-mirror, video camera, microphone, and an

intercom phone system. Generally, sessions were held weekly. Supervision sessions were provided to the therapists, and 10 minutes before conclusion of each session the therapist took a break to consult with the supervisor (Denton, Burleson, Clark, Rodriguez, & Hobbs, 2000). To examine client's satisfaction with therapy clients completed the Purdue Family Therapy Satisfaction Scale (PFTSS; Paddock, 1990), and the Client Satisfaction Questionnaire (CSQ; Nguyen, Attkisson, & Stegner, 1983). Thirteen couples assigned to the treatment group and nine couples assigned to the waiting list completed the study. Average age of participants was 36 ranging from 23 to 59 years. Participants rated themselves as slightly to moderately religious, indicated they had been married 1.2 times (1-3), had been divorced .2 times (0-2), average number of years married 10.5 (1-36), reported annual income between $30,000 to 49,999, and had an average of one child living at home (0-2) (Denton, Burleson, Clark, Rodriguez, & Hobbs, 2000). The two groups were similar on the demographic variables and assessment of martial satisfaction. Participating therapists included eight residents in psychiatry who agreed to participate in return for clinical supervision; six females and two males, seven Caucasians and one Asian, who were at least in their second year of residency training. None had prior experience in couples' therapy. The therapist received EFT training (Denton, Burleson, Clark, Rodriguez, & Hobbs, 2000).

The CSQ is an eight-items self-report measure assessing client satisfaction with therapy experience. Clients rate items with one of four answers that vary according to the question. The measure shows evidence of validity and

reliability (Attkisson & Zwick, 1982). PFTSS is an 18-item, 5-point Likert scale. In this study, four of the items were reworded to reflect couples rather than families (Denton, Burleson, Clark, Rodriguez, & Hobbs, 2000). Outcomes showed that gender of clients or initial group to which clients were assigned were not a factor in client's satisfaction. Likewise, age, number of years of marriage, and cognitive complexity were not found to be related to client's satisfaction. Level of education and income were inversely related to level of client's satisfaction. Two open-ended questions were added to the CSQ: 1) "The thing I like best about the center is," and 2) "If I could change one thing about the center, it would be." Forty-three clients responded to the open-ended questions. Comments to the questions were categorized. Participants provided positive comments relating to the EFT program regarding the therapist role as a facilitator of discussion. They suggested that the therapist allowed discussion of feelings in front of the other spouse, facilitated understanding of each spouse by the other regarding where the other spouse stands, making the experience comfortable, providing guiding questions, allowing the client to think, feel, and express himself/herself while the therapist acted only to stimulate conversations, encourage communication, pointing out things, and letting the client find solutions. The major category of comments was positive statements about therapists being caring and concerned, and there were no negative statements about therapists. Some of the positive comments related to aspects of couples therapy, which are more general and not unique to EFT (Denton, Burleson, Clark, Rodriguez, & Hobbs, 2000). Some participants, who asked for change in

therapy, suggested that the therapist should take a more directive role in helping them solve their problem, and some indicated they wanted more homework assignments. One participant thought it was not helpful to focus on present experiences and that working on revealing the sources of the problems would be more beneficial. Yet, another participant wanted more "guidance" on how to continue after the end of treatment. Most comments about having a team were positive. Some participants stated they were uncomfortable with the one-way mirror (Denton, Burleson, Clark, Rodriguez, & Hobbs, 2000).

The one study found for the purpose of this review that deals specifically with client's perception of couples' therapy is Bowman and Fine's (2000) study of "Client perceptions of couples' therapy: Helpful and unhelpful aspects." This study addressed the following issues: clients' perception of helpful and unhelpful experiences in therapy, therapist's activities perceived by clients as helpful or unhelpful, client's perception of impact of helpful and unhelpful aspects of therapy, and finally similarities of individual's perceptions within couples of what is helpful and unhelpful. This qualitative study used discovery methodology attempting to add to the existing literature and develop ideas based on client's perceptions of his/her therapeutic experience. The opportunistic sample of five heterosexual couples from South Ontario was selected from couple clients receiving therapy at a university-based couple and family therapy clinic. Four of the couples were attending conjoint therapy at the above clinic at the time of the research interviews. The last couple completed the therapeutic process eight days before interviews started. Couples completed between five and 40

sessions averaging 20 sessions. All participants were white. They were either married or cohabiting couples. Length of time together was between 5.5 and 10 years. Researchers and therapists were all in their second year of a Master's level Marriage and Family Therapy program, and training as therapists (Bowman & Fine, 2000). Approximately 1.5 to 3 hours of face-to-face interviews with both partners were conducted within eight days of a therapy session. Interviews were semi-structured, and followed the research questions. In order to minimize the researcher's influence on the participants, couples were asked to elaborate and/or clarify their responses.

Interviews were transcribed and coded separately, and were then compared for emerging themes across all interviews. Interviews were then re-examined, and codes were revised. Throughout the coding process, the researcher noted thoughts and relevant literature. To increase the credibility of the findings, participants were given a detailed summary of the codes and highlighted segments of the interviews to check and revise them. Additionally, the second author and other colleagues were consulted throughout the coding process.

The findings of this study demonstrated that the therapeutic atmosphere was the single most contributing factor in the self-reported helpful aspects of therapy. Trust in the therapist was one subcategory of this factor, which involved the following constructs: validation, support and being nonjudgmental, genuine interest and caring by the therapist, and willingness of the therapist to share his/her perceptions. Other subcategories of therapeutic atmosphere were safety

in session structure, rules, and closure. Additional factors included the client's decisions to devise their own solutions, the ability of clients to determine the focus of each session, the freedom to reject a specific approach or idea, and the absence of pressure to answer in a certain way in order to accomplish certain goals. Another element contributing to the therapeutic atmosphere was the equal treatment of both partners by the therapist, where both feel heard and acknowledged, and where the therapist is able to refocus the session. Finally, the last subcategory described is therapy context as being a special time to concentrate on relationship. The other factor of helpful aspects of therapy is ideas and information. This includes the subcategory of arriving at a new understanding regarding the relationship, which involves the partners gaining more understanding about, and a different view of each other as well as understanding underlying issues. It also involves gaining more knowledge about couples' communication and interactions. Another subcategory is seeing the Self in a new light, gaining new ideas about gender, and making a connection between one session and the next.

Therapeutic atmosphere, under unhelpful aspects of therapy, includes unequal treatment of each partner by the therapist, interrupting clients when they want to talk, using the term "therapy", and short sessions lasting only one hour. For ideas and information under the unhelpful aspects of therapy there was only one subcategory, which refers to the issues discussed in therapy not being applied to client's real life.

The authors state that many of the themes and findings in their study are congruent with previous studies. However, they point out to an important theme that they did not find in previous literature, which deals with client's perception of "safety in session structure". Bowman and Fine (2000) also found that there were insignificant gender differences in how partners perceived therapy, and there was very little disagreement between partners regarding what was helpful in therapy.

The studies reviewed in the aforementioned literature demonstrate a number of methodology strengths and limitations pertaining to sample selection, data collection, and analysis. The semi-structure of face-to-face interviews allows interviewers to focus on the research questions. By only asking for elaboration and clarification of the responses the level of influence of the interviewer on the participant is reduced. It also allows for more exploration and in-depth understanding of the client's experience. Examination and re-examination of codes and revising them helps the reduction process of categorization and getting closer to the core essence of the data. Conducting individual and conjoint interviews with participants is one way of triangulating data. Carrying out semi-structured face-to-face interviews and using separate coding system with participants' review of a detailed summary of the codes, and highlighted segments of the interview reduces the degree to which the researcher might impose his/her own bias on the interpretation of data, adding more credibility to the findings. Finally, consulting with others throughout the

coding process allows more perspectives to be included, thus, reducing subjectivity of the researcher, and providing a more precise set of categories.

Bowan and Fine's (2000) study highlights a number of limitations inherent in couples' qualitative research on satisfaction with couple's therapy. The study employed a small homogeneous sample, thus, reducing the ability to make inferences beyond this population. There is extreme variability in number of therapeutic sessions that the couples received ranging from five to 40. It may be possible that the number of sessions received affects how the participants perceive the therapeutic experience, however, the study failed to examine this issue. The therapists involved in this study were second year, Master's level students, in a Marriage and Family Therapy program, training as therapists. This leads to believe that their experience as therapists was limited. The question is whether it is possible that therapists in training are more careful with the way they treat clients, perhaps trying to please them. However, an inexperienced therapist may have difficulty with treating both partners equally, which would lead to the opposite of this study's findings resulting in dissatisfaction of the participants with the therapeutic experience. Additionally, the therapists and researcher's training focused on social constructionist, narrative, feminist, and solution-focused models. The researchers point out that participants closely associated positive aspects of therapy with ideas related to the social constructionist approach. Participants identified only a few unhelpful aspects in their therapeutic experience under study. This could be a result of the fact that clients agreeing to participate in a study that involves therapy may already have a positive outlook

on therapy. Furthermore, it is also possible that being involved in a study following therapy, participants may feel uncomfortable criticizing their therapists. Finally, interviewing the partners together may have produced false findings about the actual perception of each individual of the therapeutic experience. There is no indication if in fact each partner was influenced by the other's view and how this was captured in the interview setting, nor was it mentioned how the interviewer controlled for this factor.

Pasley, Rhoden, Visher, and Visher's (1996) studied helpful and unhelpful aspects of couples' therapy. Helpful aspects of therapy were found to be related to affective support, clarification of issues, and to the therapeutic process and structure. Unhelpful aspects of therapy were found to be related to therapist's lack of training, skills, knowledge of a specific subject related to the presenting problem, and skills that stimulate trust and empathy. Additionally, negative outcomes in therapy were related to therapy being too simplistic, not practical, problems not being identified, goals not being set, and issues not being resolved (Pasley, Rhoden, Visher, & Visher, 1996).

Quinn's (1996) study of clients' view of their experience with therapy identified three domains of meaning while conducting interviews with clients after therapy ended: affirmation, discovery, and congruence. Letting the client provide feedback regarding the therapeutic process provides an understanding of the impact that treatment has on human behavioral change, an acceptance of the client's rights and awareness of his/her expectations regarding appropriate and ethical treatment, and a sincere consideration and full recognition for the

influence the client's perception has on the process and outcome of therapy (Quinn, 1996). Through client's feedback the meaning of problems can be revised. This idea challenges the way the therapist normally thinks about intervention. It requires the therapist to be open minded and flexible about treatment. Without the client's feedback, gaps in the way the therapist and client view the problem, solution, personal traits, family members and other therapy related issues could lead to a disharmonious treatment plan (Quinn, 1996).

In his qualitative study, Quinn (1996) intended to provide therapists with an opportunity to hear through clients' descriptions how they perceive therapy without having the therapists impose their conceptual limitations. Therapists participating in the study were doctoral candidates in a Marriage and Family Therapy accredited program by the American Association for Marriage and Family Therapy (AAMFT). Interviewers were research associates, and interviews lasted between one and several hours. The interviewers had some therapy training, but were not involved in any way with participating clients. Fourteen client systems were chosen from the log of recently closed cases in the clinic of the MFT program. They were interviewed in their homes to allow more interactional space. Five interviews were conducted with single informants, three of whom were in individual therapy and two in group therapy; another five were couples; and four were families. Interviews were audio taped and transcribed. Transcripts were then analyzed for patterns and themes that were then conceptualized as domains of meaning. Analyses were done by the author and another two research assistants. Consensus was reached regarding three

categories. The first category, Affirmation, relates to clients wanting to know that their therapists are humans and live in the same world as they do. They want to feel some sort of social connectedness to being human and to be validated with their assets and limitations. Key phrases used by clients/informants for this category include: "we count, being comfortable, being able to stay with me, extending herself, drawing me into her life" (Quinn, 1996, p. 79), and others. The second category, Discovery, represents the clients' experience of gaining insight or knowledge. Clients gave the sense that an important component of therapy was the unique conversation that provided them with a new way of looking at their problem. Discovery becomes possible when client's needs of belonging, freedom, power, and enjoyment of living were being met. Key phrases used by clients/informants to create this category include: "the light going off, not clamming up, throwing questions right back to us, asking a question I never considered" (Quinn, 1996, p.85), and others. The third category discusses congruence between the client and therapist. From client accounts it became evident that therapists must have "flexibility in their influential posture" (Quinn, 1996, p. 86). Clients have an idea about therapy from previous experiences, from other sources of information, as well as from their background. In order for treatment to be effective, there must be congruence between client's expectations of treatment and the therapist's delivery of those services. Key phrases in this category include: "connecting what was happening, keeping me in a balance, pinpointing the problem, knowing where I need to go, putting myself through this little session in my mind, building up the talk, and someone who can

help you in that area" (Quinn, 1996, p. 90). Quinn states that eliciting the client's voice is beneficial because it allows therapists to explore the dimensions of therapeutic processes within their own therapeutic setting and it provides clients with an opportunity "to be positively changed by the experience" (Quinn, 1996, p. 91).

It is assumed that using open-ended unstructured questions in interviews allows individuals to express themselves (Bowman & Fine, 2000). Qualitative research allows both, the therapist and the client, to explore how the client came to seek therapy, and creates a milieu for creativity and expression through reflective conversations (Hoffman-Hennesy & Davis, 1993). Open-ended, collaborative research allows examining with clients over time and periodically how they are experiencing their process, and talking about the process. Andersen's (1993) approach of "hermeneutics" to therapy asks clients about their therapeutic experience, specifically how they came to seek treatment, how they feel about being in treatment, and how they plan to direct sessions. He asserts that when clients express themselves they establish a sense of 'self.' Clients have unique experiences that may or may not be shared by their therapists, thus using open-ended questions allows for more genuine conversations and collaboration (Anderson & Goolishian, 1988; Goolishian & Anderson, 1987).

Summary

This researcher attempted to explore what factors influence the level of satisfaction of couples in Integrative Couples' Therapy, how they perceive the

therapist, helpful and unhelpful aspects of therapy, and how satisfied or dissatisfied each partner is with the therapeutic experience and outcomes. The researcher used the integrative approach to couples' therapy, and discussed aspects of Human Ecology and Family Ecology that influence the level of satisfaction of couples in couples' therapy.

The reviewed literature for this study describes the concept of couples' therapy and client's satisfaction with this form of therapy. The literature covered clients describing their experience in couples' therapy and what they found to be helpful and unhelpful aspects of the therapeutic experience.

CHAPTER 3

Methodology

This qualitative study explores human and family ecological aspects, and clinical aspects that influence clients' level of satisfaction with Integrative Couples' Therapy and outcome of treatment. The qualitative approach was chosen for this study because it provides rich descriptions of and explanations to the flow of events in a contextual setting (Miles and Huberman, 1994), and it accounts for the voices of participants and therefore is more representative of them. Qualitative approaches assume that it is necessary for researchers to know empathetically and subjectively the perspectives of the participants (Linclon & Guba, 1985; Patton, 1980; Rist, 1977; Smith, 1983; Wilson, 1977, as cited in Jacob, 1988). Qualitative research is said to be an interactive and transformational process involving a close interaction with the researcher, participants, and the data. The researcher's background, gender, social class, values, and ethnicity all impact the way he/she interprets data (Sword, 1999).

Using qualitative methods allows the proper representation of human diversity, involves the researcher as a person, and establishes a relationship between the researcher and the participants (Avis & Turner, 1996). The participants are active members in the process of data collection and are considered to be the experts of their own experience, and command respect for that (Daly, 1992). Using a family or a couple as the unit of analysis is suitable to qualitative research methods (Daly, 1992).

Dyadic Research Methods

Dyadic research methods, using a couple or several family members, are suitable for qualitative research methods (Daly, 1992). Research with a dyad as the unit of analysis is a relatively new phenomenon in which the researcher is interested in studying the interactive properties in relationships. Consequently, the researcher must remain focused on the relationship throughout the research process and be aware of the conceptual assumptions that support dyadic research (Thompson & Walker, 1982). A dyad includes two individuals in an intimate and direct relationship over time, in which personal interdependence and mutuality are at the heart of its attributes (Thompson & Walker, 1982). Dyadic research must include: conceptualization of the problem from a relational perspective, participants that represent a relationship, measurements that can be applied to one or both members of the dyad and to relationship assessment, an interpersonal analysis examining patterns between partners and relationships, and interpretations and implications depicted about the relationship between the individuals (Thompson & Walker, 1982).

This study employs the above criteria for dyadic research by utilizing partners in intimate relationships for at least three years, open-ended questions in in-depth conjoint interviews with both partners, and separate in-depth interviews with the therapists who provide or provided couples' therapy to the selected couples, and by using a systemic viewpoint to analyze the outcomes.

Whereas research involving individuals as the unit of analysis focuses on the individual's values, beliefs and opinions, studying dyads adds the dimension

of relational norms, rules, power differences, and interdependence between members (Thompson & Walker, 1982). In dyadic research the researcher may gather information from one or both individuals. In this study data was gathered conjointly.

Case Study methodology

Case study approach focuses on the development of an in-depth analysis of a single or multiple case(s) (Crowell, 1998). Case studies have been important in the development of humanistic and transpersonal clinical models (White, 1972; Rogers, 1942; Lukoff, 1996; May, 1972, as cited in Edwards, D. J. A., (1998). Data is collected for case studies from a variety of sources including: documents, archival records, interviews, observations, and physical artifacts. Using this method the research can be conceptualized in distinct phases: descriptive phase, theory development phase, and theory-testing phase (Eckstein, 1975; Giorgi, 1986b, as cited in Edwards, D. J. A., 1998). The descriptive phase is further divided into subscales of exploratory-descriptive work and focused-descriptive work. The theory development phase includes grounded theory building and hermeneutic work. The theory-testing phase includes testing propositions within grounded theory and meta-theoretical deconstruction, using material from cases to reveal hidden assumptions, which then provides a base for the body of psychological theory (Edwards, D. J. A., 1998). Case studies require in-depth data collection, a small number of cases that are purposefully chosen, and a clear demarcation of time and space

boundaries relating to the phenomenon being studied (Creswell, 1998; Moon & Trepper, 1996).

Gathering data from a variety of sources strengthens the confidence in the collected information, and increases the level of trustworthiness (reliability). It is suggested that some ways to increase trustworhtiness include: persistent observation, using research procedures, and using multiple observers (Miles & Huberman, 1994; Moon & Trepper, 1996). To assure validity in case studies the researcher may use the following methods: observation in the natural environment, triangulation of data collection and sources, extended involvement in the setting, and discussion of burgeoning concepts in the case with co-workers (Moon & Trepper, 1996).

To assure trustworthiness in this study, the researcher 1) employed persistent observation via listening repeatedly to audio tapes of the interviews, and transcription; 2) followed research procedures relating to interviewing; 3) observed and interviewed couples in the therapist's office; 4) collected data via in-depth interviews, observation during the interviews; 5) used direct quotes from the interviews when reporting findings; 6) minimized researcher's biases via consultation with research advisor and coworkers; and 7) used a co-rater to analyze and decode data.

Procedures

Researcher: Self as Instrument

The researcher's use of self in qualitative studies is instrumental (Creswell, 1998). This researcher developed in the last six years a clinical caseload consisting mainly of couples and families in distress, and became interested in exploring clients' satisfaction with couples' therapy. It became evident that treating a dyad or a larger client unit requires a different approach than treating an individual. Treating an individual entails interaction between the therapist and one individual present in the session; working with couples and families involves complex dynamics within the client unit, between different members of the client unit and the therapist, and between the entire client unit and the therapist. The therapist is required to be attuned to all members and their interaction with each other. He/she has to master the ability to join with each individual without creating a situation where any of the individuals feels excluded. With couples, or families, the treatment goals relate to the relationship between the individuals that compose the client system. Treating a couple is complicated because the therapist has to consider the needs and expectations of each individual as well as the needs of the relationship, has to assure that he/she doesn't side with one partner and excludes the other, and has to assure that the goals of the relationship are being addressed.

Fascinated by the complexity of this delicate balance in couples' therapy, this researcher embarked on the task of reviewing existing literature dealing with clients' perception of couples' therapy. It became evident that only limited

research had been done in this area. Wishing to help other therapists who work with couples and to increase the effectiveness of couples' therapy and render it more beneficial for the clients, this researcher decided to further explore this phenomenon and the level of satisfaction of clients with the therapeutic experience and treatment outcome via in-depth interviews with couples who are currently attending, or attended in the past conjoint couples' therapy to work on their relational issues.

Sample

The purposeful sample for this study included six couples, five of whom are currently engaged in couples' therapy and one couple was in couples' therapy one and one half years prior to this study, with the selected therapists. The sampling procedure was aimed at being sufficient to reach saturation of crosscurrent themes and meaning among the individuals' description of their experience of couples' therapy and the treatment outcome (Marshall & Rossman, 1995). When these themes started recurring, or reached saturation, the sample was considered sufficient (Denzin, 1994; Newfield, Sells, Smith, Newfield, and Newfield, 1996). All materials relating to the participants including audiotapes, transcribed interviews, field notes, demographic questionnaires, and all other materials were secured in a locked file cabinet. Raw data with identifying information of participants is available only to the researcher. Instead of using individuals' names, each couple was assigned a pseudonym. Participants were

informed of procedures that were taken to assure confidentiality of the data they shared with the researcher.

The six couples selected for this study met the following requirements: couples who were married or have been together for at least three years at the time of the study, not filed for divorce, and not involved with another therapist other than the couple's therapist. Couples where domestic violence was an issue or where substance abuse was a present issue were excluded from this study.

This researcher contacted via telephone several MFT therapists listed on the on-line AAMFT therapist locator. The researcher explained the purpose of the call and described the study she is conducting, questioned them whether they considered themselves as providing Integrative Couples' Therapy, and inquired whether they had couples on their caseload that answer the criteria for this study. She then sent to therapists who confirmed their integrative practice with couples and who expressed their willingness to participate the abstract of this study, the Interview Guide for Conjoint Interviews (see Appendix B), Demographic Questionnaire for participating couples (see Appendix C), Informed Consent for participating individuals (see Appendix D), and Informed Consent for participating therapists (see Appendix E). The information included issues related to confidentiality of potential participants. Only two out of twelve therapists chose to continue with the study. The two therapists are licensed in Marriage and Family Therapy. Both have their master's degree in Social Work. Both therapists are Caucasian. One is a female and the other is a male therapist.

The female therapist, who is trained in MFT, has 20 years of experience providing therapy, and the male therapist has 28 years of experience in Marriage and Family Therapy. He also has been teaching this subject at Wayne State University for the last 14 years, and is an approved MFT supervisor. Both practice in the Detroit Metro area in Michigan.

The selected therapists discussed with their selected clients this study and provided willing couples with the Informed Consent and the Demographic Questionnaire. The therapists coordinated with the selected couples and the researcher a time for the interview. Interviews with therapists were conducted prior to interview with the respective clients (see Appendix A).

A pilot study was conducted with one of the couples who was willing to participate in this study before the actual study took place. This allowed the researcher to verify that audio equipment works properly, that the interview questions are clear, and to promote a comfortable and safe setting to share beneficial information relating to this study. Based on feedback from the pilot study, one interview questions was removed. The pilot study lasted one and one half hour. The same protocol and procedures that applied to the main study were applied to the pilot study.

Participants in this study completed and signed an informed-consent form. They were informed of their right to discontinue their participation at any time during the study, that being part of this study would not interfere with services they were receiving from their therapist, and that their therapist had no access to information shared by them for the purpose of this study. Additionally, it was

clarified to all participants that participation in the study was completely voluntary. Finally, as a token of appreciation for participating in the study, each couple received a copy of a book on marriage: Gottman, J. M. & Silver, N. (1999). The seven principles for making marriage work. New York, New York: Three Rivers Press.

Data Collection

Data collection for this cross-sectional study was done at the clinical office of the therapist who provided services to the particular couples. Each partner completed a demographic questionnaire. Interviews with the therapists were conducted prior to interviews with the clients. Conjoint interviews took place either before or after the couple's therapeutic session in the five cases of the couples that were still in treatment at the time of the interview, not prior to the sixth session. All interviews were comprised of open-ended questions. The therapists' interviews can be found in Appendix A. Conjoint interviews are in Appendix B, and partners' demographic questionnaires are in Appendix C. Partners' interaction was closely observed by the researcher at the time of the conjoint interviews in order to obtain information regarding possible influence they may have had on one another concerning their perception of the therapeutic experience. Conducting combined interviews allowed the researcher to examine how both partners perceived the same experience. This researcher also employed persistent observation via listening repeatedly to audiotapes of the interview, and transcription. Additionally, when reporting findings, the researcher

used direct quotes from the interviews. The researcher also consulted with a co-rater to reach consensus regarding the emerging themes and categories.

Table 3.1

What influences client's level of satisfaction with Integrative Couples' Therapy (ICT)?
Therapist Interview

For each couple the therapist will be asked the following questions:

Theory	Research Question	Interview Question
Human Ecology (Bronfenbrenner, 1979, 19890	*How does the eco-system* influence client's satisfaction with couples' therapy & outcome of treatment: What are the eco-systemic influences on client's level of satisfaction with couples' therapy & outcome of treatment?	*Demographic questionnaire: point out* things that may influence this couple. What is the relationship between demographic characteristics (i.e. cultural/ethnic background) & satisfaction with therapeutic experience? What do you know about how this couple's culture or ethnic group views couples' therapy? Probe: Is it accepted? Encouraged? Looked down on? From what they shared with you, how do their families (relatives, or children) view couples' therapy? Probe: Are they encouraging? Are they against it? Are they supportive of their decision to seek couples' therapy? In what way are they supportive: emotional? *Financial? Providing* childcare?
Family Ecology (Bubloz & Sontag, 1993	How do your values and beliefs influence the therapeutic process?	How do you define a healthy intimate relationship? Probe: Couples that spend a lot of time together? Apart? How are decisions *made? Does it involve sexual intimacy?* How?
	How does their perception of fairness influence the couple in therapy?	How do you feel regarding treating each partner fairly during the therapeutic session? Probe: Do you feel that you took sides? How or how not?
Clinical approach ICT (Pinsoff, 1983, 1994a, 1995; Lebow, 1984, 1987)	How does ICT influence client's level of satisfaction with couples' therapy & outcome of treatment? How do client's aspects influence client's level of satisfaction with couples' therapy & outcome of treatment?	Same question as in the section related to Human Ecology

Table 3.1, *cont.*

Theory	Research Question	Interview Question
	How does the therapeutic or clinical process' goodness of fit influence client's level of satisfaction with couples' therapy & outcome of treatment?	What aspects of therapy do you think the couple found to be helpful or unhelpful? Why or why not? What aspects of therapy did you find to be helpful or unhelpful? Why or why not?
		What was this specific couple hoping to accomplish? What were their goals in coming to therapy as a couple? What were their goals in coming to therapy as individuals? Do you feel they've accomplished any of their goals? Why or why not? Overall, scale 1-10, "1" – "not accomplished," "10" – "completely accomplished," how close do you feel they are to accomplishing their goals? How were these goals decided on? (e.g., alone, tougher with spouse, by the therapist, or both)?
	How do therapist's aspects influence client's level of satisfaction with ICT & outcome of treatment?	What are your values and beliefs regarding couples' therapy? What, if any, biases do you have regarding gender, religion, ethnic groups, or any other?
	How does the Integrative approach to couples' therapy influence client's level of satisfaction with couples' therapy & outcome of treatment?	Do you feel that you were flexible in meeting the couple's needs? Do you feel that the interventions used by you were appropriate most of the time? How do you feel about your style fitting with who the partners are and with their style? Do you feel you addressed the presenting problem in a way that was comfortable for the partners? How?

Table 3.1 Theory, research & therapist interview questions

Table 3.2

What influences client's level of satisfaction with Integrative Couples' Therapy (ICT)?

Conjoint Interview

The couple will be asked the following questions:

Theory	Research Question	Interview Question
Human Ecology (Bronfenbrenner, 1979, 19890	How does the eco-system influence client's level of satisfaction with couples' therapy & outcome of treatment? What are the eco-systemic influences on client's satisfaction with couples' therapy & outcome of treatment?	Demographic questionnaire: What is the relationship between demographic characteristics (i.e. *cultural/ethnic* background) & satisfaction with therapeutic experience? Tell me how your culture or ethnic group views couples' therapy? Probe: Is it accepted? Encouraged? Looked down on? **How does your family (relatives, or children) view couples' therapy?** **Probe: Are they encouraging? Are they against it? Are they supportive of your decision to seek couples' therapy? In what way are they supportive: emotional? Financial? Providing childcare?**
Family Ecology (Bubloz & Sontag, 1993	**How do your values and beliefs influence the therapeutic process?**	**How do you define a healthy intimate relationship?** **Probe: Do you spend a lot of time together? Apart? How are decisions made? Does it involve sexual intimacy? How?**
	How does their perception of fairness influence the couple in therapy?	**How do you feel you were treated fairly during the therapeutic session?** **Probe: Do you feel that the therapist took sides?** **Do you feel that the therapist blamed you or your partner unfairly? Why or why not?**
Clinical approach ICT (Pinsoff, 1983, 1994a, 1995; Lebow, 1984, 1987)	How does ICT influence client's level of satisfaction with couples' therapy & outcome of treatment? How do client's aspects influence client's level of satisfaction with couples' therapy & outcome of treatment?	Same question as in the section related to Human Ecology

Table 3.2, *cont.*

Theory	Research Question	Interview Question
	How does the therapeutic or clinical process' goodness of fit influence client's level of satisfaction with couples' therapy & outcome of treatment?	What aspects of therapy did you find to be helpful or unhelpful? Why or why not? What did the therapist do that was helpful What did the therapist do that was unhelpful? What aspects of therapy would you have liked to see happen more often? What aspects of therapy would you have liked to see happen less often? What were you hoping to accomplish? What were your goals in coming to therapy as a couple? List the top 3 with the most important goal first. What were your goals in coming to therapy as individuals? List the top 3 with the most important goal first. Do you feel you accomplished any of your goals? Why or why not? Overall, scale 1-10, "1" – "not accomplished," "10" – "completely *accomplished," how close do you feel* you are to accomplishing your goals? How were these goals decided on? (e.g.. alone, tougher with spouse, by the therapist, or both)?
	How do therapist's aspects influence client's level of satisfaction with ICT & outcome of treatment?	Do you feel your therapist has any biases regarding gender, religion, ethnic groups, or any others?
	How does the Integrative approach to couples' therapy influence client's level of satisfaction with couples' therapy & outcome of treatment?	Do you feel that the therapist was flexible in meeting your needs? How? Do you feel understood by the therapist? Do you feel that the interventions used by the therapist were appropriate most of the time? How do you feel about the therapist's style fitting your & your partner's style? Do you feel that your therapist addressed the presenting problem in a comfortable way?

Table 3.2 Theory, research & conjoint interview questions

Data Analysis

Data analysis involved several steps and was done manually, without utilizing qualitative data analysis software. First, this researcher transcribed the interview audiotapes verbatim. Then, transcripts were edited to remove inaudible parts. Notes taken at the time of the interview were reviewed, analyzed, and served as observational information. Demographic data was arranged in a table to compare at a glance important information related to the different couples and individuals in each partnership (Table 4.1).

Subsequently, the transcripts were analyzed. Repeated reviews of the transcripts and notes taken during the interviews resulted in the emergence of themes and categories within each case. Initial codes for the transcripts consisted of influences of: demographic factors (i.e., education, SES), cultural values, family of origin's view of therapy, individual values, individual's perception of the therapist's characteristics and therapeutic atmosphere, helpful and unhelpful aspects of therapy therapist's values. In addition therapeutic goals, setting goals, and goal attainment were examined. Further analysis and discussion of themes and categories with the co-rater led to some changes in the initial codes. For example, Demographic, Cultural and Family of Origin Influences were grouped together (see Table 4.2), and now include the themes: (1) Level of education and income; (2) Presence of children; (3) Transgenerational experience with family of origin; and (4) Previous counseling.

The final list of codes and themes included:

1. Influences of Demographic Factors, Cultural and Family of Origin on Couple's Perception of Therapy (see Table 4.2).

   Themes: (1) Level of education and income

   (2) Presence of children

   (3) Transgenerational experience with family of origin.

   (4) Previous counseling

2. Influences of Therapist's Characteristics and Therapeutic Milieu on Couple's Perception of Therapy (see Table 4.3).

   Themes: (1) Fairness

   (2) Free of biases

   (3) Relaxed demeanor/laid back

   (4) Partners being treated equally

   (5) Addresses the problem in a comfortable way: safe to talk, non-judgmental, non-threatening

3. Aspects of Therapy (see Table 4.3).

   Themes for Helpful Aspects of therapy:

   (1) Active listening

   (2) Communication skills

   (3) Solution oriented

   (4) Homework assignments

   Themes for Unhelpful Aspects of therapy:

(1) Lack of structure

(2) Lack of direction

(3) Lack of specificity

(4) Lack of assertiveness

4. Therapeutic Goals

Themes for Relational Goals:

(1) Avoid divorce

(2) Improve communication

(3) Improve intimacy

Themes for Individual Goals:

(1) Emotional regulation

(2) Intimate behavior

Themes for Setting Goals:

(1) Partners together

(2) Partners with therapist

(3) Individually

(4) Implicit goals/not discussed

Themes for Goal Attainment:

(1) Attained

(2) Progressing

(3) Score

The codes and sub-codes were used to analyze each case. The six cases are each narrated in Chapter 4. Reliability of the stories of each couple is

assured via direct quotes that are incorporated into the observations and analysis. Data was examined within cases and across cases. The findings will be presented in accordance with the original research questions in Chapter 4.

This researcher is a 50-year-old white, female who moved to the United States from Israel 17 years ago. Being privileged and from a different culture may present a certain level of bias on her part. However, she is aware of this possibility and practiced extra caution in order not to allow this bias to interfere with the process of this study.

Another bias of this researcher may relate to the fact that she is a couples' therapist and believes in the benefits of couples' therapy. Hence, she is more prone to elicit a more positive type of feedback from participants in this study. To assure controlling the tendency to hear the positive aspects and put less emphasis on the negative ones, this researcher used: a co-rater to analyze all interviews, peer consultation and peer supervision, and debriefed with members of the research committee.

CHAPTER 4

Findings

This qualitative study explored how individuals in couples' therapy described what influences their level of satisfaction with their therapeutic experience and outcome from Integrative Couples' Therapy. In-depth interviews, observations, and analysis of demographic questionnaires from the six participating couples provided data on the factors that influenced their level of satisfaction with their therapeutic experiences and outcomes from the treatment.

Demographic data on the couples is presented in Table 4.1. Then, a narrative of a within-case analysis of the findings of the six couples and the response of the related therapist will be provided for each case. This will allow the presentation of similarities and differences between the therapist and the couple. Finally, this researcher will provide the cross-case analysis showing similarities and differences among the cases.

Information gathered from the demographic questionnaires, interviews, and field notes taken at the time of the interviews were analyzed.
The data gathered from the demographic questionnaire was entered into a table form (Figure 4.1), summarizing the demographic characteristics of participants. Observation of the couples' interaction and their use of body language provided important information regarding congruency with the content of the verbal responses. (i.e., discussing different topics comfortably, seeking approval from one another, reaching out to one another, facing away from one another).

Table 4.1

Demographic characteristic of participating couples

Couple/ Name	#1 Chris	Christina	#2 Kyle	Karen	#3 Don	Donna	#4 Tim	Theresa	#5 Ed	Edna	#6 Adam	Amanda
Age	40	40	38	39	51	51	38	36	46	42	Early 40s	Early 40s
Marital Status	Live together		Married		Married		Married		Married		Married	Married
Length of Relationship	5 years		8 years together married 6 years		32 years together Married 28 years		14 years		18 years together Married 16 years		3 years together Married almost 2	
Race	AA	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian	African American	African American
Religion	None	None	Christian	Christian	Jewish	Jewish	Christian	Christian	Christian	Christian	Christian	Christian
Education	Bachelor	PhD	Not reported	Completed high school	Bachelor's	Master's	Completed high school	Less than high school	Completed high school	Completed high school +	High school + some college	Master's
Employment	Full-time	Full-time	Full-time	Stay-at-home mom	Part-time	Full-time	Full-time	Part-time	Full-time	Part-time	Full-time	Full-time
Household Income	50,000+		40,000-49,999		40,000-49,999		30,000-39,999		40,000-49,999		50,000+	
# of children in household	None		2 under 18		1 under 18		2 under 18 I over 18 (Theresa's first marriage.		2 under 18		1 under 18	
# of sessions attended	6 sessions		2 years (over 40 sessions)		10 sessions		6 sessions		7 months (14 sessions)		6 months (weekly) (20+)	
Previous Counseling/ Workshops	Couples'	Individual therapy	Couples'	Couples' Parenting workshop	Individual	Individual	Couples'	Individual Couples'	Couples' Premarital	Individual Premarital	Couple's Family	Couple's Family

Content Analysis

The following analyses are a product of in-depth interviews, written questionnaires, and observations of the couples at the time of the interviews. When reporting the outcomes of this study, this researcher, whenever feasible, used direct quotes from the participants. The researcher did not impose her personal values on the couples' reports. Personal statements by the researcher were kept for the cross-case analysis segment.

Figure 4.1 portrays a summary of the information gathered from the demographic questionnaires. To protect the identity of the participants the researcher used pseudonyms with the same letter (i.e. Couple #1 - Chris, Christina) with numbers to link the couple with the information. Couples' pseudonyms are found at the top of Figure 4.1, and demographic information is in the rows below it. This format provides comparison within and across –cases demographic information of the couples. Analyses of all cases are given in a narrative form that is identical for each couple. This allows the presentation of consistent findings and comparisons. Each analysis includes an introduction, description of the individuals' background, description of the relationship, the application of the thematic sub-categories which emerged from the researcher and co-rater rating the categories separately, comparing for similar themes and finally arriving at a consensus. For the most part, 95% of the time, this researcher and the co-rater came up with similar themes. The themes were consistently applied to each narrative and are also shown in a table form. They include the following categories, sub-categories and themes: (1) Influences of

Demographic factors, Cultural and Family of Origin Factors on Couple's Perception of Therapy, which is broken down into the following themes: level of education and income, presence of children, transgenerational experiences with family of origin, and previous counseling (see Table 4.2); (2) Influences of Therapist's Characteristics and Therapeutic Milieu, which includes the following themes: Fairness, being free of biases, relaxed demeanor/laid back, partners being treated equally, addressing the problem in a comfortable way: safe to talk, non-jusgmental, non-threatening (see Table 4.3); (3) Helpful and Unhelpful Aspects of Therapy divided into sub-categories: *Helpful Aspects* with the following themes: active listening, communication skills, solution oriented, and homework assignments, (see Table 4.4), and *Unhelpful Aspects* including the following themes: lack of structure, lack of direction, lack of specificity, lack of assertiveness (see Table 4.4); (4) Therapeutic Goals divided into: relational goals, individual goals, setting goals, and goal attainment. *Relational Goals* include the following themes: avoid divorce, improve communication, and improve intimacy. *Individual Goals* include: emotional regulation and intimate behavior. *Setting goals* include: partners deciding together, partners and therapist decide together, individually, and implicit goals/not discussed. Finally. Goal Attainment includes: attainment, progressing, and score (see Table 4.5).

The format for all the Tables is similar providing the couple's number and names in the two left columns, Categories and themes in the top row, and direct quotes from couples' and therapists' narratives in the rows below it. This format provides an easy way to compare within case and cross-case data.

Couples' statements offering their insights to beginner couples' therapists' to inform them about helpful and unhelpful aspects of therapy is also provided in a table form and uses direct quotes from the couples (see Table 4.6). As consumers, these couples may be the best source of insightful information to therapists. They indirectly tell the therapist what they need. A summary of partners' definition of a healthy intimate relationship is also provided.

Finally, the cross-case analysis of the data gathered is provided in the form of answers to the original research questions. As presented in Chapter 1, Research Question #1 relating to Family Ecology is answered in the couples' and therapists' narratives, and in Tables: 4.1 and 4.2. Research Question #2 is answered in the couples' and therapists' narratives, and in Tables: 4.3, 4.4, 4.5, and 4.6.

Couple #1 – Chris and Christina

Chris and Christina are both 40 years old. The couple has been living together for the last five years in an urban area. Chris is African American and Christina is Caucasian and was born in Poland. They state that they do not have any children. Both report no specific religion. He has a bachelor's degree and she is holding a PhD. Both work full-time and the household's annual income is over $50,000. This couple attended six therapeutic sessions at the time of the interview, and both indicated being in couples' therapy previously.

At the time of the interview, Chris and Christina seemed to have some tension between them, even though there was a large comfortable couch in the office they set on different chairs separate from each other. They were pretty guarded with their answers and their body language communicated a lack of ease. They did not smile once during the entire interview, and the interview did not seem to flow with ease. The tension between the couple dominated the interview.

The therapist of this couple described how he used the integrative approach with this couple by initially focusing on problem solving and crisis intervention and gradually focusing more in-depth on issues including emotional closeness and family of origin issues.

Influences of Demographic Factors, Cultural and Family of Origin on Couple's Perception of Therapy

Cultural view did not seem to play a role in Chris and Christina's decision to seek therapy or how they view it, perhaps because of their level of education. It appears that in their cultural background and families of origin individuals utilized church clergy for counseling. Christina stated that in her culture "The priest would be the couples' therapist," and Chris stated, "mom has seen the local priest [for counseling] and "[my] siblings have not been [to therapy]." Also, Chris stated, "AA people are still attached to church."

The therapist of this couple felt they were "a highly educated couple who seemed open to being involved in psychotherapy.... For male partner, who is African American, generally couples' therapy is not encouraged." And with relation to how their families of origin viewed it he was "not aware of either any support or discouragement."

Own values: definition of a healthy intimate relationship

There seems to be some differences between Chris and Christina with regards to their view of communication and time spent together in an intimate relationship. Chris suggested, "In an intimate relationship communication is different [than in just any relationship], more difficult " Christina stated, "Communication [in an intimate relationship] should be easier." Chris added, "at a time of conflict [in an intimate relationship] you might get hurt." Christina and Chris differ in respect to spending time together in an intimate relationship. She

believes that individuals in an intimate relationship "need a balance of time together and space," whereas Chris believes that they need to "spend more time together." The couple was not clear about how they formed their ideas about intimate relationships. The therapist reported different views of this couple; "the female partner pushes for more together time; male partner pushes for more alone time. They see decisions being made in a joint manner. For both, a healthy relationship includes sexual intimacy." how he perceived this couple to define an intimate relationship "as a mutual partnership that can solve problems and where there is emotional and sexual intimacy."

Influences of Therapist Characteristics and Therapeutic Milieu

The couple did not elaborate on this matter. However, they did agree that the therapist was fair. Christina stated briefly, "Evenhanded" and Chris said, "Not taking sides, very good in this regard." Both Chris and Christina felt that their therapist did not have any biases. Both felt that he showed flexibility in meeting their needs, which was helpful for the therapeutic process and atmosphere. Although the partners have a positive perception of their therapist's characteristics as they relate to the therapeutic process, they only attended six sessions at the time of the interview and are not yet (at least at this point) satisfied with the outcome. They are unable yet to make any connection between the therapeutic process and outcome of treatment. They realize that the short period they have been in therapy could be a reason for not being where they want to be. Both agreed that, for the most part, they felt understood by their

therapist. Christina stated, "He's in the process of understanding, hasn't learned yet, so doesn't completely understand because haven't been here so many times." Chris asserted, "He cuts me off sometimes too quickly. He's good at picking up on body language. He stops me actually because he got the idea." Chris feels that the therapist has good insight in his case. Both agree that their therapist intervened appropriately most of the time, and Chris likes the communication directives that help him change the way he communicates. "He's pointing out things, gives a lot of directives regarding how to listen and how to talk." Christina and Chris felt comfortable with the therapist's style; Christina described him as "very adaptive and non-threatening," which contributes to a safe therapeutic atmosphere. Chris stated, "[he] has control of the session; he manages time and talks well." Both also agreed that the therapist addressed the presenting problem in a comfortable way; Christina said, "He is non-judgmental," and Chris added, "He addressed the presenting problem in a comfortable way...He's non-threatening. Sessions have a free-form style. He doesn't dictate what should be talked about. He doesn't come with an agenda."

The therapist stated he addressed the problem in a comfortable way, supported Christina on the issues of Chris' affair, "but was able to help the couple see that there were relational issues that contributed to the affair and that they both needed to work on change."

Helpful and unhelpful aspects of therapy

Christina and Chris both had a different view on what was helpful for each one of them in therapy. The therapist provided a good, safe therapeutic atmosphere. Christina felt that being able to express herself about different things in the therapeutic setting was beneficial; "it was helpful to talk about different issues in a safe setting with a mediator." Chris, on the other hand, liked getting the tools to use in the relationship; "concrete solutions and tools, helping to communicate better." Christina was not able to identify any unhelpful aspects of therapy, but Chris stated, "As a couple [as oppose to an individual in therapy] we tend to repeat the same things over and over." Both however, agreed that they could use more homework assignments and tools in therapy. Christina asserted, "do more exercises, and homework assignments, do more and use them on our own at home, so at some point they become second nature, implement them as tools in our relationship." Chris stated, "Need more tools and concrete communication exercises." Both wanted the sessions to be less negatively charged; Christina said, "Therapist can actually be more helpful by seeing the negative at the session." Chris said, "We still slip to negative communication at the session. The session itself should be used to control communication." The therapist felt that the couple viewed as helpful aspects of therapy "communication training and problem solving, re-establishing trust in the relationship, and increasing emotional closeness." The therapist added another aspect that he thought was helpful, "working on forgiveness in order to recover from the affair."

Goals

The couple came to therapy because of an affair that Chris had had, and because there were problems in the relationship prior to it. They both decided to seek therapy together. Christina stated, "The relationship broke up because of the affair, but had problems before. Communication got worse, fights got worse," and Chris reiterated, "Our relationship was falling apart, we wanted to stabilize the relationship. I had an affair. We decided to come together [to therapy]." Coming to couples' therapy, Christina's relational goals were "get some understanding why we can't get along together. Why we got to where we did after five years, and to be able to communicate more effectively." Likewise Chris' relational goals were: "to be able to talk with one another, and to get an understanding of why we're at the point we're at."

On the individual level, Chris goals were "try to salvage some kind of friendship. Learn to be civil to each other. Just basic stuff." Christina's goals were to "have a discussion of the affair, why it took place. Eventually, acceptance of what happened. And what he said [salvage the friendship and be more civil to one another.]" Both believe that they are not there yet as Christina stated, "We are not exactly where it was at the beginning [of the relationship]," and Chris asserted, "we are working toward it." On a scale of 1-10, "1"-"not accomplished" "10" "completely accomplished," both agreed that they are at "3." There was no formal procedure for defining their goals. Christina suggested, "The goals were kind of implicit since we decided to come to couple's therapy and work on problems and solutions," and Chris stated, "We didn't formally talk

about goals. He [therapist] would listen, pick out of what we were saying and would say, "work on this." He's insightful and able to focus on things we need to work on." This couple is still in a beginning stage of therapy, there is still a lot of emotional pain and confusion and it almost felt they were relieved to have their therapist guide and helping them materialize their goals in therapy. The therapist's view of this couple's goals was: relational goals "restore trust and closeness," individual goal for Christina: "increase couple time and emotional closeness," and for Chris "decrease intensity of conflicts." The therapist scored the progress for this couple at "8." According to the therapist, the therapeutic goals were decided by "both, [couple and therapist]."

General Statement

To the question, "We hope this will educate future generations of therapists. If you were to communicate the idea of helpful and unhelpful aspects of couples' therapy to a beginner therapist what would you, as a consumer, advise him/her to do? The couple answered as follows:
Christina suggested, "Don't take sides, listen, offer solutions based on other research of working with couples," and Chris said, "Be non-judgmental."

Couple #2 – Kyle & Karen

Kyle and Karen are 38 and 39 years old. They have been in a relationship for 8 years and married for 6. This is the first marriage for Kyle and the second marriage for Karen. The couple has no children from previous relationships. They have 2 sons ages 5 and 1. They live in a suburban area. Both are Caucasian and were born in the United States of America. Both report being Christian. Both completed high school. The husband is the provider and the wife is a stay-at-home mom. The household's annual income is between $40,000 and 49,999. This couple attended couples' therapy on an every other week basis for two years and terminated two years ago when the younger son was born. The wife indicated that she had taken a parenting workshop in the past.

At the time of the interview, Karen seemed to be somewhat resentful of her husband, portraying it more by her body language than verbally. Though they were sitting on the same couch, they were sitting at different ends of it, and every time Kyle tried to pull closer to Karen she would pull away and brush him off. However, both were at ease during the interview, they provided information willingly, were talkative, smiled, and sometimes even laughed. There was a sense of caring between them; Karen stated she loves Kyle, but was adamant about maintaining certain boundaries in order to protect herself from being emotionally hurt by him. He was remorseful and tried to gain her empathy by trying to make eye contact and looking at her with begging eyes, touching her arm, and saying he loved her. Kyle also tried to ease Karen's resentment by

joking and telling her that he could see she was not able to stop herself from laughing.

The therapist of this couple described how he used the integrative approach with this couple as follows: "Focused initially on present day issues and gradually focused more on historical issues and family of origin issues."

Influences of Demographic Factors, Cultural view and Family of Origin on Couple's Perception of Therapy

It terms of demographic factors, they did not seem to apply to this couple and have any influence on how they perceived their therapeutic experience. Karen stated, "There is no relation" between their economic status, level of education, or any of the other demographic factors and how they perceived the therapeutic experience. Kyle stated, "I guess not" [no relation between the two]. The cultural view of therapy also did not seem to play a role in the couple's decision to seek therapy or how they view it. Karen stated "I'm a mutt: German, French, Irish, and English." As far as Karen's cultural background is considered "there was never an issue about us attending couples' therapy." Her mother was aware of the fact but did not know the specific issue for which they sought out therapy. Karen stated: "my mom thinks it's a good idea [going to counseling], and so does my dad, but he doesn't know about this [them attending couples' therapy in the past]." Kyle stated that his cultural background is "Polish and Irish" and "I don't know how they look at marriage counseling." He also stated about his family's view, "mom did go to counseling, but no one ever talked about

marriage counseling." According to Karen, Kyle's brother "doesn't care if they even stayed together or not," and Kyle confirmed it to be true by nodding his head. Karen stressed the fact that the children were an important factor in her decision; "I have two children what am I going to do?"

The therapist of this couple did not perceive their demographic factors to be of any influence, as he stated, "Does not appear to be." With relation to cultural view, he stated that it is not encouraged "especially for male partner, generally looked down upon," but he was "not aware of either any support or discouragement" in their case as far as their family was considered.

Own values: definition of a healthy intimate relationship

It seemed easier for Karen, who was more certain about her answer, to define a healthy intimate relationship saying "It's [he's] supposed to be your best friend, talk about everything, support one another, show affection, doing for one another without being told, show love: sharing, experiencing, surprising one another, rubbing each other's back, knowing what the other needs. Kyle stated that he "had no thought about it in the past," and that a healthy intimate relationship is about "showing feelings, doing things for each other." Then he admitted, "I guess I don't do a lot of it [showing feelings and doing things]. I don't do enough things that show I care about her. Trust [being part of the definition], but it's difficult sometimes." It is clear from their statements that Karen had given the matter some thought, perhaps based on her past experience in her first marriage, whereas, Kyle was to some degree unaware about what an intimate

relationship is all about, and was looking to her for some insight. It is not clear whether their views and beliefs, or lack of, were influenced by they views and behaviors in their families of origin. The therapist added how he perceived this couple to define an intimate relationship "As one where there is time spent together, there is joint decision making, and there is sexual intimacy."

Influences of Therapist Characteristics and Therapeutic Milieu

Both Kyle and Karen agreed that their therapist was "non-judgmental." She stated, "he understood more [than she did] where Kyle was coming from because he's a man, and he tried to bring it to my attention so I can be more understanding." Kyle stated "for the most part [he felt understood], maybe sometimes he [therapist] might have taken sides with her [wife]." Both agreed that the therapist showed no biases. Karen stated, " I don't see any looking down on because of the situation. He brought the men issue like pointing out that I'm nagging. Brought the men's point of view, but without disregarding my point of view." Kyle confirmed about whether their therapist had any biases by saying "Not really." They also agreed that their therapist was flexible at meeting their needs, especially by accommodating them with the time for sessions, and location. Additionally, Kyle and Karen felt understood for the most part, and Karen felt that he might have not understood that her pregnancy would not have gotten in the way "All except for the pregnancy when he [therapist] decided to terminate."

Both, Kyle and Karen liked their therapist's style as Karen stated, "I liked that he wasn't stiff and was laid back," and Kyle confirmed. The couple agreed that the therapist addressed the problem in a comfortable way, but Kyle just felt uncomfortable because he personally felt uncomfortable as a result of the reason they came in to therapy. Karen explained that she came in so angry and in need to let it all out that she did not care about letting the secrets out "when we first came to see him I lost it. I was fuming and was a rambling fool and my thoughts were "help me" and I didn't care who was around. It was comfortable."

Both partners had a positive perception of their therapist's characteristics relating to the therapeutic process. Karen was not pleased with the therapist deciding to terminate after two years of treatment because she felt they were not ready yet. Other than this issue they were satisfied with the process and the therapeutic milieu. The therapist felt that he addressed the problem in a comfortable way, as he stated he generally allowed the male partner to focus on his presenting problem as he saw how it negatively influenced the marriage.

Helpful and unhelpful aspects of therapy

Kyle and Karen had different ideas about what was helpful in therapy. Karen expressed her satisfaction with learning how to communicate effectively was "very helpful, I do feel that today we can communicate better." But, she felt that the reason that brought them in to couples' therapy was overlooked "the initial reason why we came was pushed aside" whereas Kyle felt satisfied with how the issue was dealt with and considered it to be a helpful aspect of therapy

"bringing the situation to the front made me realize I did something wrong." Neither one of them had anything specific to say about unhelpful aspects of therapy. She felt they could have benefited more if the frequency of therapy would have been once a week instead of every other week "I would have liked to see him more often, once a week, not every other week." And, he stated, "I would have liked to have more homework to try and work at home."

With regards to helpful and unhelpful aspects of therapy, this therapist felt that the couple liked working on communication training, increasing couple time, working on husband's personal problem. In addition, he suggested that they also benefited from working on "better understanding between partners."

Goals

Karen wanted to gain trust back and understand why her husband betrayed her trust "I wanted him [therapist] to fix the broken trust and tell us why." She felt that they improved their communication skills, "and through the time the communication was bringing it [trust] back up. I gained a little more trust through the communication opening." To some degree the goals were attained. However, the relationship "wasn't completely healed." Kyle repeated some of what Karen said suggesting "I guess we came to find out why I do the things I do and make our relations better since I didn't do communication at all." It seems that Kyle who felt they came to therapy because of his wrongdoing had to maintain the same goals as Karen did. From the couples answers it seems that there was not a structured procedure for setting the therapeutic goals. It

appeared that the therapist decided to work with them on their communication skills and then allowed them to bring up the topics that were an issue in the relationship. This appears to be welcomed by the couple since they recognized their need to improve their communication skills. Karen stated, "I don't think we discussed goals. He said he'd work with us on our communication and that's where we'd start." Kyle agreed stating, "For the most part I feel the same."

Both, Kyle and Karen seemed to want the relationship to work out. Karen stated, she "wanted the marriage to be saved" and felt that "knowing why" and "Having trust in my husband" was important in order to save the relationship. Kyle's goals for the relationship were to "work on the trust thing, loss of trust issue and the situation of seeking someone else. Try to enjoy her company more." The same theme emerged in the individuals' therapeutic goals where Karen asserted her goal was "getting through my anger, gaining trust. I was ready to move on. Wanted to know for myself is it worth it or not, because I was getting my resources to move on." And, Kyle reiterated his goal "trust, tell the truth instead of what I did [lying]."

With respect to attaining goals it seems that Kyle and Karen felt they were making progress. Karen suggested that at the time of therapy [ended one and one half years ago] she felt that there was some progress toward the goals, her anger decreased, her trust in Kyle increased, and their communication skills improved. However, she did not find out the reason for Kyle's behavior; "At the time the anger had subsided through therapy and trust was building up. "The therapist said I [Karen] will never find out why and I wanted to know if it was a

self-esteem or rejection issues, so if I can see it coming back again I can deal with it. I felt good in therapy." But, things deteriorated with time after therapy was terminated, and both Kyle and Karen agreed that the goals were not fully accomplished as Karen stated, "I feel we stopped before I was ready to stop. I felt that he [therapist] decided to stop seeing us because I was pregnant" and Kyle suggested "I guess not [accomplished goals] because we still have the trust issue and stuff like that." The couple had similar responses, scoring progress in therapy ("1" being "not accomplished" and "10" being "completely accomplished.") Karen scored their progress "5-6" and Kyle scored "6." It appears that at the time of termination the couple was content with the progress. However, Karen seemed to be somewhat frustrated because she did not find out the reason for her husband's behavior, and because she did not feel ready to terminate treatment. Considering the fact that at the time of the interview they were one and one half year past termination of treatment and the fact that they nevertheless scored "5-6" and "6" on the scale of attaining their goals, it appears that the outcome of therapy had a lasting effect on them.

The therapist stated that, as a couple the goals were to "improve communication, increase couple time, and improve parenting." Kyle's individual goal was to "improve parenting, and" address the problem for which he came to therapy, and Karen's goal was to "feel les depressed." The therapist felt that the "relationship generally improved, terminated treatment," and he scored the progress for this couple "7."

General Statement

To the question, "We hope this will educate future generations of therapists. If you were to communicate the idea of helpful and unhelpful aspects of couples' therapy to a beginner therapist what would you, as a consumer, advise him/her to do? The couple answered as follows:

Karen "Don't take sides, got to walk the fence, be laid back."

Kyle "Be honest. Talk as you are talking to a person not to a doctor."

Couple #3 – Don & Donna

Don and Donna are both 51 years old. They have been in a relationship for 32 years and married for 28. They have three sons, the two oldest are 25 and 21 years old and both live out of state, their younger son is 15 years old and resides with his parents in a suburban area. Both are Caucasian and were born in the United States of America. Both report being of the Jewish faith. Donna has a Master's degree and Don has a Bachelor's degree. She has a full-time job, and he reports working part-time from the home. The household annual income is between $40,000 and 49,999. At the time of the interview, this couple attended 10 sessions of couples' therapy, and is currently continuing their conjoint therapy. At the time of the interview, both seemed to be willing to discuss their experience and expressed their satisfaction with the therapist and the therapeutic process. Both avoided making negative statements about each other, and instead were smiling at one another and reveling at the wonderful family that they have together. Though they were sitting on the same couch, they were sitting at the different ends of it, turned toward each other and making eye contact with one another and with the interviewer. Don seemed to be at ease during the interview; his posture and demeanor were relaxed, he smiled a lot, and took time to think about the different items before he answered. Donna seemed slightly more guarded and constricted in her posture some of the time.

The therapist of this couple described how she used the integrative approach with this couple as follows: "Addressed present relational issues, worked on communication skills, explored dynamics in family of origin, and

explored past emotional injuries." Her personal values and beliefs regarding couples' therapy are: "Many times issues can be traced back to dynamics in family of origin and how each individual internalizes things. I also believe that if the partners are open minded and want to resolve their issues they can."

Influences of Demographic Factors, Cultural and Family of Origin on Couple's Perception of Therapy

During this interview, Donna seemed to be a little apprehensive about seeking out therapy; "For me it took a lot because I'm a little anxious about therapy, but it turned out to be very good, there's nothing wrong with it," and as it came out later in the interview, it was because of her personal experience in her family of origin. In spite of her fears she sought out counseling and as she described later in the interview she was satisfied with her experience. In terms of being of the Jewish faith, both had similar thoughts about how it is viewed by people in this faith; Don stated, "Being of Jewish background makes us more willing to seek out therapy." Donna added, "It terms of being Jewish and having the education and occupation I have makes therapy a positive thing." As far as the way their families view therapy the couple reported different views; Donna described, "Our 3 children, I believe they're very happy that we are in counseling because there's nothing worse for them than seeing their parents facing a divorce. It must be reassuring to them that we are working on issues. I don't talk to my parents much about it. I'm sure they would support me with this. There's nothing wrong with this." Don stated, "My parents were the old school. Marriage

counseling was not a consideration; you take care of the problem, what you don't resolve you ignore. That's how they deal with it. The kids, they realize that us being in counseling is helpful. It's reassuring for them." The negative attitude in Don's family of origin did not seem to influence his decision to seek counseling; "Anything is better than divorce and you should try everything to fix the marriage. Sometimes it takes an outside person to make you realize you have a problem, and taking care of it while it's still manageable is better." Don's personal values seem to have had a positive influence on him seeking out counseling.

The therapist in this case did feel that "individuals from of the Jewish faith are pretty open-minded about therapy, and though it seems to be true for Don, Donna had her own personal issues and perceptions that had some impact on how she opened up in therapy. For her it took a little longer to feel comfortable to discuss issues. I know she discussed it with her children and feels that they are ok with it because it means that their parents are trying to resolve issues without resorting to divorce."

Own values: definition of a healthy intimate relationship

Don and Donna have similar ideas about what an intimate relationship is all about, and it seemed that Don was coming to a clearer understanding as he was describing it. Donna asserted, "Friendship. There are other aspects, but without friendship it can't work. And you need to have some communication going on between you, not just being together. Having some things in common other than your children." Then Don stated, "I look at the larger picture.

Everything she said is important. The bottom line is that it's better to be together. Friendship, intimacy, ability to understand and fulfill needs and desires. Spending more time together."

The therapist stated, "I heard Donna say many times that she wants him to be her friend, to be able to spend fun time with him without the children being around. Donna also mentioned that her siblings have the kind of relationship she would like to have with Don, they have fun together and share thoughts with one another. I am not so clear about how he views intimate relationships, it is quite obvious that he likes to spend time by himself." It seems like Donna, to some level, is basing her ideas about intimate relationships on what she observes with her siblings. It is not clear if she did the same with her parents.

Influences of Therapist Characteristics and Therapeutic Milieu

Both Don and Donna expressed their high regard to the therapist which was likely to influence how they view the therapeutic experience; Donna stated, "The therapist is great. One of the things I've really like about this is when we go home from a session and we say "lets have a conversation like we had in session." The therapist is supportive of US [the couple]." Don confirmed, "Very neutral overall, and careful about not taking sides." The therapist asserted, "I always try my best not to take sides and to treat partners fairly, and I believe this is the case with this couple."

Both, Donna and Don did not see any biased tendencies in their therapist; Donna stated, "I don't think the therapist has any biases. I think the therapist

treats us equally, working on bringing us together." Don confirmed, "No biases. The therapist is very objective, that's very reassuring, she always encourages us to do our own little reality checking." The therapist stated, "I'd like to believe I don't have any biases." Both, Don and Donna felt that their therapist was flexible in meeting their needs; Donna stated, "She is flexible about time, and with the way she helped us think." Both, Don and Donna reported feeling understood by their therapist, as Don expressed his amazement about the therapist being able to have such insight considering the fact that she does not know him that well; "[She] doesn't know everything about me." They both felt that the intervention was appropriate most of the time, and Don added, "Even when I didn't understand the purpose of a certain intervention, she made me aware of things, and helped me put closure on them." With regard to the therapist's style Donna stated, "[the therapist is] very objective and encourages us to work on the relationship." Don also said he thought the therapist's style fit his own "Yes, very laid back, relaxed, "trying to help" kind of attitude, low key, very compatible with my personality." The therapist stated, "I feel that all three of us to some degree are pretty laid back."

It appears that the therapist was able to deal with Don and Donna effectively, considering the fact that both have very different personalities and style. She was able to provide a safe environment to Donna who was then able to open up and express herself, and she was able to move Don out of his comfort zone in order for him to become motivated to make some necessary changes. Donna felt that the therapist addressed the presenting problem in a comfortable

way since according to her she normally is shy and private about certain issues. She stated, "I don't like to open up to others and the therapist has been instrumental in that respect." On the other hand, Don stated, "I can't have things presented to me in a "nice" way because then I don't feel I need to make any changes." The therapist was able to approach each one of them in the way that fits their different individual styles and needs. The therapist stated, "In my opinion, for the most part, I addressed the issues with this couple in a comfortable manner. They are a little different from one another. He needs a little push to get him a little more motivated and a reminder to get back on track, and she needs to feel that this is a safe place to express herself." It is obvious that both partners expressed very positive feelings about their therapist's characteristics and the therapeutic atmosphere and process. At this point of their therapy (having completed ten sessions), it is not clear yet how close they are to and how satisfied they are with the outcome of treatment.

Helpful and unhelpful aspects of therapy

Don and Donna both reported benefiting from therapy. They seem to benefit from communication skills and self-awareness. Don also seems to respond well when he is taken out of his comfort zone by the therapist. Donna reported aspects of therapy that were helpful, "to see him [Don] with the good and the bad, the person I fell in love with. ...Communication skills; I try to listen more," and Don stated, "I always guess what others think and I learned to restrain it. I am more aware of things." Both, Don and Donna did not report any

unhelpful aspects in their couples' therapy sessions, and Don stated that even if some things seemed to be unhelpful they really "served to increase my awareness, pointing out things that are uncomfortable. You need to know the things you are doing wrong in order to correct them."

Don and Donna both expressed the need to work more on their communication skills. Donna stated, "I would like to have more conversations in our sessions and work on reality checking. Don is more intellectual and I'm more emotional and it helps to listen and express ourselves." Don stated, "Being able to honestly speak what's on your mind, and to discuss things that you normally avoid. Actually, be clear bout what's important to you. You can't take things for granted and make assumptions. The more you open up and the clearer you are about your needs the more negotiation power you have." The couple did not report any aspects of therapy that need to happen less. Donna expressed her need "to be less negative about things."

The therapist had the notion that this couple learned from their families of origin to walk on eggshells and not to confront or hurt anyone's feelings. Thus, allowing them to have a safe environment where it is acceptable to talk about issues, and equipping them with communication skills was considered helpful in this case. The therapist was not able to identify any aspects of therapy that were unhelpful or that needed to happen less in sessions; "In their own families they learned not to rock the boat and not to hurt anybody's feelings, and they seem to do the same with one another. So, I think they actually benefited from the fact that this is a place where they are allowed to talk about things. I also think that

practicing communication skills was helpful for them ...I don't think there was anything that was unhelpful or anything that needed to happen less."

Goals

In therapy Donna wanted to accomplish "Be intimate with my husband. I want to be able to talk with him about things, be open with him. I can see some positive changes since we started therapy. I definitely didn't want to get a divorce." Don came to therapy hoping to "have a better relationship, more rewarding and enjoyable, have more heart to heart conversations." Donna's relational goals were: "Keep the marriage. Having more fun together." Don's were: "Make it better and stronger." Don reported his individual goals in therapy, "To get more satisfaction as an individual. Get validated in terms of self worth, and be more contented." Whereas Donna stated that she wanted "To be more intimate with him, do fun things together, talk to one another, and share with one another."

According to Donna the goals were decided on together. Contrary to her, Don asserted that he "Never formally talked with her [Donna], did it myself. I set my goals according to the situation." They did not view the therapist as a side in setting goals. As far as accomplishing the goals, both expressed their feelings about therapy being a process. Donna stated, "The resentment level has gone down... it's a process and it's getting better," and Don asserted, "I'm in the process, you want to be in the right direction." They did differ when scoring their

level of accomplishment of their goals; Donna scored "3," and Don had a more optimistic view scoring it "6."

The therapist stated, "Donna was very clear about not wanting their relationship to end up in a divorce and wanted to spend more fun time together with Don...He seemed to want the relationship to be stronger, to be able to overcome any crisis, but I believe he was leaning more toward his own needs being met in the relationship, being validated. In terms of setting the goals, they both wanted to save the relationship so it became the primary goal, but other than that I think he had his own agenda, and he would bring up topics that were completely unrelated to the reason they came to therapy. I had to redirect a lot. They have some work to do. I would say they are at "3" or "4" on the scale."

From the different statements made by Don, Donna, and their therapist, it becomes clear that Don does things alone. He was assertive about deciding on the therapeutic goals by himself, and his score of "6" is indicative of his sense of progress. Donna's score of "3" is more in line with the therapist's score of attainment of the therapeutic goals. It is not clear how the partners perceive setting goals as having influence on their level of satisfaction with the therapeutic process or outcomes.

General Statement

To the question, "We hope this will educate future generations of therapists. If you were to communicate the idea of helpful and unhelpful aspects

of couples' therapy to a beginner therapist what would you, as a consumer, advise him/her to do? The couple answered as follows:

Don: "People are different and couples are different, and the therapist has to tailor the treatment to fit each couple."

Donna: "Agree with a lot of what Don said. Everyone is unique."

Couple #4 – Tim & Theresa

Tim and Theresa are 38 and 36 years old. They have been in this relationship for 16 years and married for 14. They have 2 sons under 18 and her older son who is over 18, from a previous marriage, who is living with them. This is Tim's first marriage and Theresa's second marriage. The family lives in a suburban area. Both partners are Caucasian and were born in the United States of America. Both report being Christian. Chris completed high school, and Theresa reported having less than a high school diploma. Tim is the main provider, working a full-time job, and Theresa only works part-time. The household's annual income is between $30,000 and 39,999. At the time of this interview, this couple attended six sessions of couples' therapy on a weekly basis and at this point is still attending. Both indicated that they also attended individual therapy in the past.

At the time of the interview, Tim and Theresa set next to each other on the same couch. They seemed amicable and comfortable with one another as they turned to one another to make eye contact, smiled at each other, and made affirming statements to one another. Theresa touched Tim's arm several times during the interview. Both seemed at ease during the interview. They provided information willingly, were talkative, smiled, and sometimes even laughed. At times, they were very concise with their answers.

The therapist of this couple described how he used the integrative approach with this couple as follows: "Focused initially on present day issues and

problem solving and eventually focused more on historical issues and family of origin issues."

Influences of Demographic Factors, Cultural and Family of Origin on Couple's Perception of Therapy

This couple differed in their view about education and their social economic status and how they influence their acceptance of therapy and perception of their therapeutic experience. Theresa stated, "I don't see any influence. I don't think that my education, economic status, or any of that makes a difference for me." On the other hand Tim asserted, "I believe that the more educated you are, and the more income you have, the more accepting of therapy you will be." Both felt the same about their cultural background not having any influence on how they experienced couples' therapy; Theresa stated, "There is no view one way or the other, so there is no influence." Tim stated, "I feel the same as her. I am from a mixed culture." Theresa and Tim's families, both support the idea of counseling. From the way they explained it to their children, it appears that both have a positive outlook on counseling. Theresa explained, "The children know that we are in therapy; I told them that we want to better our relationship [spouses] and to better our relationship with them... Our kids understand it, they know people have issues. I come from a dysfunctional family, my father was an alcoholic and it created many problems in the family. My kids saw all this. Our son, he's 11, he use to... we had an argument and he was very nervous when we fought. He was afraid that we'd get a divorce. He feels much

more secure now, he understands that people do have arguments and they are going to disagree, and it doesn't mean that they want to divorce each other. Therapy is a positive thing not negative. I tried counseling when I was younger, about 12 or 13, on and off, all my life because my father was an alcoholic." Tim had also been in individual therapy as a teenager, and he states about his parents, "they were pretty open minded about it."

The therapist of this couple did not perceive their demographic factors to be of any influence. He stated that he believes that in their culture couples' therapy is "generally accepted."

Own values: definition of a healthy intimate relationship

It is likely that Tim and Theresa are open minded about attending couples' therapy as they both feel the same about intimate relationships; Tim asserts, "In an intimate relationship both partners care about the other person as much as you care about yourself. The other person's happiness means a lot to you, as important as your own." Theresa added' "Almost care more about the other person. There is complete trust, faithfulness, and compassion." The therapist added how he perceived this couple to define an intimate relationship "as one that allows for time spent together as well as individual time spent apart. Joint decision making is important as well as sexual intimacy."

Influences of Therapist Characteristics and Therapeutic Milieu

Both Theresa and Tim felt that their therapist treated them fairly; Theresa stated, "I feel that he [therapist] treats us fairly. I don't like it when I'm wrong and when he says I should do this or that. (Wife is smiling when she says that). He addresses both of us and includes both of us. He is non-judgmental and doesn't point fingers, you can say anything that comes to your mind and it's ok." Likewise, Tim stated, "He's fair. Maybe he just points out things [when he tells me what I need to do], brings them out for our attention. We have a referee. But basically, you can say anything and be ok because he is not shocked by anything. So it's pretty comfortable, and he pretty much treats us equally."

Both, Tim and Theresa agreed that their therapist did not show any biases: Theresa stated, "I don't think so at all, if he does he hides it well," and Tim confirmed her response. They also felt that he was flexible in meeting their needs as Tim suggested, "We brought the kids one session and he said, "Oh fine, that's ok,"" and Theresa confirmed his response. Additionally, Theresa and Tim agreed that they felt understood by the therapist; Theresa said, "I feel he hears us and what we bring to the table," and Tim stated that he felt the same. The interventions used by the therapist were perceived as being appropriate most of the time by both Theresa and Tim. Theresa stated, "We learn how to say things to one another, and how to do things in a different way. " Tim stated, "he helps us understand the difference between us, and he lets us come up with our own solutions." Regarding the therapist's style fitting the couple's style, Theresa

liked that she is able to go in depth about the issues that are brought up in sessions and Tim actually was less pleased with the laid back character of the therapist; Theresa said, "I'm happy with him. I like going more in depth with things, I like to talk more about certain things and he [husband] is more "I get the point lets go on." It took us a long time to get here and it will take more than 6 sessions to work on things, I hope not 14 years but you know, can't be rushed into anything." Tim stated, "I think he's a little laid back, and I'm more aggressive at fixing stuff. If there's a job to be done it needs to be done." Theresa and Tim also felt that the therapist addressed the presenting problem in a comfortable manner: Theresa stated' "Yes, his wording, he doesn't point a finger, instead he asks "what if you've done this?" If someone would have come to me and said you are wrong, I would not take it very well. [He is] non-judgmental." Tim confirmed " Yes. I don't think anything can shock him; he will not be knocked out of his seat. I can tell him that I wore my wife's underwear on the weekend and I don't think he will freak out or anything. We are comfortable with him."

Although the partners for the most part have a positive perception of their therapist's characteristics as they relate to the therapeutic process, they only attended six sessions at the time of the interview and have not yet (at least at this point) reached their goals. They are unable yet to make any connection between the therapeutic process and outcome of treatment. Theresa realizes that therapy will take some time and Tim would like to see more immediate and direct intervention and result. The therapist felt he addressed the presenting problem

in a comfortable way, reframing it in an interpersonal context with a "non-blaming position with each partner."

Helpful and unhelpful aspects of therapy

Theresa and Tim felt that practicing communication skills was a helpful aspect of therapy. Theresa described being challenged by the therapist to come up with solutions to different situations as helpful; "He [therapist] asks us to come up with a solution, if we could have handled things differently, use "I" messages, "I feel" instead of "you,"" and Tim stated, "Getting stuff out in the open. We have an hour once a week to just talk. It forces us to have open communication once a week."

Both, Theresa and Tim agreed that the lack of structure in therapy was somewhat unhelpful, as Tim suggested, "I think he [therapist] can be more specific. I think we are still in the "get to know you" sessions, and at this point I think we can move forward. It's a free form [session], and I need structure and goals, and a time frame. Now is the time [to do all this]." Theresa confirmed, but added, seemingly in an attempt to justify the free form sessions, "Things come up, you know, with three kids things happen so you talk about different things." When asked what aspects they would like to see happen more in therapy, Theresa expressed her satisfaction with homework assignments: "He gives us homework every week for the week," and Tim once again stressed the need for directness: "I would like to see him be direct with us; tell us what is wrong "what do you think" and what to do." Neither one of them felt strongly about aspects

that need to happen less in sessions; Theresa smiled when she said "I don't like to be told what I'm doing wrong," but also said, "I'm happy with the sessions and how he lets us add on and go on." Tim remained consistent with his line of structure and directness saying, "Slowing us down, just could go faster. If he was a little more assertive."

With regards to helpful and unhelpful aspects of therapy, this therapist felt that the couple found helpful working on "communication training, working on emotional closeness and sexual intimacy – all improved the marriage."

Goals

Both, Tim and Theresa wished to have a better relationship. Theresa asserted, "[Did] not want to end up in a divorce court. Wanted to communicate better, become intimate, improve our physical intimacy, improve our psychological intimacy, to be equal, and become one." Likewise, Tim wanted "instead of being adversaries to be a team." Theresa's individual goals in therapy were more involved than Tim's, wanting to "Deal with my temper, with my short fuse, everything is an emergency, lower my stress level, not to take everything so personally, interact better with my husband and kids. Learn to know myself; what makes you [me] tic." Tim wanted to "Learn the tools of how to be intimate." As far as accomplishing the goals, both feel that they are working on them and have some progress; Theresa stated, "There are good days and there are bad days in terms of our behavior. Some days we can apply our tools and some days we can't. We are more conscious about it," and Tim asserted, "I

feel we are getting somewhere." And, on a scale from 1-10, "1" being "not accomplished" and "10" being "completely accomplished," Theresa scored "4" and Tim scored "5." Theresa stated that they decided individually what their goals should be, and Tim suggested that the therapist was still getting to know them and learning about their personalities, "so we didn't talk about goals yet." It appears that in spite of Tim's need for directness he is willing to accept the fact that they are only at the beginning of the process and is hopeful that things will move on and that the therapist will set the goals. Theresa indicated earlier that she likes the ability to talk about different issues more in depth. Both have their ideas about their relational and individual goals in therapy. In spite of the early stage of therapy they both indicated some progress toward their goals; Tim scored "5" and Theresa "4."

The therapist stated that the relational goals for this couple were: "Increased emotional and sexual closeness." Tim's individual goal was "decrease use of pornography," and Theresa's individual goal was to "stabilize [her] mood." The therapist feels that this couple made some progress "[the] couple generally feels as if their relationship has improved, communication is better, [there are] fewer conflicts." The therapist scored the progress for this couple "6." According to the therapist, the therapeutic goals were decided by "both, [couple and therapist]."

General Statement

To the question, "We hope this will educate future generations of therapists. If you were to communicate the idea of helpful and unhelpful aspects of couples' therapy to a beginner therapist what would you, as a consumer, advise him/her to do? The couple answered as follows:

Theresa: "To a beginner therapist, don't dismiss anything the couple says.

Tim: "I think school prepares you right, some people get it and some don't. Personalities don't always mesh [therapist and client]. You need to find clients with whom you mesh. You need to feel comfortable. Find the right therapist for the right client. Do the best you can.

Couple #5 – Ed & Edna

Ed and Edna are 46 and 42 years old. They have been in this relationship for 18 years and married for 16 years. This is Ed's second marriage and Edna's first. The couple has 2 sons 15 and 13 years old, both living at home. The family lives in a suburban area. Both partners are Caucasian and were born in the United States of America, and are both from Eastern European background. Both report being Christian. Ed completed high school and got vocational training. He works full-time. Edna reported having a high school diploma and a few college courses. Ed is the main provider, and Edna only works part-time. The household's annual income is between $40,000 and 49,999. At the time of this interview, this couple attended couples' therapy for seven months on an every other week basis and at this point they are getting ready to terminate their therapy. Edna indicated that she also attended individual therapy in the past.

At the time of the interview, Ed and Edna set on the same couch a little apart from each other. They seemed amicable and comfortable with one another as they turned to one another to make eye contact, smiled at each other, and Edna intervened several times when Ed was talking, trying to help him with his response. Both seemed at ease during the interview, they provided information willingly, were talkative, smiled, and sometimes even laughed. Ed got side tracked several times but came back to the topic after a short while.

The therapist of this couple described how she used the integrative approach with this couple as follows: "Addressed present relational issues,

worked on communication skills, explored dynamics in family of origin, explored past emotional injuries and worked with wife on setting boundaries effectively." Her personal values and beliefs regarding couples' therapy are: "Many times issues can be traced back to dynamics in family of origin and how each individual internalizes things. I also believe that if the partners are open minded and want to resolve their issues they can."

Influences of Demographic Factors, Cultural and Family of Origin on Couple's Perception of Therapy

The demographic, cultural, and family of origin factors do not seem to have influenced this couple's level of satisfaction with the therapeutic process or outcomes. They are aware of these factors but set them aside for the purpose of dealing effectively with the issues they are facing as a couple. Edna and Ed both thought that the need to attend couples' therapy. They prioritized over other things regardless of their financial situation at the time. Edna stated, "Not having money would not stand in the way of getting therapy because it was an important issue that had to be dealt with." Ed confirmed, "Just like she said." Being from Eastern European background the couple felt that the generation before them was very much against counseling, thinking it is a weakness. However, Ed and Edna don't feel that this is the case with their generation. Edna stated, "I think it depends on the generation. Our parents and their generation were in denial about any issues that they might have had. They felt it was a weakness to talk about problems and going to therapy. I don't have problems with it." Ed

confirmed. Their families were no exception to the rule of being from Eastern European background. It was especially apparent in Edna's family when a traumatic event happened to one of the family members, and where counseling could have been of valuable help, but was never considered. Nevertheless, Edna has not been influenced by her culture and family to view therapy in a negative light. On the contrary, she believes counseling to be very beneficial. Edna remembers well the details of the incident and how the family dealt with it, as she described, "When my brother went through a very traumatic incident, and he needed counseling, my dad told him "you'll be ok, don't worry, it's ok," dad was almost ashamed. It was more like he doesn't need it, he's strong, he can deal with it, and it was not allowed to talk about it. My dad would say "why do you want to talk to them, what do they know about you, how can they fix it better than you can?" Edna also described how the family viewed the fact that one of her uncles was in counseling when he was young, "He [uncle] had a serious breakdown in his teenage years and he saw a therapist...they thought about him that he was weak, a little crazy. It was considered a weakness to get help; you should be able to solve your own problems. We don't tell anyone in the family about us being in therapy. I feel very good about counseling." Ed admitted that he had been reluctant about seeking therapy at the beginning and did not know what to expect. In his family people do not talk about certain things and therapy is downplayed "I had my own little issues with my father. Things are also [as in Edna's family] pushed aside and ignored. My father says about therapy that you

need to be strong and take responsibility and not blame anyone for your problems."

The therapist stated, "In this case, some family members shy away from therapy, but this didn't seem to be a problem for Ed and Edna. Actually, it was less of a problem for Edna than for Ed. He had to warm up to the idea, and after he did he was completely fine with it." In this case it also appears that the presence of children at home was a motivating factor to seek out counseling. The therapist added, "I know they [the couple] discussed several times their children having to witness their arguments and they were concerned about how it affected them."

Own values: definition of a healthy intimate relationship

Ed and Edna have very similar description of a healthy intimate relationship. According to Edna, "Intimacy is about being able to show, feel, and share your deepest feelings with the person you love." Ed stated, "Intimacy is supposed to be about friendship, love, expressing yourself, being comfortable with your partner, feel comfortable talking to your partner about anything." The therapist felt that for this couple an intimate relationship meant "closeness and ability to share with one another."

Influences of Therapist Characteristics and Therapeutic Milieu

Edna felt that the relationship was deteriorating and was determined to seek therapy no matter how uncomfortable it might be. Ed was nervous about it,

but realized the severity of the problem, and thus overcame his fears and uncomfortable feelings. Edna described, "I felt I was holding inside things that bothered me for too long, and I couldn't do it anymore. When I first came to therapy it felt like now I can take this load off, not have to walk on eggshells anymore. I felt that the therapist was not looking down on us or judging us. She listened to both of us equally, treated us fairly, and made some suggestions that seemed fair." Ed describes the experience, "I was concerned at the beginning because I didn't know the therapist, so I felt a little uncomfortable. But after a short time it felt easier and more natural and was able to talk about things. The therapist did not take sides at all, which made me feel more secure and relaxed." The therapist stated, "I normally do not take sides when I'm dealing with couples, and I always try to treat everyone fairly. I believe I did it with this couple as well."

Edna stated she did not think their therapist showed any biases and Ed felt that her being a woman could have been a problem at the beginning because of his thoughts that she would side more with his wife, and he stated, "At first, I felt she might take her [wife's] side, but she didn't. She took my side, then took my wife's side, so it's not like it became the two of them against me." The therapist stated, "I don't believe I have any biases that would interfere with therapy." Both reported that their therapist was flexible in meeting their needs, especially with relation to scheduling time for the appointments. All, Ed, Edna and the therapist agreed that the interventions used by the therapist were beneficial and appropriate most of the time.

Ed and Edna have different styles and different personalities, and even though Edna sometimes felt she would have wanted the therapist to intervene more and be more direct with Ed, she realized that he needed the more laid back style in order to benefit from therapy "Personally I don't think he would have done well with someone who is more direct and talks a lot. He needed someone softer and calmer and more laid back, and she [therapist] is all that." About herself Edna stated, "I can adjust to any situation, or person, so even if I want a more direct person, I can work with more laid back personality style." Ed felt comfortable with the therapist's style, especially her "knowing how and when to intervene, how to address certain issues without making you feel bad about yourself. I feel understood." The therapist did not describe any issues related to personality differences; "I don't know that we all have the same style, but it really didn't matter in the course of therapy, because there was openness, mutual respect, and a maturity level on everybody's part."

Both, Ed and Edna agreed the presenting problem was addressed in a comfortable way. Ed actually was a little emotional when he talked about this and stated, "She [therapist] approached me without hurting my feelings...And she knew exactly what to say to get to me and make me understand what I was doing wrong and made me realize what I can do to make the situation better for me and everyone around me, it made complete sense." Edna confirmed. The therapist felt "I didn't do anything out of the ordinary to address the presenting problem in a comfortable way, I just tried to remain non-judgmental, to listen to

both of them, validate them when needed, and normalize their feelings. And, of course, I intervened when necessary."

This couple made very clear statements regarding the therapist's characteristics, and the therapeutic atmosphere indicating their satisfaction with the therapeutic process. In spite of Ed's reluctance and concerns about therapy, he was able to maintain an open attitude about the process. In fact, both came in with the understanding that they needed this to resolve their marital issues.

Helpful and unhelpful aspects of therapy

Both, Ed and Edna gained some insight into therapy and learned about each other and about other people in their life. Ed also learned no to react and listen more attentively. Edna reported helpful aspects to be as: "When she [therapist] gave us input; tools to deal with the situations, useful input and view, helped us understand why people say what they say and do what they do, helped us understand each other and realize that we are not enemies and that we each have our own baggage from our families and other situations and it has nothing to do with the other person." And, Ed stated, "She helped me to be calmer, more aware, a better listener, and have more understanding about different things. I learned to relate better to my wife. I don't think we argue as much, I think both of us listen more and don't jump immediately at each other's throats. I think we know each other better." Both of them thought there weren't any unhelpful aspects, and Ed even asserted, "We wouldn't want to be here if that was the case."

In terms of what they would have wanted to see happen more often in therapy, both felt that the homework assignments were beneficial. Edna said, "We need our weekly assignment and then discuss it in therapy. The practice helps." Ed liked the communication skills on which they worked at home, and which forced him to "listen without interrupting." There were no aspects that the couple wanted to see happen less often.

In terms of helpful aspects of therapy, the therapist stated, "I believe practicing communication skills was helpful for them, discussing issues related to family of origin and how they affect the couple today, and probably setting boundaries with others. I think that this is what they can continue working on. I don't know of any unhelpful aspects of therapy or those that need to happen less."

Goals

Ed and Edna felt that they had arrived at a point where they were not communicating well, the relationship was stagnating and Edna was beginning to have thoughts about leaving the marriage. They realized that they needed to work on the issues between them. Ed said, "I wanted to get things taken care of, we never sat down and talked about any of it. We couldn't escape it any more." According to Edna, "I was at a point where I was not willing to compromise my life any more, it was not good for anyone. I was practically ready to divorce him. I was angry all the time, we were arguing and yelling in front of the kids, there was no communication, or at least normal communication, between us. We

didn't understand each other, or maybe didn't want to. Something had to happen, and fast." Both reported their relational goals in therapy to have better communication skills; Edna stated, "We need to be able to listen to one another without making assumptions or guessing what the other wants or feels. We stop taking everything so personally and realize that sometimes him yelling is not about something I actually did, maybe he just had a bad day, or he's tired." Ed confirmed, "Communication and listening." Their individual goals were different from one another. Ed remained consistent with his need to be a better listener; "listening better before you say anything," and Edna wanted to learn how to set boundaries with her family and not let them interfere with their life [Ed's and hers and the children's], "quit worrying about what they think and say."

They both reported progress toward their goals, and emphasized that it is a process; Edna said, "I think it's a working process," and Ed also stated, "this is a ladder and we are climbing up." They both scored "7" on the scale of 1-10"1"- "not accomplished" "10" "completely accomplished." Ed and Edna felt that even though the therapist helped them with their goals, they were the ones who actually decided on them, as stated by Edna, "She helped us together, but we brought up the issues we wanted to work on," and Ed confirmed.

The therapist stated, "the goals for this couple was to strengthen their relationship, gain better communication skills, gain an understanding of how their families of origin did business, and gain a better understanding of how this impacts the way they interact with one another. I'm not certain they actually had specific individual goals. They made very good progress toward their goals; as a

matter of fact they are getting ready to terminate treatment. I would say they are at "7" or an "8" on the scale, and basically, need maintenance."

It appears that coming to therapy, both, Ed and Edna had clear goals. Being able to get things out, being aware of their marital issues, and the therapist's help with respect to their goals and guidance with other things, all contributed to their level of satisfaction with the therapeutic process and the outcome of treatment.

General Statement

To the question, "We hope this will educate future generations of therapists. If you were to communicate the idea of helpful and unhelpful aspects of couples' therapy to a beginner therapist what would you, as a consumer, advise him/her to do? The couple answered as follows:

Edna: "Give each person the opportunity to say everything they have, so there is nothing left unsaid and there is no misunderstanding about what they think and feel about the relationship and other things that are going on, otherwise it's not going to work. It is not easy to come here so take advantage of the opportunity."

Ed: "Be patient with your clients."

Couple 6- Adam and Amanda

Adam and Amanda are both in their early forties. They have been in a relationship for 3 years and married for almost two. Adam's teenage daughter, from a previous relationship, moved in with the couple last summer. The couple lives in a suburban area. Both are African American, born in the United States of America. Both report being Christian. Adam reports having some college education and Amanda reports having a master's degree. Both work full-time and report an annual household income of over $50,000. Adam and Amanda report attending couples' and family therapy in the past. The experience with couples' therapy started six months ago, and they have been attending every week.

At the time of the interview both seemed very comfortable with one another and with the interviewer. They were sitting on separate chairs next to one anther (there was no couch in the office). Adam was very talkative, and was joking between answers. Amanda was more serious than he was, but several times laughed in reaction to his jokes. It was necessary to help them refocus, especially Adam, several times during the interview. Both, Adam and Amanda, provided information willingly.

The therapist of this couple described how he used the integrative approach with this couple as follows: "Focused on here-and-now issues as well as historical issues and family of origin issues. Also, focused on male's substance abuse problems."

Influences of Demographic Factors, Cultural and Family of Origin on Couple's Perception of Therapy:

Adam and Amanda felt very strongly about education and income level having a direct influence on being open minded to seek out therapy and to perceive it as helpful. Amanda stated, "Education and income are a factor," and Adam asserted, "Definitely with education level you get more open...the more knowledge you have the more likely you are to go to therapy." In the African American culture Amanda stated, "In some families depending on the income level and the education level, if it's higher they are more willing, but then in other cases I noticed that people who don't have also go to therapy... so it just depends on the situation, but I still think it matters." Adam confirmed Amanda's statement.

The culture was not mentioned as a factor influencing this couple's level of satisfaction with the therapeutic process or outcome. Regarding the family of origin Amanda stated, "My parents have been in therapy before and took my sisters to therapy, they think it's a positive thing...My sister knows about us being in therapy and she also wants to come to see our therapist with her children...My parents have in-home therapy now. Amanda also believes that in her line of work therapy is considered a helpful factor as she stated, "research has shown that in my field that I'm at therapy is a factor." Similarly, Adam reports that members in his family of origin have a positive outlook on therapy; "my parents too are open minded about it." He personally thinks that that "everyone can use it at one point or another in their life." Adam also discussed the religious aspect. He believes

hat if he were more involved with the church he would actually have better tools to deal with his issues "if I had more religion in my life my faith would help... We don't have enough of God in our relationship...my faith would carry me." The therapist stated that in the African American culture "couples' therapy is generally not encouraged.

Own values: definition of a healthy intimate relationship

Adam and Amanda had a little different twist on their definition of what is a healthy intimate relationship. Amanda believes that in an intimate relationship there is: "respect, loyalty, honesty, and the rest will follow, then love of course, bringing people more together and religion." Adam did not contradict what Amanda said but put it in different words stating it is "I think it's a feeling of oneness, I breath in she breaths out, two people together like a melting situation; sexually, mentally, physically, emotionally, everything, that would be my perfect intimate relationship, and I don't feel I have it, that's why we are here." Amanda responded to Adam's statement "for me, if we had all the things I talked about we would be one." The therapist added how he perceived this couple to define an intimate relationship "as a mutual partnership that can solve problems and where there is emotional and sexual intimacy."

Influences of Therapist Characteristics and Therapeutic Milieu

Both Adam and Amanda have very positive things to say about their therapist and they start with both saying "he's a very good therapist..." and

Amanda added, "He's very objective...I like coming here...I don't like to miss sessions...I recommend him highly, I told other people about him." Both agreed that their therapist treats them in a fair manner. Amanda was the one who stressed the need to seek therapy for their relational issues and wanted Adam to be comfortable in therapy; "I wanted to make sure that he had a male therapist so he would feel more comfortable and not be defensive about it." At the beginning she had concerns that the therapist would be on one side, but instead she found out that "he's fair and objective." Adam said about "I think he's real fair, sometimes I think he's a little soft core...he doesn't take sides, listening to both sides and being open."

Amanda also emphasized that their therapist is "a good active listener, he repeats back, and tries to make us see what we're actually saying, and to realize certain differences that we have, but see the connection and the bond that we have are actually stronger than we think."

With regards to therapist's biases, Amanda stated "not for me." Adam confirmed her response but then added, "We come from two different worlds... there were times when I expressed myself with a lot of vulgar language and I don't use it to be tough or anything it's just the way it comes out, and he made a statement about it." Amanda challenged Adam on this because she stated it also bothered her. Adam however, would just "like to be able to express myself in therapy worrying about it, I don't want to monitor myself in a therapy session...I was raised on the streets.... he [therapist] has style and class." Both feel that their therapist is flexible: Amanda stated, "He's very versatile about how we do

things, he doesn't have a uniformed set about how we do things, there's nothing written in stone, whatever works for the situation...he is very flexible." Adam nodded his head to confirm Amanda's statement. Amanda also felt understood by the therapist stating, "He's an active listener, he paraphrases, and makes me think." Adam felt understood most of the time, but he also stated, "there were times when he totally understood me, but I have moments when no one understands me, maybe it's the way I express myself." Amanda stated that Adam tends to "get lost and goes on and on with stuff, he does it to me."

With regards to how the couple perceived the interventions that their therapist used, both Adam and Amanda responded affirmatively. Amanda stated, "When we bicker he brings us back and refocuses us. We need a referee," and Adam added, "I got a tunnel vision and I'm thinking that you should understand, I'm so opinionated that I need to understand that just because my way is cracked to the left yours can't be to the right, there are many ways to cook an egg. He keeps me focused."

With respect to the therapist's style fitting their own, Amanda said, "Sometimes we become too dependent, we can take on something, but he [Adam] tries to avoid it, and he starts stuff so he can avoid discussing issues. "His [therapist] style is very good, because he's very laid back and he's confrontive sometimes when he needs to be, sometimes we look at issues that I otherwise don't want to look at, and he does it in non-threatening way." Adam said about the therapist's style that "He has a lot of style, a lot of class, he is very patient. He always brings you back to the center, it's very helpful. It

compliments what I need." Amanda also stated that the therapist "addressed the presenting problem in a comfortable way – non threatening way, and Adam confirmed, "non threatening." The therapist felt he addressed the presenting problem in a comfortable way, but "it seemed that Adam sometimes felt there was too much focus on his substance abuse and not enough focus on changes that Amanda need to make."

Helpful and unhelpful aspects of therapy

With regards to helpful aspects of therapy Amanda stated, "I don't see where it hasn't been helpful. What I see helpful is that I get a sense of relief, being able to talk to Adam and the therapist, and get their feedback about everything, because a lot of times we hold back, things that we don't want to argue about, so we hold it for a week until we come to see him, it is a safe place." Adam described helpful aspects of therapy referring to their therapist, "open minded and how he expresses himself, tells us look at the situation from a different angle. Being able to get help, having someone to reveal my secrets to and let it dies. Both felt it was a safe place." Amanda actually would have liked to come more frequently "I wish he was available more often, more hours." Adam wants to spend less time talking about the negative things they bring to the sessions. He expressed his wish to be able to "leave therapy sessions and feel the sense of oneness that we talked about earlier, be less negative and more bonding." Adam does mention one thing that is unhelpful about the therapeutic process and that is "after sessions I am tired, I'm emotionally drained." But, he

realizes that this is part of the process. With regards to helpful and unhelpful aspects of therapy, this therapist felt that the couple benefited from "communication training and problem solving," and he believes that Adam "felt [as well as the therapist] too much time was spent on his substance abuse problems."

Goals

Amanda and Adam had the same goal coming to therapy. She clearly stated that her purpose in coming to therapy was "not to get a divorce." And Adam confirmed. In the beginning, Adam said, "I was trying to pacify her and just do what she wanted. I thought it was a waste of time and, I thought you need it [wife]. I did it for her." But things changed once they started the process, and now he "looks forward to it because it's a release, basically you have a referee, and sometimes we need it, we can start off with a basic conversation and somehow it evolves to yelling." Amanda was trying to figure out in therapy whether this relationship was "worth staying in." She also" wanted to know if he [husband] will stop using." As to her individual goals Amanda stated, "[I] wanted to see if I can get back a sense of self, since I've lost it since we've been together." Adam added about the relational goals that he was "trying to have a better form of communication and understanding of our life, and how what I did affects her." As far as his individual goals Adams stated he wanted to "get a method to stay clean and get a better insight about who I was when I was using

and who I am without using, and the process of going back again and again, and what were some of the reasons and steps I took before I went back and used."

About goal attainment they both see there is progress. Adam feels he accomplished some of his individual goals; he is now in recovery and stopped using. He stated, "Some of the thing I'm still working on, it's a process, I understand now that the reason I relapsed was because I wanted to, I see the patterns and know what I need to do to avoid it. I can change the behavior." Amanda stated, "There is some progress, it is a process." Amanda added about what she liked in therapy "The whole process of therapy, I believe in therapy. It can work, and I do see some small steps that we've made." And Adam stressed the need to assume your own responsibility for the outcomes as he suggested, "...You need to do the changes that need to be done." On the scale of 1-10"1"- "not accomplished" "10" "completely accomplished" Adam and Amanda have a little difference between them. Adam scored "6" and Amanda scored "4."

They both report that the goals were decided on individually because they cannot talk about things without getting pulled into an argument. Adam believes that "goals are being redefined on a daily basis, had a thought about divorce, now we dealt with it and there is another goal... We have goals set in mind and we actually work on it."..." And Amanda stated, "decide individually and the therapist would talk with us about it."

The therapist stated that, as a couple the goals for Adam and Amanda were to gain more closeness and argue less. The therapist also felt this couple was making progress and stated that they were having "Somewhat less

arguments," and that they seem to be "more compatible." With regards to Adam's individual goal the therapist said, "he reports he has not used in several months." The therapist scored the progress for this couple "5." According to the therapist, the therapeutic goals were decided by "both, [couple and therapist]."

General Statement

To the question, "We hope this will educate future generations of therapists. If you were to communicate the idea of helpful and unhelpful aspects of couples' therapy to a beginner therapist what would you, as a consumer, advise him/her to do? The couple answered as follows:

Adam: "Be patient and be caring about his clients, have a true concern and really want to see them becoming successful and not only to be that way but to really be able to communicate, and be able to verbally say and do what needs to be done. And, you are better off if they're married so they have their own experience with what's it like to be married."

Amanda: "I agree about being caring, those kind of things do matter. Let it be more than a job, be able to be empathic and understanding of each person's concerns and problems. Have experience."

Statements made by the therapist of couples: #1, #2, #4, and #6

The therapist of couples: #1, #2, #4, and #6 described his personal values and belief regarding couples' therapy is that problems are generally interpersonally based, reciprocal, and are best worked on and resolved interpersonally. The therapist also felt he treated each partner fairly and did not take sides. As far as having any biases this therapist stated, "Men tend to be less open and involved in the psycho therapeutic process." He felt that his laid back style fit with the style of all his couples. The therapist stated he was flexible in meeting the partners' needs, used appropriate interventions, and always addressed the presenting problem in a comfortable way, framing the problem in a relational manner. According to the therapist, the therapeutic goals for all of his four couples were decided by the couple and the therapist. With regard to influence of family of origin on his clients perceived the therapeutic experience, this therapist reported that he was "not aware of either any support or discouragement."

Cross-Case Analysis

The interviews of six participating couples in this study were described earlier in this chapter. They illustrate how these couples perceived their therapeutic experience and what were the contributing factors to their level of satisfaction with the process and outcomes of couples' therapy. The last Table (see Table 4.6) provides couples' suggestions to beginner couples' therapists about helpful and unhelpful aspects of therapy. Information from the two participating therapists was also provided regarding each couple at the end of the corresponding couple's interview. The information will be examined with regard to the original research questions.

Demographic characteristics of the six participating are shown in Table 4.1. Four of the couples were Caucasian, one couple was African American, and one couple was mixed; the male partner being African American and the female partner Caucasian born in Poland. The mixed couple is cohabiting, and is the only couple that is not married. Four couples reported being Christian, one couple reported being from the Jewish faith, and the cohabiting couple reported being of no particular faith. The average length of being together was 10.33 years, ranging from three years to thirty-two. With respect to education, one male did not report his education level, one female participant had less than a high school diploma, five participants reported completing high school (3 males and 2 females), two males reported having a bachelor degree, two females had a master degree, and one female had a PhD. With respect to employment, eight participants reported having full-time employment (5 males, 3 females), three

reported working part-time (1 male, 2 females), and another female reported being a stay-at-home mother. The average annual household income reported was over $40,000, two couples reported an annual household income over $50,000, two reported between $40,000 and 49,999, and two reported an annual household income of $30,000 to 39,999. All, but the cohabiting couple who is not married, have children. One couple has 2 toddlers, sons, one couple has two adult children who do not live at home and one teenage son who resides with them, another couple has two teenage sons who reside with them, one couple has one adult son and two teenage sons who all live with the couple, and one couple had a teenage daughter, who recently moved in with them, from the husband's previous relationship. Two couples reported attending six sessions of couples' therapy, one reported ten sessions, one reported 14 sessions, one couple reported being in therapy for the last six months on a weekly basis, and one couple who already terminated at the time of the interview reported having two years of couples' therapy every other week. All reported receiving some sort of counseling in the past (i.e., individual, couples', family, parenting workshops).

Data Matrix

The following Tables provide data in a form of direct quotes from the individuals and the therapists relating to the different categories and themes that were established for the purpose of this study. There was no particular order in which the couples were organized in the templates. There are five Tables, four of which specifically address the chosen categories and themes, and the last one

provides direct quotes of the partners' suggestions to beginner couples' therapists about helpful and unhelpful aspects of therapy (see Table 4.6).

The column in Table 4.2 with quotes about demographic factors, cultural aspects, and family of origin aspects that are believed to have influence on how partners perceive the therapeutic process and its outcomes corresponds to the first research question: "How does the eco-system influence client's level of satisfaction with treatment of couples in couples' therapy and outcome of treatment?" The couples describe the different demographic factors (i.e., level of education and socio-economic status), cultural factors and family of origin and how they influence their perception, acceptance, and experience of the therapeutic process (see Table 4.2). The column in Table 4.3 with quotes of the partners about the therapist's characteristics and the therapeutic milieu, and the columns in Table 4.4 of couples quotes about helpful and unhelpful aspects of therapy, correspond to the second research question: "How does Integrative Couples' Therapy influence clients level of satisfaction with couples' therapy and outcome of treatment?" The couples describe characteristics of the therapist and the therapeutic milieu that were perceived as desirable in terms of influencing their level of satisfaction with the therapeutic process and outcome of treatment (see Table 4.3). The couples describe in their own words what they perceived as helpful and unhelpful aspects of therapy that may have influenced their level of satisfaction with the therapeutic experience (see Table 4.4). Finally, the columns in Table 4.5 with quotes from the couples regarding goals in therapy corresponds to the first research question as it provides the partners values (i.e., staying in a

marriage), and to the second research question as it also relates to dynamics in therapy between the therapist and the couple (i.e., deciding on goals) (see Table 4.5). The description of couples' definition of a healthy intimate relationship also relates to the first research question as it presents the couples values and beliefs.

As participants describe their cultural background and values held by their families of origin, they mainly express how their parents valued or devalued therapy, what were the expectations, and how it affected them. For example, when Edna states that therapy became a priority in their lives, she explains that she wanted to keep the marriage without compromising her own needs. She was troubled by the fact that her relationship with Ed was affecting their children negatively. By attending therapy she actually went against cultural traditions and against her own family's beliefs. Ed on the other hand, was caught in between the old generation's values and realizing that the relationship needed some changes. He was a little reluctant at the beginning, but as things progressed in therapy, he began to feel more comfortable and reported progress.

Moreover, participants reflect on the role of the therapist and the therapeutic environment as being salient in their experience with therapy and outcome of treatment. For example, Chris and Christina view their therapist as being non-judgmental and treating them equally. Chris feels comfortable with the therapist in spite of the fact that the couple initiated therapy because of his outside affair. Christina describes the therapeutic milieu as a safe place to talk

about different issues with the therapist being a mediator. In spite of the small number of sessions (6) they report making some progress.

Table 4.2

Influences of Demographic factors, Culture and Family of Origin on Couple's Perception of Therapy

Demographic, Cultural and Family of Origin Influences **Themes: (1) Level of education and income; (2) Presence of children; (3) Transgenerational experiences with family of origin; (4) Previous individual counseling**		
Couple	Name	
No. 1	Chris	"AA people are still attached to church" *Attended couples' therapy in the past*
	Christina	"The priest is the Couple's therapist" "Mom has seen the local priest" "Siblings have not been [to therapy]" Attended individual therapy in the past.
	Therapist	They are "a highly educated couple who seemed open to being involved in psychotherapy...For male partner, who is African American, generally couples' therapy is not encouraged."
No. 2	Kyle	"I guess not [no relation between economic status, level of education, or any other such factors" "Mom did go to counseling, but no one ever talked about marriage counseling." Attended couples' therapy in the past
	Karen	"There is no relation [between economic status, level of education, or any other such factors]. "I have 2 little children, what am I going to do?" "There was never an issue [family or cultural] about us attending couples' therapy...My Mom thinks it's a good idea, and so does my dad, but he doesn't know about this." Attended couples' therapy and a parenting workshop in the past.
	Therapist	Demographic factors "Does not appear to be [any influence]." Cultural view "especially for male partner, generally looked down upon." Family of origin "Not aware of either any support or discouragement."
No. 3	Don	"Being of Jewish background makes us more willing to seek out therapy." "The kids, they realize that us being in counseling is helpful. It's reassuring for them...Anything is better than divorce and you should try everything to fix the marriage." "My parents were the old school. Marriage counseling was not a consideration; you take care of the problem, what you don't resolve you ignore." Reported some experience with individual therapy.
	Donna	"In term of being Jewish and having the education and occupation I have makes therapy a positive thing." "Our 3 children, believe they're very happy that we are in counseling because there's nothing worse for them than seeing their parents facing a divorce. It must be reassuring to them that we are working on issues." "I don't talk to my parents much about it. I'm sure they would support me with this. There's nothing wrong with this." "For me it took a lot because I'm a little afraid of therapy... it turned out to be a good thing." Attended individual therapy in the past.
	Therapist	"Individuals from the Jewish faith are pretty open minded about therapy." "I know she discussed it with her children and feels that they are ok with it because it means that their parents are trying to resolve issues without resorting to divorce." "Donna had her own personal issues and perceptions that had some impact on how she opened up in therapy."

Table 4.2, *cont.*

Demographic, Cultural and Family of Origin Influences **Themes: (1) Level of education and income; (2) Presence of children; (3) Transgenerational experiences with family of origin; (4) Previous individual counseling**		
Couple	Name	
No. 4	Tim	"I am from a mixed culture." "I feel the same as her." "I believe that the more educated you are, the more income you have, the more accepting of therapy you will be." Parents: "they were pretty open-minded about it." Attended individual therapy in the past.
	Theresa	Cultural influences: "there is no view one way or the other, so there is no influence." "I don't think that my education, economic status, or any of that makes a difference for me." "The children know that we are in therapy; I told them that we want to better our relationship and to better our relationship with them...Our kids understand it." "Our son, he's 11 he ...was very nervous when we fought. He was afraid that we'd get a divorce. He feels much more secure now, he understands that people do have arguments... and it doesn't mean that they want to divorce each other." "Therapy is a positive thing..." "I come from a dysfunctional family, my father was an alcoholic and it created many problems in the family. My kids saw all this." Attended individual and couples' therapy in the past.
	Therapist	In their culture couples' therapy is "generally accepted." Family of origin "Not aware of either any support or discouragement."
No.5	Ed	Cultural background: Ed confirmed what Edna stated about their culture. Confirmed what Edna said about money and seeking out therapy. I had my own little issues with my father...Things are also [as in Edna's family] pushed aside and ignored." " My father says about therapy that you need to be strong and take responsibility and not blame anyone for you problems." Attended couples' therapy in the past.
	Edna	Cultural background: I think it depends on the generation. Our parents and their generation were in denial about any issues that they might have had. They felt it was a weakness to talk about problems and going to therapy. I don't have a problem with it "Not having money would not stand in the way of getting therapy because it was an important issue that needed to be dealt with." "When my brother went through a very traumatic incident, and he needed counseling, my dad told him "you'll be ok, don't worry, it's ok, " dad was almost ashamed. It was more like he doesn't need it, he's strong, he can deal with it, and it was not allowed to talk about it." [My uncle] had a serious breakdown in his teenage years and he saw a therapist... they thought about him that he was weak, a little crazy. It was considered a weakness to get help..." "We don't tell anyone in the family about us being in therapy. I feel very good about being in therapy." Attended individual therapy in the past.
	Therapist	"I know they discussed in several sessions their children having to witness their arguments." "...Some family members shy away from therapy, but this didn't seem to be a problem for Ed and Edna. Actually, it was less of a problem for Edna than for Ed. He had to worm up to the idea, and after he did he was completely fine with it."

Table 4.2. *cont.*

Demographic, Cultural and Family of Origin Influences **Themes: (1) Level of education and income; (2) Presence of children; (3) Transgenerational experiences with family of origin; (4) Previous individual counseling**		
Couple	Name	
No.6	Adam	"Definitely with education you get more open... The more knowledge you have the more likely you are to go to therapy." "My parents too are open minded about it." Personally, "everyone can use it at one point or another..."
	Amanda	"Education and income area factor... In some [African American] families depending on the income level and education level, if it's higher they are more willing, but then... people who don't have also go to therapy..." "My parents have been in therapy before and took my sisters, they think it's a positive thing..."
	Therapist	In the African American culture "couples' therapy is generally not encouraged." Family of origin "Not aware of either any support or discouragement."

Table 4.3
Influences of Therapist Characteristics & Therapeutic Milieu

Couple	Name	**Therapist Characteristics Themes and Therapeutic Milieu (1) Fairness; (2) Free of biases; (3) Relaxed demeanor/laid back; (4) Partners treated equally; (5) Addressed the problem in a comfortable way: safe to talk, non-judgmental, non-threatening;**
No. 1	Chris	"Not taking sides, very good in this regard." "has control over the session; he manages time and talks well." " "He's non-threatening, sessions have a free-form style." "He doesn't dictate what should be talked about. He doesn't have an agenda." "He addressed presenting problem in a comfortable way." "He's good at picking up on body language." "He cuts me off sometimes too quickly. He's good at picking up on body language. He stops me actually because he's got an idea." "He's pointing out things, gives a lot of directives regarding how to listen and how to talk." Did the therapist show flexibility? "Yes" Did the therapist intervene appropriately most of the time? "Yes"
	Christina	"He's in the process of understanding, hasn't learned yet, because haven't been her so many times." "He's non-judgmental" "Evenhanded" "It was helpful to talk about different issues in a safe setting with a mediator." "He's very adaptive and non-threatening." Did the therapist show flexibility? "Yes" Did the therapist intervene appropriately most of the time? "Yes"
	Therapist	"Each partner was treated fairly. Did not take sides. Framed problem in a relational manner..." Biases: "Men tend to be less open and involved in the psycho-therapeutic process." Flexible, appropriate interventions. Style: "Being laid back seemed to fit with their [couple] style." Addressed the problem in a comfortable way: "Yes, issues of affair – supported her, but was able to help the couple see that there were relational issues..."
No. 2	Kyle	"Non-judgmental" "Same" [as Karen – liked that the therapist was not stiff and laid back.] "I was a little uncomfortable because I felt uncomfortable. [Because of my issue]" Addressed the problem in a comfortable way. "Maybe sometimes he might have taken sides with her." Did the therapist show flexibility? "Yes"[with time and locations.]
	Karen	"I don't see any looking down on because of the situation. Brought the man's point of view, but without disregarding my point of view." "He understood more where Kyle was coming from because he's a man, and he tried to bring it to my attention so I can be more understanding... It was comfortable." "Non-judgmental" "I liked that he wasn't stiff and laid back." "I was fuming and was a rambling fool and my thoughts were "help me" and I didn't care who was around. It was comfortable." Did the therapist show flexibility? "Yes" [time and location.] For the most part, did you feel understood by your therapist? – "All accept for the pregnancy when he [therapist] decided to terminate."
	Therapist	Fairness: "I tend to frame problems in reciprocal, interactive terms." Biases: "Men tend to be less open and involved in the psycho-therapeutic process." Flexible, appropriate interventions. Style: "Being laid back seemed to fit with their [couple] style." Addressed the problem in a comfortable way: "I generally allowed the male partner to focus on his personal problem as he saw how it negatively influenced the marriage."

Table 4.3, *cont.*

Couple	Name	Therapist Characteristics Themes and Therapeutic Milieu (1) Fairness; (2) Free of biases; (3) Relaxed demeanor/laid back; (4) Partners treated equally; (5) Addressed the problem in a comfortable way: safe to talk, non-judgmental, non-threatening;
No.3	Don	"Very neutral overall" "Careful about not taking sides." Therapist's style: "Very laid back, relaxed, "trying to help" kind of attitude, low key, very compatible with my personality." "The therapist is very objective, that's very reassuring." Expressed his amazement with the therapist understanding him even though she " doesn't know everything about me." "She made me aware of things, and helped me put closure on them." "The therapist is very objective, that's very reassuring, she always encourages us to do our own little reality checking." "I can't have things presented to me in a "nice" way because then I don't feel I need to make any changes." Appropriate intervention – "Even when I didn't understand the purpose of a certain intervention, she made me aware of things, and helped me put closure on them."
	Donna	"The therapist is supportive of **US**." "I think the therapist treats us equally, working on bringing us together." Therapist's style: "Very objective, encourages us to look at the whole picture and work on the relationship." "I don't like to open up to others and the therapist has been instrumental in that respect." "*The therapist is great...really liked...have a conversation like we had in session.*" Felt understood? – "Yes" "She is flexible about time, and with the way she helped us think."
	Therapist	"I always try my best not to take sides and to treat partners fairly, and I believe this is the case with this couple." "I feel that all three of us to some degree are pretty laid back." "I addressed the issues with this couple in a comfortable manner. They are a little different from one another. He needs a little push to get him a little more motivated and a reminder to get back on track, and she needs to feel that this is a safe place to express herself."
No. 4	Tim	"He's fair. "Maybe he just points out things [when he tells me what I need to do], brings them to my attention." "It's [therapy & the way the therapist addresses issues] pretty comfortable." "We have a referee." Addressed the problem in a comfortable way - "Yes...He is non-judgmental and doesn't point fingers, you can say anything that comes to your mind and it's ok... because he's not shocked..." "He pretty much treats us equally." "We brought the kids one session and he said, "Oh fine, that's ok." Confirmed Theresa's response "He hears us...". Appropriate intervention" He helps us understand the difference between us, and he lets us come up with our own solution."" Therapist's style - "I think he's a little laid back, and I'm more aggressive at fixing stuff. If there's a job to be done it needs to be done."
	Theresa	"I feel that he treats us fairly "He addresses both of us and includes both of us" "I feel he hears us and what we bring to the table." Addressed the problem in a comfortable way) "His wording...He is non-judgmental and doesn't point fingers, you can say anything that comes to your mind and it's ok." Appropriate intervention - "We learn how to say things to one another, and how to do things in a different way." "He [husband] is more "I get the point lets go on" Therapist's style "I like going more in depth with things, I like to talk more about certain things" "It took us a long time to get there and it will tale more than 6 sessions to work on things." "he asks "what if you've done this?" Was the therapist flexible in meeting their needs ? "Yes"

Table 4.3, *cont.*

Couple	Name	Therapist Characteristics Themes and Therapeutic Milieu (1) Fairness; (2) Free of biases; (3) Relaxed demeanor/laid back; (4) Partners treated equally; (5) Addressed the problem in a comfortable way: safe to talk, non-judgmental, non-threatening;
	Therapist	Fairness: "Yes, I treat each partner fairly – I didn't take sides." Biases: Biases: "Men tend to be less open and involved in the psycho-therapeutic process." Flexible, appropriate interventions. Style: "Being laid back seemed to fit with their [couple] style." Addressed the problem in a comfortable way: "Yes, problems were reframed in an interpersonal context and there was a non-blaming position with each partner."
No. 5	Ed	"The therapist did not take sides at all, which made me feel more secure and relaxed." "At first, I felt she might take her [wife's side, but she didn't. She took my side, then took my wife's side, so it's not like it became the two of them against me." "I was concerned at the beginning because I didn't know the therapist, so I felt a little uncomfortable...After a short time it felt easier." "Her [therapist] knowing how and when to intervene, how to address certain issues without making you feel bad about yourself. I feel understood." Addressed the problem in a comfortable way - "She [therapist] approached me without hurting my feelings...And she knew exactly what to say to get to me and make me understand what I was doing wrong and made me realize what I can do to make the situation better for me and everyone around me, it made complete sense."
	Edna	"She listened to both of us equally, treated us fairly, and made some suggestions that seemed fair." "It felt like now I can take a load off...I felt that the therapist was not looking down on us or judging us." "He [husband] needed someone softer and calmer and more laid back, and she [therapist] is all that...I can adjust to any situation, or person, so even if I want a more direct person, I can work with more laid back personality style." Addressed the problem in a comfortable way – confirmed what Ed said
	Therapist	"I normally do not take sides when I'm dealing with couples, and I always try to treat everyone *fairly. I believe I did it with this couple as well.*" "There was openness, mutual respect, and a maturity level on everybody's part." "I just tried to remain non-judgmental, to listen to both of them, validate them when needed, and normalize their feelings. And, of course, I intervened when necessary."
No. 6	Adam	"I think he's real fair...He doesn't take sides, listening to both sides and being open." Biases: "We come from two different worlds...there were times when I expressed myself with a lot of vulgar language...and he made a statement about it...I was raised on the streets...he [therapist] has style and class." Flexibility: confirmed with a nod of the head what Amanda said. Felt understood: "there were times when he totally understood me, but I have moments when no one understands me, maybe it's the way I express myself." Appropriate interventions: "He keeps me focused." Therapist's style: "...He's very patient, he always brings you back to the center...compliments what I need." "Non-threatening."
	Amanda	"He's fair and very objective." "A good active listener...and tries to make us see what we are actually saying..." Biases: "Not for me." Flexibility: "He's very versatile about how we do things...whatever works for the situation." Felt understood: He's an active listener, he paraphrases..." Appropriate interventions: "When we bicker he brings us back and refocuses us..." Therapist's style: "He's style is very good, beca7use he's very laid back and he's confrontive when he needs to be..." "Non-threatening."

Table 4.3, *cont.*

Couple	Name	**Therapist Characteristics Themes and Therapeutic Milieu** **(1) Fairness; (2) Free of biases; (3) Relaxed demeanor/laid back; (4) Partners treated equally; (5) Addressed the problem in a comfortable way: safe to talk, non-judgmental, non-threatening;**
	Therapist	Fairness: "...tried not to take sides." Biases: Biases: "Men tend to be less open and involved in the psycho-therapeutic process." Flexible, appropriate interventions. Style: "Being laid back seemed to fit with their [couple] style." Addressed the problem in a comfortable way: "It seemed that Adam sometimes felt there was too much focus on his substance abuse and not enough focus on changes that Amanda needs to make."

Table 4.4 *Themes of Helpful and Unhelpful Aspects of Therapy*

Couple	Name	Helpful Aspects of Therapy Themes: (1) Active listening; (2) Communication skills; (3) Solution oriented; (4) Homework assignments	Unhelpful Aspects of Therapy Themes: (1) Lack of structure (2) Lack of direction; (3) Lack of specificity; (4) Lack of assertiveness
No. 1	Chris	"Concrete solutions and tools, helping to communicate better" (2)(4) Want "more tools and concrete communication exercises…"	"As a couple we tend to repeat the same things over and over…The session itself should be used to control communication"
	Christina	"To talk about different issues in a safe setting with a mediator." "Therapist can actually be more helpful by seeing the negative at the session" Want more "exercises…homework assignments."	
	Therapist	"Communication training and problem solving, re-establishing trust in the relationship, and increasing emotional closeness…working on forgiveness in order to recover from the affair."	
No. 2	Kyle	"Bringing the situation to the forefront made me realize I did something wrong" Want more "more homework to try and work at home."	
	Karen	"I do feel that today I can communicate better." Want more: Frequency; "I would have liked to see him more often, once a week, not every other week."	"The initial reason why we came was pushed aside."
	Therapis	"Communication training, increasing couple time. Working on husband's personal issue, better understanding between partners."	
No. 3	Don	"I always guess what others think and I learned to restrain it… Served to increase my awareness." "Being able to honestly speak what's on your mind, and discuss things that you normally avoid."	
	Donna	To see [Don] with the good and the bed, the person I fell in love with…Communication skills; I try to listen more." "I would like to have more conversations in our sessions and work on reality checking."	
	Therapist	"I think they actually benefited from the fact that this is a place where they are allowed to talk about things." "i also think that practicing communication skills was helpful"	

Table 4.4, *cont.*

Couple	Name	Helpful Aspects of Therapy Themes: (1) Active listening; (2) Communication skills; (3) Solution oriented; (4) Homework assignments	Unhelpful Aspects of Therapy Themes: (1) Lack of structure (2) Lack of direction; (3) Lack of specificity; (4) Lack of assertiveness
No. 4	Tim	"Getting stuff out in the open. We have an hour once a week to just talk. It forces us to have open communication once a week"	It's free form, and I need structure and goals, and a time frame. Now is the time." "I would like to see him be direct with us; tell us what is wrong…and what to do…go faster. "I think he can be more specific. I think we are still in the "get to know you" sessions, and at this point we can move forward." "If he was a little more assertive."
	Theresa	"I'm happy with the sessions and how he lets us add on and go on." "Use "I" messages, "I feel" instead of "you." "He asks us to come up with a solution, if we would have handled things differently." "He gives us homework every week for the week."	"Lack of structure" – confirmed what Tim said
	Therapist	"Communication training, working on emotional closeness and physical intimacy."	
No. 5	Ed	"She helped me to be calmer, more aware, a better listener, and have more understanding about different things." "I learned to relate better to my wife." "I don't think we argue as much, I think both of us listen more and don't jump immediately at each other's throats. I think we know each other better." "Listen without interrupting."	
	Edna	"She gave us input, tools to deal with the situations… useful input and view…helped us understand why people say what they say and do what they do, helped us understand each other and realize that we are not enemies and that we each have our own baggage from our families and other situations and it has nothing to do with the other person." Want more "weekly assignments and then discuss it in therapy. The practice helps."	
	Therapist	"I believe practicing communication skills." "Discussing issues related to family of origin and how they affect the couple today." Setting boundaries with others."	

Table 4.4, *cont.*

Couple	Name	Helpful Aspects of Therapy Themes: (1) Active listening; (2) Communication skills; (3) Solution oriented; (4) Homework assignments	Unhelpful Aspects of Therapy Themes: (1) Lack of structure (2) Lack of direction; (3) Lack of specificity; (4) Lack of assertiveness
No. 6	Adam	"[Therapist's] open mindness...Look at the situation from a different angle...someone to reveal my secrets to and let it die." Be able to "leave therapy sessions and feel the sense of oneness...be les negative...more bonding."	"After sessions I'm tired, I'm emotionally drained."
	Amanda	"Get a sense of relief...Being able to talk...Get feedback...It's a safe place." "I wish he was available more often..."	"I don't see where it hasn't been helpful."
	Therapis	"Communication training and problem solving."	[Therapist] felt too much time was spent on his substance abuse problem."

Table 4.5 *Goals*

Couple	Name	Relational Goals Themes: (1) Avoid Divorce; (2) Improve Communication; (3) Improve Intimacy	Individual Goals Themes: (1) "Emotional Regulation; (2) Intimate Behavior	Setting Goals Themes: (1) Partners together; (2) Partners with Therapist; (3) Individually; (4) Implicit	Goal Attainment Themes: (1) Attained; (2) Progressing; (3) Score
No. 1	Chris	"Stabilize the relationship" "Be able to talk to one another…get an understanding of why we're at the point we're at"	" Learn to be civil to each other" "Try to salvage some kind of friendship."	"We didn't formally talk about goals…He [therapist] would listen, pick out of what we would say "work on this…very insightful and able to focus on things we need to work on."	"We are working toward it." Score "3"
	Christina	"Get some understanding why we can't get along together…" "Be able to communicate more effectively"	"…Be more civil to one another." "Discussion of the affair, why it took place." "…Salvage the relationship"	"Were kind of implicit."	"We are not exactly where it was at the beginning." Score "3"
	Therapist	"Restore trust and closeness."	Chris': "Decrease intensity of conflicts." Christina's: "Increase couple time and emotional closeness."	"Both [couple and therapist]"	Score: "8"
No. 2	Kyle	"Stay married" "Work on the trust thing…and the situation of seeking someone else. Try to enjoy her company more."	"Trust, tell the truth instead of what I did."		"I guess not [attained], because we still have the trust issue." Score "6"
	Karen	"Wanted the marriage to be saved…having trust in my husband"	"Getting through my anger, gaining trust." "Wanted to know for myself is it worth it or not." "Knowing why."		"At the time the anger had subsided through therapy and trust was building up. The therapist said I will never find out why." Score "5-6"
	Therapist	"Improve communication, increase couple time, improve parenting."	Kyle's: "Improve parenting." Address personal problem that is affecting the marriage. Karen's: "Feel less depressed."	"Both [couple and therapist"]	"Relationship generally improved, terminated treatment." Score: "7"
No. 3	Don	"Make it better and stronger."	"To get more satisfaction as an individual. Get validated in terms of self worth, and be more content."	"Never formally talked with her [Donna], did it myself. I set my goals according to the situation."	"I'm in the process, you want to be in the right direction." Score "6"

Table 4.5, *cont.*

Couple	Name	Relational Goals Themes: (1) Avoid Divorce; (2) Improve Communication; (3) Improve Intimacy	Individual Goals Themes: (1) "Emotional Regulation; (2) Intimate Behavior	**Setting Goals Themes: (1) Partners together; (2) Partners with Therapist; (3) Individually; (4) Implicit**	Goal Attainment Themes: (1) Attained; (2) Progressing; (3) Score
No. 3	Don	"Make it better and stronger."	"To get more satisfaction as an individual. Get validated in terms of self worth, and be more content."	"Never formally talked with her [Donna], did it myself. I set my goals according to the situation."	"I'm in the process, you want to be in the right direction." Score "6"
	Donna	"I definitely didn't want to get a divorce." "Having more fun together."	"To be more intimate with him…" "…Do fun things together…" "…Talk to one another, and share with one another."	Together with Don	"The resentment level has gone down…it's a process and it's getting better." Score "3"
	Therapist	"Donna was very clear about not wanting their relationship to end up in a divorce "[Donna] wanted to spend more fun time together with Don." "He seemed to want the relationship to be stronger, to be able to overcome any crisis."	"I believe he was leaning more toward his own needs being met in the relationship, being validated. "	"They both wanted to save the relationship so it became the primary goal" "I think he had his own agenda, and he would bring up topics that were completely unrelated to the reason the came to therapy."	"They have some work to do." Score "3" or "4"
No. 4	Tim	"Instead of being adversaries to be a team."	"Learn the tools of how to be intimate."	"The therapist is still getting to know them "so we didn't talk about goals yet."	"There are good days and there are bad days in term of our behavior. ... We are more conscious about it." Score "5"
	Theresa	"[Did] not want to end up in a divorce court." "Wanted to communicate better." "Become intimate, improve our physical intimacy, improve our psychological intimacy, to be equal, and become one."	"Deal with my temper, with my short fuse, everything is an emergency, lower my stress level, not to take everything so personally." "Interact better with my husband and kids. Learn to know myself, what makes you tic."	Decided on goals on our own.	"[I] feel we are getting somewhere." Score "4"
	Therapist	"Increased emotional and sexual closeness."	Tim's. "Decrease use of pornography." Theresa's: "Stabilize [her] mood."	"Both [couple and therapist.]"	"[The] couple generally feels as if their relationship has improved, communication is better,[there are] fewer conflicts." Score: "6"

Table 4.5, *cont.*

Couple	Name	Relational Goals Themes: (1) Avoid Divorce; (2) Improve Communication; (3) Improve Intimacy	Individual Goals Themes: (1) "Emotional Regulation; (2) Intimate Behavior	Setting Goals Themes: (1) Partners together; (2) Partners with Therapist; (3) Individually; (4) Implicit	Goal Attainment Themes: (1) Attained; (2) Progressing; (3) Score
No. 5	Ed	"Communication, listening…"	"Listening better before you say anything."	Confirmed what Edna said.	"This is a ladder and we are climbing up." Score "7"
	Edna	"I was at a point where I was not willing to compromise my life anymore…we were arguing and yelling in front of the kids…there was no communication…we didn't understand each other." "Listen to one another without making assumptions or guessing what the other wants or feels…"	"Quit worrying about what they [family members] think and say…"	"She helped us together, we brought up the issues we wanted to work on."	"I think it's a working process." Score "7"
	Therapist	"Strengthen their relationship" "Gain better communication skills" "Gain an understanding of **how their families of origin did business**… how this **impacts the way t**hey **interac**t with **one a**nother."			"They are getting ready to terminate treatment … need **maintenance**." Score "7" or "8"
No. 6	Adam	**Confirmed not w**anting to **get a divorce**. **"Trying to have a** better **form of communic**ation and **understanding**…How what **I did affected her**?"	"Get a m**ethod to stay** clean…**what were some of** the reason**s and steps I** took before **I went back** and used."	**"Individually" and then with therapist**	**Accomplished individual goals. "Some of the things I'm still working on." Score: "6"**
	Amanda	"**Not get a divorce**." "[Was **it] worth staying in**?" **"Will [Adam] stop** using?"	"[I] want**ed to see if I can** get back **a sense of self**…"	"Individually and **then therapist would talk with us."**	"Small steps" Score: "4"
	Therapist	**Gain** more **closen**ess and **argue less**	Adam's **goa**l: not **use**	**Decided toget**her	**"Having somewhat less arguments… more compatible." Score: "5"**

Table 4.6

Couple's General Statements about Couple's Therapy Experience to the question" "We hope this will educate future generations of therapists. If you were to communicate the idea of helpful and unhelpful aspects of couples' therapy to a beginner therapist what would you, as a consumer, advise him/her to do?"

Couple	Name	
No. 1	Chris	"Be non-judgmental."
	Christina	"Don't take sides, listen, offer solutions based on others' research of working with couples."
No. 2	Kyle	"Be honest. Talk as you are talking to a person not to a doctor.
	Karen	"Don't take sides, got to walk the fence, be laid back."
No. 3	Don	"People are different and couples are different, and the therapist has to tailor the treatment to fit each couple."
	Donna	"Agree with a lot of Don said. Everyone is unique."
No. 4	Tim	"I think school prepares you right, some people get it and some don't. Personalities don't always mesh [therapist & client]. You need to find clients with whom you mesh. You need to feel comfortable. Find the right therapist for the right client. Do the best you can."
	Theresa	"Don't dismiss anything the couple says."
No. 5	Ed	"Be patient with your clients."
	Edna	"Give each person the opportunity to say everything they have, so there is nothing left unsaid and there is no misunderstanding about what they think and feel about the relationship and other things that are going on, otherwise, it's not going to work. It is not easy to come here so take advantage of the opportunity."
No.6	Adam	"Be patient and be caring about his clients, have a true concern and really want to see them becoming successful and not only be that way but to really be able to communicate, and be able to verbally say and do what needs to be done. And, you are better of if they're married so they have their own experience."
	Amanda	"I agree about being carrying, those kind of things do matter, let it be more than a job, be able to be empathic and understanding of each person's concerns and problems. Have experience.

Answers to Research Questions

Research Question #1: How does the eco-system influence client's level of satisfaction with couples' therapy and with outcome of treatment?

Sub-Research Question #1.1: What are the eco-systemic(social/structural environment) influences on client's level of satisfaction with couples' therapy and with outcomes of treatment? And, *Sub-Research Question #2.1: How do client's demographic aspects influence client's level of satisfaction with couples' therapy and outcome of treatment?*

Two of the themes that emerged for this question seems to be a strong indicator of having influence on participants' perception of therapy and its outcome. The first theme was common for five out of the six couples and it relates to

- Presence of children: Unrelated to Integrative Couple's Therapy or to therapist's characteristics, the presence of children at home seems to have a significant influence on how willing parents are to seek couples' therapy. There is a sense of parents not wanting to emotionally hurt their children and allow the couple's interaction to affect them negatively (i.e., arguing, fighting, maintaining distance). Thus, children in the household present a motivating factor to seek out therapy. Five of the six couples had children at home and at least one partner of each of those couples, the wife in four of the cases, expressed their feelings about the importance of couples' therapy concerning the well being of the children. Don in Couple #3 was the fifth participant who had commented on

children needing to be reassured that their parents are taking care of issues between them. The couple that did not have children naturally did not point this out to be a motivating factor in their decision to seek out therapy.

The second strong theme that emerged and that was common for all six couples is

- Previous counseling experiences: All participants reported being in some form of therapy in the past. This may be another aspect that may present a contributing factor in helping participants be more accepting of the therapeutic experience. Eight participants reported being in couples' therapy in the past, two reported being in family therapy in the past, five participants had individual counseling, and one mother attended a parenting workshop. It is quite possible that having a previous therapeutic experience removed the nervous anticipation of the unknown and made the current process more familiar and thus, more easily acceptable.

The other emerging themes include:

- Education and income level: This factor may have some influence on how couples perceive their therapeutic experience. In two of the couples both partners had a higher level of education. One of the couples the cohabiting couple with no children reported a higher level of income. Don and Donna (#3) were the other couple with a higher level of education for both partners. Both partners reported feeling it was a helpful factor. Amanda (#6) had a master's degree and he had some college education.

Both stated that higher education and higher income level are important factors. Tim (#4), who only had high school education, asserted that higher levels of education and income are directly correlated to acceptance of therapy. His wife did not see any correlation between the two, as did the other two couples.

- Transgenerational experience with family of origin: All couples were aware of their parents' view of therapy. Seven individuals reported their parents as being supportive of therapy, and five reported parental disapproval of marital therapy or any other type of therapy. All participants had a positive attitude about marital therapy regardless of how their parents viewed it. It is intriguing that values in the family of origin, in spite of normally being a strong element in individuals' earlier stages of life (at least until age18), do not always necessarily seem to be claimed by the next generation. As Edna (Couple #5) reminds us in her narrative "I think it depends on the generation. Our parents and their generation were in denial about any issues that they might have had."

The therapists did not perceive the couples' cultural background or family of origin values to have significant influence on client's perception of the therapeutic experience.

Sub-Research Question #1.2: How do values and beliefs of both partners influence level of satisfaction with couples' therapy and outcome of treatment?

Direct quotes of partners' definition of a healthy intimate relationship show within-case similarities in four of the couples. The emerging themes in those couples are: friendship, conversing and sharing with one another, love, care, affection, trust, and other affectionate feelings. The couple that differed in their definition of intimate relationship was the cohabiting couple. Chris and Christina agreed that communication is part of the definition, however, the male partner suggested that in an intimate relationship communication is more difficult, and the female partner stated that communication in an intimate relationship should be easier. It is possible that he was relating to the fact that in an intimate relationship the interaction can take a more emotionally charged meaning. They also differed on spending time together; he thought that in an intimate relationship partners spend more time together, whereas, she asserted that there is a need to balance time spent together and space between the partners. Interestingly, their therapist perceived their need for time spent together as reverse from what they reported; wife wants more time together and husband needs more time alone. Partners in another couple had different definitions but not contrasting; the wife described it as having respect, loyalty, love and caring, and the husband thought of it as being one. The one couple that in comparison to the others is in a more progressive stage of their therapy described their view of an intimate relationship with words that indicate affectionate feelings and a comfort level, and the wife also suggested that reciprocity is part of it. The therapists had similar answers to the couples in most cases. In some cases the therapist added to what he thought the couple's definition was. For example, in

the case of Tim and Theresa, Tim stated, "In an intimate relationship both partners care about the other person as much as you care about yourself," Theresa suggested "trust, faithfulness, and compassion," and the therapist added, "Time spent together as well as individual time apart, joint decision making is important as well as sexual intimacy." Even though the definitions are not the same, they are not necessarily different either. They seem to emphasize a different part of what could actually be a very similar definition. It is not apparent that the participants' personal view regarding intimate relationships is indicative of any influence on their level of satisfaction with couples' therapy.

Research Question #2: How does Integrative Couples' Therapy influence client's level of satisfaction with couples' therapy and with outcome of treatment?

Sub-Research Question #1.3: How does their perception of fairness of the therapist (and other characteristics of the therapist) influence client's level of satisfaction with couples' therapy and with outcome of treatment?

With respect to this question it was expected that therapists trained in Marriage and Family would know how to approach a dyad in session and how to deal with the complexities that a couple, as opposed to an individual, bring to therapy. This study's findings support this idea. All participants in this study perceived their therapist as being fair. The therapists also felt that they treated their clients in a fair manner and did not take sides. The theme in this case is:

- Therapist being fair and partners being treated equally: Partners perceived the therapist as being fair, and not taking sides. They also perceived therapist as treating them equally. The words and phrases they used to describe this are: evenhandedly, being neutral, and being supportive of us, and includes both of us. It is detrimental to the success of the therapeutic experience; the therapist must treat the partners equally. If the therapist were to favor one partner over the other, the one less favored is likely to feel left out and develop resentment not only toward the therapist, but also to the other partner and toward the entire therapeutic process.

Sub-Research Question #2.2: How does implementing the most suitably fitted therapeutic or clinical process influence client's level of satisfaction with couples' therapy and outcome of treatment?

Participants describing aspects of therapy that were helpful and unhelpful, treatment goals, goal setting and goal attainment had the following points in common:

- Helpful aspects of therapy:
    - Communication skills: Eight participants reported the practice of communication skills to be helpful, describing having less arguments and a better ability to listen and express themselves. Another three partners (two of them are a couple) reported being able to practice active listening with their partner in session and out

of session, and becoming aware of aspects related to partner and self. Those who reported benefiting from communication skills and active listening skills made repeated statements about it.

- Homework assignments: Five participants suggested that having homework assignments for the week was helpful. It gave them time to apply what they learned in sessions.
- Solution orientation and tools: Five participants either reported
- getting concrete solutions from the therapist, or tools (i.e., reality checking) or being challenged to come up with a solution, found it to be a helpful aspect of therapy. Four of the above participants were among the five that reported practicing communication skills as helpful.

The above aspects could all be grouped into one as they all describe concrete behaviors in therapy. Active listening is a component of communication skills that are also used for homework assignments. All of these are therapeutic tools utilized to construct a solution.

- Unhelpful aspects of therapy: Five participants reported unhelpful aspects of therapy. One reported her initial reason for coming to therapy being "pushed aside." This participant was hoping to gain an understanding as to why her husband did what he did, and her need to know was not satisfied. The other three participants thought there was not enough structure in the sessions. These participants used phrases such as "the session...should be used to control," "lack of structure," "need

structure and goals, a time frame, now is the time...be more direct...go faster, be specific...more assertive." Tim (#4) was the most adamant about lack of structure and assertiveness being an unhelpful aspect of therapy, and his wife, in spite of reporting being able to discuss "in depth" different issues and "add on" when needed, confirmed her husband's statement. It is possible that due to the nature of therapy being a helpful profession, individuals in therapy will have the tendency to think of their therapist in positive terms, and choose not to see the unhelpful aspects of it. The one participant who reported some dissatisfaction with lack of structure in therapy seemed to have honestly believed that the therapist's and his personalities did not fit. In his general statement he suggests, "You need to find clients with whom you mesh. You need to feel comfortable...Find the right therapist for the right client." The husband in Couple #6 stated as an unhelpful aspect the fact that after sessions he was emotionally drained. The nature of this experience is such that it does sometimes produce emotional exhaustion.

Sub-Research Question #2.3: How do therapist's demographic factors influence the client's level of satisfaction with couples' therapy and outcome of treatment?

Participants' quotes in the narratives provided earlier in this chapter indicate that only one of the partners perceived their therapist as having biases. Adam (#6) indicated that the therapist and him were from a different world, and that the therapist made a comment about him using

vulgar language. It is possible that the therapist was setting his own boundaries in this case. The husband in Couple #5 was concerned that the therapist, being a female, might take his wife's side, but he then reported that his concerns were put to rest. The one therapist in all four of his cases stated that he did have a bias relating to men tending to be les open and involved in the process of therapy. However, none of his clients reported to notice this bias. The other therapist stated she did not feel she had any biases that interfered with the process of therapy.

Sub-Research Question #2.4: How does the Integrative approach to couples' therapy influence client's level of satisfaction with couples' therapy and with outcome of treatment?

The themes emerging for this research question and that were common to most of the participants include:

- Therapist being flexible in the way he/she handled sessions: Nine of the participants confirmed that the therapist was flexible. For example, "flexible about time," "We brought the kids one session..." And, flexible about time of the sessions and sometimes location of the sessions. The participants that did not indicate that their therapist was flexible in meeting their needs also did not contrast it.
- Participants feeling understood by the therapist: Ten participants stated that they felt the therapist understood them. Some of the words and phrases used by participants to support this theme include: "He's good at

picking body language," He understood...where he's coming from," "He hears us...," and "I feel understood." The one male participant who did not confirm or contrast this perception is the husband in Couple #2 who also indicated that he felt uncomfortable, not because of anything that the therapist did, but rather because of the issue that was brought up and that had to deal directly with his actions that created a problem in the marriage. His wife stated that she felt the therapist did understand her husband, and for the most part understood her; except for when he decided to terminate their treatment because she was pregnant.

- Interventions by the therapist were appropriate most of the time: Eleven participants indicated that the interventions by their therapist were appropriate most of the time. The interventions were perceived to be positive by the participants, and even when husband in Couple #1 stated that the therapist cuts him off too soon sometimes, he immediately added that it was because the therapist "got an idea" and therefore the intervention was actually perceived as being effective. Some phrases that describe this theme include: "he tried to bring it to my attention..." "Helped me put closure..." "Encouraged us to look at the whole picture..." "Helps us understand the difference between us..." and one suggested that the therapist challenged them to come up with their own solution to the issue they were presenting.
- Therapist's style fitting with client's style: Seven participants felt that the therapists's style fit their own. Three participants liked that their therapist

was "laid back" and "not stiff." The wife in Couple #5 agreed that their therapist was laid back and felt that the therapist's style actually fit better her husband's style as opposed to her own. However, although she would like a more direct person she stated, "I can work with more laid back personality." The only one who actually seemed to have more difficulty with the therapist's laid back style was the husband in Couple #4, whose answer was consistent with previous statements he had made regarding wanting more structure in therapy. Other things that were pointed out as therapist's style fitting the client's style include: "has control over the session...manages time..." "Very adaptive," "objective," supportive of us," and going more in depth with things..." Finally,

- Addressing the presenting problem in a comfortable way: All participants agreed that their therapist addressed any issue that was brought up in session in a comfortable way. They used words and phrases that include: "He's non-threatening," Non-judgmental," "I don't see any looking down on," "Without disregarding my point of view," "It was comfortable," "I don't like to open up to others and the therapist has been instrumental in that respect," "Doesn't point fingers," and "You can say anything that comes to your mind and it's ok." Some participants had a little more difficulty at the beginning of their therapeutic process, but once they became more familiar with their therapist they became more comfortable. Their initial uncomfortable feeling was not related to the therapist's actions. These

participants were Kyle (#2) and Ed (#5). Their responses are consistent with their previous statements regarding their own uneasy feelings.

It is apparent that the therapist addressing the problem in a comfortable way contributes to a safe therapeutic atmosphere and the therapies being perceived as treating the couple in a fair way, are conducive to the therapeutic experience and according to this study are found to be the two strongest factors that influence the level of satisfaction with couples' therapy.

CHAPTER 5

Discussion

Overview

This study aimed to explore how individuals in Integrative Couples' Therapy perceive and describe their therapeutic experience and the factors influencing their level of satisfaction with the therapeutic process and treatment outcome. Couples' level of education and income, values inherent in participants' cultural background as well as of their families of origin were explored as possible correlates to satisfaction. Therapist's characteristics and therapeutic milieu were also examined to uncover possible influences on participants' level of satisfaction with the therapeutic experience.

Six couples who were in an intimate relationship for at least three years at the time of the study, and who were either attending or attended at least six session of couples' therapy with a therapist trained in MFT, using an integrative approach, participated in this qualitative case-study. Therapists were interviewed about their utilization of an integrative approach with couples participating in this study. Discussion of the findings includes the theoretical foundations of the study with a revised conceptual map, and key findings. The remainder of this chapter will address methodological issues, limitations of the study, implications for couple therapists, and recommendations for future studies.

Key Findings

Theoretical Foundations

The researcher designed a demographic questionnaire and craftedinterview questions, and analyzed participants' narratives and therapists' responses in accordance with the social environment element of Human Ecological Theory (Bronfenbrenner, 1979, 1989), and, more specifically, Family Ecology Theory (Bubolz & Sontag, 1993), and clinical aspects using Integrative Couples' Therapy (Lebow, 1987; Pinsof, 1995). Despite family of origin perspectives about therapy, or cultural values, participants embraced a positive view of therapy.

The original conceptual & theoretical map, described in Chapter 1 (Figure 1.1), portrays the above theories as having equal weight in the manner they influence client's satisfaction with Integrative Couples' Therapy and outcome of treatment. However, the findings of this case study do not demonstrate equal significance of the different elements involved. Specifically, the influence of the therapist's characteristics, therapeutic approach, and the therapeutic milieu were found to have more influence than the ecological systemic factors including: cultural values, family of origin perspectives, and demographic characteristics such as education and level of income. Key factors related to therapist's characteristics include: (1) clients' perception of the therapist as being fair; (2) therapist's biases (3) partners being treated equally; and (4) therapist's style the. Factors related to the therapeutic approach were: (1) using appropriate interventions; (2) therapist being flexible to meet the needs of the couple and

individuals; (3) addressing the presenting problem in a comfortable way and providing a safe therapeutic environment where clients are able to express themselves. The Conceptual & Theoretical map was revised to reflect the findings.

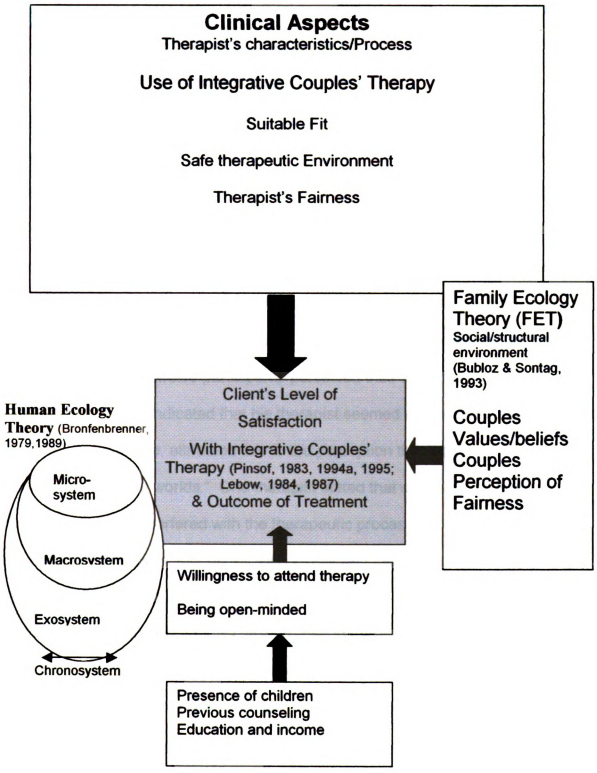

Figure 5.1 A Revised Conceptual & Theoretical Map

The revised conceptual map (Figure 5.1) illustrates the findings relating to clinical aspects having the strongest influence on client's satisfaction with Integrative Couples' Therapy and outcome of treatment. For example, all participants perceived the therapist to treat them in a fair way (sub-research questions #1.3 & #2.1). The participating therapist also stated that they treated partners in a fair way by not taking sides. It was expected that Marriage and Family therapists who are familiar with the complexities related to treating a dyad as opposed to an individual, would be more able to focus on relational aspects of the dyad and treat the partners 'evenhandedly'. This suggests the importance of maintaining a relational, balanced approach in treatment to be viewed as fair.

Eleven out of twelve participants perceived their therapist devoid of biases. Adam, who indicated that his therapist seemed uncomfortable when he used vulgar language, attributed this to the perception that the therapist and he came from "different worlds." One therapist stated that she believed she was free of biases that interfered with the therapeutic process. The interview with the second therapist revealed that he tended to viewed men as being less involved in the therapeutic process. Taken together, therapists' biases and participants perception affected how couples viewed their therapeutic experience.

Using an integrative approach for couple therapy appears to relate to client's level of satisfaction with the therapeutic experience and outcome of treatment. For example, a majority of the individuals confirmed that the therapist was flexible in meeting their needs, and reported feeling understood by the therapist, which are core aspects of integrative approach. Furthermore, nearly all

participants perceived interventions by the therapist as being appropriate, most of the time. Even though one individual stated that the therapist interrupts too soon sometimes, he attributed this to the fact that the therapist had gained insight into what he was trying to convey to him. Moreover, seven participants felt that the therapist's style fit his or her own way of relating. Three participants liked that their therapist was "laid back." There appears to be a slight difference amongst couples about this observation. It appeared that males in this sample were more likely to prefer more direct, goal-oriented interventions instead of relaxed, less focused practices. All participants agreed that their therapist addressed issues that were brought up in sessions in a comfortable way. They felt that their therapist was non-threatening, non-judgmental, provided a safe environment to discuss any issue, and was instrumental in helping clients to freely express themselves. Two participants reported initially being uncomfortable because of their own uneasy feelings that were not related to the therapist's actions. However, once the process and therapist became more familiar they reported feeling more comfortable.

It is apparent that the therapist addressing the problem in a comfortable way contributed to a safe therapeutic atmosphere. The therapist being perceived as treating the couple in a fair way, and as being free of biases are all conducive to the therapeutic experience, and according to this study are found to be the strongest factors that influence the level of satisfaction with couples' therapy.

Other Findings

The key findings of this study suggesting that clinical aspects had the strongest influence on client's satisfaction with Integrative Couples' Therapy were discussed in detail earlier. Other findings of this study include helpful aspects of therapy, and treatment goals, and gender related issues.

The findings of this study show that participants generally found concrete behavioral techniques, such as active listening, communication training and practice, homework assignments, and specific solutions to be helpful aspects in therapy. Preparing homework assignments may be viewed as an indicator of the client's level of motivation to participate in the therapeutic process. Eight participants reported communication skills to be a helpful instrument. They found it to be helpful in decreasing the level of reactivity in arguments and increasing their ability to listen and express themselves more effectively. Practicing active listening in and out of session while becoming increasingly aware of feelings related to themselves and their partner, couples not only improved their interaction with one another, they also reported gaining insight and a better understanding of one another. Children also appeared to benefit from these newly acquired communication and listening skills. Participants reported exposing their children to healthier interactions, which gave children the reassurance of a stronger relationship.

Homework assignments were helpful in allowing the application of the learned skill out of sessions. Other elements of integrative therapy included receiving concrete solutions for problems or being challenged to generate a

solution. Unhelpful aspects of therapy were less significant than helpful aspects, with less than half of the individuals reporting unhelpful aspects. For example, Karen was dissatisfied with the fact that the therapist did not provide her with the reason for Kyle's behavior. Another aspect, reported by Adam as unhelpful, was being emotionally drained after sessions. The nature of the therapeutic experience is such that it does sometimes produce emotional exhaustion. Lack of structure in therapy was the most reported (three participants) aspect under this category. For example, Tim felt negatively about the lack of structure in sessions and assertiveness on the part of the therapist. He would have liked to see a faster progression in therapy, and more intervention in order to keep the conversation on track. His wife, Theresa supported him on the one hand, but on the other expressed her satisfaction with being able to discuss "in depth" different issues. Tim seemed to have honestly believed that the therapist's and his personalities did not fit. It is apparent in the general statement Tim made for beginner therapists where he suggested finding the right therapist for the right client. It is possible that individuals in therapy would normally tend to think of their therapist in positive terms, and choose not to see the unhelpful aspects of therapy.

Therapeutic goals is another aspect relating to the clinical process and the most suitably fitted therapeutic approach being a contributing factor to client's satisfaction with Integrative Couples' Therapy. Nearly all partners reported not wanting to divorce one another or the dissolution of the relationship, but wanting to improve and strengthen the relationship. Some had similar relational and

individual goals. For example, Christina stated, for both individual and relational goals, she wanted to gain understanding to why they were not getting along, and gain the ability to communicate more effectively. In all cases it appears that goals were not discussed formally, and that it was more of a fluid process, where issues were brought up, processed, and tackled. Goal attainment did not necessarily seem to be the most important factor influencing client's satisfaction with the therapeutic experience and with its outcome. All clients expressed varying levels of satisfaction with the therapeutic process, and only one couple was getting close to accomplishing the treatment goals. Most couples and therapists, provided similar or very close, within case, scores for goal attainment. The findings of this study show that all participants were content with the progress they have made in therapy. Moving in the right direction and seeing improvement are motivating forces for clients and therapists to continue their course of action.

The influences of demographic factors, factors related to cultural values and perception of therapy and family of origin views of therapy were found to be less of an influence that initially theorized. It appears that the above factors, have less influence on how likely clients are to seek therapy or value the therapeutic experience. For example, all couples were aware of their parents' view of therapy. Seven participants reported parental support, and five reported parental disapproval of marital therapy or any other type of therapy. However, all participants had a positive attitude about marital therapy regardless of their family of origin views. This could be a result of the general sense of how society is

evolving, and the process of change from one generation to the next, as Edna simply stated that their parents were from a different generation. The culture of the individuals had even less significance. This could be a result of lack of diversity in the sample.

Education and income was reported by some of the participants as a factor influencing their level of acceptance of therapy and how they perceive the therapeutic experience. Five of the participants, held either a bachelors, masters, or a Ph.D. degree; another two had some college education. The average income was over $40,000 ranging from $30,000s to over $50,000.

The presence of children in the home and previous counseling experience appeared to influence the motivation to seek therapy and accept therapy as a viable solution. Five out of the six couples had children at home. Participants expressed concern about the negative effect their conflictual interaction would impose on their children (i.e., arguing, fighting, maintaining distance). For example, Don and Donna commented on how children need to be reassured that their parents are taking care of issues between them.

To summarize, findings of these case studies highlight the importance of children in seeking treatment, as well as previous counseling experiences. The last factor is likely to promote an open-minded attitude to counseling because they have some sense of familiarity with the process of therapy and are more likely to free of the possible anxiety that is associated with the unknown.

Gender difference in how partners perceived their therapeutic experience was minimal in this study. There was very little disagreement between partners

about helpful aspects of therapy. It is possible that because partners were interviewed together they influenced each other's views. In future research interview questions need to be more specific to address this issue suitably.

Methodological Issues

The thought of interviewing couples for a research project was an invigorating one, as it offers a different angle on approaching couples than what this researcher is accustomed to as a Marriage and Family therapist. Having the interviewing skills acquired through many hours of conducting therapy with couples, this research presented the challenge of embarking on a different aspect of interviewing dyads. The researcher was preparing to interview couples for the sole purpose of gathering information without the aspect of providing the intervention. As it turned out, the interviews went smoothly; couples shared information related to this study willingly, and eagerly provided suggestions to beginning therapists. Several times during the interviews the researcher had to remind herself to stay loyal to the task of data collection and was able to fight the urge to intervene. The use of audiotapes allowed for a post interview review and provided a repeated examination of the data with complete focus on data analysis. It is recommend that other researchers, who are therapists, and who intend to use interviews as their methodology take into consideration the need to balance between being a qualitative researcher and a therapist.

Limitation

There are some inherent limitations in this study. First and foremost, the small sample of this study reduces the ability to make inferences beyond this population. The intention was to interview between ten to twelve couples and investigate them in great detail. The process of recruiting the couples was arduous. MFT therapists were either reluctant to participate in the study or did not have clients who fit the criteria on their caseload. This researcher then settled for a sample that would reach a point of saturation and ended with six couples for this study.

Participants were not representative of the diverse larger population in terms of race, religion, socio-economic status, ethnicity, and different dwelling areas. It is therefore, impossible to make generalizations to other couples who do not have the same characteristics as do the participating couples in this study. However, this is a qualitative study, and the intention was to gain as much details as possible regarding each case. The face-to-face interviews with couples and therapists provided the details needed for this study.

Another limitation was the variability in number of therapeutic sessions that the couples received ranging from six sessions to over 40 sessions. Having fewer sessions places some couples in a less advantageous position with relation to their comfort level with the therapist and their progress in therapy. In this study this did not seem to influence the level of satisfaction of participants with the therapeutic experience.

Recommendation for Future Research

More research is needed to explore the phenomenon of what influences client's satisfaction with couples therapy and outcome of treatment. It would be beneficial to have a more diverse sample. Couples need to be from different ethnic groups, different socio-economic levels, different religions, and different locals. This will allow to gain a better understanding of and a way to compare how different individuals from different groups perceive the therapeutic process.Future research should also assess expectations of therapy and the relationship to satisfaction with couples' therapy and outcome of treatment. Utilizing the instrument used in this study, or a modified version of it when employing it at certain points of the therapeutic progression could help therapist understand their clients' expectation, allowing therapists and clients to reach a better level of comfort and appreciation where there will be room for creativity and ability to tailor a more suitable treatment plan for each unique couple. It would be especially interesting to use clients' recommendations, as provided in the general statements which participants made in this study, to inform beginner therapists who intend to work with dyads or families.

Clinical Implications

The clinical implications of this study involve several points. The overwhelming findings indicating the importance of the therapist's characteristics and the therapeutic milieu as influencing client's level of satisfaction with the therapeutic experience lead this researcher to consider the following as viable

pursuits. First, Marriage and Family therapist need to understand the intricate nature of treating a dyad as the client unit. Marriage and Family Therapy programs need to emphasis with students the complexity of treating a client system that consists of more than one person, stressing the need to monitor the therapeutic process and maintain balance between relational issues and individual differences. Treating partners fairly and equally is an essential aspect of the therapeutic process. If the therapist favors one partner over the other, the less favored partner is likely to feel left out and develop resentment not only toward the therapist, but also to the other partner and toward the entire therapeutic process.

Secondly, MFT programs should introduce to students all family theories and methods as part of the required curriculum. As part of supervisory experience, students should be required to utilize different methods in order to become more secure in implementing them as needed. Additionally, as part of the supervisory requirements, future therapists should have a certain number of hours of watching videotapes of seasoned marriage and family therapists providing therapy to couples and families, use the one-way-mirror to watch sessions with couples and families, and then discuss the dynamics. It is essential that students attending an MFT program will have sufficient number of clinical sessions with couples and families. By gaining practice while in supervision, future therapist will become more comfortable and better equipped to provide therapy upon completion of their program.

Using an integrative approach requires profound knowledge of the different theoretical approaches and methods that are utilized by marriage and family therapists. As suggested by Pinsoff, the integrative approach allows the inclusion of a large range of human behavior, allows for more flexibility in treatment of different units of clients, offers an opportunity for more acceptability and efficacy of care, allows to tailor a unique treatment plan for each client, and is more easily customized by therapists to fit their own personal style (1995). Having mastery of the different theoretical approaches and methods provides therapists with the freedom to address the important issues that the clients present, and it also creates a comfort level for the therapist to shift from one theory to another as the situation necessitates. As evident by the findings of this study, the majority of participants confirmed that the therapist was flexible in meeting their needs, reported feeling understood by their therapist, and nearly all participants perceived the interventions to be appropriate most of the time. It is therefore this researcher recommendation for clinicians and future clinicians to utilize the integrative approach to couples' therapy and to integrate clients' expectations of therapy as a primary step. The therapist needs to recognize the unique needs of and tailor the most suitable treatment plan for each couple. Training students in different theories and methods will allow them to gain more flexibility in shifting from one method to another when a specific case and situation requires such practice. Considering client's expectations may relate to client's level of satisfaction with the therapeutic experience.

Finally, it is vital to stress to students the need to become aware of and examine regularly their own values, biases, and what triggers them. They need to be able to set them aside during therapy and not impose them on their clients. When therapists succumb to their own biases the therapeutic outcome cannot serve the needs of the clients. The researcher's final note to future marriage and family therapists is to explore with clients about their expectations of the therapeutic experience, and, at different points of therapy, how they perceive the therapeutic process. Then, this information can be integrated into the treatment plan.

Summary

This collective case study explored the factors influencing client's satisfaction with Integrative Couples' Therapy and outcome of treatment. It intended to add to the limited literature on this topic. It is hoped that more qualitative research will follow to explore further aspects of this phenomenon.

Although the range of this study was limited in sample size and diversity, clinical aspects were found to be the strongest factors influencing client's satisfaction with Integrative Couples' Therapy and outcome of treatment. Clients' perception of therapist's fairness, being free of biases, being flexible in meeting their needs, using appropriate interventions most of the time, and addressing the problem in a comfortable way, all elements of the integrative approach, were contributing factors to the therapeutic process and environment, and to the resulting level of participant satisfaction.

Cultural views and family of origin views on therapy were not found to have the same influence on participants. Participants embraced a positive attitude about therapy in spite of how their families viewed it. Education and income level were found to have some influence on participants, but not significant enough to make generalizations to the larger population. Presence of children in the home and previous counseling experience were also found to be motivating forces in seeking therapy.

More research needs to be done in this area addressing a more diverse population. Future research also needs to explore how expectations of therapy influence client's satisfaction with the therapeutic process.

APPENDICES

APENDIX A

Interview Guide for therapists' interviews

Each therapist will be asked to describe specifically how they use an integrative approach in their practice with couples.

The following questions will apply to each participating couple:

Research Question # 1: How does the eco-system (social environment) influence client's level of satisfaction with treatment of couples in couples' therapy?

Sub-Research Question # 1.1: What are the eco-systemic (social/structural environment) influences on client's level of satisfaction with couples' therapy and outcome of treatment?

Demographic questionnaire: point out things that may influence this couple.

1. What is the relationship between demographic characteristics and satisfaction with therapeutic experience?
2. What do you know about how this couple's culture or ethnic group views couples' therapy?

   Probe: Is it accepted? Encouraged? Looked down upon?
3. From what they shared with you, how do their families (relative, or children) view couples' therapy?

   Probe: Are they encouraging? Are they against it? Are they supportive of their decision to seek couples' therapy? In what way are they supportive: emotional? Financial? Provided childcare?

Sub-Research Question #1.2: How do values and beliefs of both partners influence client's level of satisfaction with couples' therapy and outcome of treatment?

1. How do they define a healthy intimate relationship?

   Probe: Couples that spend a lot of time together? Apart? How are decisions made? Does it involve sexual intimacy? How?

Sub-Research Question #1.3: How does their perception of fairness influence client's level of satisfaction with couples' therapy and outcome of treatment?

1. Do you feel that you treated each partner fairly during the therapeutic sessions?

   Probe: Do you feel that you took sides? How or how not?

Research Question # 2: How does Integrative Couples' Therapy influence client's level of satisfaction with couples' therapy?

Sub-Research Question #2.1: How do client's demographics influence his/her level of satisfaction with couples' therapy and outcome of treatment?

Same questions as in the section related to Human Ecology (social environment).

Sub-Research Question #2.2: How does implementing the most suitably fitted therapeutic or clinical process influence client's level of satisfaction with couples' therapy and outcome of treatment?

1. What aspects of therapy do you think the couple found to be helpful or unhelpful? Why or why not?

2. What aspects of therapy did you find to be helpful or unhelpful for this specific couple? Why or why not?
3. What was this specific couple hoping to accomplish?
4. What were their goals coming to therapy as a couple?
5. What were their goals coming to therapy as an individual?
6. Do you feel they've accomplished any of their goals? Why or why not?
7. Overall, scale 1-10, "1"-"not accomplished" "10" "completely accomplished," how close do you feel they are to accomplishing their goals?
8. How were these goals decided on? (e.g., alone, together with spouse, by the therapist, or both)?

Sub- Research Question #2.3: How do therapist's demographics influence client's level of satisfaction with Integrative Couples' Therapy and outcome of treatment ?

1. What are your values and beliefs regarding couples' therapy?
2. What, if any, biases you have regarding gender, religion, ethnic groups, or any others?

Sub-Research Question #2.4: How does the integrative approach to couples' therapy influence client's level of satisfaction with couples' therapy and outcome of treatment?

1. Do you feel that you were flexible in meeting the couple's needs?
2. Do you feel that the interventions used by you were appropriate most of the time?

3. How do you feel about your style fitting with who the partners are and with their style?
4. Do you feel you addressed the presenting problem in a way that was comfortable for the partners? How?

APENDIX B

Interview Guide for Conjoint Interviews

If the interviewee does not provide a complete answer to any one of the open-ended inquiries, the interviewer will follow with a more specific question to clarify what she means.

Research Question # 1: How does the eco-system (social environment) influence client's level of satisfaction with treatment of couples in couples' therapy?

Sub-Research Question # 1.1: What are the eco-systemic (social/structural environment) influences on client's level of satisfaction with couples' therapy and outcome of treatment?

Demographic questionnaire:

1. What is the relationship between demographic characteristics and satisfaction with therapeutic experience?
2. Tell me how your culture or ethnic group views couples' therapy?
   Probe: Is it accepted? Encouraged? Looked down upon?
3. How does your family (relative, or children) view couples' therapy?
   Probe: Were they encouraging? Were they against it? Were they supportive of your decision to seek couples' therapy? In what way were they supportive: emotional? Financial? Provided childcare?

Research Sub-Question 1.2: How do values and beliefs of both partners

influence client's level of satisfaction with couple in couples' therapy and outcome of treatment?

1. How do you define a healthy intimate relationship?

   Probe: Do you spend a lot of time together? Apart? How are decisions made? Does it involve sexual intimacy? How?

Sub-Research Question 1.3: How does their perception of fairness influence client's level of satisfaction with couples' therapy and outcome of treatment?

1. Do you feel you were treated fairly during the therapeutic Sessions?

   Probe: Do you feel that the therapist took sides? Do you feel that the therapist blamed you or your partner unfairly? Why or Why not?

Research Question # 2: How does Integrative Couples' Therapy influence client's level of satisfaction with couples' therapy?

Sub-Research Question #2.1: How do client's demographics influence his/her level of satisfaction with couples' therapy and outcome of treatment?

Same questions as in the section related to Human Ecology (social environment).

Same questions as in the section related to Human Ecology.

Sub-Research Question #2.2: How does implementing the most suitably fitted therapeutic or clinical process influence client's level of satisfaction with couples' therapy and outcome of treatment?

1. What aspects of therapy you found to be helpful or unhelpful? Why or why not?
2. What aspect of therapy would you have asked to see happen more often?

3. What aspect of therapy would you have asked to see happen less often?
4. What were you hoping to accomplish?
5. What were your goals coming to therapy as a couple? List the top 3 with the most important goal first.
6. What were your goals coming to therapy as an individual? List the top 3 with the most important goal first.
7. Do you feel you accomplished any of your goals? Why or why not?
8. Overall, scale 1-10, "1"-"not accomplished" "10" "completely accomplished," how close do you feel you are to accomplishing your goals?
9. How were these goals decided on (e.g., alone, together with partner, by the therapist, or both)?

Research Sub-Question #2.3: How do therapist's demographics influence client's level of satisfaction with Integrative Couples' Therapy and outcome of treatment ?

1. Do you feel your therapist has any gender, religion, ethnic groups, or any other biases? If yes, what impact do you feel it has on the therapeutic process?

Research Sub-Question #2.4: How does the integrative approach to couples' therapy influence client's level of satisfaction with couples' therapy and outcome of treatment?

1. Do you feel that the therapist was flexible in meeting your needs?
2. Do you feel understood by the therapist?

3. Do you feel that the interventions used by the therapist were appropriate most of the time?
4. How do you feel about the therapist's style fitting with who you are, yours and your partner's style?
5. Do you feel that your therapist addressed the presenting problem in a comfortable way? How?

General statement to the couple: We hope this will educate future generations of therapists. If you were to communicate the idea of helpful and unhelpful aspects of couples' therapy to a beginner therapist what would you, as a consumer, advise him/her to do?

APENDIX C
Demographic Questionnaire

Gender: M F
Age:

Living environment: ☐Rural ☐ Urban ☐Suburban ☐Other

Marital status: ☐Married ☐Not married ☐Widow/er ☐Divorced ☐Living-together

Race: ☐Caucasian ☐African American ☐Asian American ☐Native American ☐Hispanic ☐Other

Religion: ☐Christian ☐Jewish ☐Muslim ☐Other

Education: ☐Less than H.S. ☐Completed H.S. ☐In college ☐Bachelor's ☐Master's ☐PhD

Employment: ☐Unreported ☐Full-time ☐Part-time ☐NILF ☐Retired

Household size:

Household annual income: ☐$0-9,999 ☐$10,000-19,999 ☐$20,000-☐29,999 ☐ $30,000-39,999 ☐$40,000-49,999 ☐$50,000+

# of children in the household: ___Under 5 ___Under 10 ___under 18 ___over 18

How long have you been in the current relationship?

How many therapeutic sessions did you attend by now?

Please check all previous treatment or couple's educational programs

☐ Individual therapy ☐ Couple's therapy ☐ Family therapy

☐ Parenting workshop ☐ Premarital counseling

☐ Couples workshops or seminars

APPENDIX D

Eliciting the voice of the client: Influences on client satisfaction with Integrative Couples' Therapy

A qualitative study

Informed Consent

The purpose of this collective case study is to explore what factors influence client's satisfaction with couples' therapy. We believe that some of these factors may include values and beliefs held by you, your partner, and your therapist, any social support that is available to you and your partner, and the clinical approach used by the therapist. You are being asked to describe your experience of couple therapy: your feelings, thoughts, and values regarding couples' therapy, and how they influence your experience. Prior to participating in a conjoint interview (you and your partner), which will last approximately one to one and one half hours, your therapist will be interviewed, and he/she will be asked similar questions to those in the conjoint interview. Your therapist will not have access to your responses in the interview with your partner.

- Your participation in this project is completely voluntary and can be terminated at any time. You may choose to decline to answer certain questions. If one partner decides to terminate his/her participation, the couple unit will be released from further interviewing. You will not incur any penalty as a result of the above.
- All information obtained will be kept confidential and all written documents will not use any identifying facts. Your privacy will be protected to the maximum extent allowable by law.

You may address questions about the study to the researcher, Dahlia Berkovitz, M.S.W., C.S.W., L.M.F.T. at (248)760-8550 at any time during the process, or to Dr. Esther Onaga at the Family & Child Ecology Dept. on 27 Kellogg Ctr, East Lansing MI 48824-1022, Tel. # 517-353-6617.

If you have any questions or concerns about your rights as a participant in this study, or are displeased at any time with any aspect of this study, you may contact anonymously, Peter Vasilenko, Ph.D., Chair of the University Committee on Research Involving Human Subjects (UCRIHS) on 202 Olds Hall, East Lansing, MI 48824 Tel. # (517)355-2180.

- All interviews will be audio taped, unless participants specifically ask not to be audio taped, and all tapes will be destroyed after this study is complete. Transcripts of the interviews will be kept locked by the researcher at all times.
- Your therapist, who referred you to this study, will not be informed of the content of the conjoint interview (you and your partner), and if you are still receiving therapy from this therapist, the services will not be affected by your participation, non-participation, or withdrawal from this study.
- In case of ambiguity regarding some of the information gathered during the interview, the researcher will contact you via telephone (number provided by you), within a week after the interview, to confirm the information obtained at the interview, or to ask follow-up questions.
- We do not anticipate any psychological or emotional distress as a result of participation in this study, but you are encouraged to ask questions about this study or your participation in it at any time.
- To show our appreciation for your time and effort, we will offer you a copy of a recently published book about couples' therapy, entitled "The Seven Principles for Making Marriage Work" by John M. Gottman, Ph.D., and Nan Silver. This token of appreciation will be given to you even if you or your partner decides to discontinue participation mid way through the study.

Your signature below indicates that you have read and voluntarily agreed to the above statements. A copy of this document will be made available to you for your records.

Signature of participant with consent to audiotape _____

Signature of participant without consent to audiotape_____

Name _____

Date _____

APPENDIX E

Eliciting the voice of the client: Influences on client satisfaction with Integrative Couples' Therapy

A qualitative study

Therapist

Informed Consent

The purpose of this collective case study is to explore what factors influence client's satisfaction with couples' therapy. We believe that some of these factors may include values and beliefs held by you and your individual clients, any social support that is available to your clients, and the clinical approach used by you. You are being asked to describe your clinical approach and your thoughts of how your clients experience couple therapy with you: their feelings, thoughts, and values regarding couples' therapy, and how these influence their experience. Prior to your clients participation in a conjoint interview, which will last approximately one to one and one half hours, you will be interviewed regarding to each specific couple. This interview will last approximately one half hour. You will not have access to your clients' responses in the couple's interview.

- Your participation in this project is completely voluntary and can be terminated by you at any time. You may choose to decline to answer certain questions. You will not incur any penalty as a result of the above.
- All information obtained will be kept confidential and all written documents will not use any identifying facts. Your privacy will be protected to the maximum extent allowable by law.

You may address questions about the study to the researcher, Dahlia Berkovitz, M.S.W., C.S.W., L.M.F.T. at (248)760-8550 at any time during the process, or to Dr. Esther Onaga at the Family & Child Ecology Dept. on 27 Kellogg Ctr, East Lansing MI 48824-1022, Tel. # 517-353-6617. If you have any questions or concerns about your rights as a participant in

this study, or are displeased at any time with any aspect of this study, you may contact anonymously, Peter Vasilenko, Ph.D., Chair of the University Committee on Research Involving Human Subjects (UCRIHS) on 202 Olds Hall, East Lansing, MI 48824 Tel. # (517)355-2180.

- All interviews will be audio taped, unless participants specifically ask not to be audio taped, and all tapes will be destroyed after this study is complete. Transcripts of the interviews will be kept locked by the researcher at all times.
- You will not be informed of the content of the conjoint interview of your clients and if the couple is still receiving therapy from you, the services will not be affected by your and their participation, non-participation, or withdrawal from this study.
- In case of ambiguity regarding some of the information gathered during the interview, the researcher will contact you via telephone (number provided by you), within a week after the interview, to confirm the information obtained at the interview, or to ask follow-up questions.
- We do not anticipate any psychological or emotional distress as a result of participation in this study, but you are encouraged to ask questions about this study or your participation in it at any time.

Your signature below indicates that you have read and voluntarily agreed to the above statements. A copy of this document will be made available to you for your records.

Signature of participant with consent to audiotape _____

Signature of participant without consent to audiotape_____

Name _____

Date _____

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