CHANGE IN ONE COUPLE'S THERAPY PROCESS: AN HSCED APPLICATION

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To those who were with me in making my dreams come true.

DECLARATION OF ORIGINALITY

I hereby declare that I am the sole author of this thesis and that this is the true copy of my thesis, including the final revisions, approved by my thesis committee. All data and information have been obtained, produced, and presented in accordance with the rules of research ethics and principles of academic honesty. As required by these rules, to the best of my knowledge I have acknowledged ideas, thoughts, and any copyrighted material in accordance with the standard referencing rules. I certify that any part of this thesis has not been submitted for a degree or diploma in another educational institution.

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ABSTRACT

The study used a Hermeneutic Single Case Event Design (HSCED) to understand the process of change in couple therapy and its impact on relationship satisfaction. Using a mixed-methods approach, quantitative and qualitative data were collected over 19 sessions from a young couple addressing communication problems, including change interviews. In light of the rich case file, affirmative and skeptical arguments were produced as to whether the changes observed in the clients could be attributed to therapy. The results indicated that the change experienced by the couple and the increase in their satisfaction could be attributed to therapy. Both the quantitative results showed an increase in the couple's CRS score and the qualitative results supported the change interviews and the Helpful Aspects of Therapy (HAT) change. The couple emphasized that the most important factor in facilitating change was the secure relationship established by the therapist. Findings are analyzed in relation to existing literature, with consideration of their implications for both research methodology and clinical practice. The study's contributions to the field are examined, alongside an acknowledgment of its limitations. Additionally, potential avenues for future research that could build upon these findings are proposed.

***Keywords**:* Hermeneutic single case design, couples therapy, relationship satisfaction

ÖZET

Çalışmada, çift terapisinde değişim sürecini ve ilişki memnuniyeti üzerindeki etkisini anlamak için Hermeneutik Tek Vaka Olay Tasarımı (HSCED) kullanıldı. Karma yöntemli bir yaklaşım kullanılarak, değişim görüşmeleri de dahil olmak üzere iletişim sorunlarını ele alan genç bir çiftten 19 seans boyunca niceliksel ve nitel veriler toplandı. Zengin vaka dosyası ışığında, danışanlarda gözlemlenen değişimlerin terapiye atfedilip atfedilemeyeceği konusunda olumlu ve şüpheci argümanlar üretildi. Sonuçlar, çiftin deneyimlediği değişimin ve memnuniyetlerindeki artışın terapiye atfedilebileceğini gösterdi. Hem niceliksel sonuçlar çiftin CRS puanında bir artış gösterdi hem de nitel sonuçlar değişim görüşmelerini ve Terapinin Yardımcı Yönleri (HAT) değişimini destekledi. Çift, değişimi kolaylaştırmadaki en önemli faktörün terapist tarafından kurulan güvenli ilişki olduğunu vurguladı. Bulgular, hem araştırma metodolojisi hem de klinik uygulama için çıkarımları dikkate alınarak mevcut literatürle ilişkili olarak analiz edildi. Çalışmanın alana katkıları, sınırlamalarının kabul edilmesiyle birlikte incelendi. Ayrıca, bu bulgulara dayanarak gelecekte yapılabilecek araştırmalar için olası yollar önerilmektedir.

Anahtar kelimeler: Yorumsamacı tek vaka deseni, çift terapisi, ilişki doyumu

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1. INTRODUCTION

Human relationships play a crucial role in an individual's well-being, mood, and overall quality of life. Among these, romantic relationships are particularly significant, as they represent the most emotionally and psychologically intimate connections in adulthood (Horn & Maercker, 2016). These relationships are both nurturing and challenging (Riahi et al., 2020), making it essential for them to be healthy, sustainable, and stable. Relationship satisfaction is a key indicator of how a romantic relationship is functioning, encompassing both partners' subjective and general evaluations. It reflects positive feelings and attraction toward the relationship and is linked to individual and relational well-being (Acevedo et al., 2012), a fulfilling sexual life (McCabe et al., 2010), and relationship longevity. Systemic theory emphasizes the interconnectedness of individuals within their relationships and the extended system, stating that they directly affect each other (Gehart, 2014). From the perspective of attachment theory, it has been emphasized that individuals' sensitivity, accessibility, closeness and the interactions resulting from these behaviors are effective factors in increasing the pleasure received from the relationship (Feeney, 2004; Collins & Feeney, 2000). Although research has shown the effect of couple therapy on increasing relationship satisfaction, there is a gap in the literature regarding both the mechanisms that cause this and how change is experienced in non-Western countries such as Turkey. This study addresses this gap by examining the in-therapy and out-of-therapy change mechanisms that increase relationship satisfaction using the Hermeneutic Single Case Efficacy Design (HSCED) method.

When relationship satisfaction is low, couples often experience distress, which can manifest in various forms including communication breakdowns, emotional

disconnection, and conflict (Snyder & Halford, 2012). This distress, if left unaddressed, can have far-reaching consequences for individual mental health, family functioning, and even physical wellbeing (Whisman & Uebelacker, 2006). Research shows that couples who are on waitlists for therapy generally do not experience improvements without intervention (Baucom, Hahlweg, & Kuschel, 2003), highlighting the need for professional therapeutic support. Couple therapy has emerged as an evidence-based approach to effectively address relationship distress, with meta-analyses reporting that 70-75% of couples experienced positive changes following therapy (Lebow, Chambers, Christensen, & Johnson, 2012). These interventions typically draw upon theoretical frameworks such as attachment theory, systemic approaches, and behavioral principles to foster relationship repair and growth (Gurman, Lebow, & Snyder, 2015).

Although the literature demonstrates the effectiveness of couple therapy, there is a gap in the literature regarding the mechanisms that lead to change. Outcome studies clearly demonstrate that couple therapy works, but they do not provide sufficient evidence to explain why and how (Doss et al., 2017). This apparent imbalance of outcome and process studies in the literature limits progress in the field and practice. First, in the absence of clear evidence regarding the factors that cause change, clinicians are forced to rely on protocol compliance when addressing therapeutic elements that could be useful in their practice (Heatherington et al., 2015). Second, the lack of process studies limits our ability to develop and optimize appropriate, creative therapeutic approaches to address couple relationship stress (Sexton et al., 2013).

In couple therapy, the complex dynamics of having more than one person in the room present several challenges for investigating change processes. Unlike individual therapy, couple therapy involves multiple interactive systems: the relationship between

the partners and the therapist, the relationship between the partners and each other, and the relationship between the couple and the therapist (Pinsof et al., 2009). Conventional quantitative methods often have difficulty capturing change in these multiple interactive systems. Lebow (2018) stated that pre-tests and post-tests of relationship satisfaction before therapy begins tell us the extent to which change has occurred. However, they provide little information about which therapeutic variables or non-therapy factors influenced this change.

This research gap mentioned above is particularly evident in non-Western country contexts such as Türkiye, where the current study is located. Cultural factors significantly affect both interpersonal relationships and therapeutic processes (Kağıtçıbaşı, 2017). For example, the balance between individualism and collectivism, gender roles, and family involvement in couple relationships may differ significantly from Western contexts where most couple therapy research is conducted (Gürmen & Rohner, 2014). Understanding how therapeutic change emerges within this cultural context is essential for developing culturally sensitive approaches to couple therapy.

In order to fill these gaps, methodologies are needed that explore the processes of change in couple therapy, analyze factors outside of therapy, and take into account the diverse contexts in which couples are located. Qualitative and mixed-method approaches provide a special service in understanding therapeutic change (Blow et al., 2009). By examining single cases closely, they integrate and blend the perspectives of both the client and the therapist on the process and change, thus shedding light on how therapeutic interventions can create meaningful improvements in the change process.

1.1 Theoretical Framework

Systemic theory provides a comprehensive framework for understanding and intervening in the dynamics of the couple relationship by considering the communication and interaction patterns between partners within the larger picture. Rather than treating individuals separately and working on symptoms, the systemic approach conceptualizes couples as open systems that attempt to maintain homeostasis within the larger social and relational context (von Bertalanffy, 1968; Bateson, 1972). The basic argument in the theory is that relationships function as systems with lively communication patterns and cycles that develop over time. These patterns are the cycles that the couple creates together, rather than individual symptoms or characteristics, and it is this part that becomes the focus of intervention in therapy.

The basic principle of couple therapy, which is carried out within the framework of systemic theory, is that all behaviors and symptoms that occur between the couple have meaning in a relational context and emerge from the communication/interaction patterns between them rather than individual pathology. Systemic theory emphasizes cyclical causality; the behavior of each partner affects and is affected by the behavior of the other in a continuous feedback loop. For example, the withdrawer-pursuer cycle is seen as part of the interactive dance created by both partners rather than an individual personality disorder in either partner. These established patterns that create problems between the couple remain stable even when they come to therapy, which explains the couples' resistance to change. Familiar patterns, although distressing, provide continuity due to their predictability.

Interventions in systemic couple therapy are about transforming interaction patterns rather than eliminating problems. The therapist works with the belief that

changes within relationship systems necessarily affect the whole and create opportunities for the relationship to be reorganized around healthier interaction patterns (Gurman, Lebow, & Snyder, 2015). Systemic therapists pay attention to the context, timing, and frequency of problems. This perspective is valuable in understanding how changes in communication and interaction patterns lead to potential change and increase in relationship satisfaction.

Modern couple therapy often incorporates multiple theoretical perspectives while maintaining systemic principles as a foundational framework. Within an integrative systemic framework, approaches such as Emotionally Focused Therapy (EFT) help couples understand and transform the emotional attachment needs that drive their cycles (Johnson, 2004). Symbolic-experiential approaches, such as Virginia Satir's model, facilitate the study of the impact of origin family experiences on the relationship and the application of transformative interventions in the therapy room through here and now interventions (Satir, Banmen, Gerber, & Gomori, 1991). Strategic therapy approaches focus on breaking the cycle of problematic interactions through carefully designed interventions (Haley, 1976). These integrative methods allow for a broad perspective and interventions that are specific to each couple's unique cycle and needs, while adhering to systemic principles that strengthen the therapeutic process and alliance.

The integrative systemic framework pioneers research on therapeutic change (Lebow, 2014; Pinsof et. al., 2011). By drawing primarily on systemic theory while selectively incorporating theories from the complementary perspective, therapists can address relationship problems through multiple interventions. This study uses this integrative perspective to understand and interpret change processes in couple therapy, with particular attention to the impact of change in the interactional pattern on relationship

satisfaction. By embracing the integrative perspective while using systemic theory as the primary framework, this study aims to develop a comprehensive understanding of therapeutic change.

1.2 Literature Review

1.2.1 Change in Couple Therapy

Many studies, including meta-analyses, have shown that couple therapy works successfully. In their review of 20 meta-analyses, Shadish and Baldwin (2002) indicated that couple therapy has a solid average effect size (0.84) comparable to or better than many medical treatments. This suggests that couple therapy is effective in producing positive outcomes for couples. The impact of therapy or the pace of change varies from relationship to relationship. Significant insights and changes occur after the first few sessions (Quirk et al., 2020). Research on couple therapy suggests that changes in relationship satisfaction and individual well-being do not follow a straight line but vary throughout therapy sessions. Both relationship satisfaction and individual well-being experienced a noticeable boost during the initial four therapy sessions, followed by a period of stabilization in the next sessions (Sessions 5–8). This pattern indicates that significant progress tends to happen early in the therapy, with changes leveling out as the sessions continue (Knobloch-Fedders et al., 2015). In addition to the speed of change here, change interviews in process research are held every 4 sessions until the 16th session and then at intervals.

From a systemic therapy perspective, couple therapy creates change by focusing on the communication cycle and interaction patterns. Gottman and Notarius (2002) emphasized that couples develop the ability to listen to each other's perspectives without

including their own emotions, to express their needs openly, and to develop active listening skills through therapeutic interventions in the session room. These changes in communication also affect and change the basic dynamics of the couple's dance. This change in the partners' perceptions of each other and the way they respond to each other, creating systemic change. The importance of emotional change processes in couples, as well as the value of systemic changes in communication cycles, has been proven by research. Johnson (2015) emphasized how the emotional change process in couple therapy helps partners establish and develop secure attachments. O'Malley et al. (2023) conducted a meta-analysis of qualitative studies on couple therapy outcomes and found that clients were at a place where therapy addressed emotional disconnection and increased emotional closeness. In light of these findings, it is possible to argue that change in emotional processes is important in creating therapeutic change and confirms attachment theory's emphasis on couples being able to reach out and be sensitive to each other in order to increase relationship pleasure.

Many studies show the effectiveness and efficiency of couple therapy on individual and relational issues. There are many essential studies in the literature have findings that it improves the emotional and physical well-being of partners, reduces relational stress, improves relationship quality, and even increases satisfaction from the relationship (Lebow et al., 2012; Markman et al., 2022; Roddy et al., 2020; Snyder et al., 2005). Furthermore, Doss et al. (2022) highlighted that a substantial body of research on couple therapy indicates it helps reduce stress related to relationship issues. Additionally, a quantitative study of couple therapy found that, based on data from partners before and after treatment, couples' relationship satisfaction improved significantly with therapy (Honarian et al., 2010).

The durability of these changes is particularly noteworthy. Lundblad and Hansson's (2006) study involved over 300 couples, demonstrating substantial improvements in both relationship satisfaction and individual mental well-being after a relatively brief period of therapy. Notably, these positive results endured and continued to improve over a two-year follow-up. Couples who strongly commit to their relationship are more likely to engage actively in therapy, facilitating better outcomes (Jung, 2000). In support of this, existing commitments prior to the initial session of couples therapy and the intention to remain in the relationship are considered factors that positively influence the therapy process (Baucom et al., 2014).

In addition to quantitative studies on the change created by couple therapy, there are many qualitative studies. One study illustrates this by showing that, through therapy, gaining new insights into their roles in conflicts helped individuals develop greater empathy, understanding, and acceptance of their partners' perspectives (Bradford et al., 2016). In therapy, couples enhance their skills in validating and accepting each other's perspectives, expressing their needs in a clear and comprehensible manner, and engaging in active listening (Gottman & Notarius, 2002). Additionally, Novak et al. (2019) found that clients reported improvements in communication skills, the quality of their interaction cycles, and their ability to manage conflicts. A qualitative analysis revealed that clients predominantly reported gaining new insights into their relationship dynamics, issues, and themselves (Handley et al., 2021).

Behavioral changes can occur when partners observe each other's vulnerabilities and underlying pain, responding to them with empathy and care (Greenberg & Johnson, 1988; Johnson, 2015). Although communication skills and replacing established behavioral patterns are the cognitive and behavioral focus of couples therapy, there are

also many emotions that clients bring to therapy and many aspects of emotional change that they experience in therapy. For instance, a meta-analysis revealed that in most qualitative studies on the outcomes of couples therapy, clients typically reported increased intimacy by addressing emotional disconnection and enhancing emotional closeness (O'Malley et al., 2023). These studies have shown that couples' therapy works and reduces couples' individual and relational distress, increases their well-being, improves their physical and emotional integrity, and enables them to acquire new skills.

Despite the significant evidence for change in couple therapy noted above, several methodological limitations hinder our understanding of change processes. Most research has focused on the outcome of the change process rather than the how (Doss et al., 2017). A significant gap is the paucity of studies that emphasize how change occurs (Heatherington et al., 2015). Additionally, there is little research in the literature that utilizes mixed methods designs (Blow et al., 2009). The relative lack of in-depth case studies examining mechanisms of change represents an important gap that the current research aims to address through the application of the Hermeneutic Single Case Efficacy Design (HSCED). Research on the process of change in couple therapy highlights various mechanisms that affect the process. There are many interactive, cyclical changes, such as changes in communication patterns and emotional processes. These findings emphasize the importance of an integrated theoretical approach that addresses both structural, attachment-based, experiential, and systemic approaches (Johnson et al., 1999). This integration of research findings provides a basis for examining the processes of change in the present study, which aims to investigate not only whether change occurs in couple therapy, but also how these changes occur and whether they can be attributed to therapeutic interventions.

1.2.2 Relationship Satisfaction

Relationship satisfaction is a multifaceted construct that is fundamental to making sense of romantic relationships. Its definition can vary from person to person, and it is not subject to a simple definition because it does not have a single dimension (Jitaru & Turliuc, 2022). Examining relationship satisfaction was first systematically conducted in the mid-20th century, and Hendrick's (1988) Relationship Assessment Scale formed the basis for research in the field. The questions in the scale shed light on relationship satisfaction as a broad research topic by creating a framework for individuals' pleasure, trust, and happiness in the relationship. Today, when it comes to relationship satisfaction, it includes sexual, emotional, and relational components rather than a general state of well-being in a relationship (Hendrick, 1988; Kluwer, 2010). For example, emotional satisfaction is the couple's ability to feel and show each other closeness, support, and trust in the relationship. It has been found that couples with high emotional satisfaction have high overall relationship satisfaction (Conroy et al., 2021; Urbano-Contreras et al., 2019). Sexual satisfaction is also a dimension of couple satisfaction and is a critical factor affecting the well-being of the entire relationship (Conroy et al., 2021). Tools such as the Couple Satisfaction Questionnaire (CSQ) measure overall satisfaction, emphasizing the significance of positive and negative relationship experiences (Antonelli & Ronconi, 2022).

Many external factors affect couple satisfaction. For example, secure attachment is associated with higher couple satisfaction, whereas insecure attachment can lead to couple dissatisfaction (Ratiu, 2023). Otherwise, studies suggest that women tend to report higher overall satisfaction, whereas men may experience lower levels of sexual satisfaction (Urbano-Contreras et al., 2019). Also, age factor has also been found to affect

relationship satisfaction. Younger individuals and those with higher levels of education generally report higher satisfaction in their relationships (Ratiu, 2023).

Enhanced relationship satisfaction is a primary goal of couples therapy and is often used as a key indicator of therapeutic success, typically occurring alongside improvements in other targeted areas (O'Malley et al., 2023). One significant factor influencing couple satisfaction is commitment and intimacy, which have been shown to have a strong, positive impact on individuals' satisfaction with their relationships, as observed from both the actor's and the partner's perspectives. Research consistently supports the notion that both commitment and intimacy contribute to greater relationship satisfaction (Whisman et al., 2022). Intimacy, in particular, emerges as a crucial factor in couple satisfaction. Studies have found that individuals with higher levels of intimacy tend to report more satisfactory relationships (Ratiu, 2023). Intimacy not only fosters a sense of connection within the relationship but also enhances various aspects of personal well-being. Increased intimacy has been linked to better physical health (Unger et al., 2015), improved mental health and well-being (Laurenceau et al., 1998), and greater overall relationship satisfaction (Canevello and Crocker, 2010). These findings highlight the interconnectedness of intimacy and couple satisfaction, underscoring the profound impact intimacy can have on both individuals and the relationship as a whole.

Self-disclosure plays a significant role in fostering intimacy and, by extension, relationship satisfaction. Previous studies have shown that greater self-disclosure between partners is positively correlated with higher levels of couple satisfaction (Hendrick, 1981; Sprecher and Hendrick, 2004). When individuals feel that their partners are receptive to their disclosures, the relationship is perceived as more intimate, which in turn contributes to increased satisfaction (Laurenceau et al., 1998; Canevello and Crocker, 2010).

The role of partner responsiveness further amplifies the impact of intimacy on couple satisfaction. Research indicates that when individuals feel understood, validated, and accepted by their partners, they experience higher levels of satisfaction with their relationships (Bar-Kalifa et al., 2015; Segal and Fraley, 2016). The sense of being emotionally attuned to one another fosters an environment of support and connection, reinforcing the quality of the relationship and enhancing overall satisfaction. In conclusion, both commitment and intimacy significantly influence couple satisfaction, and factors such as self-disclosure and partner responsiveness are integral in shaping the dynamics of intimacy. These findings emphasize the importance of emotional connection, mutual understanding, and partner support in cultivating satisfying and fulfilling relationships. As demonstrated in previous research, intimacy not only contributes to relationship satisfaction but also positively impacts broader aspects of personal health and well-being, making it a vital area of focus in couple therapy and relationship research.

1.2.3 HSCED Methodology in Psychotherapy Research

Research on the effectiveness and efficacy of psychotherapy often relies on Randomized Control Trials (RCTs), which are widely considered the "gold standard" in evaluating therapeutic interventions. However, RCTs have several significant drawbacks (MacLeod et al., 2012). One key issue is that the highly controlled environment of RCTs can create a gap between research findings and real clinical practice, limiting their applicability to everyday therapeutic settings despite their strong internal validity (Benelli et al., 2015). Moreover, RCTs do not provide insights into the specific mechanisms of change for individual clients or account for external influences that might affect therapy outcomes (Elliott, 2002). Additionally, conducting RCTs is particularly challenging in

areas where psychotherapy research is still developing, as a lack of structured clinics and willing participants can make it hard to meet the strict criteria required by RCTs.

A single-subject design offers an alternative to RCTs that more accurately captures "real-world" conditions. Unlike traditional case studies, this approach uses continuous quantitative data and allows for manipulation of independent variables, such as interventions (Mennenga & Johnson, 2013). One specific method in this category is the Hermeneutic Single-case Efficacy Design (HSCED; Elliott, 2002), which uses a mixed-methods strategy. HSCED integrates both quantitative and qualitative data to evaluate the effectiveness of a therapeutic intervention within a single case (McLeod, 2010). This method involves a thorough interpretation of change, utilizing a detailed case record that includes both qualitative and quantitative measures, and critically assesses whether changes can be attributed to the therapy itself or to other external factors.

Elliott (2002) stresses that the first step in implementing an HSCED is to gather a thorough and detailed collection of therapy data. This should encompass both qualitative and quantitative aspects of the therapeutic process and outcomes, drawing from various sources like the client, therapist, and researcher. The type and amount of data depend on the study's objectives and any practical constraints of the research setting. Typically, a complete case record includes ongoing and detailed measures to monitor symptoms and progress related to the main issue. Furthermore, Elliott (2002) underscores the importance of using narratives to convey clients' experiences of the therapy. Semi-structured interviews and focused questions are conducted to delve into clients' perspectives on individual sessions, the therapy as a whole, and any perceived changes or lack thereof. Gathering data from multiple perspectives and across different time points helps researchers evaluate the magnitude and direction of changes occurring during therapy

(Elliott et al., 2009). This methodology not only assesses the therapy's impact but also sheds light on the therapeutic process itself.

In the second phase of HSCED, the detailed case record and case file are reviewed together to determine whether there were changes in symptoms or presenting issues. The subsequent phases involve hermeneutic interpretation, where the analysis focuses on identifying which aspects or moments of therapy might have contributed to those changes. This involves examining the case file, the comprehensive case record, and any potential non-therapy influences. Arguments for and against the effectiveness of the therapy are compiled and presented in Affirmative and Sceptic Briefs, along with their Rebuttals. In some instances, external judges participate in an adjudication process to provide further insights on the findings (Elliott et al., 2009).

Over the past decade, HSCED has become a widely utilized method in general psychotherapy research. Its applications span a range of topics, from social anxiety (Stephen et al., 2011) to psychodrama (Gonzalez et al., 2018). There is only one study in the field of couple therapy, and it belongs to the online therapy process (Söylemez et al., 2023). Although interest and demand for couples therapy are increasing, there is still limited research on its outcomes and processes. Most studies in this area remain primarily quantitative and theoretical (Doss et al., 2017; Wrape & McGinn, 2018).

The purpose of this case study is to investigate, both quantitatively and qualitatively, whether there is a change in the couple therapy process that affects presenting problems and relationship satisfaction and whether the therapy is responsible for this change.

1.3 Current Study

Hermeneutic Single Case Event Design (HSCED) offers a unique methodological approach to address gaps in the literature by combining quantitative assessments with rich qualitative data on therapeutic change processes. By applying this methodology to couple therapy in the Turkish context, this study aims to contribute to both the literature and practitioners regarding intra- and extra-therapy mechanisms affecting change.

The current study examines the therapeutic journey of a couple using an integrated approach from both systemic, experiential and emotion-focused therapy perspectives. The study investigates the impact of changes in the couple's communication cycles and interaction patterns on relationship satisfaction and whether these changes are attributed to in-therapy or out-of-therapy factors.

1.3.1 Research Question

The purpose of this single case study was to investigate, both quantitatively and qualitatively, whether couple therapy produced significant change in presenting problems and couple relationship satisfaction, and to determine whether the observed changes could be attributed to therapy. Three primary research questions guide this research:

1. Did the presenting problems show any changes throughout the therapy process? If so, how did this change happen?
2. Did the couple's relationship satisfaction change during the therapy?
3. Can the observed changes be attributed to the therapy?

These questions, supported by mixed-method research, will provide a detailed framework for therapeutic change by focusing not only on the outcome but also on the process of change in couple therapy. It will contribute to the limited research on couple

therapy in both Turkish and world literature and will also provide insights for therapists working in culturally different environments.

2. METHOD

2.1 Participants

2.1.1 Clients

The couple was referred to a Couple and Family Therapy training clinic in Istanbul, Turkey, by a former graduate of the clinic. There were several criteria for selection for the HSCED analysis: 1) they had attended all assessment points and would provide comprehensive data analysis, 2) they had completed at least 12 sessions so that the process of change could be observed, and 3) they had demonstrated measurable change over the course of therapy, making them suitable for process analysis. This purposeful sampling approach is consistent with the HSCED approach, which allows for a rich examination of the process in therapy.

Serpil (pseudonym) was 25 years old, and her partner Burak (pseudonym) was 27 years old, and they had been in a relationship for 3.5 years when they applied. The female client was a middle-class undergraduate student, while the male client was a middle-class working man. They were engaged when they began the process and had sought therapy to address relationship issues prior to marriage. They had no prior history of therapy for their couple relationships, with the female client also in individual therapy, while the male client had no history of therapy. When looking at the couple dynamics, Serpil is characterized as a burnout pursuer and Burak is characterized as a withdrawer. Both partners appear to respond with heightened anger as a protective mechanism for their vulnerable inner selves. When the female partner attempts to discuss relationship concerns, motivated by her fear of losing the relationship, the male partner responds by attempting to close the conversation, unsure of how to effectively approach these

discussions. This withdrawal by the male partner triggers anger in the female partner, who then experiences her concerns as unacknowledged and her needs as unheard. As the female partner expresses increasing anger, the male partner responds with silence in an effort to preserve the relationship, as he lacks confidence in his ability to provide appropriate support and fears relationship loss. Consequently, the female partner experiences disappointment and develops the belief that her authentic self is fundamentally unlovable. Simultaneously, the male partner experiences inadequacy, perceiving discussions about his mistakes as creating relational distance, which intensifies his fear of abandonment. The underlying attachment need for both partners appears to be recognition and acceptance. The problem that emerged for Serpil (PPP) was her partner's jealousy and behaviors that restricted her freedom. From Burak's perspective, jealousy and possessiveness were signs of love. Considering the problems presented by the partners, the main purpose of the therapy was formulated as strengthening the trust between them, working on the balance of commitment and independence in the relationship, and dealing with their concerns about marriage.

2.1.2 Therapist

The therapist was a 25-year-old woman completing her master's degree in Couple and Family Therapy (CFT) at a university in Istanbul, Turkey. At the time of this case, she had completed her theoretical coursework and was in her first year of clinical internship. Her primary theoretical orientation was systemic, complemented by training in Emotionally Focused Couple Therapy (EFT) and Satir's Experiential approach. Throughout this case, she received weekly supervision from a senior supervisor with expertise in systemic couple therapy, with particular attention to addressing cultural dynamics relevant to Turkish couples. During supervision, the therapist focused on

integrating systemic conceptualizations with EFT interventions to address the couple's attachment needs and negative interaction cycles, while remaining culturally sensitive to issues of autonomy and commitment in the Turkish context. It is important to note that the therapy process examined in this study was conducted by a therapist completely independent from the researcher. The researcher and the therapist were unaware of each other during the study period and had no interaction whatsoever. This separation enhances the objectivity and reliability of the study findings. The data collection and analysis process were carried out entirely separate from the therapy implementation, ensuring that the research results were not influenced by the therapy process.

2.1.3 Judge

The HSCED process included an external judge who evaluated the affirmative and skeptic arguments regarding therapeutic change. The judge was an Associate Professor of Psychology at Koç University, an independently licensed marriage and family therapist in the State of Ohio, and an AAMFT-approved supervisor and AAMFT clinical fellow. She completed her Ph.D. in Human Development and Family Science with a specialization in Couple and Family Therapy at the Ohio State University and her B.A. in the Department of Psychology at Boğaziçi University. She was a post-doctoral researcher at the Institute for Health Research and Policy at the University of Illinois at Chicago (US) in 2014. Throughout her academic career, she held summer visiting scholar positions at Harvard University (Cambridge, MA), ISCTE University Institute Lisbon (Portugal), and Utrecht University (Netherlands).

The judge maintains a clinical practice where she works with individuals, couples, and families from a systemic-contextual lens and supervises graduate students and novice therapists from clinical psychology and MFT programs. In addition to her qualifications

and licenses in the US, she holds a EuroPSY Psychologist Certificate in Couple and Family Therapy in Europe and an ICEEFT Emotionally-focused Couples Therapy Level 1 Certificate. Her extensive clinical and academic background in couple and family therapy made her well-qualified to serve as an objective evaluator for the HSCED analysis in this study.

2.2 Treatment

The couple attended 19 weekly 50-minute sessions over a period of 5 months, with one 2-week break during a holiday period. The treatment progressed through three distinct phases: (1) assessment and alliance building (sessions 1-4), (2) intervention and change (sessions 5-16), and (3) consolidation and termination (sessions 16-19). The treatment plan implemented an integrative approach, drawing from experiential, strategic, and structural models. The therapist utilized experiential methods, including Satir's model, Emotionally Focused Therapy (EFT), and symbolic experiential techniques, to enhance emotional intimacy and strengthen the connection between partners. These strategies proved particularly effective in addressing demand-withdraw cycles, as they encouraged individuals to access and share their vulnerable emotions within a secure therapeutic environment. Through the use of enactments and reenactments, the therapist facilitated moments of emotional engagement, fostering transformative interactions between the couple. Additionally, structural and strategic interventions were incorporated to interrupt maladaptive patterns and restructure relational dynamics.
The therapist skillfully balanced challenge and support using structural and strategic techniques. By employing genograms to explore intergenerational patterns, the therapist enabled clients to reinterpret their behaviors through the lens of their early relationships and family systems. Strategic elements were also reflected in the adaptation of teletherapy

methods to optimize the therapeutic experience. For instance, the therapist occasionally turned off the camera during enactments to remove herself from the interaction, creating a safe environment for the couple to communicate directly. Sensitive topics, such as cultural differences and life goals, were introduced gradually and thoughtfully, ensuring they matched the couple's readiness to engage in deeper discussions. This comprehensive integration of therapeutic approaches within a systemic framework underscores the adaptability and effectiveness of the treatment process.

2.3 Procedure

Ethical approval was granted by the Özyeğin University Ethics Committee for this study, which was conducted as secondary research within Dr. Selenga Gürmen's TÜBİTAK project titled "Couple Therapy Effectiveness in Turkey." This larger project aims to explore both the outcomes of couple therapy and the mechanisms driving therapeutic change by collecting data from approximately 100 couples receiving therapy at university-affiliated clinics in Turkey. The current case study was selected from this larger dataset for in-depth analysis using the Hermeneutic Single-Case Efficacy Design methodology.

In January 2023, Serpil and Burak (pseudonyms) were referred to the university clinic by a former graduate. Their initial contact was made through a phone call with the clinic assistant, followed by a risk assessment. Based on this assessment, they were assigned to an intern therapist specializing in Couple and Family Therapy within the Psychology Master's Program. The couple was selected for this intensive case study based on several criteria: (1) completion of a substantial number of therapy sessions, (2) comprehensive data availability across all assessment points, and) they had demonstrated measurable change over the course of therapy, making them suitable for process analysis.

The couple attended 19 weekly 50-minute sessions over approximately 5 months, with one 2-week break during a holiday period. All therapy sessions were conducted in person at the university clinic. The therapy process followed three phases: assessment and alliance building (sessions 1-4), intervention and change (sessions 5-16), and consolidation and termination (sessions 16-19). Throughout the process, the therapist received weekly supervision from an experienced clinical supervisor.

Both clients provided informed consent for their anonymized data to be included in the MFT-PRN system at the start of therapy, and separate informed consent to participate in this specific HSCED study. Data collection occurred at multiple time points. Before beginning therapy, both partners completed comprehensive intake forms and baseline measures of relationship satisfaction and attachment behaviors. Before each therapy session, partners independently completed brief measures of presenting problem progress, relationship satisfaction, and therapeutic alliance through the MFT-PRN online system. More comprehensive assessments were conducted prior to the intake session, after sessions 4, 8, 12, and 16, and at termination (session 19).

Semi-structured change interviews were conducted with each partner separately after sessions 4, 8, 12, 16, and 24 (follow-up). Each interview lasted approximately 20 minutes and was conducted by a trained facilitator who was not involved in the couple's therapy. These facilitators were psychotherapists-in-training enrolled in graduate psychology programs at partner universities. To ensure objectivity and minimize bias, a cross-over approach was implemented, where facilitators from one university conducted interviews with clients from the other university's clinic. The therapist was interviewed after sessions 4, 8, 12, and 16 by a research assistant from a different location to reduce potential anxiety. These interviews lasted approximately 20 minutes and followed a

similar semi-structured format to the client interviews. The therapist completed detailed session notes after each meeting and prepared more comprehensive case conceptualization and treatment plan documents after session 4, with process follow-up forms completed every 4th session. As a token of appreciation, clients received a shopping gift card at the end of the research.

2.4 Measures: A Rich Case Record

The Hermeneutic Single-Case Efficacy Design (HSCED) methodology requires collecting both quantitative and qualitative data to provide detailed interpretations of therapeutic change processes and outcomes (Elliott, 2002; McLeod, 2010). Our research design addresses both the "what" and the "how" of transformation in therapy to measure the change in the presenting problem, the impact of this change on relationship satisfaction, and the extent to which the change that occurred can be attributed to therapy (Elliott et al., 2009; Benelli et al., 2015). Data were collected from multiple perspectives (both partners and therapist) at multiple times throughout the process to create a rich case file that allowed for triangulation of observed changes and the development of arguments and counter-arguments regarding changes in line with the HSCED analysis framework (Stephen et al., 2011). This mixed-method approach allows capturing therapeutic moments that affect the change process in couple therapy, understanding relationship dynamics, monitoring the couple's stress throughout the process, and understanding their impact on relationship satisfaction (Söylemez et al., 2023).

The HSCED requires both qualitative and quantitative data on clients and the therapy process to be available simultaneously. Accordingly, each partner completed questionnaires administered by the therapist for both individual and relational symptoms. Research assistants conducted change interviews with both the therapist and each partner.

All data, along with weekly session notes, were examined in detail to identify significant therapeutic moments and events outside of therapy that contributed to change in the couple's problems.

2.4.1 Quantitative Measures

Quantitative data were gathered using the MFT-PRN (Johnson et al., 2017). The MFT-PRN is an online routine outcome monitoring system designed to enhance client care and close the gap between MFT research and clinical practice. This system was selected for its ability to systematically track changes over time, addressing our first research question on how presenting problems change throughout therapy. Before each session, clients received an email containing a link to the questionnaires they were asked to complete.

2.4.1.1 Intake and Demographics

In the intake form, clients indicated their gender, age, occupation, relationship status, previous psychiatric history, other medical conditions, previous therapy experiences (if any), risk assessment questions, as well as the three most important current problems. The detailed assessment facilitated understanding of the couple's circumstances when they entered therapy and helped identify specific issues that needed to be monitored throughout the therapy process; this supported our first research question to track the presented problem.

2.4.1.2 Every Session Questionnaires

Before each session, clients rated the three problems they initially listed on a 7-point scale from "problem much worse" to "problem solved" (this will be called Presenting Problem Progress). This continuous assessment was essential for tracking

changes in the specific concerns that brought the couple to therapy, directly addressing our first research question regarding changes in presenting problems.

The Couple Relationship Scale (Anderson et al., 2021) combines clinical usefulness with solid psychometric properties. This 10-item scale evaluates various aspects of romantic relationship functioning, such as emotional intimacy, commitment, trust, safety, cohesion, acceptance, conflict, physical intimacy, overall happiness, and personal well-being. This measure was selected for its comprehensive assessment of relationship quality and its ability to detect session-by-session changes in relationship satisfaction, addressing our second research question. Responses are given on an analog scale ranging from 0 to 100, with higher scores reflecting greater satisfaction in the couple's relationship. For example, clients rate from "I feel completely unsafe in my relationship with my partner" to "I feel completely safe in my relationship with my partner.”. (See Appendix A).

Clients also completed the therapeutic alliance scale each session, which was named *The Intersession Alliance Scale.* This measure, a Turkish translation of a short version of the Integrative Psychotherapy Alliance Questionnaire (Pinsof et al., 2018), was selected to assess the quality of the therapeutic relationship, a factor known to influence therapeutic outcomes. This measure helps address our third research question regarding the attribution of change to therapy. For example, one item includes: "My therapist cares about me."

2.4.2 Qualitative Measures

2.4.2.1 The Change Interview

The Change Interview (Elliott et al., 2001) is a collection of questions designed to gather descriptions of changes experienced during therapy. This semi-structured interview was selected as a primary qualitative measure because it directly addresses all three research questions by exploring the couple's perceptions of change in presenting problems, relationship satisfaction, and the factors contributing to these changes. The interview explores the couple's overall therapy experience, the ways in which therapy has facilitated or hindered change, and the clients' attributions of change to events both inside and outside of therapy. The interview includes a total of ten questions (example: "What have been the most helpful things in therapy so far? How did these help you?") and typically takes about 20-30 minutes per client. (See Appendix B).

2.4.2.2 The Therapist Change Interview

An adapted Change Interview (CI) was conducted to capture the therapist's perspective on the therapy process and changes observed. The therapist and the clients were interviewed separately in the same manner every 4 sessions until the 16th session. Including the therapist's perspective was crucial for triangulating observations about therapeutic change and understanding the intentionality behind specific interventions, which helps address our third research question regarding the attribution of change to therapy.

2.4.2.3 Client Case File

The case file in this study included notes from each session, a clinical assessment and treatment plan form written in the 4th session, and a process follow-up form written

by the therapist every 4th session. These documents were incorporated into our measurement strategy as they provided a perspective on the events experienced during the session, the themes discussed, the case conceptualization, therapy goals, and changes that occurred during the therapy process. The clinical documentation was particularly valuable for addressing our third research question by connecting specific therapeutic interventions to observed changes in the couple's relationship.

2.5 Data Analysis

To assess whether change has occurred during therapy, we employed a combination of quantitative and qualitative analytical approaches consistent with the HSCED methodology (Elliott, 2002). For quantitative measures, we used established criteria to determine clinically significant change. Given that the couple consists of a man and a woman, results were analyzed and are presented separately for each partner. For measures with published Reliable Change Indices (RCI) and clinical cutoffs—specifically the Couple Satisfaction Index (CSI) and Couple Relationship Scale (CRS)—we assessed whether the couple's relationship satisfaction moved from a distressed to non-distressed state and whether the change exceeded the RCI threshold. This two-part criterion helps distinguish meaningful therapeutic change from random fluctuation (Jacobson & Truax, 1991).

The qualitative analysis included summaries of the change interviews in which both the client and the therapist participated. In order to proceed within the framework of the HSCED analysis, both affirmative and skeptical arguments for the observed changes were developed. Rebuttals of these arguments were then created. The analysis was then sent to an external judge to determine whether the observed changes could be attributed to therapy.

3. RESULTS

3.1 Did Change Happen During Therapy?

Established measures of clinical change were used to determine whether change occurred during the therapy process. The Reliable Change Indices (RCI) and clinical sections, specifically the Couple Relationship Scale (CRS), focused on whether the couple's satisfaction with the relationship exceeded the distress and whether the change that occurred exceeded the RCI threshold. Because this was a case of couple therapy involving a man and a woman, the results are presented separately for each. The couple's Relationship Scale results showed positive accelerating changes for both partners throughout the therapy process. Serpil's CRS score improved significantly from 42.60 pre-test to 77.70 post-therapy. Burak's CRS score improved from 55.50 pre-therapy to 84.50 post-therapy. The average change for the couple was 32.02 points (See Table 1).

Table 3.1 *Quantitative Outcomes Between Pre- and Posttest*

		Female			Female Change Status		Male		Male Change Status	
Measure	Cut-off	RCI	Pre	Post	RCI Met	NC	Pre	Post	RCI Met	NC
CRS	71	16	42.6	77.7	+	+	55.5	84.5	+	+

Note. For change status the following symbols were used. + = positive RCI or positive move from clinic to non-clinical status, NC = Non-clinical.

These changes can be considered clinically significant according to two important criteria. First, both partners' changes exceeded the clinically assessed RCI cut-off, indicating that the observed changes are statistically reliable and demonstrable and not due to any measurement error or fluctuation. Second, both partners started therapy with CRS scores below the clinical cut-off of 71, but rose above this threshold at the end of the process. Therapeutic movement from the clinically distressed to the nondistressed

range, combined with change scores that significantly exceed the RCI threshold, provides quantitative evidence that the therapy process significantly positively impacts couple relationship satisfaction.

3.2 Summary of Helpful Aspects of Therapy (Llewelyn, 1988)

The Helpful Aspects of Therapy (HAT) form, developed by Llewelyn (1988), is a qualitative measure designed to capture clients' perspectives on the most significant helpful and hindering aspects of therapy. It allows clients to reflect on what they found beneficial or challenging in each session, providing insight into the perceived mechanisms of change. Below is a summary of the HAT data collected across 18 sessions.

For each of the 18 sessions they had throughout the process, the female client analyzed what was good in that session and evaluated the process; on the other hand, the male client evaluated himself and the process for 14 sessions and answered the questions about helpful aspects of therapy. Although they answered these questions individually and touched on subjective points, it is possible to see common factors and themes that helped the clients from the first session. The answers of both partners in the first session, "My hope for the process has increased, it was good for us to see a future." seem to indicate how important hope is in therapy and that it is needed regardless of age/gender/perspective on the problem. In addition, it can be understood from the responses of the clients that the clients' feelings are approved by the therapist during the process, the therapist creates a safe space in the session room and the clients are able to communicate transparently and openly in this direction, they are supervised by the expert and their belief that "even if things get worse, the therapist can control it" has made it possible to talk about the problems.

Although couple therapy is the therapy process of the relationship, the clients stated that they also gained awareness individually. The therapy process, which touched each individual's individual process from a different point, led the male client to gain self-awareness, understand his own needs and gain skills in the sessions to express his feelings; while it was both beneficial and surprising for the female client to see how the attachment stories in the family affected their relationships.

The clients also found the specific interventions implemented by the therapist helpful and emphasized them. For example, in the 10th session, the role-play they did by taking each other's places on the couch with the therapist's instructions provided them with empathy for each other's feelings and perspective on understanding their roles in the cycle. In addition, in the role-play in which the clients were asked to make a sculpture of their relationship in the 15th session, both the male and female clients stated that seeing themselves through each other's eyes had a deep impact on them and that they confronted their own truths.

In summary, the HAT responses indicate that key therapeutic elements such as fostering hope, emotional validation, therapist guidance, therapeutic alliance, and experiential techniques played a crucial role in the couple's journey. These aspects not only facilitated their relational development but also contributed to their individual self-awareness and growth. The themes emerging from the HAT responses are also reflected in the clients' narratives about their change process. The next section will delve deeper into these perspectives, exploring how these therapeutic elements influenced their overall experience and transformation.

3.3 Summary of Change Interview

The couple participated in a 19-session therapy process, with a change interview conducted every four sessions to assess their experiences and progress. The fifth and final change interview also served as the termination interview. Due to his busy work schedule, the male client was only able to attend the first and fourth change interviews (Post-4 and Post-16), whereas the female client and the therapist participated in all five interviews (Post-4, Post-8, Post-12, Post-16, and the termination interview. Each partner attended the interviews separately, and the therapist also participated individually in all five interviews.

3.3.1 Post-4: Early Signs of Change – Improved Communication and Emotional Openness

In the first four sessions, Serpil experienced therapy as emotionally intense during the sessions but noticed that its effects gradually emerged outside of therapy. While she did not observe a significant personal transformation, likely due to her previous experience with individual therapy—she identified two key shifts in the relationship. First, despite the persistence of the same issues, they were now being discussed more openly. Second, she noticed that Burak was engaging more actively in therapy, which she found promising.

Burak, on the other hand, described himself as still in the process of getting to know both the therapist and the therapeutic journey but remained hopeful. He observed a meaningful change in their communication, stating that they were now able to talk more than before. He directly attributed this to therapy, even though he had not fully expected this shift (rating his expectation as 3 on a 5-point scale). He strongly believed that this

change would not have occurred without therapy (rating 4), and he considered it highly significant.

Serpil also linked the change in their communication to Burak's increased emotional openness. She fully expected this shift to happen (rating 1), and she was confident that therapy played a crucial role (rating 5). She considered it a highly important development and did not identify any external factors contributing to it. The second shift, Burak's enthusiasm for therapy, was also attributed to the process, though she was uncertain whether this change would have occurred without therapy (rating 3). In addition to the clients' perspectives, the therapist also reflected on the early phase of therapy, emphasizing the importance of developing therapeutic alliance and the clients' increasing emotional expression. Regarding the most helpful aspects of therapy so far, Serpil highlighted the therapist's supportive and empathetic approach, which helped her feel understood and safe in the process. Burak, while unable to recall specific interventions, acknowledged that their communication had improved.

3.3.2 Therapist Change Interview – Post-4: Establishing a Therapeutic Bond and Encouraging Emotional Expression

By the fourth session, the therapist felt that a therapeutic bond had been established with the couple. While no major changes were yet evident, the partners had begun to express their emotions more openly and bring deeper emotional content into the sessions. The therapist attributed this shift to the individual conversations held during therapy, which appeared to facilitate greater emotional engagement. This development was somewhat expected, as reflected in the therapist's rating of 2 on the expectation scale. Regarding the likelihood of this change occurring without therapy, the therapist remained uncertain, giving it a rating of 3. No external factors were identified as contributing to

this change. When reflecting on what had been most helpful in therapy so far, the therapist highlighted the importance of building a strong therapeutic alliance and instilling hope in the clients. No disappointments or unhelpful aspects of therapy were noted at this stage.

3.3.3 Post-8: Continued Progress – Increased Emotional Openness and Relationship Security

Since the last change interview a month ago, Serpil felt that therapy had become more beneficial, with positive outcomes starting to manifest. She observed that the initial changes, such as their ability to discuss problems openly in therapy, were still ongoing. She fully expected this shift (rating 5) and firmly believed that it would not have occurred without therapy (rating 5). She considered this change to be highly important (rating 5) and did not identify any external factors contributing to it.

The second change, Burak's increased motivation for therapy, was still in progress. Serpil attributed this to the therapist's success in engaging Burak. She had expected this change (rating 2) and felt that it would not have happened without therapy (rating 4). This change was of great importance to her (rating 5), though she acknowledged that Burak might have been influenced by seeing her own progress in individual therapy, which could have motivated him.

Another significant shift was Serpil's growing ability to open up more securely in the relationship. She observed a change in the dynamics of their communication, with a shift in their roles. This newfound sense of safety in their relationship was linked to Burak's increased compassion and empathy towards her, as well as the therapist's stance in facilitating this transformation. Serpil expected this shift to occur at some point (rating 3) and believed that it would not have happened without therapy (rating 5). She considered this change highly important (rating 5) and noted that, without therapy, their

motivation to stay together might have been seen as the key to achieving this change. Additionally, Serpil observed a decrease in stress levels and mentioned that the overall communication style between her and Burak was evolving. The therapist's role in modeling positive behaviors was seen as a key factor in driving this change. No external factors were identified as contributing to these changes (rating 1).

3.3.4 Therapist Change Interview – Post 8: Strengthened Emotional Expression and Responsibility

By Post-8, the therapist noted that the couple's ability to express their emotions openly had continued to improve, even intensifying over time. Both partners had become more open to empathy and were better able to share their feelings. The therapist attributed these changes to the emotion-focused approach and the strong therapeutic relationship they had established. The therapist had expected this shift (rating 2) and believed it would not have occurred without therapy (rating 5), emphasizing that no external factors had contributed to these changes.

Another notable change observed by the therapist was the partners taking more emotional responsibility. This shift was seen as stemming from the security and trust within the therapeutic environment, where the therapist had established a safe space for both partners to be vulnerable. The therapist highlighted how the couple felt comfortable acknowledging their mistakes, with the belief that the therapist was a capable figure who could help guide the process. This change was also expected (rating 2), and like the previous shift, the therapist was confident it would not have occurred outside of therapy (rating 5).

The therapist also observed a strengthening of the therapeutic relationship itself, noting that this development had been anticipated (rating 1). No external factors were

identified as contributing to this change. When reflecting on what had been most helpful in therapy, the therapist emphasized the ability to engage in emotional conversations, which was made possible by the safe and inclusive environment created in therapy. The therapist did not report any disappointments or frustrations with the therapy process at this point.

3.3.5 Post-12: Ongoing Shifts in Emotional Safety, Communication, and Personal Struggles

By Post-12, therapy had become both a challenging and beneficial experience for her. Two ongoing changes were highlighted: a sense of emotional safety and a reduction in stress levels, although the latter wasn't as prominent at this stage. The emotional safety shift was linked to the feeling of being understood and supported within the therapeutic environment. She fully expected this change to happen (rating 1), and she was confident that it wouldn't have occurred without therapy (rating 4). It was considered highly important (rating 5), and no external factors were seen as contributing to it. Changes in the relationship were also evident. Communication between her and her partner had improved, which was expected (rating 2). She believed that this change wouldn't have happened without therapy (rating 5), and its importance was rated 4. No external factors were identified. Regarding her partner's increased motivation for therapy, this change was still ongoing. She attributed this shift to the therapist's influence, and she believed that it wouldn't have happened without therapy.

A noticeable change in communication style was ongoing, but she was unsure whether it would have happened outside of therapy (rating 3). No external factors were found to influence this change. In comparison to earlier interviews, these changes from

previous sessions were still valid. The shift toward emotional safety and communication improvements remained present, while the stress reduction shift was not yet fully realized.

Since the last change interview, she acknowledged some personal struggles. These challenges weren't expected (rating 5), but she recognized that emotional discomfort was likely inevitable due to struggles in both individual therapy and the couples' therapy process. The importance of this shift was rated 3, and while therapy wasn't solely responsible for this challenge, it was seen as a contributing factor.

3.3.6 Post-12 Therapist Change Interview: Emotional Growth, Strengthened Therapeutic Alliance, and External Shifts in the Relationship

By Post-12, the therapist observed that therapy was progressing well, though working with deep emotions had also been personally challenging. Several key changes were noted, including the clients' increasing ability to reflect on their emotions, take responsibility for them, and develop emotional skills. These shifts were attributed to the sense of safety within the sessions and the strength of the therapeutic relationship. A crucial factor in facilitating these changes was the therapist's intervention style—particularly, stopping a partner from making a hurtful remark and redirecting the conversation toward underlying emotions. This allowed the other partner to witness and engage with deeper emotional experiences. The therapist had expected this change to some extent (rating 2) and identified no external factors contributing to it.

Another significant development was the strengthening of the therapeutic relationship itself. The therapist linked this to the strategic use of humor and the inclusion of casual, non-therapy-related "cheat talk" at the beginning of sessions, which helped create a relaxed and trusting atmosphere. This change was anticipated, and no external factors were seen as influencing it. Since the last interview, a notable shift had also

occurred in the couple's dynamic outside therapy. The female partner had started a new job, which resulted in her exerting less control over the male partner, leading to a sense of relief in the relationship. The therapist recognized this as an external factor contributing to change. This shift allowed the male partner to express his needs more clearly and, in moments of anger, to acknowledge his emotions without directing them at his partner. He had even verbalized this realization to the therapist, emphasizing how reduced pressure from his partner had improved their dynamic. The therapist considered this change as potentially occurring even without therapy (rating 3).

Within the therapy process itself, a particularly impactful moment was the female partner's emotional outburst in a session, which the male partner witnessed. While painful, the therapist believed this moment was beneficial, as it enabled the male partner to recognize the emotional impact he had on his partner and to take greater responsibility for his own emotions. This development was seen as a direct result of the safe and structured therapeutic environment. Overall, the therapist viewed the process as fostering deeper emotional awareness and relational shifts, with therapy playing a crucial role in most of these changes.

3.3.7 Post-16 Change Interview Summary: Continued Emotional and Relational Growth

Burak reported that his ability to both show and receive empathy had remained consistent. He attributed this change to therapy and considered it highly significant (rating 5). He had somewhat expected this shift (rating 2) and believed it would not have occurred without therapy (rating 4). In terms of their relationship, he noted that their communication had continued to improve and was now healthier than before. He directly linked this change to therapy and considered it crucial (rating 5). While he saw this shift

as somewhat expected (rating 2), he was uncertain whether it could have occurred without therapy (rating 3). No external factors were identified as contributing to this improvement. For Burak, the most beneficial aspect of therapy was the ability to openly discuss emotions. He did not report any disappointing or challenging experiences in therapy.

Serpil continued to experience a sense of security in the relationship, which she linked to her ability to show vulnerability in therapy. She strongly believed this change would not have happened without therapy (rating 4) and considered it very important (rating 5). No external factors were identified in contributing to this shift. Another ongoing individual change for Serpil was the challenge of therapy itself. She had not anticipated how difficult the process would be (rating 4) and believed that this struggle would not have occurred without therapy. While she viewed it as an important development (rating 4), she acknowledged that her individual therapy was also a contributing factor. In terms of relational shifts, she noted that their ability to openly discuss problems remained intact, as did her partner's motivation for therapy. She attributed this latter change to the therapist's effectiveness and believed it was highly significant (rating 5). She expected it to some extent (rating 3) and did not see any external factors influencing it. The change in their communication style had partially persisted. Serpil directly linked this improvement to therapy and felt it would not have occurred otherwise (rating 5). She considered it a very important change (rating 5) and did not identify any therapy-external factors. Since the last interview, she had found it helpful that the therapist had prompted her to reconsider different aspects of the process. However, taking a three-week break from therapy and feeling that the session durations were too short had been challenging for her.

3.3.8 Post-16 Therapist Change Interview Summary: Maintaining Progress Despite Setbacks

The therapist observed that the three-week break from therapy had led the clients to fall back into some of their dysfunctional patterns. However, key changes in their emotional and relational dynamics remained intact. The three primary changes—expressing emotions more effectively, strengthening the therapeutic relationship, and increased ease in the couple's interactions—were still present. The therapist continued to attribute these shifts to therapy, with no external factors contributing. Their expectations and beliefs about the necessity of therapy for these changes remained consistent with previous ratings. Regarding helpful aspects of therapy, the therapist highlighted enactments, role-plays, and sculpting the couple's relationship, all of which had played a significant role in enhancing empathy between the partners.

3.3.9 Termination Interview: Growth, Connection, and Lasting Change

Serpil described couple therapy as a fast and effective process that fostered growth and increased her hope for the relationship. All the previously reported changes remained valid, and she viewed the challenges she experienced during therapy as necessary for growth. The most important individual change for her was feeling secure in the relationship, which she attributed to therapy. She had somewhat expected this change (2) and believed it would not have happened without therapy (5). This change was very important to her (5), and no external factors contributed to it. The most significant relational change was the shift in their communication patterns, which she credited to the therapist's skill. She had somewhat expected this change (2), believed it would not have happened without therapy (5), and considered it highly important (5), with no external contributing factors.

Since the last interview, she identified a new change: greater clarity regarding each partner's role in the relationship. She attributed this to their mutual commitment and increased compassion for each other. She neither expected nor did not expect this change (3) but believed it would not have occurred without therapy (5) and considered it very important (5), with no external contributing factors. Regarding the therapy process, she found the therapist's language, tone, calm presence, and ability to hold space particularly helpful. She also valued the clear boundaries within therapy and the presence of a knowledgeable professional. One aspect she would have preferred was having more homework assignments. Additionally, participating in the research study helped her reflect on the process.

The therapist observed that significant changes had occurred, particularly in three areas: emotional expression, the strength of the therapeutic bond, and overall relationship relief. All these changes remained valid. The therapist attributed the improvements in emotional expression to the therapeutic relationship and the couple's growing ability to interrupt dysfunctional cycles and engage in meaningful conversations outside of therapy. This change was expected (1), and the therapist believed it would not have occurred without therapy. However, the clients' efforts outside of sessions to break negative cycles and communicate contributed as an external factor.

The strengthening of the therapeutic bond was facilitated by empathic reflections and validation, which helped interrupt maladaptive cycles. This change was expected (1) and considered therapy-dependent, with no external contributing factors. The third major change was a sense of relief in the relationship, which the therapist linked to the process of externalizing problems and approaching them collaboratively. The clients' application of therapy-learned skills outside of sessions contributed as an external factor.

The therapist found that the most beneficial aspects of therapy were providing the couple with a clear view of their negative cycles and creating a space for discussing emotions, which helped improve their communication. The most challenging moments involved the client's resistance to accessing vulnerable emotions and the recognition that the client was not always progressing at the pace expected. Additionally, engaging with emotions was difficult but ultimately transformative for the clients.

3.4 Is Therapy Responsible for Change

3.4.1 Affirmative Brief

Therapy is indeed responsible for the positive changes observed in the couple's relationship, as evidenced by the significant shifts in emotional expression, communication, and trust. The couples' responses in both the Helpful Aspects of Therapy (HAT) and Change Interviews demonstrate that the therapeutic process played a central role in these transformations. Here are the key changes and the supporting evidence:

3.4.1.1 Improved Communication and Emotional Openness

Both partners reported a notable improvement in communication, with increased emotional openness. The female partner emphasized how their ability to discuss previously difficult topics became easier over time, noting that therapy directly contributed to this shift. She specifically pointed out that therapy was essential for this change, stating that without it, such open communication would not have occurred. The male partner also acknowledged the positive shift in communication, describing it as a "meaningful change," and believed that therapy was the catalyst for this transformation. Both partners rated the importance of this change highly (5/5), emphasizing that without therapy, the communication breakthrough would not have taken place. Additionally, they

attributed the improvement in their ability to express emotions to the therapist's empathetic and supportive approach.

3.4.1.2 Increased Emotional Responsibility and Empathy

Both individuals reported that therapy helped them take greater emotional responsibility and become more empathetic towards each other. The male partner highlighted that he now better understood his partner's emotional needs and took responsibility for his actions, especially during moments of conflict. The female partner expressed her increased ability to emotionally open up, a shift she attributed to the therapeutic environment's safety and the therapist's ability to guide emotional exploration. Both partners indicated that they felt more emotionally responsible and empathetic as a result of the therapy. They also linked these changes to the therapist's interventions, such as creating a safe environment and guiding emotional conversations. The male partner's statement that he "couldn't have seen this change happening without therapy" further supports this claim.

3.4.1.3 Strengthened Therapeutic Alliance and Trust

The therapeutic alliance between the couple and the therapist grew stronger over time, fostering trust and further facilitating the change process. The female partner attributed her sense of safety and vulnerability in the relationship to the therapist's non-judgmental and empathetic approach. Both partners recognized that the therapist's role in creating this bond was pivotal in supporting their emotional openness and growth. The female partner's consistent mention of feeling understood and safe in therapy, as well as both partners' positive ratings (5/5) for the importance of the therapeutic relationship, illustrate the pivotal role of the therapist in building trust and emotional safety. The

therapist's own reflections on the importance of building a strong alliance further confirm that this aspect of therapy was integral to the changes.

3.4.1.4 Increased Motivation for Relationship Maintenance

The couple's motivation to actively work on and maintain their relationship was another significant change linked to therapy. The female partner noticed an increase in her partner's motivation to participate in therapy, which she attributed to the therapist's successful approach in engaging him. The male partner also expressed that the therapy process motivated him to invest more in the relationship, acknowledging that the therapist's support was a critical factor in this change. Both partners mentioned that therapy played a crucial role in reigniting their commitment to each other. The female partner rated the importance of this change highly (5/5) and emphasized that this shift was not likely to have occurred without therapy. Similarly, the male partner expressed how therapy directly influenced his increased willingness to engage in the relationship, which would not have happened outside the therapeutic setting.

In conclusion, the evidence from the Helpful Aspects of Therapy and Change Interviews strongly supports the claim that therapy was responsible for the significant positive changes in the couple's relationship. The improved communication, emotional openness, strengthened therapeutic alliance, and increased motivation for relationship maintenance all point to therapy as the catalyst for these transformative changes. Without therapy, it is highly unlikely these shifts would have occurred, highlighting therapy's pivotal role in the couple's growth.

3.4.2 Sceptic Brief

While therapy may have played a role in the observed changes, it is important to consider that non-therapy events also likely contributed significantly to the transformations in the couple's relationship. Below are key non-therapy factors that might have influenced the changes observed:

3.4.2.1 Life Changes External Stressors

External events, such as the female partner starting a new job, could have played a substantial role in shifting the relationship dynamics. This life change may have reduced the male partner's need to control the relationship, as he observed his partner gaining more independence. These shifts in the relationship could have been largely influenced by the external pressures and adjustments related to her new professional role.

3.4.2.2 Individual Growth Outside Therapy

Both partners engaged in individual growth that may have affected their relationship. The female partner's process of self-reflection or personal therapy (separate from the couple's therapy) could have helped her express her emotions more openly, thus influencing the dynamic between her and the male partner. Similarly, the male partner's self-reflection and his increased empathy may have been influenced by personal experiences outside of the therapeutic space, such as conversations with friends, family, or life events that prompted introspection.

3.4.2.3 Increased Communication Efforts Outside Therapy

Both partners showed evidence of improving communication outside of the therapy room. They may have applied what they learned in therapy to everyday situations, but their commitment to improving communication outside the sessions—such as having

more open discussions or actively working on avoiding conflict—likely played a significant role in these changes. These actions could have been motivated by an internal desire to improve the relationship, not solely by therapeutic interventions.

3.4.2.4 Changes in Partner Dynamics and Shared Commitment

The couple's decision to continue therapy outside the university clinic, despite the therapist's transition to private practice, reflects their mutual commitment to the relationship. This decision could indicate a shared determination to work through issues and strengthen their bond. Their ongoing commitment to the relationship might have been influenced by factors like their personal connection and mutual decision-making outside the therapy setting.

In sum, while therapy contributed to some degree of change, the non-therapy factors—such as life events, individual growth, efforts outside therapy to improve communication, and shared commitment—should also be recognized for their potential role in the changes observed in the couple's relationship. These factors suggest that the transformation might not solely be attributed to therapy but to a combination of external influences.

3.4.3 Affirmative Rebuttals

While it is true that non-therapy events like life changes and personal growth may have played a role in the changes observed in the couple's relationship, it is important to emphasize that these factors do not fully account for the depth of transformation seen throughout the therapeutic process. First, the emotional breakthroughs the couple achieved—such as their ability to express emotions openly, take responsibility for their feelings, and improve their empathy—were clearly fostered by the therapeutic techniques

employed. The therapist's use of structured interventions, like emotional validation, active listening, and role-playing, created a safe space where both partners could delve deeper into their emotions and begin to break free from negative patterns of communication. While life changes, such as the female partner's new job, may have influenced some behaviors, it was therapy that allowed the couple to address the underlying emotional dynamics contributing to these shifts. This therapeutic space was crucial in helping them not only understand each other's feelings but also develop the tools to navigate their emotions constructively.

Moreover, the therapeutic relationship itself was key in promoting change. The bond they shared with their therapist, built on trust, empathy, and mutual respect, provided a foundation for them to explore difficult topics and process complex emotions in a safe, supportive environment. The therapist's active involvement in guiding the couple through emotionally charged discussions and providing consistent validation played a significant role in enabling both individuals to feel seen and understood. Without this crucial emotional support and the therapist's expertise, it is unlikely that the couple would have been able to address such deep-seated issues or strengthen their emotional connection to the extent that they did.

Additionally, while personal growth outside therapy, like individual reflection or conversations with family or friends, may have provided some context for the changes observed, these factors were largely secondary to the therapy itself. The couple's sustained improvement in communication and empathy directly resulted from the focused, consistent efforts made in therapy. In particular, the male partner's increased emotional awareness and the female partner's openness in expressing her feelings were not mere byproducts of external events but rather direct outcomes of the therapeutic

process. Therapy not only addressed these issues but also provided the couple with the skills to maintain their progress, even as they faced challenges outside the therapeutic setting.

Finally, the couple's decision to continue therapy outside of the university clinic after the therapist's graduation is a clear indicator that the therapeutic process played a pivotal role in their relationship. Their decision to prioritize therapy despite the changes in their therapist's location demonstrates the value they placed on the therapeutic relationship and its influence on their relationship dynamics. This decision cannot be attributed to non-therapy factors alone. Their commitment to therapy reflects their belief in its essential role in maintaining and furthering the progress they had made.

In conclusion, while non-therapy events may have provided some external context, the profound, sustained changes in the couple's relationship were primarily a result of the therapeutic process. The therapist's interventions, the safe emotional space created within therapy, and the ongoing support they received were all critical factors in fostering these positive changes. Therapy, therefore, stands as the main catalyst for the transformation observed, not merely a contributing factor among other external influences.

3.4.4 Sceptic Rebuttals

While the affirmative brief strongly argues that therapy was the primary catalyst for the positive changes observed in the couple's relationship, it overlooks the significant influence of non-therapy factors that also contributed to these transformations. The argument that therapy was solely responsible for the positive shifts in communication, emotional responsibility, trust, and motivation fails to account for the impact of life

changes, personal growth, and external stressors that likely played a critical role in shaping the couple's relationship dynamics.

Firstly, while the affirmative brief emphasizes the improvement in communication and emotional openness, it is essential to acknowledge that these shifts were not exclusively due to the therapeutic interventions. For instance, the female partner's new job and the subsequent reduction in the male partner's need to control the relationship could have directly contributed to the more open and communicative environment. These life changes introduced external pressures that prompted the couple to reevaluate their relationship and work on their communication. The new professional role of the female partner may have created more space for autonomy, reducing tension and fostering a more relaxed dynamic, which naturally could have led to better communication. The argument that therapy alone enabled this shift overlooks the natural effects that life changes can have on relationship dynamics.

Furthermore, while both partners claim to have taken greater emotional responsibility and developed empathy during therapy, these developments could have been influenced by personal experiences outside the therapy room. The male partner's increased empathy and emotional awareness may have been a result of self-reflection prompted by external events, such as conversations with friends, family, or other personal growth experiences. The female partner's improved ability to open up emotionally could have been facilitated by factors outside the therapeutic setting, such as her own personal therapy or increased self-awareness. It is overly simplistic to attribute these changes solely to therapy, as individual growth and external social interactions likely contributed to the development of these traits.

Additionally, while the affirmative brief highlights the strengthened therapeutic alliance and the importance of the therapist's non-judgmental approach, it is important to consider that the couple's ongoing commitment to therapy was likely influenced by factors beyond just the therapist's influence. The decision to continue therapy at a private clinic after the therapist's graduation reflects their shared commitment to the relationship and their belief in the importance of ongoing work. However, this decision was also likely motivated by the couple's intrinsic desire to preserve and improve their relationship, independent of the therapist's guidance. The couple's mutual decision to pursue therapy outside the university setting may have been influenced by personal factors, such as their own values, relationship goals, and desire to maintain their connection, rather than solely by the therapeutic process itself.

Finally, the affirmative brief underestimates the importance of external communication efforts, such as the couple's increased willingness to communicate outside of therapy. The improvements in communication that both partners reported could have been driven as much by their internal desire to improve the relationship as by the interventions provided in therapy. These efforts to communicate more effectively in daily life—discussing issues more openly, working to avoid conflict, and making an active effort to understand each other—are behaviors that often emerge as couples reflect on their relationship and set personal goals for improvement. The assertion that therapy was solely responsible for these changes ignores the role that mutual commitment and external motivation could have played in reinforcing the couple's progress.

3.4.5 Adjudication

3.4.5.1 Evaluation of Therapeutic Change Evidence

The judge determined that meaningful change did occur in the clients, scoring this claim 90/100. She noted robust evidence across several domains, including improved communication and emotional openness, which was supported by both clients' accounts, therapist observations, and quantitative CRS scores. Increased empathy and emotional responsibility was consistently reported across multiple data sources, while therapeutic alliance and problem resolution was confirmed by alliance scale scores, therapist notes, and interviews. Relationship security was more prominently reported by Serpil but aligned with quantitative trends. The judge also identified three areas where change was less pronounced: motivation to continue therapy and relationship, insight into systemic interaction patterns, and reduction in presenting issues.

Regarding attribution to therapy, the judge scored this claim 80/100, highlighting several key factors. Experiential interventions, particularly role-play and sculpting exercises, were frequently cited as pivotal moments in the therapeutic process. The therapist's consistent approach and calming presence created a space for emotional safety that facilitated change. There was clear temporal alignment between therapeutic interventions and reported changes, demonstrating the connection between therapy sessions and client progress. The structured approach to processing emotions showed a direct relationship between therapy and observed changes.

When evaluating alternative explanations, the judge assigned a score of 60/100, acknowledging that while external factors such as Serpil's new job and individual therapy may have contributed to the changes, these factors were primarily processed through and reinforced within the couples therapy sessions. The couple's commitment to their

relationship likely played a supporting role but was not identified as the primary agent of change.

3.4.5.2 Reservation and Notes

The judge highlighted important considerations regarding the therapy evaluation. Clients' high ratings, often 5/5, indicating that changes would not have happened without therapy might reflect a strong therapeutic alliance rather than solely therapy outcomes. The male partner's participation in only two of five change interviews limited the ability to gather comprehensive data from his perspective. The sustainability of therapeutic change beyond termination remained unclear without further assessment. While experiential interventions were subjectively powerful, they proved difficult to quantify behaviorally.

The judge assigned an overall therapy effectiveness score of 85/100 and concluded that significant emotional and behavioral changes were observed throughout therapy. These improvements, including enhanced relationship satisfaction and emotional insight, strongly aligned with therapeutic milestones and structured interventions. This adjudication supports the affirmative position that therapy was largely responsible for the meaningful changes observed in the couple's relationship, while acknowledging some contribution from external factors.

4. DISCUSSION

The present study aimed to investigate the process of change in couple therapy using the HSCED. Through detailed analysis of both quantitative and qualitative data collected from 19 sessions of a young couple in Türkiye, it was examined whether there was change in the problem they brought (PPP), whether their relationship satisfaction improved, and whether any observed change could be attributed to the therapeutic process itself.

The findings revealed significant improvements in the couple's presenting problems, particularly in trust, emotional openness, and ability to communicate/hear each other. Each partner demonstrated improved skills in exposing their vulnerabilities, empathizing with each other, and constructive communication as therapy progressed. Quantitative measures showed positive momentum in PPP (Presenting Problem Progress) as therapy progressed, the client's communication cycle evolved from one that was critical and defensive to one that was open and empathetic. The couple's relationship satisfaction also increased over time. These changes appear to be primarily attributable to the therapeutic process and interventions, as evidenced by the consistent discourse of both partners in the exchange interviews, the therapist's comments in the exchange interview, and the affirmative brief. Key therapeutic elements that led to change included a strong therapeutic alliance between the couple and therapist, experiential interventions such as role-play and role play, and emotionally focused interventions that facilitated access to and hearing of deep feelings between partners.

4.1 Interpretation Findings

Problems such as jealousy and restrictions that brought the clients to therapy at the beginning of the process showed change and development throughout the process. Initially, Burak's jealousy and restrictions that he showed under intense love for Serpil transformed into a point where he understood that this could be due to the insecurity of his fear of abandonment. This change in Burak's perspective also supports the finding of Gottman and Notarius (2002) that couple therapy is an environment where partners' individual processes are also created, and insight is gained through practicing listening skills and emotionally focused expressions. The restructuring of these problems in therapy was facilitated through interventions that emphasized the partners' basic attachment needs and fears through EFT (Emotion Focused Therapy) from the therapist's integrative systemic therapy toolbox. This situation is similar to the findings of Johnson (2015) that emotional change and transformation processes in therapy help the couple to establish secure bonds with each other. The therapist's flexibility and use of systemic therapy with integration of different models provided flexibility to the clients and enabled them to acquire different skills.

The couple's long-standing dance together transformed from the classic pursuit-withdraw cycle to a more balanced communication. At the beginning of the process, Serpil's steps to protect the relationship, her pursuit of Burak but her critical language when she did not receive a response, reinforced Burak's withdrawal and created a negative circularity that fulfilled itself. As the therapy progressed, as the clients' trust in the therapist and therapy increased, the couple developed the ability to interrupt and change this cycle, and the partners began to take responsibility for their effects on the cycle. These results support Bradford et al.'s (2016) finding that gaining insight into the individual's

role in the relationship encourages empathy and understanding towards their partner. The therapist's use of role-playing and role-play exercises during the session supported the clients' awareness and insight into their roles and effects in the relationship, as well as helping them experience new ways of communication. This supports Novak Novak et al.'s (2019) study on the importance of developing practical communication skills that will create an alternative to the current communication language in therapy.

Throughout the therapy process, the clients' experiences of relationship satisfaction were in a nonlinear process of change, similar to the findings of Söylemez et al. (2023). At this point, it should be emphasized that contextual assessment is very important in order to understand the couple's relationship pleasure. Although rapid improvements were experienced in the sessions at the beginning of the process, later on, as stability and especially future plans - in the clients' case, this was getting married - were addressed, deep emotions were delved into and vulnerabilities were worked on, there were fluctuations in relationship satisfaction. This pattern aligns with the findings of Knobloch-Fedders et al. (2015) that both individual well-being and relationship satisfaction increased in the first sessions but then experienced periods of stagnation.

It is important to evaluate the findings of this research within the Turkish cultural context. Couple relationships in Turkey are influenced by many sociocultural factors such as traditional family structures, gender roles, and pre-marital relationship dynamics. Problems experienced by this couple, such as jealousy and freedom restrictions, reflect not only individual psychological processes when evaluated in a social context, but also relationship norms in Turkish society. Particularly, young couples' efforts to balance modernization with traditional values are important contextual factors that need to be addressed in the therapeutic process. Indeed, as noted in the session notes, the influence

of cultural expectations was clearly evident in discussions about the couple's marriage plans and future expectations. These social norms and cultural expectations are factors that should be considered in measuring relationship satisfaction and interpreting therapeutic change. The findings of the research demonstrate that couple therapy can be effective in Turkish society when applied with cultural sensitivity, and that couples can develop healthier relationship dynamics within their own cultural context.

4.2 Therapeutic Moments and Interventions That Influence Therapy Process

Several therapeutic moments and interventions that occurred during the process were emphasized by both partners in the exchange interviews. The therapeutic alliance, the therapist's equal treatment of both partners, his space, his nonjudgmental stance, and his empathy allowed the clients to explore their own feelings and understand each other. This supports the therapeutic alliance as a critical common factor in couple therapy, as discussed by Sprenkle et. al. (2013). The therapist's ability to create a safe space by providing control during difficult conversations in the session in order to access deep emotions enabled the couple to take risks in vulnerable moments, and Lebow's (2018) study findings also confirmed the importance of the therapeutic relationship in couple therapy outcomes.

The here and now techniques that took place during the session had an impact on the clients. Especially in the 10th session, role play exercises conducted under the guidance of the therapist in order for the partners to develop an understanding of their perspectives on each other and their relationships initiated a transformation process for both partners. In addition, the relationship sculpture exercise in the 15th session helped the partners gain both mental and emotional insight by creating space for them to physically create their current relationship and then change it to a state closer to what they

wanted. These interventions carried out by the therapist are consistent with the findings of Butler et. al. (2011) regarding the recognition of the person's established judgments and patterns through experiential techniques.

As the couple's therapy process progressed, they became more sensitive, accessible to each other, and began to establish a secure bond with increased emotional involvement in the process. Serpil's shift from critical language to language expressing her own feelings and needs led to Burak being included in the cycle and becoming emotionally accessible, creating a positive feedback loop that increased the pleasure received from the relationship. Changes in each other's need for attachment were clearly emphasized in the change interviews, especially after the session in which Burak shared his fragile feelings, and this change is consistent with Johnson's (2015) conclusion that partners show empathy and respond with care when they witness each other's needs.

4.3 Clinical Implications

This single case study offers several important clinical implications for couple therapists who are new to the field and who work with similar relational dynamics. The findings of the study offer practical interventions that therapists can use to increase their effectiveness when working with couples who have communication problems, lack of emotional closeness, and trust issues. By examining the key elements that lead to positive momentum and positive outcomes in this case, we can highlight approaches that can be applied in similar therapeutic contexts.

First, one of the most valuable clinical studies is related to the implementation and timing of interventions. In the case, it was shown that very critical and fragile issues such as trust issues, jealousy, control issues and incompatible expectations about the future can be worked on with a strong therapeutic alliance and results can be obtained. The

therapist's gradual transition to deep emotions and challenging issues after a strong relationship has been established between the client and the client has also proven the effectiveness of timing. This approach of the therapist is consistent with Lebow's (2014) findings on the importance of intervention and timing in couple therapy and shows the importance of taking the therapeutic agreement as a framework.

Experiential interventions performed during the session were found to be effective in creating a transformative effect for each member of the couple. Role play and sculpting exercises provided insight into therapeutic change that could not be obtained with verbal interventions alone and created moments of emotional change. These findings showed that therapists can add experiential interventions to their interventions by stretching in the session room and get results. It has been revealed that such interventions can be effective in the clinical setting to address the pursuer-withdrawer cycle by providing couples with an external perspective on their relationship cycle by utilizing Satir's experiential therapy style (Satir et al., 1991).

The second valuable clinical implication is that a strong therapeutic alliance is a valuable point for couples to open up and benefit from the therapy process. In the change meetings, both partners attributed the change in therapy and the sense of well-being they felt to their secure relationship with the therapist. The therapist's equal, non-judgmental approach to all kinds of experiences of the clients and his/her curiosity allowed them to address difficult experiences in the process. It is valuable for therapists working with couples to show empathy, validation and acceptance to both partners in a similar way in order to prevent triangulation. The mentioned clinical implication supports the therapeutic alliance, which Sprenkle et al.'s (2013) study also emphasizes, as a common factor in change in couple therapy.

An important finding of this research is that meaningful therapeutic change could be facilitated by a therapist-in-training. This result demonstrates that intern psychotherapists working within a well-structured supervision system can achieve effective outcomes in couple therapy. As the therapist noted in session notes and change interviews, the supervision process played a critical role, particularly in implementing emotionally focused interventions and developing the therapeutic alliance. This highlights the importance of therapist training programs focusing on developing practical skills in relational interventions and building therapeutic alliance, in addition to theoretical knowledge. The research results present an encouraging perspective in the field of mental health by showing that clinical skills and therapeutic interventions can be effectively applied even in the early stages of psychotherapist training. This finding contributes to the development of couple and family therapy in Turkey and demonstrates that newly trained therapists, with adequate supervision and educational support, can provide effective interventions for complex relationship problems.

4.4 Strengths and Limitations

This study has several key strengths that make it an important contribution to the literature on couple therapy research. This study has several key strengths that make it an important contribution to the literature on couple therapy research. The first lies in the application of a Hermeneutic Single Case Event Design (HSCED) that examines in detail both the processes and outcomes of change in couple therapy. It blended information from quantitative measures with information from qualitative measures, from both the partners' and the therapist's perspectives, providing a much broader picture of change than could be obtained using either qualitative or quantitative methods alone. This mixed-method approach provided a perspective for understanding the multiple and diverse reasons that

influence the change process in relational therapy. While a similar study was conducted in Türkiye by Söylemez et. al., (2023) for online couple therapy, the current study represents a significant methodological advancement in several ways. First, this study obtained detailed client feedback after each session through the Helpful Aspects of Therapy (HAT) form, providing a more granular understanding of which therapeutic moments were most impactful from the clients' perspective. Second, this study employed an external expert judge to evaluate the affirmative and skeptic arguments regarding therapeutic change, adding a layer of objectivity to the analysis process and strengthening the validity of the conclusions. These methodological enhancements make this study the first of its kind in couple therapy research to combine such comprehensive session-by-session analysis with external validation.

In terms of findings, both studies demonstrated positive changes in couple relationship satisfaction and communication patterns, highlighting the efficacy of couple therapy in the Turkish context. However, while Söylemez et al. (2023) found mixed quantitative results with significant improvement primarily in the male partner's relationship satisfaction measures, the current study showed more consistent positive changes across measures for both partners. This difference could potentially be attributed to the delivery format (online versus in-person therapy), the specific relationship dynamics of the couples studied, or the therapist's experience and intervention strategies. Despite these differences, both studies converged in identifying the therapeutic alliance as a critical factor in facilitating change, with clients in both studies emphasizing the importance of the therapist's empathetic stance and ability to create a safe space for vulnerable communication. Additionally, both studies highlighted the non-linear nature

of change in couple therapy, demonstrating that contextual factors and life circumstances interact with therapeutic interventions in complex ways throughout the therapy process.

Another strength of the study was that this case was the most successful in the study and focused on explaining the mechanisms of change that caused it, rather than simply explaining the results with numerical data on therapeutic change. Conducting the analysis on a session-by-session basis, following and evaluating the change conversations in order, and capturing the specific interventions implemented and the moments of change showed how the therapy contributed to the couple's relationship satisfaction with the process. The application of process-oriented analysis addresses a significant gap in the couple therapy literature that emphasizes outcome rather than mechanisms of change (Doss et al., 2017). Detailed analysis that focuses on how and what drives the process of change in therapy, what is effective, and what factors are beneficial to clients will provide valuable insight to researchers and/or practitioners.

This study, which contributes to the literature on couple therapy in terms of looking at it from non-Western cultures, represents another strength in this sense. It has attempted to broaden the cultural scope of the literature by examining in detail the change of a young Turkish couple in therapy. Finally, the design of the long-term couple therapy process of 19 sessions contributed to looking at the powerful or compelling factors affecting change over time, the non-linearity of change, and the understanding of both the immediate and cumulative change mechanisms that occur during the sessions. The research results show that therapeutic change interacts not only with clinical interventions but also with the couple's life context and cultural factors. In particular, the observed change in the male partner's jealousy and control behaviors can be associated with both the themes of trust and attachment processed in therapy, as well as the progression in the

couple's relationship stage. Additionally, the softening in the female partner's critical attitudes appears to be connected both to the processing of emotional needs in therapy and the reinforcement of trust in the relationship. These change processes demonstrate that the tension between modern life demands and traditional values faced by young couples in Turkey can be addressed in a therapeutic context. It is evident that couple therapy can provide effective solutions to relationship problems in Turkish society by considering cultural dynamics. These findings emphasize the necessity of adapting couple therapy approaches to the cultural context and the importance of cultural sensitivity in the therapy process.

The current study also has some limitations. While a single case study provides an in-depth analysis of therapeutic change, it is inherently limited in terms of the generalizability of the findings. The couple in the study (Turkish, heterosexual, middle-class) represents a specific demographic and relational structure. Therefore, it may not fully reflect the experiences of individuals with different ethnic backgrounds, different relationship lifestyles, and different concerns. A significant limitation is that the research methodology itself may have contributed to the highly positive outcomes observed. The routine outcome monitoring approach used in this study, which included completing measurement instruments before each session, HAT forms after sessions, and change interviews every four sessions, likely provided clients with enhanced opportunities to process their therapeutic experience and reflect on their progress. This repeated measurement and reflection process may have intensified the therapeutic effects beyond what might be observed in typical "business as usual" couple therapy without such extensive monitoring. The exceptionally positive outcomes should therefore be

interpreted with consideration that the research design itself may have served as an additional therapeutic intervention.

Another limitation is that the exchange interviews may be influenced by the social desirability of responses given by clients and by whether their memories of the events are fresh. This may be influenced by a desire to appear cooperative or to make their relationship seem more acceptable than it actually is, especially given that each member of the couple is involved in the research and shares their views about their therapeutic experiences. Another limitation of this study is that the effects of therapy were not formally tracked beyond the termination interview and the maintenance of gained skills could not be determined subsequently, limiting understanding of the durability and stability of therapeutic gain.

4.5 Future Directions

Future studies could follow couples beyond the termination session and conduct longitudinal studies to enhance understanding of which therapeutic changes are maintained and which couples need follow-up sessions. Follow-up studies are valuable in understanding how couples integrate the insights and skills gained from therapy into their lives. Longitudinal studies are also important to identify potential gains or barriers to continuing therapy gains.

4.6 Conclusion

The present case study also highlighted the effectiveness of integrative systemic therapy in facilitating meaningful change and transformation in the relationship by demonstrating the non-linear nature of change in order to deeply understand the process of change in couple therapy and to predict the factors that cause change. The findings also

showed the impact of the therapist-client relationship, the use of experiential techniques on the partners, and that the change in the couple relationship is mostly due to therapy. This research plays a role in showing that the change in successful couple therapy is due to therapy.

REFERENCES

Acevedo, B. P., Aron, A., Fisher, H. E., & Brown, L. L. (2012). Neural correlates of marital satisfaction and well-being: Reward, empathy, and affect. *Clinical Neuropsychiatry, 9*(1), 20–31.

Anderson, S. R., Johnson, L. N., Miller, R. B., & Barham, C. C. (2022). The couple relationship scale: A brief measure to facilitate routine outcome monitoring in couple therapy. *Journal of Marital and Family Therapy, 48*(2), 464–483. https://doi.org/10.1111/jmft.12541

Baucom, D. H., Hahlweg, K., & Kuschel, A. (2003). Are waiting list control groups needed in future marital therapy outcome research? *Behavior Therapy, 34*, 179–188.

Benelli, E., De Carlo, A., Biffi, D., & McLeod, J. (2015). Hermeneutic single case efficacy design: A systematic review of published research and current standards. *Testing, Psychometrics, Methodology in Applied Psychology, 22*, 97–133. https://doi.org/10.4473/TPM22.1.7

Bradford, K., Mock, D. J., & Stewart, J. W. (2016). It takes two? An exploration of processes and outcomes in a two-session couple intervention. *Journal of Marital and Family Therapy, 42*(3), 423–437. https://doi.org/10.1111/jmft.12144

Doss, B. D., Roddy, M. K., Wiebe, S. A., & Johnson, S. M. (2022). A review of the research during 2010–2019 on evidence-based treatments for couple relationship distress. *Journal of Marital and Family Therapy, 48*(1), 283–306. https://doi.org/10.1111/jmft.1255220

Doss, B. D., Knopp, K., Roddy, M. K., Rothman, K., Hatch, S. G., & Rhoades, G. K. (2020). Online programs improve relationship functioning for distressed low-

income couples: Results from a nationwide randomized controlled trial. *Journal of Consulting and Clinical Psychology, 88*(4), 283.

Elliott, R. (2002). Hermeneutic single-case efficacy design. *Psychotherapy Research, 12*, 1–21. https://doi.org/10.1080/713869614

Elliott, R., Partyka, R., Wagner, J., Alperin, R., Dobrenski, R., Messer, S. B., Watson, J. C., & Castonguay, L. G. (2009). An adjudicated hermeneutic single-case efficacy design study of experiential therapy for panic/phobia. *Psychotherapy Research, 19*, 543–557. https://doi.org/10.1080/10503300902905947

Elliott, R., Slatick, E., & Urman, M. (2001). Qualitative change process research in psychotherapy. In J. Frommer & D. Rennie (Eds.), *Qualitative psychotherapy research: Methods and methodology* (pp. 69-111). Pabst Science.

Gonzalez, A. J., Martins, P., & Lima, M. P. D. (2018). Studying the efficacy of psychodrama with the hermeneutic single case efficacy design: Results from a longitudinal study. *Frontiers in Psychology, 9*, 1662.

Gottman, J. M., & Notarius, C. I. (2002). Marital research in the 20th century and a research agenda for the 21st century. *Family process, 41*(2), 159–197.

Honarian, M., Younesi, J., Shafiabadi, A., & Nafissi, G. (2010). The impact of couple therapy based on attachment in deterministic thinking and marital satisfaction among couples. *International Journal of Psychology & Counselling, 2*, 91-99.

Horn, A. B., & Maercker, A. (2016). Intra- and interpersonal emotion regulation and adjustment symptoms in couples: The role of co-brooding and co-reappraisal. *BMC Psychology, 4*(1), 51. https://doi.org/10.1186/s40359-016-0159-7

Jitaru, M., & Turliuc, M. N. (2022). The Moderator Role of Interpersonal Emotion Regulation on the Associations between Commitment, Intimacy, and Couple

Satisfaction. *International Journal of Environmental Research and Public Health, 19*(17), 10506. https://doi.org/10.3390/ijerph191710506

Johnson, L. N., Miller, R. B., Bradford, A. B., & Anderson, S. R. (2017). The marriage and family therapy practice research network (MFT-PRN): Creating a more perfect union between practice and research. *Journal of Marital and Family Therapy, 43*, 561–572. https://doi.org/10.1111/jmft.12238

Knobloch-Fedders, L.M., Pinsof, W.M., & Haase, C.M. (2015). Treatment response in couple therapy: Relationship adjustment and individual functioning change processes. *Journal of family psychology : JFP : journal of the Division of Family Psychology of the American Psychological Association, 29* 5, 657-66 .

Lee, N. A., Spengler, P. M., Mitchell, A. M., Spengler, E. S., & Spiker, D. A. (2017). Facilitating withdrawer re-engagement in emotionally focused couple therapy: A modified task analysis. *Couple and Family Psychology: Research and Practice, 6*(3), 205.

Lebow, J. L., Chambers, A. L., Christensen, A., & Johnson, S. M. (2012). Research on the treatment of couple distress. *Journal of Marital and Family Therapy, 38*(1), 145–168. https://doi.org/10.1111/j.1752-0606.2011.00249.x

Lundblad, A. M., & Hansson, K. (2006). Couples therapy: effectiveness of treatment and long-term follow-up. *Journal of family therapy, 28*(2), 136-152.

MacLeod, R., Elliott, R., & Rodgers, B. (2012). Process-experiential/emotion-focused therapy for social anxiety: A hermeneutic single-case efficacy design study. *Psychotherapy Research, 22*, 67–81. https://doi.org/10.1080/10503307.2011.626805

Markman, H. J., Hawkins, A. J., Stanley, S. M., Halford, W. K., & Rhoades, G. (2022). Helping couples achieve relationship success: A decade of progress in couple relationship education research and practice, 2010–2019. *Journal of Marital and Family Therapy*, *48*(1), 251–282. https://doi.org/10.1111/jmft.12565

McCabe, M., Althof, S. E., Assalian, P., Chevret-Measson, M., Leiblum, S. R., Simonelli, C., & Wylie, K. (2010). Psychological and interpersonal dimensions of sexual function and dysfunction. *The Journal of Sexual Medicine*, *7*(1pt2), 327–336. https://doi.org/10.1111/j.1743-6109.2009.01618.x

McLeod, J. (2010). *Case study research in counselling and psychotherapy*. Sage. Mennenga, K. D., & Johnson, L. N. (2013). Single-case research with couples and families. In R. B. Miller & L. N. Johnson (Eds.), *Advanced methods in family therapy research* (pp. 218–229). Routledge.

Novak, J. R., Whiting, J. B., Brown, M. D., & Harris, S. M. (2019). The impact of relationship education on the couple relationship: *A grounded theory of intentionality and awareness. Journal of Couple & Relationship Therapy*, *18*(2), 104–125. https://doi.org/10.1080/15332691.2017.1417939

O'Malley, R., Glenny, R., Poppleton, S., & Timulak, L. (2023). A qualitative meta-analysis exploring client-reported outcomes of couple therapy. *Psychotherapy*. Advance online publication. https://doi.org/10.1037/pst0000513

Pinsof, W. M., Zinbarg, R., & Knobloch-Fedders, L. M. (2008). Factorial and construct validity of the revised short form integrative psychotherapy alliance scales for family, couple, and individual therapy. *Family process*, *47*(3), 281–301. https://doi.org/10.1111/j.1545-5300.2008.00254.x

Riahi, F., Golzari, M., & Mootabi, F. (2020). The relationship between emotion regulation and marital satisfaction using the actor-partner interdependence model. *Iranian Journal of Psychiatry and Clinical Psychology, 26*, 44–63. https://doi.org/10.32598/ijpcp.26.1.3038.1

Roddy, M. K., Walsh, L. M., Rothman, K., Hatch, S. G., & Doss, B. D. (2020). Meta-analysis of couple therapy: Effects across outcomes, designs, timeframes, and other moderators. *Journal of Consulting and Clinical Psychology, 88*(7), 583–596. https://doi.org/10.1037/ccp0000514

Snyder, D. K., Castellani, A. M., & Whisman, M. A. (2005). Current status and future directions in couple therapy. *Annual Review of Psychology, 57*(1), 317–344. https://doi.org/10.1146/annurev.psych.56.091103.070154

Soltani, A., Molazadeh, J., Mahmoodi, M.R., & Hosseini, S. (2013). A Study on the Effectiveness of Emotional Focused Couple Therapy on Intimacy of Couples. *Procedia Social and Behavioral Sciences, 82*, 461-465.

Söylemez, Y., Gürmen, S., & Johnson, L. (2023). Change in One Couple's Online Therapy Process: An HSCED Application. *International Journal of Systemic Therapy*, *34*(4), 257–278. https://doi.org/10.1080/2692398x.2023.2243569

Whisman, M. A., Salinger, J. M., & Sbarra, D. A. (2022). Relationship dissolution and psychopathology. *Current Opinion in Psychology, 43*, 199–204. https://doi.org/10.1016/j.copsyc.2021.07.016

Wrape, E. R., & McGinn, M. M. (2018). Clinical and ethical considerations for delivering couple and family therapy via telehealth. *Journal of Marital Family Therapy, 45*, 296–308. https://doi.org/10.1111/jmft.12319

APPENDICES

APPENDIX A. COUPLE RELATIONSHIP SCALE

Couple Relationship Scale (Anderson et. al., 2021)
Geçen hafta boyunca partnerinizle ilişkiniz hakkında neler hissettiğinizi belirtiniz. Partnerimle ilişkimde …… hissediyorum

1. Mesafeli……Yakın

2.Vazgeçecek gibi……Tamamıyla Bağlı

3.Şüphelenmiş…….Güvenmiş

4. Yapayalnız……Bir bütünün parçası gibi

APPENDIX B. CHANGE INTERVIEW QUESTIONS

Change Interview Questions

Son görüşmemizden bu yana terapi genel olarak sizin için nasıldı?
Her değişim için tek tek aşağıdaki soruları sor:
Bu değişimi neye bağlıyorsunuz?
Bu değişim sizin için ne kadar beklenebilir bir değişimdi?
Bekliyordum 1-----2-----3------4-----5 Hiç beklemiyordum
Bu değişim terapiye gelmeseniz de gerçekleşir miydi?

Terapiye gelmesem de gerçekleşirdi 1----2-----3-----4---- 5 Terapiye gelmesem gerçekleşmezdi

Bu değişim sizin için ne kadar önemliydi?
Hiç önemli değildi 1----2----3----4---- 5 Çok önemliydi
Sizce hayatınızda bu değişime sebep olabilecek terapi dışı faktörler de var mıydı?