THE DIFFERENCES IN PERCEIVED THERAPEUTIC CHANGE BY CLIENTS IN COUPLE THERAPY

ARZU COŞKUN

ÖZYEĞİN UNIVERSITY

MAY, 2025

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by
Arzu Coşkun

Thesis
Submitted in Partial Fulfillment of the
Requirements for the Degree of

Master of Arts

in
Psychology

Advisor: Asst. Prof. Münevver Selenga Gürmen

Graduate School of Social Sciences
Özyeğin University
İstanbul

May, 2025

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Approved by:

Asst. Prof. Münevver Selenga Gürmen,
Advisor
Department of Psychology
Özyeğin University

Asst. Prof. Celia Katrine Naivar Şen
Department of Psychology
Özyeğin University

Asst. Prof. Yudum Söylemez
Department of Psychology
İstanbul Bilgi University

Approval Date: May 14, 2025

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.

Arzu Coşkun

ABSTRACT

Studies on perceptions of therapeutic change in couple therapy indicate significant differences between men and women regarding communication, behavioral changes, and emotional experiences (Doss et al., 2005). Women tend to benefit more from therapy when they feel understood and validated, whereas men report gaining more from learning new skills, developing insight, and recognizing their needs (Arora & Bhatia, 2022). Furthermore, while women show greater progress in relational adjustment, men demonstrate improvement primarily in individual functioning (Knobloch-Fedders et al., 2015). However, studies offering a detailed examination of these differences remain limited. Addressing this gap, the present study explored the change experiences of 17 heterosexual couples using thematic analysis, highlighting the gendered differences in therapeutic change processes. The findings revealed changes at individual (self-awareness, emotion regulation) and relational (communication, intimacy, trust) levels. Change processes were facilitated by therapeutic interventions, active client engagement, and therapist-related factors (emotional bond, objectivity, guidance), with gender differences becoming particularly salient in process perceptions. Women predominantly emphasized emotional processing and relational healing, whereas men highlighted structured, solution-focused changes. Additionally, women benefited more from support systems, while fear of confronting problems emerged more prominently among men. These findings suggest that sociocultural norms influence change processes and underline the importance of gender- and culture-sensitive, flexible interventions in clinical practice.

***Keywords**:* Couple therapy, therapeutic change, gender differences, process research, thematic analysis

ÖZET

Çift terapisinde terapötik değişim algılarına yönelik araştırmalar, erkekler ve kadınlar arasında iletişim, davranış değişiklikleri ve duygusal deneyimlerinde anlamlı farklılıklar olduğunu göstermektedir (Doss vd., 2005). Kadınlar, anlaşıldıklarında ve onaylandıklarında terapiden daha fazla yararlanırken; erkekler yeni beceriler öğrenmek, içgörü kazanmak ve ihtiyaçlarını fark etmekten daha fazla fayda sağladıklarını bildirmiştir (Arora & Bhatia, 2022). Ayrıca, kadınlar ilişkisel uyumda, erkekler ise bireysel işlevsellikte ilerleme kaydetmektedir (Knobloch-Fedders vd., 2015). Ancak bu farklılıkların ayrıntılı biçimde incelendiği çalışmalar sınırlıdır. Bu boşluğu doldurmak amacıyla, bu çalışma 17 heteroseksüel çiftin değişim deneyimlerini tematik analiz yöntemiyle incelemiş ve kadın ve erkek danışanların değişim süreçleri ve cinsiyete bağlı deneyim farklılıkları ortaya konmuştur. Bulgular, bireysel (öz-farkındalık, duygu düzenleme) ve ilişkisel (iletişim, yakınlık, güven) düzeylerde değişimleri göstermiştir. Değişim süreci terapötik müdahaleler, aktif katılım ve terapist faktörleri (duygusal bağ, objektiflik, rehberlik) ile kolaylaştırılmış; süreç algısında cinsiyet farklılıkları belirginleşmiştir. Kadınlar daha çok duygusal işleme ve ilişkisel iyileşmeyi, erkekler ise yapılandırılmış, çözüm odaklı değişimleri vurgulamıştır. Kadınlar destek sistemlerinden daha fazla yararlanırken, erkeklerde problemle yüzleşme korkusu öne çıkmıştır. Bulgular, sosyokültürel normların değişim süreçlerini etkilediğini ve klinik uygulamalarda cinsiyete ve kültüre duyarlı, esnek müdahalelerin önem taşıdığını göstermektedir.

***Anahtar Kelimeler*:** Çift terapisi, terapötik değişim, cinsiyet farklılıkları, süreç araştırması, tematik analiz

ACKNOWLEDGEMENTS

I would like to express my heartfelt gratitude to my thesis advisor, Dr. Selenga Gürmen, whose unwavering belief in my potential and continuous support have been instrumental throughout every stage of this research journey. Her intellectual guidance, constructive feedback, and encouragement not only shaped the direction of this thesis but also contributed profoundly to my academic and personal growth. Working under her supervision has been both an honor and a transformative learning experience for me. I am also sincerely grateful to my committee members, Dr. Celia Naivar Şen and Dr. Yudum Söylemez, for their insightful feedback and kind support.

Furthermore, this study is based on secondary data from Dr. Selenga Gürmen's TÜBİTAK-funded project titled "Couple Therapy Effectiveness and Change Process Research in Turkey" (Project No: 221K266). I would like to extend my sincere thanks to The Scientific and Technological Research Council of Turkey (TÜBİTAK) for supporting this valuable research. I am also grateful to the entire project team and to the dedicated therapists at İstanbul Bilgi and Özyeğin Universities who contributed to the data collection process. Their efforts have made it possible to explore meaningful insights into the process of therapeutic change.

I would like to express my heartfelt and deepest gratitude to my cohort, Beyza Köseoğlu, Buse Aday, Deniz Yolsal, Elif Cilmeli, and Esin Eryüksel. Walking this path alongside you has been one of the most enriching aspects of my journey. The intellectual companionship, emotional resonance, and unwavering solidarity we shared not only carried me through the most challenging periods but also reminded me of the strength that comes from walking together. Thank you for witnessing my growth, offering honest reflections, and support.

My profound thanks go to the supervisors who have guided and inspired me throughout this training process: Nilüfer Kafesçioğlu, Serkan Özgün, Sibel Erenel, Çiğdem Yumbul, and Dr. Selenga Gürmen. Your clinical insight, presence, and generosity have indelibly shaped how I think, feel, and show up as a therapist. Each of you, in your own unique way, taught me to navigate the therapeutic process with greater attunement, integrity, and care. Thank you for challenging me, encouraging me, and holding my hand through moments of uncertainty. Your mentorship has left an enduring mark on both my professional and personal development.

To my dear friends—especially Çiğdem Çetinkaya, Elif Akar, and Begüm Ök—thank you for bringing warmth, laughter, and perspective when I needed it the most. To my beloved family—my mother and father, whose steadfast love has been my shelter in the most turbulent of times; my brother and sister-in-law, whose consistent encouragement and belief in me never faltered; and my radiant niece İpek, whose innocence, joy, and growing curiosity continue to inspire me to reconnect with wonder, playfulness, and meaning. You have been my constant ground, and your love has been the invisible thread that stitched my resilience together.

And finally, to myself, thank you for staying. For choosing this path even when it felt too uncertain. For sitting with the discomfort, showing up in the process, and allowing yourself to be transformed. You listened, you endured, you softened, and you grew. I am proud of the person I became through this journey.

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1. INTRODUCTION

Human behavior does not follow a straightforward path of change, making it challenging to provide simple answers to inquiries regarding the process of change due to the multifaceted reasons behind people's ability to adapt and conquer challenging circumstances (Karam & Blow, 2022). Therefore, detecting therapeutic change and reducing it to a single formula is not feasible, as it involves multifaceted elements that resist a simplistic approach. Thus, researchers examining the change in couples therapy have constructed countless studies examining the results of couples therapy and the transformative changes it initiates.

Psychotherapy change research has literature that ranges from outcome studies that seek answers to whether therapy is effective to process studies that focus on the question of how effective treatment is (Elliott, 2010). The lack of process research in couple therapy and the absence of comprehensive qualitative research on mechanisms of change make understanding therapeutic transformation in couples difficult. Additionally, the lack of studies examining gender-specific effects in couples therapy creates a significant gap in understanding the effectiveness of couples therapy in terms of gender differences. Therefore, the current study is a process research that aims to understand the therapeutic process that affects the change as gender-specific by qualitatively investigating the differences in the experiences of male and female clients in couples therapy in the context of therapeutic change.

In the following sections, outcome research in couple therapy literature will be discussed, then change mechanisms and gender-specific research studies in couple therapy will be explained. Later, the aim of the current research will be discussed in detail.

1.1 Literature on Therapeutic Change

Existing research studies in couple therapy literature routinely show that psychotherapy often works for couples (Davis et al., 2012). According to recent meta-analyses, couples therapy improves the connection, particularly communication and relationship satisfaction (Rathgeber et al., 2020; Roddy et al., 2020). Additionally, it has been discovered that couples therapy improves communication, increases emotional closeness, and results in a favorable shift in partner behavior that lasts both in the short and long term (Roddy et al, 2020). There are various views on the change process in the literature on couple therapy. Although some characterize the change process as the significant events and outcomes during therapy sessions, other research indicates that circumstances and elements outside treatment should also be considered (Johnson et al., 2020).

Therapy sessions yielded many outcome changes in the couple therapy. For example, Doss et al. (2022) revealed that a body of research about couple therapy shows that the therapy reduces the stress about relationship factors. Additionally, many quantitative research studies have significantly improved relationship satisfaction from pre- to post-treatment (Honarian et al., 2010). In addition, many studies have shown that clients' desire to stay in and continue the relationship increases after therapy (Lundblad & Hansson, 2006). Moreover, a study indicated significant improvements in anxiety and depression symptoms, as well as enhanced relationship satisfaction and family functioning from admission to discharge, with effect sizes ranging between .31 and .92 (Whitaker et al., 2023). Also, existing commitments before the first session of couple therapy and the desire to stay in the relationship are seen as factors that positively affect the couple therapy process (Baucom et al., 2014); therefore, supporting commitment may

be promising for positive change. Finally, O'Malley et al.'s (2023) meta-analysis study showed that addressing emotional disconnection in couple therapy increased closeness and emotional bonding. This finding highlights the effectiveness of couple therapy in strengthening emotional bonds. Overall, these studies show that couple therapy is an effective intervention in resolving relationship problems and improving relationship skills.

Similarly, an effectiveness study found that the couple therapy significantly enhances marital satisfaction and fosters more positive feelings toward one's partner, indicating its efficacy in strengthening emotional bonds within the relationship (Asadi et al., 2020). Additionally, findings revealed that both couple therapy and positive influence marital intimacy levels among couples (Daryaye, 2022). All these studies show that couple therapy effectively solves the problems experienced by couples, helps them have healthier relationships, and provides change in couples.

Qualitative studies on couple therapy have detailed the positive effects of this intervention on couples. For example, the study by Handley et al. (2021) stated that couples gained awareness of their relationships, dynamics, and problems. This awareness helped individuals better understand their behaviors and interactions in their relationships. Similarly, Bradford et al.'s (2016) study showed that couples who realized their roles in conflict situations better understood their partners' perspectives. This understanding allowed couples to improve their empathy and address conflicts in their relationships more constructively. Novak et al.'s (2019) study revealed that couples reported significant improvements in conflict management, communication skills, and interaction quality. These improvements contributed to couples maintaining more harmonious and satisfying relationships in their daily lives.

Moreover, a body of qualitative research presented many changes in clients' personal lives and couple relationships via couple therapy. For example, a qualitative analysis showed that the clients mostly report gaining new perspectives on couple dynamics, their problems, and themselves (Handley et al., 2021). According to the clients' perspectives, these new perspectives bring awareness of their roles in the conflicts and empathy and understanding toward their partner's viewpoint (Bradford et al., 2016). Also, Novak et al. (2019) stated that clients reported positive communication skills, improved interaction cycle quality, and conflict management skills. In therapy, couples develop their ability to affirm and accept each other's viewpoints, communicate their needs clearly and understandably, and actively listen to one another (Gottman & Notarius, 2002). Also, in a meta-analysis, the authors found that in most qualitative studies on outcome research on couple therapy, clients generally reported deeper intimacy by working on emotional disconnection and improved emotional closeness (O'Malley et al., 2023).

Outcome research focusing on the changes and results of couple therapy is undeniably evident in the literature. However, process research, which is a significant and unique area of study that seeks to explain the "how" and "why" of change as it occurs during the therapeutic process, is extremely limited in the field (Watson & McMullen, 2016). Process research examines specific methods and therapist traits that support positive development in couples, and it seeks to move beyond outcome research, which primarily focuses on whether therapy works. Process research tries to improve therapeutic practice by emphasizing the change process rather than the nature of change itself. Regretfully, although with its acknowledged significance, process research is still uncommon in the literature on couple therapy (Heatherington et al., 2005).

1.1.1 Model-driven Factors in the Change Process in Couple Therapy

The model-driven change approach emphasizes the significance of interventions that are specifically designed within the framework of a particular couple therapy model. Central to this approach is the belief that change occurs not simply because of the general therapeutic environment or common factors, such as empathy, warmth, or the therapeutic alliance, but rather through the deliberate application of model-specific techniques and interventions that are theoretically grounded (Davis et al., 2012). These interventions are crafted based on the model's core assumptions about relational distress, interpersonal dynamics, and the pathways to change, making the therapeutic process more focused and intentional. By targeting specific relational patterns, emotional processes, or cognitive distortions identified within each model, therapists aim to create change that is both measurable and replicable across different couples facing similar issues.

Over the years, models developed to treat couple distress, such as Emotionally Focused Therapy (EFT), the Gottman Method, Integrative Behavioral Couple Therapy (IBCT), and Cognitive-Behavioral Couple Therapy (CBCT), have become increasingly structured and systematized. This evolution reflects a growing effort to delineate precise mechanisms of change unique to each model, moving the field away from more eclectic or generalized approaches. These models now provide therapists with detailed intervention maps and treatment protocols, offering step-by-step guidance on facilitating change within the couple system based on their conceptual framework. Alongside this development, research in couple therapy has significantly expanded in volume and methodological rigor. Increasingly sophisticated research designs, such as randomized controlled trials and longitudinal studies, have been employed to examine the efficacy of these models and their specific change mechanisms. As a result, the field now benefits

from a more robust and nuanced understanding of which interventions are most effective, for whom, and under what conditions (Carr, 2018; Lebow et al., 2012). This growing body of empirical evidence supports the validity of model-specific interventions. It reinforces the importance of grounding therapeutic practice in well-defined theoretical models that guide the therapeutic process with intentionality and precision.

Emotionally Focused Couple Therapy (EFT; Johnson, 1996, 2004, 2020) is one of the most research-supported modalities in couple therapy (Sprenkle, 2012; Wiebe & Johnson, 2016) and is considered an evidence-based therapy model (Sexton et al., 2011). According to Johnson and Wittenborn (2012), the primary goal of EFT is to help partners create a safe and secure emotional bond by acknowledging each other's world, exploring the other's emotional processing, and experiential sharing of vulnerable, attachment-based emotions and needs. Meta-analyses further support the effectiveness of EFT. Roddy et al. (2020) found a large effect size ($g = 1.12$) for changes in relationship satisfaction across combined couple therapies, with these gains roughly maintained at follow-ups between 6 months and 2 years ($g = .91$). Despite certain limitations, these meta-analyses suggest that couple therapy in general—and EFT in particular—produces moderate-to-large improvements in relationship satisfaction for distressed couples (Sprengler et al., 2024).

One of the specific techniques used in EFT is enactment. Enactments—structured episodes of direct couple interaction, carefully facilitated, monitored, and coached by the therapist—have been identified as a potential common factor in marriage and family therapy (MFT) (Davis & Butler, 2004; Butler & Bird, 2000; Butler & Gardner, 2003; Butler & Wampler, 1999). This technique is also widely applied in Integrative Behavioral

Marital Therapy (IBMT) (Christensen & Jacobson, 1996) and is supported by research in the couple therapy field.

Therapists utilize enactments to observe couples' communication patterns, emotional responses, and conflict resolution styles. By skillfully guiding these enactments, therapists help partners gain insight into their relational dynamics and foster more constructive communication strategies (Davis & Butler, 2004). Research has shown that enactments offer a secure environment where couples can practice and develop practical communication skills through role-playing and modeling (Butler & Gardner, 2003).

Additionally, Woolley et al. (2012) demonstrated that when therapists incorporate emotional processing during enactments, husbands' use of hostile speech toward their wives decreases, while both partners increase their use of positive and caring speech. In line with this, Anderson et al. (2006) supported that by reporting an increase in couples' soothing and softening thanks to EFT. Specifically, working with men's emotions during enactments significantly reduced harmful speech and increased positive expressions (Woolley et al., 2012; Davis & Butler, 2004). These studies highlight that specific techniques like enactments can facilitate positive changes in couples' interaction cycles and communication patterns.

Further research supports the role of enactments in enhancing attachment outcomes. Studies have found that enactments encourage couple responsibility and therapy involvement (Butler & Wampler, 1999). Also, Butler and Gardner found an interesting individual change in EFT, where the couples reported increasing interactional autonomy and self-reliance (Butler & Gardner, 2003). Also, studies showed that clients

in couple therapy reported higher levels of emotional engagement and attentiveness with their partner as therapy progressed (Johnson et al., 2005; Tilley & Palmer, 2013).

Gottman Couple Therapy is a highly effective in couple interventions among the most empirically supported and widely utilized therapeutic approaches. Conceptualized as a holistic model, the Gottman approach integrates systemic, existential, psychoanalytic, and behavioral theories, offering a multidimensional framework for clinical practice and psychoeducation to promote adaptive relational behaviors (Daryaye et al., 2022).

Fundamentally, the Gottman method enhances relational functioning by facilitating changes in couples' cognitions, perceptions, and behavioral patterns. Therapists support systemic relational changes and individual-level internal transformations by implementing flexible techniques and structured interventions. The model's robust theoretical underpinnings enable it to comprehensively address intimate relationships' functional, cognitive, and behavioral dimensions. Notably, the approach emphasizes behavioral strategies to foster effective initiation and the renewal of communication dynamics within the couple.

Empirical evidence substantiates the efficacy of Gottman Couple Therapy in enhancing relational outcomes. Specifically, findings indicate significant improvements in marital adjustment and couples' intimacy levels following the intervention. Moreover, follow-up assessments demonstrate that these therapeutic gains are sustained over time, suggesting the enduring impact of the Gottman method on both marital adjustment and intimacy (Davoodvandi et al., 2018).

Additionally, comparative analyses reveal that Gottman Method Couple Therapy (GMCT) demonstrates superior effectiveness relative to Treatment as Usual (TAU),

particularly in the context of recovery from infidelity. The GMCT approach significantly improves critical relational domains, including trust restoration, conflict management, relational satisfaction, and sexual quality (Irvine et al., 2024).

Considering these findings, it can be asserted that Gottman Couple Therapy constitutes an evidence-based and efficacious intervention for couples experiencing relational distress. Its effectiveness in enhancing intimacy and marital adjustment underscores its utility in ameliorating marital problems and strengthening relational bonds (Tarkeshdooz et al., 2021).

For example, in mixed-methods design research by Rajendrakumar et al. (2023), an intervention called Dreams-Within-Conflict, which is specific to the Gottman Couple Therapy Approach (Navarra et al., 2015), was found to reduce the worsening emotion regulation strategies used by Indian couples. They also stated that Indian couples started to use improved emotion regulation strategies after going through the Dreams-Within-Conflict intervention (Rajendrakumar et al., 2023). The study supports this intervention with both qualitative and quantitative data. It shows that the intervention, aimed at improving their communication and conflict management skills, can be effective for couples.

Moreover, Structural Couple Therapy focuses on identifying and restructuring dysfunctional interaction patterns within the couple's relationship. By exploring boundaries, hierarchies, and communication styles, SCT helps partners establish healthier dynamics, strengthen emotional bonds, and balance individuality and togetherness. On top of that, Intensive Short-Term Dynamic Psychotherapy (ISTDP) is an emotion-focused, psychodynamic approach that aims to uncover unconscious emotional conflicts affecting the couple’s relationship. Through exploring defense mechanisms, transference,

and suppressed feelings like anger, ISTDP helps individuals gain deeper emotional awareness and promotes healthier emotional expression within the relationship.

A study investigating the effectiveness of these two therapy models indicated that both Structural Couple Therapy (SCT) and Intensive Short-Term Dynamic Psychotherapy (ISTDP) effectively enhanced couples' intrapersonal and interpersonal skills and family functioning. Specifically, ISTDP showed greater effectiveness in improving intrapersonal skills such as anger regulation, defense mechanisms, and reducing cognitive distortions. On the other hand, SCT was more effective in enhancing interpersonal skills, particularly in improving individuality-belonging balance and spousal awareness. Both approaches significantly improved overall family functioning, especially in emotional expression, but no significant differences were found between the two groups in problem-solving skills. The findings suggest that integrated interventions addressing intrapersonal and interpersonal dimensions may be most beneficial for couples (Sadatmand et al., 2024).

Extant research, exemplified across diverse methodologies, consistently demonstrates that model-based couple therapy interventions reduce relationship distress, enhance relational satisfaction, deepen emotional intimacy, increase partners' attunement to one another, and facilitate various positive individual changes, including improvements in sexual functioning. Nevertheless, a critical examination suggests that such studies often fall short of disentangling whether these observed changes stem primarily from the therapeutic model itself or the inherent therapeutic processes standard to all effective interventions. Indeed, comparative studies frequently fail to identify statistically significant differences in outcomes across distinct therapeutic models (Daryaye, 2022).

One plausible explanation is that the efficacy of any given model may be less about its theoretical content and more about its alignment with culturally meaningful values associated with healing, the provision of credible interventions and rituals, and the ability to foster client engagement. Frank and Frank (1991) propose that when therapeutic models resonate with clients' belief systems, such as integrating scientifically grounded principles of healthy relationships, and when interventions are perceived as plausible and personally meaningful, the likelihood of positive outcomes substantially increases. Consequently, the mechanisms through which a therapeutic model facilitates change may rely less on its specific techniques or theoretical underpinnings and more on the structure, coherence, and healing rituals it offers within the therapeutic process.

1.1.2 Common Factors in the Change Process in Couple Therapy

Despite the scarcity of process research studies in the literature, existing research provides valuable information. In the literature, two basic paradigms explain change in couple therapy: the Model-Focused Change Paradigm and the Common Factors Paradigm (Norcross & Wampold, 2011). The model-focused paradigm argues that change is primarily due to each therapy model's unique elements and mechanisms (Davis et al., 2012). Accordingly, therapies are "applied" like a drug, and the effect is expected. In this approach, the personal characteristics of the therapist are secondary; what is essential is the correct application of the method.

In contrast, the Common Factors Paradigm suggests that the elements common to all effective therapy models provide change. Variables such as therapist and client characteristics, therapeutic alliance, and expectations are considered more important than the model (Fife et al., 2014). The therapist stands out not as the person who applies the model, but as a factor that shapes the process and makes change possible.

The results of empirical research assessing the effectiveness of different treatment modalities have repeatedly shown that no modality has a significantly superior effect over others regarding client outcomes (Smith et al., 1980). This phenomenon, which is called the "Dodo Bird Verdict," implies that several therapy models produce similar outcomes despite their theoretical and methodological differences (Luborsky et al., 1975). The Common Factors Theory was developed by researchers in reaction to these findings. It suggests that the processes behind therapeutic change originate from similar factors found in all therapeutic techniques rather than being exclusive to any one school of treatment (Rosenxweig, 1936). The quality of the therapeutic alliance, the therapist's warmth and empathy, the client's expectations of recovery, and particular techniques that are in line with the client's needs and beliefs are all important factors that contribute to successful therapeutic outcomes, according to the Common Factors Theory.

Sprenkle et al. (1999; 2009) focused on the common factors fitting for couple therapy. Researchers have also discovered some common factors specific to couple therapy, in addition to common factors found in individual psychotherapy, such as client factors like effort and openness to experience, therapist factors such as unconditional acceptance, therapists' warmth and attitude, expectancy, and hope. These common factors include extending the direct treatment system by including partners or family members in therapy and conceptualizing client concerns in relational terms, which entails comprehending issues within the context of interpersonal interactions. Additionally, couple therapy strengthens the therapeutic alliance by focusing on the relationship between the therapist and both clients and making sure that all members feel heard and involved. Also, couple therapy addresses and disrupts dysfunctional relationship patterns to encourage healthy interactions. By emphasizing clients' viewpoints, feelings, and

cultural backgrounds, couple therapy also prioritizes client experiences and increases the effectiveness and client-drivenness of treatment (Karam & Blow, 2020).

Various studies in the couple therapy field highly support the common factors approach (Davis et al., 2012). Firstly, the therapeutic rapport between the therapist and the couple is an essential common factor, as evidenced in the many studies in the field, when it is collaborative and trusting (Kallergis, 2019). Further, Flückiger et al.'s (2020) meta-analysis, which discovered a reciprocal association between alliance and symptom reduction in the early stages of therapy, further validated the significance of the alliance. According to Bordin (1979), the alliance is made up of three parts: (a) the client and therapist agreeing on the goals of therapy; (b) the client and therapist agreeing on the tasks of treatment; and (c) the therapist and client having an emotional connection that allows them to work together on goals and tasks in progress. A strong alliance should involve engagement, empathy, and unconditional positive regard to foster change and progress in therapeutic progress (Feller & Cottone, 2003). Research by Odell et al. (2005) stated that the solid therapeutic alliance reported by the clients had the highest relationship satisfaction. Also, Knobloch-Fedders et al. (2007) highlighted the alliance's role in predicting improvement in relationship distress.

Although the alliance seems to be formed between the client and the therapist, the concept put forward by Pinsof and Catherall (1986), and today called the 'systemic alliance', is an efficient concept in couple therapy. According to this notion, alliances emerge between individuals and the therapist and between the entire system as a couple and the therapist. Furthermore, the couple must establish an internal alliance concerning the therapeutic process (Escudero, 2016). As a result, it is critical to evaluate (a) how the individual and the couple perceive their alliance with the therapist, how each spouse

perceives their partner's alliance with their therapist, and how the partners perceive their internal alliance. Research even suggests that the engagement and collaboration of partners in therapeutic change may be more important than the alliance shared with the therapist (Anderson & Johnson, 2010). This multidimensional perspective reveals that in couple therapy, the common understanding and unity of goals between the partners, rather than just the alliance established with the therapist, are common factors determining the success of the treatment process.

One of the common factors is promoting optimism and hope in a relationship by highlighting strengths and positive changes and keeping confidence in the possibility for improvement (Karam et al., 2015). Sprinkle et al. (2009) claimed in their article that improving relationship outcomes and encouraging positive changes in couples are greatly aided by therapists' promotion of optimism and hope. Another study shows that both the hope that couples have and the therapist's hope for the couple strengthen hope in therapy, paving the way for couples to develop a deeper understanding and commitment to each other (Fluit & Gall, 2020).

Couple therapists expressing empathy and validation for both partners is another significant element revealed by the common factors approach (Livingston, 2004). Therapists who practice empathy and validation must be able to comprehend their clients' viewpoints, identify their discomfort, and validate their emotions (Muntingl et al., 2014). Couples are more likely to participate in treatment and achieve significant improvements when they feel understood and heard (Biesen & Doss, 2013; Reese et al., 2010). Also, a body of studies indicated that therapist empathy is associated with greater therapeutic rapport and enhances the results of couple therapy (Elliott et al., 2018; Quirk et al., 2021).

According to Blow et al. (2009), the clients in therapy developed a significant motivation for change even though they had a rough time with their relationship before coming to treatment. The clients' desire to improve their well-being and change the structure of their relationships became more apparent as the therapy went on. This study found that emotional elements, including guilt, past relationship experiences, therapeutic procedures, and parental responsibilities, influenced the couple's motivation. This instance demonstrates how internal and external forces may influence the desire for change and affect the therapeutic change (Blow et al., 2009).

The therapist's stance is also considered one of the key common factors influencing change in therapy. One possible explanation is that the therapist's characteristics can ease the client's engagement in therapy and strengthen the therapeutic relationship (Fife et al., 2014). Research highlights that effective therapists often prioritize expanding their therapeutic skills, demonstrate professional humility, and possess strong interpersonal abilities (Wampold & Imel, 2015). Furthermore, a therapist's facilitative interpersonal skills—such as recognizing and processing core interpersonal messages—are essential in building a strong therapeutic alliance (Anderson et al., 2009).

According to Beutler et al. (2004), therapists who are approachable and maintain a positive attitude tend to be more effective than those who are defensive or critical during the therapeutic process. Good therapists are described as perceptive and flexible, tailoring their interventions to fit each client's unique needs. For instance, they use skill-building techniques with clients who are impulsive or aggressive, while employing insight-based approaches with those who are more reflective. Similarly, Blow et al. (2007) emphasize that effective couple therapists should be proactive in minimizing harmful interactions between partners while maintaining a balanced stance that allows couples to engage in

meaningful conversations independently. Finally, therapists' awareness of cultural differences and sensitivity to the couple's worldviews is crucial for ensuring the effectiveness of the therapeutic process.

In conclusion, common factors such as therapeutic alliance, hope and optimism, empathy, and the therapist's interpersonal skills are among the most potent change agents of the therapeutic process in couple therapy. Research shows that a strong therapeutic alliance is decisive in increasing relationship satisfaction and reducing conflict in couple therapy (Blow et al., 2007; Friedlander et al., 2006). Similarly, the therapist's empathic approach and relationship-building skills facilitate couples' open expression of themselves and their hope for change. These common factors support the effectiveness of the therapeutic process by bridging different theoretical approaches and directly contribute to the couple's relational well-being.

1.2 Gender Differences in Perceived Therapeutic Change by Clients

Perceived therapeutic change is a critical indicator of treatment effectiveness, yet individual experiences of change may vary across gender. However, research on gender differences in perceived therapeutic change reveals mixed findings. While some studies found no significant gender differences in overall therapy effectiveness (Rhoden & Pasley, 2001), others reported nuanced variations in experiences and preferences.

According to some research, both genders equally value therapeutic alliance, goal agreement, and relational factors such as support and validation (Arora & Bhatia, 2022). Meanwhile, in other research, male clients tend to be more sensitive to factors inhibiting the therapeutic process, including moments of feeling misunderstood or pressured (Arora & Bhatia, 2022; Richards & Bedi, 2015). Female clients, on the other hand, are more likely to prefer female therapists and often report a stronger initial therapeutic alliance

compared to male clients (Kuusisto & Artkoski, 2013). Despite these differences, long-term treatment outcomes appear similar for both genders (Kuusisto & Artkoski, 2013).

The literature further illustrates the complexity of gendered experiences in therapeutic change when focusing on couple therapy. Doss et al. (2005) highlighted that mechanisms of change in couple therapy, such as communication, behavior frequency, and emotional acceptance, may operate differently for men and women. This distinction underscores the need for tailored interventions that acknowledge and address these gender-specific nuances to enhance therapeutic effectiveness.

For instance, a pilot study by Arora and Bhatia (2022) sheds light on how male and female clients perceive progress differently. Both genders value therapeutic rapport and alignment with therapy objectives, yet their experiences diverge in meaningful ways. Men often benefit most from feeling understood and validated, finding therapy helpful in fostering acceptance, reducing guilt, and normalizing anxiety. Conversely, women report gaining increased self-awareness, articulating their needs more clearly, and developing a deeper understanding of themselves. Notably, the study also found that therapy improved self-love and self-care levels equally for both genders.

This divergence in therapeutic engagement reflects broader gendered coping styles. Women prioritize emotional validation and self-awareness, while men often seek actionable coping mechanisms through therapy (Dienhart & Avis, 1991; Rabinowitz & Cochran, 2008; Arora & Bhatia, 2022). Consequently, therapeutic ruptures—such as feeling misunderstood—may particularly discourage male clients from further engagement (Richards & Bedi, 2015). In alignment with this, Arora and Bhatia (2022) also demonstrated that men are more sensitive to factors hindering therapeutic progress.

Parallel findings emerge in the study by Knobloch-Fedders et al. (2015), which showed that while both men and women display similar patterns of change regarding relationship adjustment and individual functioning, there are distinct gendered outcomes. Women tended to show more significant improvements in relationship adjustment, while men demonstrated greater gains in personal functioning. These insights contribute to understanding how different genders may prioritize or perceive therapeutic progress within relational contexts.

Further exploring the therapeutic alliance—a critical factor in couple therapy—Fang et al. (2023) revealed that women typically form stronger initial alliances with therapists, particularly within emotionally focused therapy (EFT), which centers on fostering secure attachment bonds. Although men initially report lower alliance ratings, their engagement improves over time. The study emphasizes the importance of a robust therapeutic alliance in EFT and highlights specific considerations to sustain male partners' engagement.

Similarly, Halford et al. (2016) reported that men scored lower on therapeutic alliance after the first session. However, men’s pre-therapy relationship adjustment positively influenced their alliance development and their partner’s initial alliance. Interestingly, this pattern was not observed for women, whose pre-therapy relationship adjustment did not significantly impact alliance development. Furthermore, the therapist's alliance ratings significantly predicted both men’s and women’s alliance with the therapist. Hughes et al. (2021) added that discrepancies in alliance strength between partners predicted poorer outcomes at one-month follow-up, with men experiencing worse outcomes when these alliance imbalances were present.

Beyond general alliance patterns, Lechtenberg et al. (2015) offered nuanced insights into gendered perceptions of therapy content and process, particularly in interventions addressing intimate partner violence. Female participants emphasized the importance of physical and emotional safety in therapy, valuing separate interviews as spaces to express themselves openly. In contrast, some male participants found this emphasis on safety excessive and perceived separate interviews as threatening due to the lack of control over what their partners shared. In addressing responsibility, women expected their male partners to be held accountable for past violent behaviors, while men, although accepting responsibility, also demanded recognition of their partners' behaviors. Moreover, women appreciated the psychoeducational component on different types of violence, whereas men showed limited interest. Both genders valued the balanced dynamic provided by a male-female therapist duo, with women feeling exceptionally connected to the female therapist and men communicating more comfortably with the male therapist.

Finally, broader relational attitudes further illustrate gender differences in therapy. Women generally emphasized emotional closeness, communication, and commitment within the relationship and were more proactive in expressing problems and seeking solutions (Coleman, 2011). Conversely, men sometimes approached relational issues from a fatalistic or passive stance, attributing relationship quality to luck or compatibility rather than effort. This difference highlights women’s tendency to assume greater relational responsibility, while some men displayed a more distant attitude towards active relationship work.

In sum, gender differences significantly affect how individuals experience therapeutic change in couple therapy. While both men and women benefit from the

process, their needs, expectations, and engagement styles often differ. Recognizing these differences is essential for developing gender-sensitive interventions that strengthen the therapeutic alliance and improve outcomes. However, the existing literature remains limited, indicating the need for further research exploring gender-specific dynamics in the perception of therapeutic change within couple therapy.

1.3 The Current Study

Qualitative research offers the distinct advantage of providing a broader and richer understanding of couple therapy outcomes from the client's viewpoint, free from the constraints of predetermined assessment criteria. This approach enables clients to articulate, in their own words, what they perceive as meaningful gains from therapy. It complements traditional quantitative research by illuminating areas often overlooked in standardized measurements. For instance, just as some clients in individual therapy identify increased emotional vulnerability as a valuable outcome, qualitative inquiry allows for the discovery of similarly nuanced outcomes in couple therapy. This client-centered perspective helps therapists align therapeutic goals with what clients truly value and informs the development of new evaluation criteria, addressing limitations in current measurement tools (Timulak & Creaner, 2010).

However, the lack of process research in couple therapy poses significant challenges to the advancement of the field, particularly in understanding how therapeutic change unfolds within couples in terms of gender. Equally, the scarcity of comprehensive qualitative studies focusing on mechanisms of change hinders our ability to fully grasp the dynamic nature of therapeutic transformation in couple relationships. In this context, there is a crucial need for qualitative research that delves into the lived experiences of

couples undergoing therapy, offering more profound insights into how change is experienced and constructed throughout the therapeutic process.

Furthermore, an additional and equally important gap exists in the exploration of gender-specific influences within couple therapy. Despite the widely acknowledged impact of gender roles and dynamics on relational patterns, few studies have systematically examined how these factors shape the process of change during therapy. Addressing this gap is vital for developing more nuanced, targeted, and effective therapeutic interventions that are sensitive to gender-specific needs and experiences. Acknowledging and investigating these gendered dimensions enriches our understanding of couple therapy and enhances its clinical applicability and relevance.

In response to these research gaps, the present study seeks to integrate process-oriented and gender-specific perspectives in the context of couple therapy. By doing so, it aims to contribute to advancing the field and better address the diverse and complex needs of couples. Specifically, the study qualitatively explores how male and female clients in Turkey experience change differently throughout the therapeutic process. The primary aim is to understand these differential experiences and the subjective meanings attributed to change by clients of different genders. To achieve this, semi-structured interviews were conducted with clients individually, allowing for an in-depth exploration of their unique perspectives.

2. METHOD

This study is based on secondary data from Dr. Selenga Gürmen's TÜBİTAK-funded project titled "Couple Therapy Effectiveness and Change Process Research in Turkey" (Project No: 221K266). The original research uses qualitative and quantitative methods to investigate the impact of couple therapy on individual symptoms and relationship satisfaction, as well as the context and mechanisms facilitating change.

Designed as a three-year project, the research is currently at the beginning of its third year and in the data analysis phase. The project collected data from a total of 47 couple clients. Qualitative change interviews were conducted with clients every four sessions, alongside change interviews with therapists at the same intervals. Moreover, quantitative data were collected before and after every session. This study relies exclusively on the qualitative data collected within the scope of the aforementioned project. No primary data collection was carried out.

2.1 Participants

In the current research, 17 couples—17 men and 17 women—were enlisted as research subjects in 2023 from the Özyeğin University Couple and Family Center and the İstanbul Bilgi University Psychological Counseling Center. The participant pool includes adult heterosexual couples who report being in long-term relationships. The purposive sampling method was implemented to recruit participants, meaning people coming to therapy were asked to be participants in the study. Client participants were excluded if they had severe symptoms of psychosis. The inclusion criterion was having at least 16 sessions of couple therapy. Marriage status or relationship duration was not an inclusion or exclusion criterion. Participants (N = 17) were clients who received couple therapy

from therapist-in-training training centers and were terminated after a range of sessions. In the study, some participants received face-to-face therapy (N = 11), and some received online therapy (N = 6). Each participant was given a participant identification (ID) number to protect their privacy. Table 2.1 below provides comprehensive client demographic data.

Table 2.1 *Personal Demographics of the Clients*

Couple ID	Age	Gender	Education	Relationship Status	Marital Status	Relationship Length	Parent
1F	33	F	Associate	Long-term & cohabiting	Married	10	Yes
1M	34	M	Associate	Long-term & cohabiting	Married	10	Yes
2F	35	F	Associate	Long-term & cohabiting	Married	16	Yes
2M	43	M	Bachelor	Long-term & cohabiting	Married	16	Yes
3F	35	F	Bachelor	Long-term & cohabiting	Married	11	Yes
3M	44	M	High School	Long-term & cohabiting	Married	10	Yes
4F	38	F	Primary or below	Long-term & cohabiting	Married	19	Yes
4M	47	M	High School	Long-term & cohabiting	Married	20	Yes
5F	45	F	Bachelor	Long-term & cohabiting	Married	12	Yes
5M	42	M	Bachelor	Long-term & cohabiting	Married	12	Yes
6F	50	F	Bachelor	Long-term & cohabiting	Married	17	Yes
6M	53	M	Bachelor	Long-term & cohabiting	Married	17	Yes
7F	40	F	Bachelor	Long-term & cohabiting	Married	12	Yes
7M	43	M	Bachelor	Long-term & cohabiting	Married	13	Yes

8F	35	F	High School	Long-term & cohabiting	Married	12	Yes
8M	46	M	High School	Long-term & cohabiting	Remarried	11	Yes
9F	25	F	Postgraduate	Long-term & not cohabiting	Single	1	No
9M	26	M	Postgraduate	Long-term & not cohabiting	Single	1	No
10F	29	F	Postgraduate	Long-term & cohabiting	Single	6	No
10M	24	M	Bachelor	Long-term & cohabiting	Single	6	No
11F	31	F	Postgraduate	Long-term & cohabiting	Married	2	Yes
11M	37	M	Bachelor	Long-term & cohabiting	Married	2	Yes
12F	25	F	Bachelor	Long-term & not cohabiting	Single	4	No
12M	27	M	High School	Long-term & not cohabiting	Single	4	No
13F	24	F	Bachelor	Long-term & not cohabiting	Single	4	No
13M	27	M	Bachelor	Long-term & not cohabiting	Single	4	No
14F	32	F	Bachelor	Long-term & cohabiting	Married	12	No
14M	33	M	Postgraduate	Long-term & cohabiting	Married	12	No
15F	28	F	Postgraduate	Long-term & cohabiting	Married	3	No
15M	33	M	Postgraduate	Long-term & cohabiting	Married	3	No
16F	28	F	Bachelor	Long-term & cohabiting	Married	1	No
16M	28	M	Bachelor	Long-term & cohabiting	Married	1	No

17F	22	F	Bachelor	Long-term & not cohabiting	Single	1	No
17M	21	M	Bachelor	Long-term & not cohabiting	Single	1	No

The therapists involved in the study were graduate-level trainees specializing in Couple and Family Therapy at Özyeğin University or İstanbul Bilgi University. Their clinical practice was supervised at the İstanbul Bilgi University Psychological Counseling Center or the Özyeğin University Couple and Family Center. These therapists received ongoing systemic therapy training and supervision throughout the data collection.

2.2 Procedure

Since it is secondary research, ethical approval has already been obtained from the Özyeğin University Ethics Committee. Clients and therapist participants are emailed with informed consent, which includes information about the study's goal and methodology, voluntary participation, and data confidentiality protocols. After providing their agreement to participate in the planned research, they are included in the project.

The study employed a comprehensive methodological approach to delve into the experiences and perceptions of clients undergoing couple therapy. Change interviews were conducted regularly every four sessions throughout the therapy's duration. A systematic study on therapy revealed early shifts in relational and individual aspects after the first four sessions, with subsequent sessions often showing stabilization, leading to evaluations every four sessions for the first 16 and less frequently after that (Quirk et al., 2020). Therefore, interviews were strategically conducted at specific time points - the 4th, 8th, 12th, and 16th sessions to capture the evolving perspectives during therapy. This systematic approach allowed for a comprehensive understanding of changes experienced

by clients within the therapeutic process while also aiming to discern potential differences between men and women in these transformations.

During the interview process, distinct training facilitators were designated for every couple interview. The facilitators were chosen from among psychotherapists undergoing training in graduate psychology programs at both universities. Data were collected cross-sectionally, meaning a facilitator at one university interviewed therapists at another. The change interviews were pivotal for gathering in-depth insights into the clients' evolving perspectives. After each change interview, the clients who participated in the research were given a shopping gift card as a token of appreciation for their time.

Interviews last approximately 20-30 minutes and were conducted online via Zoom meetings. In these interviews, the video recordings were deleted immediately after, and only the audio recordings were kept. Voice recordings were preserved on external hard drives purchased within the project's scope. To guarantee confidentiality, every study participant is assigned a participant identification (ID) number. To transcribe the voice recordings of the clients, they were recorded in Word by uploading them to the program via the Transkriptor (https://transkriptor.com/tr/) application. These transcriptions were then checked by two different assistants and made ready for analysis, and the MAXQDA 2020 software (VERBI Software, 2019) was used to analyze these transcriptions.

2.3 Measures

2.3.1 Change Interviews

The Change Interview (The Change Interview; Elliott et al., 2001) is a set of questions that elicit descriptions of the changes occurring during therapy. Semi-structured interview questions included in the change interview examined the couple's general

therapy experiences, therapy's helpful and hindering effects on the change process, and the clients' attribution of the change they experienced to events within and outside treatment. The interview consists of a total of ten questions (sample item: “What have been the most helpful things in therapy so far? How did these help you?”) and takes approximately 20-30 minutes for each client (See Table 2.2).

Table 2.2 *Semi-structured Interview Questions for Clients*

Semi-structured Interview Questions for Clients
1. How has therapy been for you overall so far?
2. Since you started therapy, what changes have you noticed in yourself?
3. Since you started therapy, what changes have you noticed in your relationship?
a. To what do you attribute this change?
b. How expected was this change for you?
c. Would this change have occurred even if you had not attended therapy?
d. How important was this change for you?
e. Do you think there were any non-therapy factors in your life that might have contributed to this change?
4. What have been the most helpful aspects of therapy so far? (general progress or specific events) How did these help you?
5. What aspects of therapy have been hindering, unhelpful, negative, or disappointing for you?
6. Were there any difficult or painful experiences in therapy that were nevertheless beneficial?
7. Do you have any suggestions regarding the research or the therapy process?

2.3.2 Marriage and Family Therapy Practice Research Network (PRN)

The present study collected demographic information and presenting problems using data adapted from the Marriage and Family Therapy Practice Research Network (PRN) system. The PRN system has been actively implemented in clinical training settings in Türkiye, particularly at Özyeğin University and İstanbul Bilgi University, where it is routinely used as part of clinical intake procedures. Clients complete the PRN forms before their therapy sessions, allowing for structured and standardized documentation of demographic information and initial presenting issues. Specifically, the demographic variables included Couple ID, age, gender, education level, relationship status, marital status, relationship length, and parental status. Presenting problems reported by clients were also systematically recorded in alignment with the PRN guidelines to ensure consistency and comprehensiveness in the data collection process (See Table 2.3).

Table 2.3 *Distribution of Presenting Problems by Clients*

Presenting Problem	N
Arguing or fighting too much	15
Communication	6
Infidelity	3
Problem solving or decision making	2
Trust	2
Abuse or trauma	1
Anger	1
Sex/physical affection	1
Lack of emotional intimacy	1
In-laws/extended family	1
Here at request of partner/friend/loved one	1
Total	34

2.4 Analysis

The data will be evaluated using thematic analysis (TA, Braun & Clarke, 2006) as the primary goal of the research is to examine clients' experiences with the therapeutic change process and highlight the gender differences in change. Thematic analysis will involve creating and assessing themes based on the data, utilizing both deductive and inductive methods (Proudfoot, 2023). Braun and Clarke's (2006) six-phase thematic analysis framework was employed for this study's analysis process. These phases include: (1) becoming familiar with the data, (2) generating initial codes, (3) identifying potential themes, (4) reviewing and refining themes, (5) defining and naming themes, and (6) presenting and interpreting the findings. Every bit of data will be examined line by line.

In line with this framework, as the author of this article and the researcher conducting this study, I first transcribed the change interviews and thoroughly checked the accuracy of each transcription. I read the transcripts multiple times and systematically recorded any emerging ideas, potential biases, and reflections in my research journal. Following this initial phase, I coded the entire dataset, starting with the male and female participants. At this stage, I did not focus on generating themes but instead on creating codes for all meaningful units within the data. I coded 132 interviews (four for each client, including four missing change interviews). After completing the coding process, I reviewed all the code and began developing themes by identifying patterns and relationships among them. All codes were categorized into potential themes during the study, considering whether they were connected.

The thematic analysis formed the backbone of the data analysis process. This method identified recurring themes within the interview transcripts, systematically coded, and organized. These codes formed the foundational basis for constructing overarching

themes that encapsulated the essence of the client's experiences. They were also instrumental in developing comprehensive themes, which were then analyzed to uncover patterns and potential distinctions between male and female experiences.

In line with Braun and Clarke's (2006) thematic analysis framework, the identified themes were rigorously reviewed to ensure coherence and consistency within the coded data extracts and the entire dataset. At this stage, each theme's internal homogeneity and external heterogeneity were systematically examined, as Nowell et al. (2017) recommended, to verify the accuracy and representativeness of the thematic structure. A thematic map was developed to visualize the relationships between themes and sub-themes, providing a comprehensive overview of the analytic process and facilitating deeper interpretative engagement with the data.

Subsequently, the analysis progressed towards refining the themes by clearly defining and naming each to capture their essence and distinctiveness. This process involved iterative re-reading of the data and thematic map to ensure that each theme contributes meaningfully to the constructed overarching narrative. As suggested by Terry and Hayfield (2021), particular attention was paid to producing rich, nuanced descriptions that encapsulated the complexity of participants' experiences while maintaining analytic clarity.

In the final phase of the analysis, the coded data extracts were revisited once more to select vivid, compelling, and representative quotations that exemplify each theme most effectively. These quotations were chosen for their ability to convey the depth of participants' perspectives. They were prepared for inclusion in the findings section to enhance the analysis's credibility, authenticity, and persuasiveness (Braun & Clarke, 2013).

Credibility, transferability, dependability, and confirmability are critical components that Shenton (2004) and Curtin and Fossey (2007) highlight as essential to the reliability of qualitative research. As Balaban (2015) suggested, the triangulation technique increased credibility by getting confirmation on emerging themes from the analysis from the thesis advisor, Dr. Selenga Gürmen, and a committee member, Dr. Yudum Söylemez.

Since an audit trail is the most used method for ensuring confirmability, a log file with detailed documentation of all data collection, transcribing, coding, and analysis methods will be maintained (Barreto et al.,2008). It is essential to represent the sample's demographic characteristics to meet transferability criteria (Lincoln & Guba, 1985). Thus, a detailed demographic table will be created to ensure transferability.

Additionally, reflective journals help researchers document their analysis methods, evaluate their biases and attitudes, and critically scrutinize their roles—all of which contribute to increased transparency in the research process (Orange, 2016). Lastly, according to Lincoln and Guba (1985), assuring credibility suffices in the context of reliability. Therefore, there will be no longer be any methods for meeting dependability standards.

2.5 The Authors' Perspective

As the secondary researcher in this study, I am a graduate student in the Couple and Family Therapy program. I have clinical experience working with couples as an intern psychotherapist at the Özyeğin University Couple and Family Center for over a year, and two couples in my study were my clients. I am also a TÜBİTAK research assistant for Turkey's Couple Therapy Effectiveness and Change Process Research. As a

research assistant, I was the interviewer in approximately half of the exchange interviews used in this study.

As a TÜBİTAK research assistant and one of the therapists involved in the project, I occupied a dual role that inevitably shaped my engagement with the data. My prior involvement with the participants and familiarity with the therapeutic process presented opportunities and challenges during the analysis. On one hand, having firsthand insight into the therapy sessions enhanced my sensitivity to the nuances of the clients' narratives, allowing for a richer interpretation of their change experiences. On the other hand, it necessitated constant reflexivity to manage potential biases arising from pre-existing expectations or emotional investments.

Before starting this research, I was already familiar with the purpose of the semi-structured interviews and clearly understood the main research questions. These interviews were carried out before I finalized the research design, allowing me to explore clients' experiences openly and with genuine curiosity. My prior knowledge helped me to ask more targeted questions, leading to richer data collection. However, this familiarity might also have introduced biases, shaped my expectations or influenced how I understood participants' answers. Knowing these interviews well beforehand could even have sparked my specific research questions, making certain aspects of therapeutic change more noticeable to me. Therefore, I made deliberate efforts to remain reflective and ensure my earlier knowledge did not unintentionally affect how I conducted the interviews or analyzed the data.

Before beginning the thematic analysis, I reflected on possible assumptions I might hold, such as anticipating greater emphasis on emotional change or relational dynamics. I took deliberate steps to bracket these preconceptions. Throughout the analytic

process, I maintained a critical stance toward my interpretations. I regularly revisited the raw data to ensure that the emerging themes genuinely reflected participants' voices rather than my projections. By integrating reflexive practices, including memo-writing and peer debriefing, I aimed to uphold the credibility and trustworthiness of the findings while acknowledging the complex interplay between my researcher and therapist identities.

3. RESULTS

Three primary topics are presented in this section: difficulties, attributions of change, and change itself (see Table 3.1). These show how clients in couple therapy experienced, interpreted, and grappled with the therapeutic process.

"Change" refers to alleged, multifaceted, progressive changes in people and relationships. Clients' explanations of transformation include the therapist's part, their efforts, and the process. Challenges indicate environmental, relational, and emotional barriers that impede advancement. When taken as a whole, these themes provide a succinct overview of how treatment helped people understand and experience transformation. Some topics were reported more frequently by women, men, or both. The following section discusses each topic and its sub-themes, providing examples and explanatory quotations.

3.1 The Changes

This theme captures how participants made sense of the changes they experienced throughout the couple therapy process. Participants described therapeutic progress as an ongoing, sometimes nonlinear journey involving personal growth and changes in relational dynamics. Therefore, two subthemes emerged from this theme: individual change and relational change.

3.1.1 Individual Change

Individual change emerged as a central dimension of transformation for female (N = 256) and male participants (N = 294). The most frequently referenced component was increased awareness, reflected in participants' enhanced ability to identify their behaviors, empathy and improvements in mood and emotions (See Table 3.2).

Table 3.1 *Clients' Themes, Subthemes, and Reoccurrences from 34 Participants*

	Change		Facilitators Of Change			Challenges
	Individual Change	Relational Change	The Process	Couple Factors	Therapist Factors	
Females	Awareness (N = 106) Mood (N = 84) Empathy (N = 66)	Communication (N = 158) Closeness (N = 60) Boundaries (N = 15) Being A Team (N = 10)	Intervening Methods (N = 96) Emotional Processing (N= 87) Processing The Past (N = 44) Working On Relationship Cycle (N = 39)	Active Engagement (N = 133) Hope For Change (N = 68) Support Systems (N = 57)	Emotional Bond (N = 61) Therapist Objectivity and Authenticity (N = 39) Guidance (N = 22)	Relational Challenges (N = 51) Individual Psychological Stress (N = 44) Family Members (N = 9) Guidance Need (N = 8)
Males	Awareness (N = 119) Empathy (N = 110) Mood (N = 61)	Communication (N = 203) Closeness (N = 53) Being A Team (N = 27) Boundaries (N = 4)	Intervening Methods (N = 74) Processing The Past (N = 68) Working On Relationship Cycle (N = 66) Working On Solutions (N = 34)	Active Engagement (N = 137) Hope For Change (N = 59) Support Systems (N = 23)	Guidance (N = 48) Emotional Bond (N = 46) Therapist Objectivity and Authenticity (N = 35)	Individual Psychological Stress (N = 29) Problem Fear (N = 13) Guidance Need (N = 7)

Table 3.2 *Individual Change Subthemes, Codes, and Reoccurrences*

Changes	Females	Males
Individual Change		
Awareness (N_f = 106, N_m = 119)	Awareness (N = 106)	Awareness (N = 119)
Empathy (N_f = 66, N_m = 110)	Empathy (N = 66)	Empathy (N = 110)
Mood (N_f = 84, N_m = 61)	Emotion Regulation (N = 47) Motivation Increase (N = 23) Improvement In Mood (N = 12)	Emotion Regulation (N = 33) Motivation Increase(N = 21) Improvement In Mood (N = 7)

3.1.1.1 Awareness (Both in Female and Male Participants)

Awareness encapsulates clients' evolving capacity for self-reflection, emotional insight, and relational perspective-taking throughout therapy for females (N = 106) and males (N = 119). This theme represents a cognitive-emotional shift wherein participants gained clarity about themselves, their partners, and the relational patterns shaping their interactions.

A central element of awareness involves recognizing maladaptive cycles, identifying the root of problems, and recurring patterns of conflict. Clients reported increased insight into how unresolved past experiences continued to shape present relational dynamics, particularly regarding emotional reactivity, communication breakdowns, and unrealistic expectations. This process included acknowledging automatic responses, such as criticism or withdrawal, and understanding how these behaviors contributed to relational distress. For instance, a male participant (14M) reflected on increased awareness as: "Sometimes it helps to understand the mistakes you make in a relationship. Not just by talking about it, but when we actually see the mistakes we make concretely. When we normalize it. It helped us a lot.".

Simultaneously, many described an emerging enlightenment for their partner's experiences, marked by recognizing differing needs, emotions, and perspectives. This enhanced attunement often prompted a reevaluation of relational assumptions and a deeper appreciation of the relationship's significance.

Lastly, therapy facilitated deeper insight into relational and intrapsychic issues for clients. Clients frequently referenced therapy as a container for identifying root causes of distress, such as unresolved trauma or unmet emotional needs. Similarly, a female participant (1F) expressed that:

"When I look at my family history, I see the same character traits, dysfunctions, and harmful behaviors repeating across generations. Even the things we thought were good... well, unfortunately, no. We often say things like, "My father raised me this way; I did not want to be like that," but in the end, we raised our children in the same manner. There are seven siblings, and we all turned out the same. It never occurred to me to observe all of us together until my therapist pointed it out. We were constantly criticizing each other. However, through therapy, I realized I am also part of what I used to criticize.".

Specific forms of individual change were noted exclusively among male participants, including recognizing misunderstandings, indicating cognitive restructuring in how partner behavior was interpreted, and hearing each other's perspectives, reflecting greater emotional attunement and engagement with the partner's inner experience.

3.1.1.2 Empathy (Both in Female and Male Participants)

Empathy captures participants' increasing capacity to understand and emotionally attune to themselves and their partners for females (N = 66) and males (N = 110). Many clients described a growing ability to empathize with their partner's emotional

experiences and feel understood. This included recognizing and validating each other's emotions and efforts to engage in more empathic listening and thoughtful interactions. This change facilitated more compassionate and regulated responses during conflict, supported by reported improvements in emotion regulation, particularly in managing intense affect and reducing reactivity. For example, a male participant (4M) stated that:

"We started to listen to and mostly understand each other. We could not really explain ourselves to each other before. We started to feel more comfortable with therapy. When we talked there, listened to each other, heard each other, or rather understood each other, we felt lighter and calmer. We can understand each other now."

Similarly, a female participant (8F) highlighted the importance of developing empathy in therapy:

"When my husband and I argued, we always tried to come out on top like, you're right, I'm right. But now that I hear her troubles, I say, yes, I made a mistake here too. I say, I made a mistake. I put myself in her shoes. So, this has been a very healthy process for us."

3.1.1.3 Improvements in Mood and Emotions (Both in Female and Male Participants)

This subtheme captures the emotional improvements experienced by participants throughout the therapeutic process. Many clients reported a decrease in anger, enhanced ability to manage intense emotions, and an overall improvement in emotional regulation. These changes led to feeling calmer, more relaxed, and emotionally balanced. Individual and dyadic calmness were frequently mentioned, indicating that emotional regulation was both internal and relationally impactful. Participants described feeling emotionally lighter and more at peace, contributing to a more constructive and less reactive relational climate.

Additionally, many noted increased hope and motivation, strengthening their belief in the possibility of change, and deepening their engagement in the therapeutic work. These emotional shifts reflect a significant dimension of individual change and suggest a growing internalization of the therapeutic process. As an example, a female client (3F) stated that:

“My emotional state has been perfect for a while now. I am definitely better. I am calmer; these last two sessions effectively made me feel better. I am calmer. I do not go through these automatic reactions directly; I can react by thinking more. I can say that my angry outbursts have decreased more.”

Similarly, improvements in participants' emotional regulation were evident. One male participant (7M) noted the impact of therapy on his mood: "I've calmed down, I used to be a little tense and angry. I used to be a little aggressive because of what we've been through, but now I'm calmer and better. I'm slowly returning to that calm mode.".

3.1.2 Relational Change

Relational change was a central focus in many participants’ accounts, with communication emerging as the most salient and frequently referenced theme across both females (N = 243) and males (N = 287). Participants described noticeable improvements in communication, closeness, being a team, and boundaries (See Table 3.3).

3.1.2.1 Communication (Both in Female and Male Participants)

Clients reported an increased ability to express themselves more clearly, articulate sensitive emotions, and share their inner experiences with their partners. This was accompanied by enhanced listening skills, re-arranging communication patterns, and more intentional, mindful interactions. For example, A female participant (1F) expressed:

"We can communicate now. We share things more. Unfortunately, we were closed off. Now we are more transparent, meaning we talk clearly to each other before doing something or starting something.".

Table 3.3 *Relational Change Subthemes, Codes, and Reoccurrences*

Changes Relational Change	Females	Males
Communication (N_f = 158, N_m = 203)	Communication (N = 126) Conflict Resolution (N = 32)	Communication (N = 172) Conflict Resolution (N = 31)
Closeness (N_f = 60, N_m = 53)	Closeness (N = 42) Sexuality (N = 10) Trust In the Relationship (N = 8)	Closeness (N = 37) Sexuality (N = 6) Trust In the Relationship (N = 10)
Being A Team (N_f = 10, N_m = 27)	Being A Team (N = 6) Sharing Responsibility (N = 4)	Being A Team (N = 22) Sharing Responsibility (N = 5)
Boundaries (N_f = 15, N_m = 4)	Respecting Boundaries (N = 15)	Respecting Boundaries (N = 4)

Also, many participants emphasized a shift toward more open, constructive, and higher-quality communication, highlighting reduced misunderstandings and improved mutual understanding. Additionally, they described increased capacity to manage and de-escalate conflicts, break recurring negative cycles, and approach disagreements with greater emotional regulation and compromise. Another notable change was the intentional allocation of time for meaningful interaction, contributing to deeper relational engagement. A male participant stated the following about communication change:

“It feels good to know that we can now talk together when there is a problem. Furthermore, we listen to each other better. I think that is the most important change. That was our goal anyway: to communicate better. Now we can make the problem more efficient without being distant from each other. We know that we can solve this problem somehow.” (9M).

3.1.2.2 Closeness (Both in Female and Male Participants)

Closeness, a salient subtheme, encapsulates participants' experiences of renewed intimacy and deepened connection within the relationship. Clients described a reconstruction of trust, highlighting how therapy facilitated a sense of emotional safety and openness. This was often accompanied by increased emotional and physical closeness, as partners became more attuned to each other's needs and expressions of affection. The theme also included more open and constructive engagement with sexuality, which signified both a symptom and a driver of relational healing. For example, one male participant (4M) described this increased sense of closeness as "Talking more, experiencing emotional moments, increasing sexuality, increasing communication, etc. These brought us closer and connected us a little more.".

Lastly, participants emphasized a heightened sense of value attributed to the relationship, indicating a shift in commitment and relational investment fostered through the therapeutic process. For example, a female participant stated that: "We miss each other, you know? When we come together, there is so much more to talk about. So right now, we really cannot be separated, we feel like that." (8F).

3.1.2.3 Being a Team (Both in Female and Male Participants)

The subtheme encapsulates the participants' growing sense of partnership and shared responsibility within the relationship. Clients described a noticeable shift to a more collective orientation, marked by realizing the need to align goals and act collaboratively. This included making joint decisions, such as financial planning and future-oriented strategies, and sharing everyday responsibilities and co-parenting duties. The importance of working as a team was emphasized by a female participant (17F): "Therapy encourages us to act as a team. We support each other. Supporting each other and being there for each

other makes us feel like we are acting together as a team.". The desire to work as a unit emerged as a significant relational transformation. Both female and male participants highlighted the development of a collaborative stance. A male participant (16M) stated these findings as:

“We are not like roommates as in the beginning. Now we can be like husband and wife, like spouses. Some beauties come with this, and we are no longer triggered by being stuck in the past. So, we are now aware of this. We can overcome many things if we look out for and support each other.”.

3.1.2.4 Boundaries (Both in Female and Male Participants)

Participants frequently emphasized the importance of creating space for the partner or experiencing space granted by the partner as significant progress indicators. This shift was not merely about physical or temporal space but emotional and psychological allowance, facilitating autonomy, respect, and individual expression within the relational context. Female participants uniquely emphasized the importance of boundary respect, linking emotional safety to acknowledging personal limits. A female participant (9F) stated these themes as:

“My partner was really annoying me about certain things. He would constantly come at me when I did not want to communicate and wanted to calm down. After our therapist told me that it was not working for me, he stopped doing it. Thank God, he does not do it now. I think the therapy had an effect.”.

Similarly, male participants also recognized the effect of establishing healthy boundaries, with a male participant (16M) stating:

“We provide each other with a comfort zone. We used to do everything together. When that happens, plans inevitably go wrong. But now we have different social areas.

We can give each other a little more time, space, and boundaries.".

3.2 Facilitators of Change

This theme explores how participants see the changes they experienced during therapy. Rather than attributing transformation to a single factor, clients pointed to the interplay of three core influences: the therapeutic process, the couple's relational stance and efforts, and the therapist's role.

3.2.1 The Process

Participants frequently attributed therapeutic change to specific in-session processes. Overall, change was perceived as a co-constructed outcome of the therapy process itself, shaped by the processing relationship cycle and past with specific intervening methods of couple therapy (see Table 3.4).

3.2.1.1 Emotional Processing (Only in Female Participants)

Female participants (N = 87) commonly attributed therapeutic change to the emotional processing enabled during sessions. They highlighted the value of articulating difficult experiences and addressing previously unspoken issues, which fostered deeper emotional engagement. Creating space for expressing sensitive feelings emerged as a key facilitator of the therapeutic process. For some, voicing insecurities proved particularly meaningful, allowing the expression of vulnerabilities typically suppressed within the relationship.

Table 3.4 *Process Factors as Change Facilitators, Codes and Recurrences*

Facilitators of Change The Process	Females	Males
Emotional Processing (N_f = 87, N_m = 0)	Healing (N = 39) Emotional Processing (N = 16) Talking About Hard Topics (N = 12) Being Able to Open Sensitive Emotions (N = 9) Talking About the Unspoken (N = 8) Talking About Insecurity (N = 3)	
Processing The Past (N_f =44, N_m = 68)	Seeing What We Bring from the Past (N = 30) Talking About Past Topics (N = 9) Genogram (N = 5)	Seeing What We Bring from The Past (N = 17) Talking About Past Topics (N = 6) Genogram (N = 6) Talking About the Unspoken (N = 40)
Working On Relationship Cycle (N_f = 39, N_m = 66)	Talking About Unmet Needs (N = 11) Talking About the Cycle (N = 9) Talking About the Strengths of the Relationship (N = 8) Seeing The Partner's Perspective (N = 6) Seeing One's Share in Problems (N = 5)	Talking About Unmet Needs (N = 15) Talking About the Cycle (N = 5) Talking About Relationship Strengths (N = 7) Seeing The Partner's Perspective (N = 30) Seeing One's Share in Problems (N = 9)
Intervening Methods (N_f = 96, N_m = 74)	Learning Solution Methods (N = 38) Externalizing (N = 3) Using Metaphors (N = 3) Normalizing (N = 18) Gottman Techniques (N = 9) Questions (N = 9) Genogram (N = 5) Enactment (N = 4) Homework (N = 4) Working on Love Languages (N = 2) Individual Session (N = 1)	Learning Solution Methods (N = 21) Externalizing (N = 12) Using Metaphors (N = 2) Normalizing (N = 3) Gottman Techniques (N = 2) Questions (N = 2) Genogram (N = 6) Enactment (N = 3) Homework (N = 3) Working on Love Languages (N = 1) Individual Session (N = 5) Activity / Practice (N = 7) Therapist comments (N = 7)
Working On Solutions (N_f = 0, N_m = 34)	-	Learning Solution Methods (N = 21) Getting Fast Solutions (N = 13)

These emotionally focused exchanges were experienced as transformative, enhancing intimacy and mutual understanding. In line with these, a female participant stated that:

“My partner shares very little about himself with me. He does not really express negative emotions. He does not like to dwell on things. However, therapy changed that; he started opening more, both in and out of sessions. The same goes for me. Even if I get angry or sad, I am more aware now that his intention is not to upset me. So, my perception and perspective have shifted a bit by talking about or emotions.” (15F).

Despite emotional processing being so prominent for women, men barely mentioned this theme.

3.2.1.2 Processing the Past (Both in Female and Male Participants)

Both female (N = 44) and male (N = 68) participants emphasized the value of processing past experiences in understanding present relational dynamics. Female participants noted the importance of exploring intergenerational patterns and unresolved relational wounds by discussing past arguments and utilizing the genogram. These reflections facilitated greater self-awareness and contextualized current conflicts.

An increased understanding of how the past impacts present relationship dynamics was highlighted by a female participant (3F):

"My partner’s touching her emotions, seeing what she has experienced since her childhood, what has caused her to feel, created an awareness for her. No matter how difficult these are, they calm us both down. This comes from the past, this stems from there, seeing this calmed us down."

Similarly, male participants referred to resolution about the past, confronting unspoken issues, revisiting past topics, and using the genogram to identify the origins of

maladaptive patterns. Such retrospective exploration often yielded moments of insight and emotional resolution. In support of this theme, one of the male participants expressed it as follows.

“..We all carry some trauma. It is not just about the present. Some things come from the past as well. Like, for instance, my husband has his trauma. The point is, we have come to understand each other better. Therapy helped with that. We did exercises like returning to childhood or mapping things out with family members. These helped me remember things I had forgotten about him or never knew. It helped both of us become more mindful of each other. I think that is one of the most important gains from therapy.” (6M).

3.2.1.3 Working on Relationship Cycle (Both in Female and Male Participants)

Therapeutic change was also associated with increased awareness of repetitive relational patterns. Female participants (N = 39) described growth through exploring unmet needs, discussing the relational cycle, recognizing the relationship's strengths, acknowledging their contributions to problems, and adopting their partner’s perspective. These insights promoted a more nuanced understanding of the couple’s dynamic and supported a shift to a functioning pattern of the couple as illustrated by another female participant (12F): "Cycle awareness increased. As we talked about our cycles with the therapist, our awareness increased.".

Similarly, male participants (N = 66) emphasized the importance of working on the relationship cycle through reflections such as recognizing each other’s needs and perspectives, addressing complex topics, discussing unmet needs and relationship

strengths, and identifying sources of misunderstanding. In line with this, a male participant mentioned the following:

"In therapy, I had the chance to see why I did certain things during arguments, what was the root of the problems, in short, to see myself. I saw things from the past, the processes that triggered us. In a way, we could understand the reason for our arguments. We were able to see how they escalated. This brought us understanding." (16M).

3.2.1.4 Intervening Methods (Both in Female and Male Participants)

Structured therapeutic interventions were perceived as beneficial by female and male participants. Female participants (N = 96) highlighted techniques such as metaphors, normalization, working on love languages, adding individual sessions, learning solution-focused methods, genograms, enactments, homework assignments, externalization, Gottman therapy techniques, and guided questioning. These methods were experienced as facilitating change. For example, a female client said, "Our communication patterns have changed. Our therapist taught us some techniques, like the Four Horsemen metaphor. She also recommended doing five positive things for every negative. We tried to implement those suggestions, and that is when we noticed changes." (14F).

While male participants (N = 74) mentioned many of the same interventions, they emphasized a slightly different profile, including experiential activities and therapists' analyzing comments. These techniques were frequently valued for their practical utility and for offering concrete tools to navigate conflict and enhance relational functioning. A male client expressed how important therapy activity was to him: "Our therapist had us do a map activity where we directed each other. We were able to do this task very well. This showed us how much our communication had changed and increased our trust in each other." (17M).

3.2.1.5 Working on Solutions (Only in Male Participants)

The Working on Solutions theme emerged exclusively among male participants (N = 34), reflecting a gender-specific focus on conflict resolution and practical relationship management strategies. Male clients emphasized that therapy provided concrete techniques and structured methods to de-escalate conflicts and address problems constructively. For instance, participant 13M described noticeable improvements in managing disagreements:

"In fact, with this therapy, we both accepted that there was a problem and realized that we needed to try a solution. We are trying the solution suggested by our therapist. He was a bit more in favor of talking, and I was a bit more in favor of acting like there were no problems. We changed our attitudes a bit. We changed our habits with therapy, which effectively changed our communication."

This quote illustrates how integrating solution-focused practices into daily routines fosters greater relational stability and emotional regulation. The exclusive emergence of this theme among men suggests that structured, skills-based interventions may particularly resonate with male clients.

3.2.2 Couple Factors

This section explores couple-related factors that contribute to therapeutic change, focusing on relational dynamics identified by both female and male participants. Key themes include active engagement, hope for change, and the influence of external support systems. Change was viewed as a joint effort, driven by mutual commitment, emotional motivation, and the ability to integrate therapeutic insights into daily life (see Table 3.5).

Table 3.5 *Couple Factors as Change Facilitators, Codes and Recurrences*

Attribution Of Change The Couple	Females	Males
Active Engagement (N_f = 133, N_m = 137)	Effort (N = 66) Open To Change (N = 29) Putting Into Practice (N = 14) Psychological Resources (N = 11) Care For Therapy (N = 13)	Effort (N = 53) Open To Change (N = 67) Putting Into Practice (N = 8) Psychological Resources (N = 6) Time (N = 3)
Hope For Change (N_f = 68, N_m = 59)	Expectation (N = 52) Hope (N = 16)	Expectation (N = 47) Hope (N = 12)
Support Systems (N_f = 57, N_m = 23)	Family Members (N = 25) Individual Therapy (N = 13) Sociality (N = 8)	Family Members (N = 14) Individual Therapy (N = 5) Sociality (N = 4)

3.2.2.1 Active Engagement (Present in Both Female and Male Participants)

Both female (N = 133) and male (N = 137) participants underscored the significance of active engagement as a central mechanism of therapeutic change. For women, this was expressed through sustained effort, openness to change, implementation of therapeutic insights, and a demonstrated care for the therapeutic process. These elements reflected a deliberate and proactive orientation toward therapy, emphasizing the importance of applying in-session learning to everyday interactions. A female participant (4F) focused on the importance of motivation to turn therapy into practice in her words as follows: “The absence of major conflicts—of course, there were some—but I would say 90% of that change is thanks to our effort to change things between us. We try to imitate what we learned there to avoid repeating the same cycle.”.

Male participants similarly highlighted effort, openness to change, and the practical application of strategies. In addition, they emphasized the role of psychological resources and the investment of time as essential to maintaining therapeutic momentum. Across both groups, meaningful change was perceived to depend not only on in-session

work but also on the couple's ongoing motivation and active participation beyond the therapy setting. Similarly, a male participant put the highest value on their effort to keep the peace in the relationship, as the quote below shows:

"We valued peace at home and being a family. As a couple, we tried to maintain that. We wanted to change for the better, and we fought for it. It might have taken some time, but it was achievable, and we would have kept fighting for it." (3M).

3.2.2.2 Hope for Change (Present in Both Female and Male Participants)

Hope emerged as a central facilitator of change among participants. Among female participants (N = 68), hope for change was described as an emotional motivator that sustained engagement during challenging moments. A growing belief in the possibility of relational improvement often accompanied this sense of hope. Male participants (N = 59) similarly emphasized hope as a vital emotional resource, framing it as the psychological energy necessary to remain committed.

Also, female participants expressed perceived effectiveness of therapy and observable improvements in relational dynamics. This sense of fulfillment reinforced continued engagement and validated the emotional effort invested in the process. Male participants also identified satisfaction as a key indicator of progress. In these accounts, satisfaction was a marker of therapeutic success and a motivator for sustained participation and collaborative effort within the couple. For example, a female participant (16F) expressed optimism regarding their progress: "We were very motivated. We went to therapy as soon as we saw the problems. We wanted to solve our problems and we both saw that light."

Similarly, a male participant stated the following:

“We changed… We definitely changed. However, we were waiting for therapy to work, expecting the change. We hoped therapy would work and we would change for the better. We believed in it. Believing and wanting the change is the most important part, in my opinion.” (10M).

3.2.2.3 Support Systems (Present in Both Female and Male Participants)

Participants recognized the broader relational and social context in which therapeutic change unfolded. Female participants (N = 57) frequently cited support systems, family members, and social connections as meaningful contributors to maintaining progress beyond the therapy room. These external resources were described as offering emotional and practical support, facilitating the integration of therapeutic insights into daily life. For example, a female participant (7F) mentioned, "I tell my surroundings about the problems we experience. I tell my closest friends, people who can understand me, because now I feel the need to share. Thanks to this, I have relaxed my mind.”. Male participants (N = 23) also referred to support systems, family involvement, and social networks, though such references appeared less prominently. Moreover, unlike women, men talked about the effect of increasing harmony between the couple and the social environment rather than receiving support from the social environment. For example, one male participant (13M) noted effects of family dynamics on themselves: "Both of our families can now take the initiative in some things. They take it easy and act harmoniously. These changes are also quite effective, although not as much as therapy."

3.2.3 The Therapist

This section focuses on therapist-related factors contributing to therapeutic change, as both female and male participants perceived. Three key dimensions emerged:

the emotional bond, therapist objectivity and authenticity, and therapeutic guidance (See Table 3.6).

Table 3.6 *Therapist Factors as Change Facilitators, Codes and Recurrences*

Attribution Of Change	Females	Males
The Therapist		
Emotional Bond ($N_f = 61$, $N_m = 46$)	Safe Space (N = 26) Empathic Listening (N = 22) Alliance (N = 13)	Safe Space (N = 10) Empathic Listening (N = 7) Alliance (N = 29)
Therapist Objectivity and Authenticity ($N_f = 39$, $N_m = 35$)	Objective (N = 29) Authenticity (N = 10)	Objective (N = 23) Authenticity (N = 12)
Guidance ($N_f = 22$, $N_m = 48$)	Guidance (N = 22)	Guidance (N = 48)

3.2.3.1 Emotional Bond (Present in Both Female and Male Participants)

Female participants (N = 61) consistently highlighted the importance of the emotional atmosphere cultivated by the therapist. Establishing a safe and nonjudgmental space was fundamental for fostering vulnerability, emotional expression, and trust. Within this environment, the therapist's capacity for empathic listening was particularly valued, as it facilitated a sense of being genuinely seen and understood. This emotional bond was perceived as a source of comfort and an active agent of change. It enabled deeper therapeutic engagement and encouraged participants to take different steps to change, as the quote from a female showed:

"I feel more bonded to our therapist. I trust her unconditionally now. She knows us very well. I feel like we can let ourselves go with her. This allows us to be more comfortable in therapy, to open ourselves up better, and to adapt better to changes." (12F).

Notably, male participants did not explicitly reference the emotional bond that the therapist created. However, they referred to the therapist's ability to create a safe

environment to express themselves. They also mentioned alliance rapport and the listening skills of the therapist as a contributor to opening in the therapy. These elements reflect the importance they placed on feeling understood and supported within the therapeutic process. These are supported by the quote following from a male participant (5M): "As I established better, more understanding dialogue with my therapist and understood each other better, I started to get better at therapy.".

3.2.3.2 Therapist Objectivity and Authenticity (Both Female and Male Participants)

Both female (N = 39) and male (N = 35) participants identified the therapist's objectivity and authenticity as key contributors to therapeutic progress. Female participants emphasized that these qualities fostered a sense of trust, emotional safety, and fairness within the therapeutic alliance. The therapist's authentic presence—marked by emotional genuineness and congruence—was significant when navigating vulnerable or sensitive topics. Participants mostly valued the therapist's non judgemental stance, exemplified by a female participant (10F):

"I can express myself more easily because I know that the therapist is there to help us and that she is impartial. I can express myself without being judged, that is, without thinking about how the therapist will react, knowing that I will not be judged."

Male participants similarly valued the therapist's objectivity, noting that a balanced and nonjudgmental stance reduced defensiveness and facilitated more open, honest dialogue. Authenticity was likewise associated with increased credibility and emotional resonance, reinforcing the therapist's role as a neutral facilitator and a trustworthy guide through therapy. Two male participants highlighted these qualities as followings "… I needed a neutral, third party from outside the relationship. It worked

better for me this way. When the therapist listened and supported us, I felt understood." (15M) and "I am not sure anything could match therapy's impact. A therapist lives the emotion with you and helps you release it. That is unique." (1M).

3.2.3.3 Guidance (Present in Both Female and Male Participants)

Participants of both genders identified the therapist's guidance as a critical facilitator of therapeutic change. Female participants (N = 22) appreciated structured input and direction during relational ambiguity or emotional intensity. In these contexts, guidance functioned as both a stabilizing and clarifying force, aiding in navigating challenging conversations. For example, a female participant (11F) elaborated:

"The way therapy is going right now is starting to guide us more. That's what I expected and wanted. Guidance in the form of interpretations of some of our behaviors or showing us what we're doing wrong. That seemed more productive to me."

Male participants (N = 48) referred to guidance more frequently and with greater emphasis, portraying it as essential for making sense of complex emotional dynamics and translating insight into action. The therapist's ability to provide direction was also linked to the perception of forward movement. For example, a male participant mentioned,

"We have not argued for a long time. Our therapist guided us a lot in this. Therapy was very important. It broadened our perspective, and we started communicating more openly with guidance. We can sit down and talk about everything. (8M).

3.3 Challenges

This section explores the key challenges impeding therapeutic progress, as female and male participants reported. Female participants emphasized relational barriers such as partner-related issues, emotional distancing, and unstable change. Both groups

highlighted individual psychological stress, family interference, and unmet needs for guidance. Additionally, male participants uniquely reported fear of addressing core problems (see Table 3.7).

Table 3.7 *Challenges of Therapy, Codes and Recurrences*

Challenges	Females	Males
Relational Challenges ($N_f = 51$, $N_m = 0$)	Partner Factors (N=40) Emotional Distancing (N = 7) Decreased Hope (N = 4)	-
Individual Psychological Stress ($N_f = 44$, $N_m = 29$)	Emotional Strain (N = 18) Life Stress (N = 9) Individual Constraints (N = 4) Unstable Change (N = 13)	Life Stress (N = 13) Individual Constraints (N = 9) No Change (N = 7)
Family Members ($N_f = 9$, $N_m = 0$)	Family Members (N = 9)	-
Problem Fear ($N_f = 0$, $N_m = 13$)	-	Problem Fear (N = 13)
Guidance Need ($N_f = 8$, $N_m = 7$)	Guidance Need (N = 8)	Guidance Need (N = 7)

3.3.1 Relational Challenges (Present in Female Participants Only)

Female participants (N = 51) identified several relational barriers that impeded the therapeutic process or contributed to a slower perception of change. Most prominently, partner-related factors—such as persistent difficulties in the partner's attitudes, behaviors, or resistance either within or outside of sessions—were cited as significant challenges, as the following quote from a female participant showed:

"..We should not attribute this to therapy. We were doing a genogram at the therapist's suggestion. I cannot quite phrase it, but something that came up during that process—my partner's reaction—hurt me. He could not understand my pain and what I was going through. He belittled my pain. This made it hard for me during therapy." (11F).

Moreover, emotional distancing also emerged as a key obstacle, as emotional disconnection hindered the development of relational intimacy and limited openness during therapeutic exchanges. In some cases, participants reported a decline in hope, often triggered by a perceived lack of progress or a partner's reluctance to engage in change efforts.

3.3.2 Individual Psychological Stress (Present in Both Female and Male Participants)

Both female (N = 31) and male (N = 29) participants emphasized the influence of individual psychological burdens on the therapeutic process. Female participants referred to emotional strain, life stress, and broader personal constraints, many of which originated outside the relationship, such as professional responsibilities or financial problems. These external stressors were seen as diminishing emotional availability and limiting the capacity for sustained engagement in therapeutic work. Also, external factors such as psychological stress due to traumatic experiences impacted therapy progress, as described by a female participant (1F): "We were actually progressing well, but with the earthquake we experienced, we experienced such hesitation, so we fell apart a little."

Male participants likewise identified life stress and individual psychological struggles as significant impediments. Personal overload was described as an internal barrier that often-eclipsed relational concerns, undermining one's ability to remain emotionally present, consistent, and self-reflective within the therapeutic setting. For example, a male participant mentioned the following:

"I think this week was the peak of my depressive feelings. It was a tough week for me. Unfortunately, it got worse. It also affected our relationship. I do not think we were

able to maintain empathic communication. In fact, we did not really communicate. We became distant because of my mood." (17M).

3.3.3 Family Members (Present in Only Female Participants)

Only female participants identified the involvement of family members as a potential obstacle to therapeutic progress. Female participants (N = 9) described family interference, particularly from extended family, as a source of relational pressure or conflict, often exacerbating existing tensions within the couple. For instance, a female participant mentioned the following: "These problems come from my partner's family. Maybe everything would have been fine if they were not in the picture. Nevertheless, their presence and interference ruin everything. My husband cannot say no to them or tell right from wrong, which ruins the process we have been taking." (5F)

3.3.4 Problem Fear (Present in Male Participants Only)

Explicit references to fear of addressing relational problems were made only by male participants (N = 13). This problem fear was characterized by avoidance in engaging with issues, often rooted in concerns about emotional escalation, vulnerability, or the potential consequences of confronting. Such avoidance was seen to limit the depth of therapeutic engagement, resulting in superficial participation and constraining opportunities for meaningful growth. A male participant expressed this theme as:

"I have trouble talking about serious things, especially relationship-related topics. I am afraid I will not express myself clearly, or that I will be misunderstood, and it will cause problems. I do not mean anything bad, but sometimes it comes out wrong. I try not to hurt my partner, which results in shutting myself off." (14M).

3.3.5 Guidance Need (Present in Both Female and Male Participants)

The "Guidance Need" theme emerged prominently, with incomparable frequencies across both groups (N = 8 and N = 7). This suggests that the desire for clearer direction, structure, or therapist-led support was a shared concern among participants, regardless of gender. The near-equal distribution highlights that clients commonly seek a more guided therapeutic experience, indicating that structured intervention and active therapist involvement may be critical for fostering engagement and promoting therapeutic progress. For example, a male client (15M) expressed that:

"Sometimes we need to hear concrete directions from the therapist. Because then you can look at it more objectively… I would say you accept it more easily. People need direction. That is why you feel more comfortable when you are directed. That is why I wish there were more direction in therapy.".

Similarly, a female client (2F) pointed out that:

"I asked our therapist to guide my partner on some issues. I expected her to guide my partner in understanding and expressing his feelings, not lying. However, nothing of the sort happened, which disappointed me.".

The nearly identical frequencies across male and female participants suggest that the need for therapist-led guidance transcends gender differences. Both narratives illustrate that clients often expect therapists to provide clear, concrete directions to facilitate understanding, emotional expression, and relational adjustments.

4. DISCUSSION

The present study investigates the experiences of 17 female and 17 male clients regarding the process of therapeutic change within the context of couple therapy. Guided by the primary research question, "How do women and men experience therapeutic change in couple therapy, and what are the gender differences?", the study employed semi-structured interviews to explore participants' experiences in depth. The collected data were analyzed using thematic analysis (TA), identifying three overarching themes: Change, Attributions for Change, and Challenges, each comprising distinct subthemes.

The subject of "Change" captures how participants underwent relational and personal changes throughout therapy. The second theme, "Facilitators of Change", explores the facilitators to which clients attributed their progress in therapy. Participants frequently cited the effect of the therapy process, the couple factors, and the therapist's characteristics as key contributors to their change experiences. The third general theme, "Challenges," addresses the challenges encountered in therapy that impede change. These include ongoing relational conflicts, emotional distance, individual psychological burdens such as stress and anxiety, and subthemes that discourage continued therapy, where progress is perceived as slow or uneven. Together, these themes provide a comprehensive analysis of how therapeutic change is experienced in couple therapy, providing valuable insights into the nature of relational and individual development.

These thematic findings highlight the complex and dynamic processes of change as perceived by both female and male clients. The following section presents a detailed discussion of the themes at the therapist and client levels, along with their subthemes based on gender comparisons. Subsequently, the strengths and limitations of the current

study and potential directions for future research are discussed. Finally, the practical implications of the findings, particularly for couple therapists in the field, are addressed.

4.1 Discussion of Outcomes of Couple Therapy

Findings show that clients experience therapeutic change in individual and relational dimensions in couple therapy. Participants described personal growth — notably increased self-awareness, emotional regulation, and behavioral changes — alongside relational developments such as improved communication, emotional intimacy, teamwork, and trust. The multifaceted nature of change in couple therapy is consistent with systemic therapy frameworks that suggest interventions operate simultaneously at intrapersonal and interpersonal levels (Nichols, 2020). In line with the study's results, the literature shows that improvements in relational functioning in couple therapy significantly predict improvements in individual psychological symptoms. In contrast, changes in individual symptoms did not predict changes in relational functioning, suggesting that relationship-focused improvement in therapy supports more comprehensive change (Tilden et al., 2021).

A closer look at the frequency data reveals similar themes when comparing genders in change. Communication emerged as the most dominant area of change for both genders. Although slightly more men (N=203) than women (N=158) reported improvements in communication, the difference was that men tend to express communication as a fundamental change rather than the other relational changes. This finding supports previous research underscoring communication as a fundamental mechanism in relational improvement (Gottman & Silver, 1999). Furthermore, a study by Baucom et al. (2015) demonstrated that dyadic communication improved over time, with early gains during couple therapy and additional changes emerging after treatment

terminated. In follow-up studies, improvements in constructive communication patterns, such as positive reciprocity and vulnerability/empathy, were consistently associated with better long-term relationship outcomes. These findings emphasize the critical role of working on constructive dyadic communication in couple therapy for promoting lasting relationship satisfaction and stability.

On the other hand, a study conducted in 2023 (Mennenga et al., 2023) observed that women reported more self-development and men more behavior-focused work in activities outside of sessions. The findings here revealed that women tended more towards relational and emotional development, while men tended more towards practical skills such as communication (Mennenga et al., 2023). This situation coincides with the findings in our study, showing that male clients focused more on developing communication skills in couple therapy.

Research suggests that empathy is crucial to therapeutic outcomes and relationship satisfaction. In couples therapy, Schmidt & Gehlert (2017) demonstrated that couples therapy significantly increased empathy levels in both romantic partners. For gender differences, Lim et al. (2018) observed that female chronic pain patients showed higher empathy levels than males both before and after cognitive-behavioral therapy, suggesting gender differences in empathy. However, they noted that male patients' empathy levels also improved post-therapy. Similarly, Marlow et al. (2012) reported a significant increase in empathy levels among male clients after an 8-week intervention program.

Previous literature is both consistent and contradictory to our research results. Research has shown that empathy has emerged as a significant change for both genders. However, in our study, men emphasized empathy more than women. Men reported

greater improvements in empathy (N=110 vs. N=66) and teamwork (N=22 vs. N=6) compared to women, suggesting therapy significantly enhanced relational attunement and collaborative dynamics for male clients. This contradicts the general belief that women are empathy-oriented compared to men. For male clients, therapy may have increased their capacity to understand their partners' feelings, respond empathically, and be more sensitive in emotional interactions. In a different dimension, it may suggest that, contrary to popular belief, men also need to understand and be understood, and therapy meets this need.

Conversely, women reported more notable improvements in emotional regulation (N=47 vs. N=33), mood (N=12 vs. N=7), and motivational improvements (N=23 vs. N=21), and closeness (N=60 vs. N=53), reflecting greater emotional depth in their change narratives than men. This is consistent with the existing literature, as generally, women report using most emotion regulation strategies more frequently than men (Nolen-Hoeksema, 2012). Also, an intervention study found that women showed greater improvements in depression/anxiety and positive mood than men (Glassman et al., 2021). These findings might be related to the fact that women may recall emotional memories more strongly, which may facilitate emotional processing and long-term therapeutic benefits (Felmingham & Bryant, 2012).

In contrast, men more frequently emphasized action-oriented changes, such as observable behaviors, reduced alcohol use, or improved learning about each other's perspectives, meaning overall behavioral improvements in the relationship. These differences reflect gendered patterns in emotional processing and help-seeking, with women framing change through relational or collective dimensions (Silverstein et al.,

2006), while men emphasize tangible or externally observable indicators of internal change (Good & Robertson, 2010).

Interestingly, sexual intimacy was among the least cited areas of change in both groups (female N=10; male N=6), suggesting that either this domain is less affected by therapeutic intervention or remains a more difficult area to address within the structure of therapy sessions. Research indicates that novice therapists often experience difficulties discussing sexual issues within the therapy setting (D'Arrigo, 2021). Similarly, the therapists in the present study were still in training and developing their professional skills, which may have contributed to their hesitancy in assessing and intervening in sexual topics or issues in couple therapy.

4.2 Discussion of Change Facilitators in Couple Therapy

Therapeutic change in couple therapy emerged as a multifaceted process influenced by therapist-related factors, couple dynamics, and therapy process elements. Although both male and female clients identified these domains as critical, notable gender differences were observed in the weight and articulation of change factors.

4.2.1 Process Factors

The therapy process— including emotional processing, working through the past, addressing relational cycles, working on solutions, and structured interventions — was critical in facilitating change, though again, gendered patterns were evident.

Both male and female participants identified Intervention methods as a significant reason for change. Both groups benefited from structured therapeutic interventions, but women highlighted the effect of intervention methods more than men did and referenced a broader array of tools. This tendency may be explained by men's culturally rooted

skepticism regarding the nature of psychotherapy methods (Shepherd et al., 2023). Compared to men, women are more likely to seek psychological support and demonstrate stronger belief in its effectiveness (Barry et al., 2016). Therefore, the greater emphasis placed by women on intervention methods aligns with existing findings in the literature.

Additionally, therapeutic interventions are not always readily observable to individuals without formal training in psychology, which may hinder the ability to recognize and articulate such techniques. Notably, in the present study, the female partners in 6 of the 17 couples were either psychology graduates or practicing psychologists. This background may have facilitated their capacity to identify and report therapeutic methods more explicitly.

Among the significant themes emerging during the therapy process, working on the relationship cycle and processing past experiences were primary and evident. This reflective engagement resonates with Bowenian and transgenerational approaches, where understanding historical relational scripts is pivotal to change (Kerr & Bowen, 1988). However, male clients emphasized these themes more frequently than female clients. Males have more frequently described working through the past, such as exploring intergenerational dynamics through tools like the genogram and working with the relationship cycle more than women do. These themes aim to render relationship dynamics more concrete and comprehensible. Therefore, it is unsurprising that men expressed these concrete-oriented themes more than women.

Research suggests that, to enhance therapy outcomes for men, a transparent structure, clearly defined goals, and concrete progress tracking are recommended (Seidler et al., 2018). Indeed, a review focused on male clients highlights that providing a "general roadmap" at the outset of therapy and systematically reviewing goal-directed steps in each

session significantly increases male clients' engagement in the therapeutic process. Consequently, concrete and solution-focused steps may align more closely with the attachment strategies and therapeutic needs of men, who seem to require greater structure and clarity during therapy. Thus, the opportunity to visualize and work through relational cycles concretely and observe and make sense of the impact of past experiences has been particularly effective for male clients. In parallel, the emergence of working on solutions as a theme among men is also notable.

Supporting this finding, experienced therapists have reported that men generally enter therapy with a strong inclination toward seeking quick solutions. In contrast, women are more often motivated by the desire for a space to express emotions (Christensen et al., 2022). Therefore, the prominence of working on solutions among men and its relative absence among women is theoretically and clinically meaningful.

On the other hand, female clients strongly emphasized emotional processing (N=87), viewing therapy as a healing space where vulnerability, emotional expression, and confronting insecurities were possible. In contrast, male clients do not attribute change to emotional processing. Revealing underlying vulnerable emotions has been linked to improved session and overall therapy outcomes; therefore, the finding that female clients benefited from emotional processing in therapy is highly consistent with existing literature (McKinnon & Greenberg, 2017). Talking about painful topics, sharing vulnerabilities, and processing unspoken fears were central to female clients' experiences, aligning with emotionally focused therapy models highlighting the transformative power of primary emotion expression (Greenberg, 2017).

On the other hand, men did not express the emotional processing that occurred in therapy enough to create a theme. This divergence appears to have two primary

explanations. First, women are generally more inclined to discuss their vulnerabilities than men (Nolen-Hoeksema, 2012), and when they do so, they tend to emphasize achieving concrete outcomes (Feldman et al., 2009). In contrast, men tend to focus on tangible, practical matters rather than emotional experiences (Good & Robertson, 2010). More, men generally use fewer strategies than women when confronting emotional problems, and sometimes they may even show avoidance that goes as far as denial (Tamres et al., 2002). Second, cultural norms discourage men from openly expressing their vulnerabilities to the same extent as women (Durón Delfín & Leach, 2021). Consequently, male participants may have been less able or willing to articulate their emotional vulnerabilities either during the therapeutic process or in the change interviews conducted as part of the data collection.

4.2.2 Couple Factors

Client-related factors emerged as a central dimension in the process of therapeutic change. Beyond therapist interventions and relational dynamics, clients' engagement, efforts, and emotional resources were consistently cited as primary drivers of progress throughout the therapy process. Participants' narratives highlighted the importance of personal agency, motivation, and hope, alongside the support systems they accessed outside therapy. Significantly, gender differences shaped how these internal and external resources were mobilized, with notable variations in the emphasis on effort, hope, and reliance on relational supports.

Clients frequently attribute change to their effort, with men mentioning it slightly more than women (N = 137 vs N = 133), highlighting a proactive stance toward initiating and sustaining relational growth. Across the interviews, clients predominantly attributed therapeutic change to their efforts and personal engagement. This finding is broadly

consistent with the common factors theory, which posits that client variables such as personal motivation or active participation account for a substantial proportion of therapy outcomes (Wampold, 2015). Similarly, research by Baldwin et al. (2007) emphasized that client engagement and perceived agency are central predictors of positive therapy outcomes. Therefore, the salience of clients' self-attributed efforts aligns with broader empirical evidence underscoring the pivotal role of client-related common factors in facilitating therapeutic change.

Additionally, hope demonstrated a comparable impact on clients, with women highlighting it as a facilitating factor more frequently than men (N = 68 vs. N = 59). Within the context of therapy, hope enhances confidence in the ability to enact positive changes. This increased sense of agency fosters more active engagement in the therapeutic process and supports the sustained effort necessary for enduring change (Allan et al., 2019). Thus, the emergence of hope as a prominent theme in the present study aligns with existing findings in the literature.

The most notable gender difference within this theme emerged under the support systems category. Support systems were more salient for women (N = 57) than men (N = 23), further underscoring the significance of relational support in facilitating therapeutic gains. Female clients are more likely to employ emotion-focused coping strategies, such as seeking social support or verbalizing emotions, than their male counterparts (Liddon et al., 2018). Therefore, the greater emphasis on support systems among women may reflect their greater reliance on interpersonal resources to manage relational and emotional challenges during therapy. This pattern aligns with previous research suggesting that women actively integrate relational connections into their coping

processes, amplifying supportive environments' therapeutic impact (Koydemir-Ozden et al., 2010).

4.2.3 Therapist Factors

This study comparatively presents the factors that female and male clients emphasized during the therapeutic process in couple therapy, organized under the themes of "Emotional Bond," "Objectivity and Authenticity," and "Guidance and Structuring." The findings reveal significant differences in the emphasis placed by different genders.

When the theme of Emotional Bond was examined, it was seen that for most of the participants, the emotional bond established with the therapist was effective in change and stood out as one of the significant aspects of the therapist. This finding is supported by the literature as the therapist's involvement with and validation of the client's feelings appears to be particularly important for clients, supporting previous findings on the role of the empathic gaze in developing therapeutic safety (Jordan, 1997).

Female clients attributed greater importance to emotional safety and empathic understanding than male clients. Among female clients, "safe space" (N = 26) and "empathic listening" (N = 22) were frequently emphasized, alongside "alliance" (N = 13) to a lesser extent. In contrast, male clients displayed a different pattern within this theme. They most frequently referred to "alliance" (N = 29), while "safe space" (N = 10) and "empathic listening" (N = 7) were mentioned considerably less often. This difference suggests that female clients prioritize creating a safe and understanding therapeutic environment. In contrast, male clients focus more on the quality of their relationship with the therapist. These preferences align with attachment-based models that underscore emotional security's centrality in women's therapeutic engagement (Mikulincer & Shaver, 2007). These findings imply that the emotional security component of the therapeutic

alliance holds more salience for women, while men emphasize a functional and goal-oriented relational dynamic.

Within the "Objectivity and Authenticity" theme, a similar tendency was observed across both groups. Female clients referred to objectivity (N = 29) more frequently than authenticity (N = 10), whereas male clients mentioned objectivity (N = 23) and authenticity (N = 12) with slightly different frequencies. These results indicate that clients highly value a therapist who maintains an objective, nonjudgmental stance and a genuine and authentic presence. The greater emphasis on objectivity compared to authenticity across both genders highlights that the expectation for impartial and fair evaluation is central within the therapeutic process in couple therapy.

In the theme of "Guidance and Structuring," a more pronounced gender difference was observed. Male clients referenced the need for "guidance" (N = 48) much more frequently than female clients (N = 22), suggesting a stronger expectation among men for clear direction and structured progression throughout therapy. These findings suggest that men may respond particularly well to structured, goal-oriented interventions and clarity in therapeutic roles. This finding is consistent with previous literature emphasizing that male clients often prefer structured interventions with concrete goals and transparent therapeutic frameworks (Seidler et al., 2018). This preference suggests that men may favor clarifying and structuring relational problems in a framework. In contrast, women demonstrate a greater need to process emotional experiences in a safe and empathic environment.

The findings demonstrate meaningful differences in the type and prominence of therapeutic factors valued by female and male clients. Female clients emphasized emotional safety and empathic understanding within the therapeutic process, whereas

male clients focused more on collaboration and structured guidance. Nevertheless, the importance attributed to objectivity and authenticity is a shared therapeutic need across genders.

4.3 Discussion of Challenges in Couple Therapy

Participants reported several challenges to therapeutic progress, which varied notably by gender. Data were organized under five main categories of challenges, and the themes emphasized by each gender.

Female clients reported relational difficulties such as partner-related problems (N=40), emotional distancing (N=7), and decreased hope (N=4). In contrast, male clients did not report any difficulties in this theme. This finding suggests that women demonstrate greater ability in relational processes and are likelier to express difficulties related to their partners (Johnson, 2019). The absence of relational concerns among male clients may reflect a tendency to internalize such issues or avoid articulating them (Seidler et al., 2018).

Both groups reported sources of individual psychological stress, yet notable differences emerged in their content and emphasis. Female clients highlighted a broader range of emotionally charged factors, including emotional strain (N=18), life stress (N=9), individual constraints (N=4), and unstable change (N=13). In contrast, male clients focused on more tangible and outcome-oriented difficulties such as no change (N=7), individual struggle (N=9), and life stress (N=13). These results are consistent with previous findings indicating that women are generally more emotionally expressive, while men tend to adopt more instrumental and performance-based coping strategies (Good & Robertson, 2010; Nolen-Hoeksema, 2012).

Family-related difficulties were reported exclusively by female clients (N=9), while male clients did not refer to any stressors involving family members. This pattern indicates that women may experience or acknowledge a broader relational network of stress, whereas men either experience fewer family-related stressors or are less inclined to express them (Durón Delfín & Leach, 2021).

Both female (N=8) and male (N=7) clients emphasized the need for guidance during therapy. This highlights the importance of structured therapeutic frameworks, which align with the goal that goal setting and progress monitoring may enhance effective therapy results (Baldwin et al., 2007).

Notably, fear related to problems was reported only by male clients (N=13). Male clients expressed concerns about discussing their issues, vocalizing their thoughts and feelings, whereas female clients did not mention such fears. This fear appeared to hinder both the initiation of discussions and the progression of therapeutic work. Male clients often avoided addressing core issues, thereby impeding deeper emotional engagement and sustained therapeutic change. This may indicate that men adopt a more avoidant attitude towards problems and do not talk about them explicitly (Seidler et al., 2018). Also, this pattern suggests a reluctance to confront emotional discomfort and vulnerability, consistent with literature on male avoidance coping and help-seeking behaviors (Brooks, 2010; Mahalik et al., 2003).

Overall, the findings reveal gender-specific patterns in the types of challenges clients bring into the therapeutic process. Female clients tend to articulate a broader and more relationally and emotionally focused set of difficulties, while male clients emphasize individual struggles and fears related to problem resolution.

4.4 Similarities and Differences Among Genders

While both genders valued emotional, cognitive, and behavioral change resources, gender differences in themes were also evident. Women focused more on emotional processing and relational engagement.

Women showed a broader, emotionally driven, and process-oriented therapy style. They worked on emotional healing, self-regulation, relational adjustment, and systemic reflection. Women often spoke about healing emotional wounds, finding motivation, and creating stronger boundaries. Men, on the other hand, prioritized structured planning of treatment. They followed a more pragmatic and organized path. They focused on making behavioral changes, building empathy, and resolving conflicts in a structured way. They also emphasized improving communication and working better as a team. These patterns suggest that therapy should be tailored to gendered needs, supporting earlier research on gendered psychological functioning (Levant, 1992).

These gendered patterns of change reflect broader sociocultural expectations, where women are typically socialized toward relational and emotional expressiveness, and men toward action orientation, problem-solving, and cognitive control (Levant, 1992).

Moreover, the sociocultural context of Türkiye appears to shape these therapeutic experiences substantially. Traditional collectivist values and firm family commitments influence the content and how change processes are perceived and articulated. For instance, family-related factors emerged as salient themes for women, both as sources of support and stress, whereas men rarely referenced familial dynamics. This gender difference likely reflects culturally supportive expectations that influence women's relational caregiving roles (Kağıtçıbaşı, 2007).

Additionally, traditional male roles that promote self-reliance and emotional restraint have been associated with more negative attitudes toward therapy and a lower likelihood of seeking psychological help (Parnell & Hammer, 2017). In this context, male participants' avoidance of facing relational problems—expressed as a "fear of problems"—may be understood as an internalization of cultural ideals discouraging emotional vulnerability in favor of preserving relational harmony.

Based on the findings, therapists should consider the sociocultural factors influencing clients' relational patterns and emotional needs. Adopting a culturally sensitive approach that acknowledges gender differences and emotional capacity differences is key to promoting meaningful therapeutic change.

4.5 Limitations, Strengths, and Future Research Suggestions

Although this study provides important insights into gendered experiences of change in couple therapy, several limitations apply to this study. First, although various strategies were used to enhance trustworthiness, the results may still reflect researcher bias since complete objectivity is impossible in qualitative analysis. Secondly, the study sample included only clinical participants, excluding pathological features. This may limit the generalizability of the findings. Moreover, all therapists participating in this study were female, and all couples participating were heterosexual, which may have further limited therapeutic dynamics and limited the generalizability of the findings. Finally, self-report data may be associated with social desirability bias, a study limitation. In addition, the relatively limited sample size may further constrain the extent to which the results can be generalized. Moreover, the diversity of the research context was limited in several respects. The participants had relatively homogeneous cultural backgrounds. This may have limited the range of perspectives in the findings. Also, the variety of

therapeutic approaches used was restricted. The interventions primarily drew upon a limited set of therapeutic models, including Emotionally Focused Therapy (EFT), the Gottman Method, and systemic interventions. Our focus on specific models and techniques may have limited the applicability of the findings to other frameworks or therapy models.

Despite these limitations, the present study contributes to the existing literature. Research examining change processes within the context of couple therapy remains scarce, and, to date, no prior study has specifically explored therapeutic change and gender differences in the psychotherapy process with couples. Thus, this study represents the first investigation in Türkiye to systematically examine clients' experiences of change in couple therapy and compare change narratives between women and men. Moreover, this study highlights the therapy experiences of individuals from a complex cultural context. It advances systemic theory by addressing a gap dominated by Western research. Additionally, given the diversity of clients' presenting problems and the absence of a focus on a specific intervention group, the generalizability of the findings is strengthened.

Future research should address these limitations through several methodological enhancements. First, by integrating qualitative data with quantitative result measurements, a mixed methods technique can improve our understanding of therapeutic change. Also, including therapist perspectives and observational data directly taken from therapy sessions may allow client narratives to be corroborated from multiple perspectives, thus reducing reliance on self-report measures only. Additionally, conducting change interviews after each session can provide a more precise map of therapeutic change. Expanding the inclusion criteria to encompass diverse gender identities and couple types would move the field beyond binary analyses and allow for

exploration of variations across different relational configurations. Finally, cross-cultural comparisons would be valuable in investigating how cultural norms shape the therapeutic change process and gendered experiences within couple therapy.

Quantitative and qualitative follow-up studies could add to a more thorough knowledge of effective change processes in couple therapy by investigating how the theme areas from this research predict treatment results or session-level changes.

4.6 Clinical Implications

This study highlights the importance of integrating individual, relational, and systemic lenses in couple therapy. Therapists should be attuned to gender-specific preferences, needs, and challenges in how therapeutic change is experienced and attributed. Female clients may benefit more from emotionally attuned, relationally validating environments, with attention to containment, safe emotional expression, and space for emotional processing. In contrast, male clients may engage more deeply through structured guidance, behavioral goals, cognitive clarity, and task-oriented interventions.

Therapists may focus on flexibly adapting their stances and techniques to clients' emotional and cognitive capacities, balancing emotional and cognitive interventions as indicated by gender factors. Addressing explicitly the couple's investment in each other, the imbalance in this, and relational imbalances such as emotional labor or motivational differences can significantly alter therapeutic rapport and clients' satisfaction with therapy. Particular attention should be given to managing emotional distance, especially when one partner is less expressive. Providing structure and guidance can strengthen the therapeutic alliance and improve the treatment process.

Adopting gender-sensitive approaches by adapting interventions to emotional and cognitive differences may also be important. Cultural sensitivity is equally important, and

therapists’ exploration of, acceptance of, and respect for sociocultural norms that influence couple dynamics and gender roles may be important for forming the therapeutic alliance and developing change.

Moreover, normalizing the nonlinear nature of therapeutic change and informing clients that there may be future setbacks can help prepare clients for fluctuations in progress. In addition, it can facilitate framing setbacks as part of a larger process of growth and learning. Increasing clients' optimism and improving their engagement is another crucial area of attention. Maintaining clients' motivation and dedication to therapy can be achieved by actively fostering optimism during trying moments. Finally, for clients who exhibit fear or avoidance in addressing deep relational issues, therapists should employ scaffolded emotional exposure techniques, gradually building emotional tolerance through structured and emotionally safe interventions. Adopting a flexible, gender-informed, and culturally sensitive approach may foster more inclusive, equitable, and effective outcomes in couple therapy.

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APPENDICES

APPENDIX A. INFORMED CONSENT FOR PARTICIPANTS (TURKISH)

Türkiye'de Çift Terapisi Etkinlik ve Değişim Süreci Araştırması

Araştırma Gönüllü Katılım Onam Formu
Tübitak 3501 Araştırma Projesi
Proje yürütücüsü: Dr. Öğretim Üyesi Selenga Gürmen selenga.gürmen@ozyegin.edu.tr

Mevcut projede Özyeğin Üniversitesi Çift ve Aile Merkezi ile İstanbul Bilgi Üniversitesi Psikolojik Danışmanlık Merkezi'ne başvuran çiftlerin geldikleri ve terapiye devam ettikleri süreçte genel psikolojik durum ve ilişki doyumlarını ölçerek gerçekleşen terapötik müdahalelerin etkileri araştırılacaktır. Danışanların terapi sürecindeki deneyimleri hem anket verisiyle hem mülakat hem de gözlem verileriyle ölçülecektir. Ayrıca, araştırmaya katılacak vakaların terapistleriyle değişim sürecine dair mülakatlar yapılacak ve seans içi davranışlar kodlanarak terapide süreç araştırması yapılacaktır.

Süreç: Bu araştırma dahilinde belirtilen veri toplama süreçleri gerçekleşecektir:

1. Çeşitli ölçeklerin ve soruların yer aldığı anketler ilk seans öncesi ve her seans sonrasında doldurulacaktır. Süreç boyunca dolduracağınız anket süreleri değişkenlik göstermekte olup, doldurulmaları 10-40 dk arasında sürmektedir. Bu anketler merkezlerin genel işleyişinde yer almaktadır. Cevaplarınızın araştırmaya katılması için ilk anket dolduruşunuzda araştırmaya onam vermeniz gerekmektedir. Buna ek olarak 7 soruluk bir form tarafınıza iletilecektir. Bu formun seansın hemen akabinde doldurulması gerekmektedir.
2. Sürecinize devam ederken 4., 8., 12., 16., 24., 32. seanslardan sonra tercihinize göre yüz yüze ya da Zoom üzerinden "Değişim Süreci Mülakatları" yapılacaktır. Görüşmeler yaklaşık 20-30 dk sürecektir. Ses kayıdı alınacak, daha sonra transkripte edilerek anonimleştirilecektir.
3. Merkezdeki seans kayıtlarınız özel ve güvenli bir program aracılığıyla kaydedilip saklanacak ve araştırma ekibimiz tarafından gözlem verisi olarak kodlanacaktır. Kodlamalar tamamlandıktan sonra kaydınız silinecektir.

Gizlilik: Sizden edinilen bilgiler tamamen gizli tutulacaktır ve veriler işlendikten sonra kişisel verileriniz anonimleştirilip analiz edilecektir. Soruların hiçbiri mahremiyetinize ve size zarar verici nitelikte değildir. Sizlerden elde edilen bilgiler bireysel değil, grup olarak değerlendirilecektir. Mevcut verilerinize araştırmacı ve araştırma asistanları ile merkez çalışanları haricinde kimseler erişemeyecektir.

Teşekkür Hediyesi: Türkiye'de çift terapisinin etkinliğinin araştırılmasına yapacağınız katkılardan dolayı size teşekkür etmek isteriz. Bu sebeple, iki partner de değişim mülakatlarını tamamladığında her partner için 100tl (toplam 200tl) değerinde alışveriş çeki elde edeceksiniz. Proje kapsamında 4., 8., 12., 16., 24., ve 32. Seansların sonunda değişim mülakatları yapılmaktadır. Buna göre çift olarak sürece devam ettiğiniz takdirde toplam 1200tl'lik hediye çeki alabilme şansınız bulunmaktadır. Alışveriş çeklerini elde etmek için iki partnerin de ilgili verileri düzenli ve eksiksiz şekilde

doldurmuş olması gerekmektedir. Alışveriş çekleri ödemeleri size terapi süreciniz tamamlandığı zaman iletilecektir.

Gönüllü Katılım: Araştırmaya katılıp katılmamanızın terapi sürecinize olumlu ya da olumsuz bir etkisi olmayacaktır. Araştırma sırasında veya sonrasında herhangi bir sorunuz ya da sorularınız olursa lütfen aşağıda verdiğimiz iletişim bilgilerinden bize ulaşınız. Projeden ayrılmakta ve daha önce alınmış ama işleme konmamış verileri geri almakta her zaman özgür olduğunuzu bilmenizi isteriz. Değerli katkılarınızdan dolayı şimdiden çok teşekkür ediyoruz.

Bu formda anlatılan araştırmanın etik yönleriyle ve/veya araştırma detaylarıyla ilgili sorularınız, sorunlarınız veya önerileriniz varsa lütfen Özyeğin Üniversitesi Etik Kurulu ile (216) 564 91 76 nolu telefondan temasa geçiniz.

! Eğer bu araştırmaya gönüllü olarak katılmak istiyorsanız, lütfen formun aşağısındaki ilgili kısımların tamamını işaretleyerek imzalayınız. Eğer onamınızı online veriyorsanız ve çıktı alma imkanınız yoksa çizginin altındaki kısmı kopyala-yapıştır ile cevap olarak iletiniz.

Yukarıda sözü geçen *"Türkiye'de Çift Terapisi Etkinlik ve Değişim Süreci Araştırması"* isimli araştırma projesinin detaylarını okudum.

- Anket verilerimin proje kapsamında araştırma için kullanılmasına izin veriyorum.
- Her seans sonunda verilecek ek formu doldurmayı ve bu verilerin araştırmada kullanılmasını kabul ediyorum.
- Devam ettiğim süreçte 4., 8., 12., 16., 24. ve 32. seanslardan sonra bir sonraki seansa kadar "Değişim Mülakat"larına katılmayı ve bu verilerin araştırmada kullanılmasını kabul ediyorum.
- Seans kayıtlarımın gözlem verisi olarak kodlanmasına izin veriyorum.
- Araştırma için araştırma asistanlarının benimle iletişime geçmesine izin veriyorum.

İsim Soyadı İmza Tarih