



YEDITEPE UNIVERSITY
GRADUATE SCHOOL OF EDUCATIONAL SCIENCES

EXPERIENCES OF COUPLE AND FAMILY THERAPISTS ON THERAPEUTIC
CHANGE AND COMMON FACTORS: A QUALITATIVE STUDY

A Thesis Submitted
by
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In Partial Fulfillment
of the Requirements for the Degree of
Master of Arts
in
Guidance and Psychological Counseling

Supervisor
Asst. Prof. Dr. Serdar Körük

Istanbul - 2023

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ABSTRACT

EXPERIENCES OF COUPLE AND FAMILY THERAPISTS ON THERAPEUTIC CHANGE AND COMMON FACTORS: A QUALITATIVE STUDY

Psychotherapy researchers often examine how therapeutic change takes place and how effective a particular therapy process is. When the related studies revealed that different therapy models were similarly beneficial, the researchers developed a new model-independent approach to determine which factors lead to therapeutic change. The researchers suggest some factors leading to therapeutic change and common to different therapy models. They claim that what really leads to therapeutic change is these factors, which they call “common factors”. The present study investigates therapists’ experiences regarding how the common factors unique to couple and family therapy affect therapeutic change. The experiences of 8 couple and family therapists (8 women) were examined through semi-structured interviews and the data collected were analyzed by using thematic analysis method. The research data revealed 9 themes for 4 common factors unique to couple and family therapy: “Getting Over Blaming”, “Everyone Taking Responsibility”, “Understanding the Impact of Past Relationships”, “Getting to Know Each Other”, “Recognizing Support and Effort”, “Being Able to Communicate”, “Therapist Working the Relationship”, “Accepting the Differences” and “Comprehending Not Being Judged”. The present study discusses research design, findings, literature review, strengths and weaknesses of the study, future research suggestions and implications.

Keywords: Therapeutic change, Couple and family therapy, Therapist experiences, Common factors, Thematic analysis

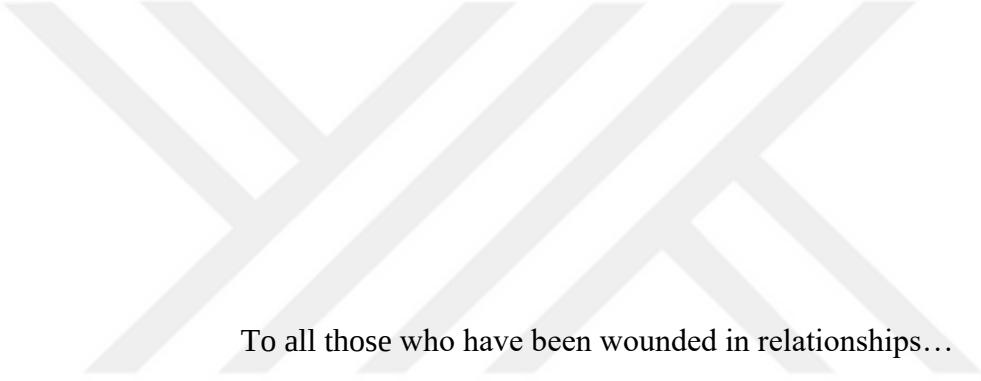
ÖZET

ÇİFT VE AİLE TERAPİSTLERİNİN TERAPÖTİK DEĞİŞİM VE ORTAK FAKTÖRLER ÜZERİNE DENEYİMLERİ: NİTEL BİR ÇALIŞMA

Terapi sürecinin nasıl etkili olduğu ve terapötik değişimin nasıl gerçekleştiği psikoterapi araştırmacıları tarafından sıklıkla araştırılmaktadır. Farklı terapi modellerinin birbiriyle benzer oranda faydalı olduğunu keşfeden araştırmacılar terapötik değişimi hangi faktörlerin sağladığına dair modeller üstü bir anlayış geliştirmişlerdir. Araştırmacılar terapötik değişimi sağlayan ve farklı modellerde ortak olan bazı faktörlerden bahsetmektedirler. Ortak faktörler ismini verdikleri bu değişkenlerin terapötik değişimi sağlayan asıl unsurlar olduğunu savunmaktadırlar. Bu çalışma çift ve aile terapisine özgü ortak faktörlerin terapötik değişimi nasıl etkilediğine dair terapistlerin deneyimlerini araştırmaktadır. 8 çift ve aile terapistinin (8 kadın) deneyimleri yarı yapılandırılmış görüşmeler ile araştırılmış ve tematik analiz yöntemi kullanılarak analiz edilmiştir. Araştırma verileri toplamda çift ve aile terapisine özgü 4 ortak faktör için 9 tema ortaya çıkarmıştır: “Suçlamayı Aşmak”, “Herkesin Sorumluluk Alması”, “Geçmiş İlişkilerin Etkisini Anlamak”, “Birbirini Tanımak”, “Destegi ve Çabayı Görmek”, “İletişim Kurabilmek”, “Terapistin İlişkiyi Çalışabilmesi”, “Farklılıkları Kabul Etmek” ve “Yargılanmayacağını Anlamak”. Mevcut çalışma; araştırma deseni, bulguları, konuyla ilgili literatür, araştırmanın sınırlılıkları ve güçlü yanları, gelecek araştırma önerileri ve uygulamalar tartışmaktadır.

Anahtar Kelimeler: Terapötik değişim, Çift ve aile terapisti, Terapist deneyimleri, Ortak faktörler, Tematik analiz

DEDICATION



To all those who have been wounded in relationships...

ACKNOWLEDGMENTS

First of all, I would like to thank my thesis supervisor Asst. Prof. Serdar Körük for his support and availability as well as his understanding approach throughout my thesis writing journey.

I would also like to thank Asst. Prof. Elif İkizer, who was very kind to motivate me by providing vitally important voluntary support to overcome the wearisome effects of the earthquake that hit our country on February, 6th 2023 and the presidential elections following the earthquake and helped me to take the correct path with her invaluable feedback.

I would like to express my sincere gratitude to Semih Kırtas, who unconditionally stood by me and patiently provided invaluable support throughout this period.

In addition, I would like to thank Sibel Erenel, who has played an important role in my career path and become my role model in many ways.

I would like to thank to my sister Sermin Dakak, my mother Sema Samedzade and my father Recep Ali Dakak, with whom I am bonded with a strange glue that stretch but never let go. I regret not having spent as much time as I wished to while writing my dissertation and I am grateful for their never-ending trust in me.

I am also grateful to my special group of friends called “Basement Tale”, who make my life more meaningful and hopeful with their presence.

Finally, I am thankful to Ali Ammar Kurt, who meticulously checked the analysis results as an expert and provided extremely useful feedback.

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1. INTRODUCTION

In this section, the problem statement, the aim of the research, the importance of the research, as well as the limitations and strengths of the study will be presented.

1.1 Problem Statement

Couple and family therapy is an effective way that individuals turn to in order to solve their problems. Research indicates that couple and family therapy is highly effective in resolving problems (Friedlander & Tuason, 2000; Sexton, Robbins, Hollimon, Mease, & Mayorga, 2003; Shadish & Baldwin, 2003). The primary aim of couple and family therapy is to promote a positive change by assisting individuals in fostering their interpersonal relationships within a family system (Nichols and Schwartz, 2018). The goal here is to identify and tackle dysfunctional interaction patterns, develop conflict resolution skills and strengthen emotional ties (Gurman and Lebow, 2015). The purpose of a therapist, on the other hand, is to create a collaborative and inclusive therapy environment that might improve resilience and encourage family members to get a clear understanding about challenges they encounter and develop healthy communication patterns (Nichols & Schwartz, 2018; Gurman & Lebow, 2015; Guerin et al., 2012). Numerous research studies have provided substantial evidence supporting the effectiveness of couple and family therapy approaches in achieving positive therapeutic results (Johnson, 2002; Sexton, Robbins, Hollimon et al., 2003; Sprenkle, 2002; Wampold, 2001). It is essential to identify the factors leading to expected changes in clients and promote them in practice so that effectiveness of couple and family therapy can be improved. Therefore, a considerable number of studies focusing on therapeutic change have been conducted in the field.

Scholars have dedicated significant time to examine various aspects of therapy models so as to determine the most effective theoretical framework to facilitate therapeutic change (Wampold, 2001; Wampold & Imel, 2015). The medical model adopted in effectiveness studies triggered the emergence of a perception suggesting that the source of positive change observed in clients in regard to psychotherapy are models and techniques (Beel, 2011; Elkins, 2016; Wampold, 2010). Such a perspective assumes that a particular model in psychotherapy works well due to its unique characteristics and practices. To illustrate, cognitive therapies argue that therapeutic change

occurs because ideas and perceptions are restructured while Narrative Therapy claims that rewriting the life stories of the clients leads to such change (Mahoney, 1993; Payne, 2006).

In contrast to the claim that therapeutic change takes place due to model-specific characteristics and practices, some studies concluded that different therapeutic models and practices had similar levels of effectiveness. The meta analysis study conducted by Benish, Imel and Wampold (2008) reported that psychotherapy is effective in the treatment of post trauma stress disorder; however, the results did not indicate any differences between different psychotherapy models in terms of effectiveness. Similarly, other meta analysis studies did not find any significant difference between cognitive behavioral therapies and other therapy models in the treatment of anxiety and depression (Spielmanns et al., 2007; Wampold et al., 2002).

Comparative research results indicate that therapeutic change occurs due to certain factors that are common in different models and practices (Hubble et al, 2010; Lambert, 2013; Norcross & Newman, 2003; Wampold, 2010, 2015). The researchers adopting this approach emphasized that different psychological interventions, in fact, result in therapeutic change through common processes and mechanisms. They also claimed that these interventions lead to positive changes in clients as the common factors start to operate (Grawe, 2004; Higginson et al., 2011; Prochaska & Norcross, 2014; Stiles et al., 1990; Wampold, 2010). Lambert (1992) reported that the models and techniques implemented had an effect of 15% on client's change while the effect of alliance between therapists and client was 30%. Similarly, expectations and hopes of clients from the therapy affected how they change at a level of 15% and the factors not related to therapy such as social support received had an effect of 40%. Regardless of the model applied in the similar studies, some studies found a correlation between positive results and therapeutic alliance (Del Re et al., 2012; Flückiger et al., 2012; Flückiger et al., 2018), clients' expectations and hopes for a change (Larsen et al., 2007; Snyder, 2000) and personality traits and professional competencies of therapist (Ackerman & Hilsenroth, 2003; Baldwin & Imel, 2013; Baldwin et al., 2007).

Although the above-mentioned common factors are valid for both individual therapies and couple and family therapies, there are some specific common factors for couple and family therapies implementing different techniques. Sprenkle and Blow (2004) defined three common factors specific to relational therapies: a relational conceptualization of problems, the expanded direct treatment system, and the expanded therapeutic alliance. Sprenkle, Davis and Lebow (2009) expanded this list by adding "disrupting dysfunctional relational patterns" as the fourth factor.

One of the characteristics that distinguish individual therapies from couple and family therapies is relational conceptualization of problems encountered by clients. According to this view, people are considered a part of the relationship systems they are involved in. Therefore, therapists consider mutual interactions among clients while working on a particular problem (Sprenkle et al., 2009). All empirically validated relational therapy approaches conceptualize problems relationally. Thus, the meta-analyses confirming effectiveness of couple and family therapies are indirect evidence for the presence of common factors that are unique to these types of therapies (Sprenkle et al., 2009). According to the study conducted by Davis and Piercy (2007), Internal Family Systems Therapy, Emotion-Focused Therapy and Cognitive Behavioral Couple Therapy conceptualize a particular problem in the same way although they embody different model-specific definitions. Cognitive Behavioral Couple Therapy emphasizes cognitive and behavioral elements while Emotion-Focused Therapy foregrounds emotions and Internal Family Systems Therapy accentuates all the above-mentioned elements. However, the results of the study revealed that all these three models conceptualized the problems within the context of relationships.

Another purpose of couple and family therapy is to transform dysfunctional relational patterns (Sprenkle et al., 2009). Davis and Piercy (2007) argued that Emotion-Focused Therapy, Cognitive Behavioral Couple Therapy and Internal Family Systems Therapy models operate together with dysfunctional relational patterns through the adoption of different methods.

Structural family therapists aim to intervene in dysfunctional patterns observed in families (Minuchin, 1974) while the purpose of strategic therapists is to disrupt behavioral sequences (Haley, 1987). In addition, Bowenian therapists aim to have an effect on in-family triangulations and the patterns transferred from generation to generation and Palo Alto system therapists try to find ways to prevent dysfunctional resolution attempts (Fisch et al., 1983). Finally, the aim of emotion-focused therapists is to interrupt permanent pathological emotional patterns (Johnson, 1996) while cognitive behavioral therapists seek ways to intervene in dysfunctional relational patterns through cognitive restructuring. All empirically validated relational therapy interventions aim to disrupt dysfunctional patterns (Sprenkle, 2002).

Pinsof (1995) makes a distinction between individuals who are physically present during the therapy process (direct patient systems) and those who are involved in the process indirectly (indirect systems). The presence of as many people as possible who are directly involved in the problem in a therapy room allows the therapist to grasp a more comprehensive idea about the

problem and have a clearer understanding of it. In other words, the presence of problem-related people in the therapy room helps everyone to have an idea about the problem and provide opportunities for mutual support when necessary. Also, the presence of many therapists has a positive effect on change. The studies show that conjoint approaches are more successful than individual therapies in the treatment of drug addiction (Rowe & Liddle, 2002) and conduct disorder in adolescents (Henggeler & Sheidow, 2002); general marital dysfunction (Johnson, 2002); alcoholism and drug addiction in adults (O'Farrell & Fals-Stewart, 2002); and family management of severe mental health problems (McFarlane et al., 2002)

Individuals' race and gender as well as culture and social structures they belong to considerably affect the therapeutic process. The society and the culture which the family was born into become a significant factor facilitating the conceptualization of the problem in Narrative Family Therapy, which places a special emphasis on the context (Freedman & Combs, 2008). According to narrative family therapists, people lead their lives by reformulating them into certain stories. Clients apply to receive psychological support when these narratives disturbingly dominate their lives. Culture and society play a significant role in the emergence of such experiences throughout an individual's life. Therefore, therapists keep their treatment systems as wide as possible to reach effective solutions (D'Attilio, 2013). Similarly, Contextual Family Therapy does not address nuclear families alone. It claims that relationships have different dimensions and considers them as a component of the therapy. For instance, it investigates the effects of various variables such as race, family culture and health. Finally, this type of therapy highlights that injustice experienced by disadvantaged social groups is transferred between generations and affects the family (Boszormenyi-Nagy et al., 1991).

Therapeutic alliance refers to the quality of relationship between the therapist and the client (Horvath & Bedi, 2002). This term is the most common factor discussed in couple and family therapy research (Sprenkle et al., 2009). It is essential for successful engagement at the beginning of therapy and serves as the vehicle for delivering intervention strategies, regardless of the therapeutic approach used. The alliance affects the acceptability of interventions and the completion of between-session homework (Lebow, 1982; Kazantzis & L'Abate, 2007). In couple and family therapy, the alliance's significance is even greater due to multiple participants and the need to balance alliances across clients (Friedlander et al., 2006a). Research shows that a strong alliance between the therapist and clients is a vital foundation for successful therapy outcomes,

even in different therapeutic approaches like Emotional-focused Couple Therapy and Cognitive Behavioral Therapy (Johnson & Talitman, 1997; Krupnick et al., 1994). The impact of therapeutic alliance extends beyond traditional therapy; it influences even medication effects (Elkin, 1994). The human connection provided by the alliance is indispensable, enhancing treatment outcomes even when the theoretical framework may not emphasize its importance (Green & Herget, 1991; Stolk & Perlesz, 1990).

1.2 Purpose of the Research

The new paradigm discussed in the field indicates that therapeutic change mechanisms are, in fact, the common factors in couple and family therapy (Sprenkle et al., 2009). However, the current evidence on the common factors in couple and family therapies is limited to show their role in therapeutic change (D'Aniello, 2015). The aim of the current research is to understand this gap in the literature by asking the research question “How do couple and family therapists perceive therapeutic change in the lens of common factors?” In this dissertation, I therefore aim to explore experiences of couple and family therapists in Turkey on therapeutic change and the common factors specific to couple and family therapy in their therapy experiences qualitatively.

1.3 Importance of the Research

The common factors are a new topic of study despite the presence of strong evidence. Change process research should be conducted to have a clear understanding of how therapeutic change occurs (Elliott, 2010, 2012). Positivist and quantitative studies fail to explore the true nature of change (Elliott, 2010, 2012; Gallegos, 2005) and experiences of those who are directly involved in the therapy process. Thus, there is a growing demand for qualitative research to have an in-depth understanding of positive change (Hill et.al, 2013). To the author's knowledge, there are not any studies conducted in the Turkish context examining experiences of couple and family therapists regarding therapeutic change and their perceptions about the factors affecting this change. It is essential to investigate the factors affecting therapeutic change so that effectiveness of the practices implemented by therapists can be improved. Furthermore, the results obtained from the research should be put into practice and contribute to the attempts to improve couple and therapy practices. Qualitative studies play a particularly significant role in bridging the gap between theory and practice by exploring experiences of individuals involved in the process (Elliott, 2008, 2010; Hill

et al., 2013; Levitt et al., 2016; Stiles, 2013). Therefore, the present study qualitatively examines the common factors leading to therapeutic change with references to experiences of couple and family therapists.

1.4 Limitations

- The study is limited to the data collected from 8 couple and family therapists in Turkey. Those who volunteered to participate in the study were all females since the majority of people working in this field are women.
- In accordance with the purposes of qualitative studies, the data obtained within the scope of this study can be generalized only to the groups of therapists in the context where the data was collected.
- Change in therapy is a multi-dimensional and interactional process consisting of various components. The questions asked to the participants provide information regarding only a particular dimension of this multi-dimensional process.
- The interviews administered within the scope of this study aimed to investigate experiences of couple and family therapists through questions. Since this data collection procedure is based on recalling information, only those who have been actively working in the field of couple and family therapy at least for 3 years were included in the study to minimize the effects of this limitation.
- Those involved in the data analysis phase of the study are the author of the dissertation who studies Guidance and Psychological Counseling at master's degree level and the thesis supervisor who works as an assistant professor in the field. A third coder from a different field was included into the data analysis process in order to minimize any biases that might be reflected by researchers who are also working within the field of Guidance and Counseling Psychology.

1.5 Strengths

The present study contributes to the field in terms of the common factors leading to therapeutic change in couple and family therapy, which is an area having a quite limited literature. Despite the presence of some studies focusing on the common factors in therapy, previous literature have not examined common factors unique to couple and family therapy can lead to therapeutic

change from therapists' points of view. Therefore, the present study is the first study on this specific issue. In addition, the majority of the similar studies are conducted in the western contexts. Thus, the data obtained from the Turkish context are remarkably important for the related literature. Finally, this study might provide new perspectives and insights for the future studies since it was carried out according to the principles of qualitative research methodology and it is based on the experiences of couple and family therapists.



2. LITERATURE REVIEW

In this section, the literature on therapeutic change, paradigms regarding how change occurs, therapeutic change in couple and family therapy, and common factors specific to bringing about change in couple and family therapy will be included.

2.1 Therapeutic Change

Therapeutic process aims to initiate a change that results in the reduction of mental distress experienced by clients and find effective solutions to specific problems disrupting balances in relationships (Nardone & Balbi, 2015). Both therapists and clients are motivated for a change (Miller et al., 2010). There are some studies focusing on how therapeutic change occurs during therapy sessions. The earlier studies in the literature claimed that positive change is linear and takes place in stages (Hayes et al., 2007; Lambert et al., 2001). However, more recent studies reported that change has a more complex structure that might be sudden, perpetual and non-linear (Hayes et al., 2007; Gelo & Salvatore, 2016; Salvatore & Gennaro, 2015). Murray (2022) asserted that change occurs at two levels. The first level is characterized with superficial changes in behaviors and thinking patterns as well as fewer negative effects of the problems while the second level changes are more comprehensive and take place in clients in terms of how they experience life and themselves. Similarly, Gelo & Salvatore (2016) argue that change occurs at two levels. A perpetual minimum change in stages is observed in the first level, and the dominant functionality pattern still operates at this level. On the other hand, the second level change involves sudden changes, and such a change becomes more distinct in time and transforms the functionality pattern.

The related studies concluded that therapy is effective in overcoming problems faced by clients regardless of the model adopted in therapy practices (Lambert, 2013; Wampold, 2001; Erford et al., 2010). Despite the presence of scientific evidence supporting this positive effect, some studies still investigate the factors leading to such an effect (Kazdin, 2014; Leibert, 2011; Leibert & Dunne-Bryant, 2015). The literature lists “model-driven change paradigm” and “common factors-driven change paradigm” as the two factors leading to positive change. Model-driven change paradigm claims that change takes place through certain techniques specific to particular

therapy models while common factors-driven change paradigm suggests that change is due to certain features that are common in different models (Sprenkle et al., 2009).

2.1.1 Model-Driven Change Paradigm (Specific Paradigm)

Model-driven change paradigm is one of the answers provided for the question “How does therapeutic change occur?” According to this paradigm, psychotherapy works generally due to unique features and interventions of a particular model. In other words, any change that takes place during the therapy is associated with the characteristics of the model rather than those of the therapist. In therapy, the client's change is often perceived more in line with the therapist's performance as defined by the therapeutic approach. To illustrate, Cognitive Behavioral Therapy suggests that change occurs due to restructuring of thoughts and perceptions, whereas Narrative Therapy claims that change takes place when the clients rewrite their own life stories in a self-confident and empowering way (Mahoney, 1993; Payne, 2006). This paradigm gives the model and its components a central role and has been inspired by the medical perspective (Wampold, 2001)

It is indisputable that the fundamentals of psychotherapy are closely related to the medical model and this model plays a significant role in psychotherapy practices and research which are noticeably shaped by various ideologies, models and paradigms (Wampold, 2001). According to this model, mental problems are similar to health problems and specific therapeutic methods are selected for specific psychological problems. The medical model tries to overcome psychological problems through biological, materialistic and deterministic explanations and is inspired by the medical methods in its practices (Simon, 1994; Wampold, 2001).

Treatment manuals and empirically supported treatments, which are two significant developments in psychotherapy studies due to the effect of the medical model, provided an overly constrained framework for psychotherapy studies and predominated alternative meta theories (Wampold, 2001).

Psychotherapy researchers argued that therapy models should be evaluated and standardized as suggested by the medical perspective (Lebow, 2006). Chambless and Hollon (1998) proposed a standardization specifying that a model should implement certain procedures

and interventions with a client according to a standardized manual to guarantee an effective treatment. A treatment manual clearly defines principles and techniques related to the therapy to be implemented as well as the procedures to be followed by the psychotherapist (Kiesler, 1994) . The purpose of a treatment manual is to define and establish standards in psychotherapy. These standards aim to control independent variables in therapy studies and ensure appropriate implementation of practices required by the model adopted by the therapists. Also, variations among the practices are examined in comparative studies by referring to these standardized procedures (Wilson, 1996).

Making detailed definitions of empirically supported treatments is considered another significant development in psychotherapy studies. The advancements in the medical field necessitated a commonly acknowledged standardization in therapy practices. Thus, certain treatments for particular psychological problems were revised to clarify the procedures. Lebow (2006) summarizes that Aaron Beck defined some stages for empirically supported treatments and conducted some studies to categorize diseases and treatment methods. Beck and colleagues specified how depressive people think and prescribed clear-cut and repeatable treatments to alter such thinking patterns such as teaching clients to make an evaluation of their own thoughts, improve their self-talk and encourage them to be more active and functional individuals by transforming their depressive emotions and behaviors. Beck and his colleagues prepared a manual for clinicians to specify the procedures to be followed in different phases of treatments (Lebow, 2006).

These empirically supported treatments have received a lot of criticisms. First of all, it disregards the importance of the therapist. Lebow (2006) argues that different clinical interventions are prioritized in psychotherapy research while the effects of the therapist implementing these interventions are often ignored. The methods implemented are considered as medical drugs that are independent from those who implement them. Researchers often deal with skills, personality and experiences of therapists as secondary issues to discuss, and they primarily focus on making sure that different treatment groups receive similar interventions (Sprenkle et al., 2009).

Some researchers criticized these treatments by indicating that technical dimensions of treatment are overemphasized. Hubble et al. (1999) highlighted that therapeutic alliance and hope are far more important than therapeutic techniques no matter how much manualized the applied

methods are, and technique has less than %15 effect on changes in clients throughout therapy (Lambert & Barley, 2001; Wampold, 2001).

Another significant criticism suggests that empirically supported treatments confine the focus of therapy and inhibit creativity. Messer (2004) argues that complexity, which is a natural feature of therapy, is often ignored when therapies are conducted according to the available manuals and therapists merely focus on a diagnostic group. Messer also refers to a hypothetical client to clarify his point of view. This client, who is married but has a love affair with someone else, displays a lot of depressive symptoms in the middle of a life crisis. At this point, he asks the following question: “Should the therapist implement an empirically supported treatment or guide the client for a more comprehensive self-examination?”. Lebow (2006) claimed that focusing on only alleviating symptoms and treating Diagnostic and Statistical Manual of Mental Disorders (DSM) syndromes represent only a small portion of what talented therapists are interested in.

Empirically supported treatments list primarily includes behavioral and cognitive interventions because these interventions are easier to manualize than those proposed by other models (Wampold, 2001). Researchers highlight that such commonly acknowledged approaches addressing Gestalt Therapy, Object Relationships Therapy and Bowenian Therapy have been hardly studied (Hubble et al., 1999). Wampold (2001), in his study aiming to verify his arguments against the medical model, showed that “allegiance” (therapist’s commitment to the model), “alliance” (the quality of therapist-client relationship and how much clients are on the same page with the therapists) and some variables that are not specific to treatment method are more effective than specific treatment factors.

2.1.2 Common Factors-Driven Change Paradigm (Non-Specific Paradigm)

According to Arkowitz (1992), the criticisms against single theoretical approaches paved the way to three new movements: theoretical integration, technical eclecticism and common factors. The most significant movement within the scope of the present study is the common factors approach. As the approaches in psychotherapy increased in number, the evidence supporting different approaches also increased. When the available studies in the literature indicated that different approaches have similar levels of effectiveness, Rosenzweig (1936) explained this situation by referring to a quote by Dodo Bird in *Alice in Wonderland*: "At last, the Dodo said:

'Everybody has won, and all must have prizes.'". In other words, Rosenzweig suggested that different methods are equally beneficial on clients' change. Equal effectiveness of different models is called "Dodo Bird Effect" as inspired by this metaphor. According to Rosenzweig (1936), the similarity of the results in psychotherapy research implies the presence of unrecognized factors in any therapeutic case and these factors might be more important than the factors that are already known to lead to therapeutic change. Thus, Rozenzweig (1936) claimed that psychotherapy is useful because of some common factors and some studies were conducted in order to determine these common factors.

Common factors-driven change paradigm as an emerging paradigm argues that all effective therapies share certain common factors which play the main role in the mechanism of change. According to this paradigm, models allow therapists to implement consistent practices and determine the direction they will lead to and they are important because they can activate common mechanisms in successful therapies. What is common in successful therapists and determines change are these common mechanisms (Sprenkle et al., 2009). For instance, client-therapist alliance is crucial in all therapy models. Different therapy models deal with the client-therapist relationship in different ways; however, all models underline the importance of this relationship (Luborsky et al, 1975).

Despite being called as "emerging paradigm", the common factors, in fact, are an integral component of psychotherapy. Although the common factors were not mentioned in the early period of psychotherapy, we can easily figure out how they were implemented when we examine the articles published in this period. Primarily characterized with a focus on the differences regarding theory and strategy, the early period of psychotherapy in the 1930s witnessed some discussions about the common factors as well. First of all, Rosenzweig (1936) claimed that effectiveness of psychotherapy depends on some common factors rather than specific factors and therapist-client alliance is an essential component of the process. Jerome D. Frank (1961) defined four common dimensions of treatment practices by extending the topic to other related fields as well. One of these dimensions is emotional and trustworthy relationship between the therapist and the client, which is followed by a healing setting, a reasonable explanation regarding how problems of the client can be solved and the belief that problems can be solved through active participation of the client and the therapist. Frank (1961) claimed that therapy models are significant because they

create a common belief for solutions, not because they are effective. He further argued that psychotherapy works well since it provides motivation for demoralized individuals and creates a sort of hope and this factor is the most effective factor in all psychotherapies.

One of the distinguished therapists studying common factors is Carl Rogers, whose arguments and studies provide a strong basis for the concepts regarding the healing factors in psychotherapy. According to Rogers, three basic factors are effective in therapy: namely, empathy, positive regard and congruence. Rogers (1957) defines empathy as understanding the reference framework of a client and how the client experiences own life. This point of view has been commonly acknowledged in almost all psychotherapy practices. Positive regard, which is the second factor highlighted by Rogers, is based on accepting client's experiences unconditionally (Farber & Lane, 2002). Congruence, which is the factor named by Rogers (1957) refers to the therapist's ability to be genuine. According to Roger, therapists should be sincere and avoid being deceptive about their emotions. Highlighted by Rogers, these components constitute the basis for many psychotherapy practices (Norcross, 2002).

Another significant study contributing to "the common factors" point of view is "the generic model". Labeled as a "generic" approach to psychotherapy by Orlinsky and Howard (1987), this model determines four fundamental frameworks. The first of these frameworks is "co-oriented activity", which involves behavior of the therapist and the client as well as behavioral interaction between them. According to Orlinsky and Howard (1987), self-expression and talking about problems are two examples of this category. To illustrate, behaviors such as empathic listening as suggested by Rogers can also be listed under this category. The second framework, which is "concurrent experience", is about client's and therapist's phenomenological perception of events. They argue that their perceptions about themselves, others, relationships and the therapy process have a considerable effect in addition to the treatment method. The third framework "dramatic interpretation" is about symbolic meaning formulations of client and therapist as well as the meaning of therapy for client and therapist. The final framework "regular association" covers normative relationship patterns that bring the client and the therapist together. It includes some issues such as frequency of therapy sessions, rules, confidentiality agreement, place of sessions and service fares. The most important contribution of Orlinsky and Howard (1987) to the discussion

was to highlight different levels of psychotherapy. Psychotherapy is a sort of relationship between client and therapist which is likely to result in change on client's side.

Luborsky et.al (1975) studied the effects of different methods on clients. The results of these studies revealed that different treatments were equally effective and three quarters of the clients experienced positive changes after the sessions. They called this situation "Dodo Bird Verdict" by borrowing the term from Rosenzweig. This term implies that different methods are equally beneficial for clients and the reason lying behind the positive effect is the common factors rather than model-specific methods. However, there are also many researchers who criticized "Dodo Bird Verdict" (Chambless, 2002). Analyzing the collected data again and the data obtained from the further studies also supported this finding (Luborsky et.al 2002). Meta analysis studies were also consistent with this finding since they reported the lack of effectiveness difference between the therapy practices (Smith & Glass, 1979; Lambert & Ogles, 2004). Similarly, Lambert (1992) concluded that %40 of the changes after a therapy could be explained through some developments leading to a change in the client's life such as finding a new job, %30 through therapeutic alliance, %15 through positive expectations and finally, %15 of the change was due to the intervention itself. In addition, he argued that different therapeutic practices did not significantly differ by giving reference to "Dodo Bird Verdict".

As an important researcher in the field, Bruce Wampold (2011), in his book titled "The Great Psychotherapy Debate", highlighted that intervention factors almost did not have any effects on therapeutic change and common factors played the most significant role in the positive change according to the results of his meta-analysis on interventions and common factors. He also suggested that therapy practices did not differ from the effective alternatives, and impact size of certain variables such as therapist factors, therapeutic alliance and allegiance are indisputably more important than effectiveness of intervention methods.

Sprenkle and Blow (2004), in their study, defined a new concept which they called "moderate common factors". Based on the results of the meta-analyses and other clinical studies, they claimed that there are minor differences between effective psychotherapies, and what really matters is, in fact, the actions taken by therapists. However, they argued that these findings did not necessitate a sort of "common factors-intervention factors" binary opposites.

2.2 Therapeutic Change in Couple and Family Therapy

According to couple and family therapy approaches, problems experienced by individuals are related to interpersonal dynamics rather than one single family member (Bateson et al., 1956). Couple and family therapists deal with a particular problem by focusing on relationships without declaring one of the parties as the problematic one (Suppes, 2022). They do not adopt a judgmental, blaming and pathological attitude during the therapy (Boscolo and Bertrando, 1996). According to family therapy approaches, solutions to a particular problem should involve relational interventions due to the interpersonal nature of problems (Haley & Hoffman, 1967). Couple and family therapists examine interpersonal relational patterns (Minuchin and Fishman, 2004). Carter and McGoldrick (2005) state that individuals should be examined within the context of family of origin, culture and past and present relationships. They also argued that individuals should be examined at five different system levels: individual themselves, immediate family, extended family, community one belongs to and the society which one lives in. Any changes in these systems are a stress source for a particular system, which also affects the stability of the family system and forces the system to change (Carter and McGoldrick, 2005).

A family consists of some subsystems such as parents and couples (Suppes, 2022). Sociocultural structure, environmental conditions and interpersonal relationships also play a significant role in the formation of a family (Carter and McGoldrick, 2005). If one wants to decode a family system, it is necessary to understand all the components of this system as well as the interaction between these components. This perspective offers a comprehensive understanding of couples and families and the problems they experience. (Gehart, 2014).

Researchers carry out effectiveness studies focusing on the couple and family therapy approaches for the last 20 years (Friedlander & Tuason, 2000; Sexton, Robbins, Hollimon, Mease, & Mayorga, 2003; Shadish & Baldwin, 2003). Shadish and Baldwin (2003) examined 20 studies in a meta-analysis, and demonstrated that couple and family therapy were 71% more effective than other approaches. The studies focusing on Emotion-focused Couple Therapy reported that the couples faced fewer problems, were more satisfied with their relationship, felt closer, communicated better and had an increased level of empathy and sexual satisfaction during and after the psychotherapy process (Denton et al., 2000; Johnson & Greenberg, 1985; Walker et al., 1992; Dandeneau & Johnson, 1994; Wiebe et al., 2018). Research on Integrative Behavioral

Couple Therapy revealed that couples experienced fewer conflicts and had higher levels of relationship satisfaction at the end of the therapy process (Christensen et al., 2004, 2006, 2010; Gattis et al., 2008). Karakurt (2016) examined the results of six behavioral and solution-oriented couple therapies conducted with couples experiencing up to a medium level of partner violence and examined the findings. The results indicated %80 positive results for the couples after the therapy when compared to alternative interventions. Another study reported reduced depressive symptoms, improved perception about the functionality of family and increased self-esteem after the implementation of Satir Transformational Systemic Therapy with families having a family member diagnosed with schizophrenia. The study also revealed alleviated symptoms of the patient with schizophrenia and improved social relationships (Piyavhatkul et al., 2017). A similar study on families who received Structural-Strategic Family Therapy showed considerable improvement in family unity, relationship satisfaction and effective parental practices after the therapy (Jiménez vd., 2019). In addition, there is a strong evidence for Brief Strategic Family Therapy, Structural Family Therapy, Functional Family Therapy, Multidimensional Family Therapy and Multisystemic Family Therapy held with adolescents using drug and their families (Nathan & Gorman, 1998)

2.3 Common Factors Unique to Couple and Family Therapy

Shadish et.al (1995), in their meta-analysis focusing on different couple and family therapy models, demonstrated that all different approaches are effective, but the approaches are not different in terms of effectiveness when compared to each other. When the mediating and moderating variables are considered, it is clear that the differences between couple and family interventions are not significant. The common factors paradigm in the field of couple and family therapy focuses on the common points of couple and family therapies implementing different techniques. Sprenkle and Blow (2004) identified three common factors specific to couple and family therapies: a relational conceptualization of problems, the expanding direct treatment system, and the expanding therapeutic alliance. Sprenkle, Davis and Lebow (2009) extended the list by adding “disrupting dysfunctional relational patterns”, to these three factors.

2.3.1 Relational Conceptualization of Problems

According to couple and family therapy approaches, problems are about not only the individual but also the other people they have relationships with and the relationships themselves (Becvar & Bacvar, 2013). This approach considers people as a component of relationship systems, and all relationships of an individual are a part of the problems one experiences. Therefore, the therapist deals with the clients' problems during the therapy by examining their relationships with others, the patterns they inherited from their families, their expectations and the cultural context (Sprenkle et al. 2009). While addressing the clients' problem, the therapist pays special attention to individuals' interactions, their relationships with their environment and their family of origin (Wampler, 1997). According to the research by Davis and Piercy (2007), the developers of three psychotherapy models (Dr. Richard C. Schwartz, Internal Family Systems Therapy; Dr. Susan M. Johnson, Emotion-focused Therapy, and Dr. Frank M. Dattilio, Cognitive Behavioral Couple Therapy), their students and clients rated similar levels of success for the therapy. One reason behind the success of the therapy was reported to be the therapists' encouraging the clients to perceive problems within the context of dysfunctional interaction cycles. Cognitive Behavioral Couple Therapy emphasizes cognitive and behavioral elements, Emotion-focused Therapy emphasizes emotions, and Internal Family Systems Therapy emphasizes all the above-mentioned elements. However, the results of the research showed that all these three models conceptualized dysfunctional cycles with their cognitive, affective, and behavioral dimensions.

All empirically supported couple and family therapy approaches make use of relational conceptualization. Thus, the meta-analyses reporting the effectiveness of couple and family therapies are indirect evidence for the presence of common factors that are specific to couple and family therapies (Sprenkle et al., 2009). Stratton et.al (2015) examined 386 studies reporting the sessions conducted with individuals and groups in systematic orientation in their meta-analysis . Results showed that % 75 of the studies on behavior problems, mental health diagnosis and relationship problems reported more positive results in the experimental groups compared to the control groups.

2.3.2 Disrupting Dysfunctional Relational Patterns

One of the therapeutic goals of relationship therapists is to interrupt or change dysfunctional relationship cycles. Following the relational conceptualization of the problems, they focus on dysfunctional relationship patterns (Sprenkle et al., 2009). Previous work revealed that different models of couple and family therapy try to transform dysfunctional relationships by implementing unique methods. Davis and Piercy (2007) shows that Emotion-focused Therapy, Cognitive Behavioral Relational Therapy, and Internal Family Systems Therapy models operate together with dysfunctional relationship patterns although they emphasize different methods. Likewise, other family therapy models focus on dysfunctional relationships. To illustrate, structural family therapists aim to intervene with dysfunctional patterns in the family through specific interventions. (Minuchin, 1974). On the other hand, strategic family therapists try to disrupt behavioral sequences (Haley, 1987). Similarly, Bowenian therapists design implementations that are likely to affect intra-familial triangulations and intergenerational patterns (Bowen, 1978). The purpose of Palo Alto systems therapists is to prevent dysfunctional resolution attempts (Fisch et al., 1983). Emotion-focused therapists interrupt perpetual pathological emotional patterns (Johnson, 1996). Cognitive behavioral family therapists aim to intervene in dysfunctional relationship patterns through cognitive restructuring. All empirically validated relational therapy interventions aim to disrupt dysfunctional patterns (Sprenkle, 2002).

2.3.3 Expanded Direct Treatment System

Pinsof (1995) makes a distinction between direct patient systems (when people are physically present during the therapy) and indirect systems (when people are involved in the process indirectly). The structures that clients belong to such as culture, race, gender and social environment affect direct patient systems and indirect systems. According to Pinsof (1995), the presence of as many people who are directly involved in the problem as possible during the therapy process allows the therapist to grasp a more comprehensive idea about the problem and its systems and have a clear understanding of the structure of the problem. In addition, the presence of many problem-related people who are aware of what happened and why it happened allows individuals

to help each other when necessary. Finally, the impact on change is greater when there are a lot of key clients.

The studies show that conjoint approaches are more successful than individual therapies in the treatment of drug addiction (Rowe & Liddle, 2002) and conduct disorder in adolescents (Henggeler & Sheidow, 2002); general marital dysfunction (Johnson, 2002); alcoholism and drug addiction in adults (O'Farrell & Fals-Stewart, 2002); and family management of severe mental health problems (McFarlane et al., 2002)

As for Narrative Family Therapy, which is one of the important models in the field, the context of the problem is remarkably important (Freedman & Combs, 2008). Narrative family therapists conceptualize the family system as well as the society and the culture in which the problem is believed to prevail. According to Narrative Family Therapy, clients experience their lives by reformulating them into certain narrations. Later, these narrations start to dominate their lives. Clients apply to receive psychological support when this domination reaches a disturbing level, and culture and society play a significant role in the emergence of such experiences throughout an individual's life. Therefore, therapists keep their direct treatment systems as wide as possible to achieve effective solutions.

Contextual Family Therapy, which is another model of family therapy, does not take the nuclear family as the only unit of therapy. It assumes that relationships have four dimensions: facts, psychology, transaction and relational ethics. Contextual family therapists integrate them into the therapy process. "Facts" dimension is related to cultural and social variables including certain realities such as ethnicity, family structure and health. Injustice among the groups is transferred to next generations and negatively affects family realities and problems (Boszormenyi-Nagy et al., 1991).

2.3.4 Expanded Therapeutic Alliance

Therapeutic alliance refers to the quality and effectiveness of the relationship between the therapist and the client(s) (Horvath & Bedi, 2002). It is the most frequently studied common factor (Sprenkle et al., 2009). Johnson and Talitman (1997), in their study on Emotion-focused Couple

Therapy, found that 29% of the clients attributed post-treatment satisfaction to the relationship they established with the therapist. Therapeutic alliance has a similar effect in mechanical therapies such as Cognitive Behavioral Therapy (Krupnick et al., 1994). Another study by the National Institute of Mental Health in the USA showed that therapeutic alliance affects effectiveness of drugs used in depression treatment to a great extent (Elkin, 1994). Therapeutic alliance and sincerity of therapists play an important role even in Strategic Family Therapy, which ignores therapeutic alliance and even tries to weaken its impact (Green and Herget, 1991; Watzlawick et al., 1974). Another study on strategic family therapy showed that intern therapists were less effective in their second year when compared to their first-year performances in a Strategic Family Therapy program aiming to decrease the effect of therapeutic alliance (Stolk & Perlesz, 1990). Therapeutic alliance is not the effect of either the therapist or the client alone. It is the effect of the relationship between them; i.e, it is systematic and interactional. Experienced therapists might fail to establish necessary alliances with some clients while less experienced therapists might establish a strong alliance with their clients (Sprenkle et.al , 2009).

The alliance between the therapist and clients is vital for all models of therapy; however, therapeutic alliance takes a form unique to couple and family therapy due to the presence of multiple participants in the direct client system (Sprenkle et al., 2009). Pinsof (1995) focused on beyond establishing an alliance with individuals in couple and family therapy. Accordingly, each client establishes a separate alliance with the therapist. Besides, the subsystems in the family (parents, the couple, siblings) also establish separate subsystem alliances with the therapist. Also, unlike individual and subsystem alliances, the family as a whole develops a therapeutic relationship with the therapist (Pinsof, 1995). It is essential to establish therapeutic alliances with individual clients, subsystems and the direct client system so that effectiveness of therapy can be improved (Sprenkle et al., 2009). Some studies indicate that establishing a therapeutic alliance only with individuals or systems might negatively affect the therapy process and a balanced alliance is, therefore, more important (Hollander-Goldfein, 1989; Pinsof, 1995; Sprenkle & Blow, 2004).

Knobloch-Feders et al. (2004), emphasized that it is necessary to take into consideration the alliance between the couple and the family outside the sessions if one wants to understand the alliances established during the sessions. Knobloch-Feders et.al (2007) focused on gender and therapeutic relationship with partners and reported that therapist's therapeutic alliance with the

male client, compared to with the female client, during a couple therapy with heterosexual couples is associated with positive outcomes. This research also reveals that successful engagement of the male in the therapy has a considerable effect on positive couple therapy outcomes in heterosexual couples.



3. RESEARCH METHOD

In this section, the research design, study group, procedures, interview, analysis, and the roles of the researcher will be detailed, elucidating the process of the research.

3.1 Research Design

This study investigates the common factors unique to couple and family therapy and leading to therapeutic change from the perspective of couple and family therapists. The study was conducted using descriptive phenomenological design, which is one of the qualitative research methods, in order to explore experiences of therapists. Pioneered by Husserl, descriptive phenomenology examines how individuals experience life events and describe them. Husserl defines phenomenology as reflections of experiences, and his fundamental assumption is that we can only know what we experience (Husserl, 1973). The purpose of the researcher conducting phenomenological research is to identify common experiences regarding a particular phenomenon (Creswell, 2007). The aim of research in this design is to directly interact with participants' experiences and understand these experiences in qualitative terms. Therefore, semi-structured interview technique was implemented in the present study (Merriam, 2009).

3.2 Study Group

In the current study, 8 couple and family therapists were recruited as the participants (8 women). In qualitative research, it was reported that data saturation occurred within the first twelve interviews, and the basic elements of themes emerged as early as six interviews (Guest, Bunce & Johnson, 2006). In the thematic analysis, it was found that 16 or fewer participants were sufficient to reach data saturation and presence of higher number of participants did not contribute to the extraction of new themes from the dataset (Hagaman & Wutich, 2017). Utilizing this finding, the research data were collected from 8 participants (8 female), who work as a therapist and live in İstanbul, Turkey. The participants were determined by using purposive sampling technique. In this technique, individuals that are related to the issue in focus are included in the study so that in-depth data can be obtained about the topic (Patton, 2002).

The inclusion criteria for the participant couple and family therapists were (1) having a bachelor's and master's degree in psychological counseling or psychology (2) having completed a training program that provides knowledge and skills according to international standards and offered by an institute that is a full member of the European Family Therapy Association-Training Institutes Committee (EFTA-TIC) and (3) have been working as couples and family therapists for at least 3 years. All eight participants were females because of the considerably higher female population in the field of psychotherapy.

Each participant was assigned a number and a pseudonym to maintain participant confidentiality. The detailed demographic information about the participant therapists is displayed in Table 1 below.

Table 1*Demographics of the Therapists*

No	Pseudonym	Age	Gender	Department of Bachelor's Degree	Department of Master's Degree	Couple and Family Therapy Training Model	Year of Experience as a Couple and Family Therapist
T1	Zehra	39	Female	Psychology	Clinical Psychology	Satir Transformational Systemic Therapy	5
T2	Selin	32	Female	Psychology	Clinical Psychology (Couple And Family Therapy sub-branch)	Satir Transformational Systemic Therapy	7
T3	Ezgi	38	Female	Psychology	Clinical Psychology	Satir Transformational Systemic Therapy	9
T4	Burcu	34	Female	Psychology	Clinical Psychology	Satir Transformational Systemic Therapy	4
T5	Semra	44	Female	Psychology	Psychology	Satir Transformational Systemic Therapy	14
T6	Betül	38	Female	Psychology	Clinical Psychology	Satir Transformational Systemic Therapy	12
T7	Zeynep	29	Female	Psychology	Couple and Family Therapy	Satir Transformational Systemic Therapy	4
T8	Gizem	33	Female	Psychology	Clinical Psychology	Satir Transformational Systemic Therapy	4

3.3 Procedure

After the ethics protocol approval was obtained from Yeditepe University Ethics Committee, an online written invitation letter was sent to the therapists who met the inclusion criteria. The informed consent forms were sent to the participants via email to inform them about the purpose of the study, the procedures to be followed, voluntary participation, and data confidentiality procedures. After the participants signed the informed consent form, the online interviews were conducted via Zoom on the dates and hours scheduled together with each participant. The interviews were administered by the researcher with each participant individually and lasted approximately 30 minutes.

The interviews started with a small talk to warm up the interviewees for the procedures and the environment. In the first part of the interviews, the open-ended questions from the semi-structured interview form were asked to the participants to explore their experiences as a therapist. The replies provided for the questions were also audio-recorded. In the second part of the interviews, the questions aiming to collect demographic information about the participants were asked and the interviewer wrote down the answers in the interview form. This part was not audio-recorded, and the researcher took notes about the replies instead. The semi-structured interview form was filled out by writing the number assigned to each participant rather than the participants' names or surnames. The informed consent forms, semi-structured interview forms, and audio records are protected in an encrypted external disc for data analysis.

3.4 Interview

In the process of formulating the interview questions, the researcher began by conducting a thorough review of the existing literature regarding the factors that contribute to therapeutic change in couple and family therapy. Subsequently, the questions were prepared to investigate the participants' perspectives on common factors unique to couple and family therapy. A semi-structured interview form was developed by the researcher in collaboration with two researchers, one of whom is the thesis supervisor. (see Table 2)

The research interview form consists of two sections. The first section includes 6 questions focusing on the common factors that are responsible for therapeutic change in couple and family therapies as specified by Sprenkle et.al (2009): 1) Relational Conceptualization of Problems, 2) Disrupting Dysfunctional Relational Patterns, 3) Expanding Direct Treatment System 4) Expanding Therapeutic Alliance (Sprenkle et al., 2009). Of these factors, “Expanding Direct System” covers two sub themes in the literature. The first theme is to carry out sessions not individually but together with other people involved in the problem such as lover, spouse, parent, child etc in order to solve the problem through therapy (Participating as a couple and family). The second sub theme is about taking into account the contexts where the client belongs to such as school, working environment, society and culture (Considering indirect systems). Therefore, two separate questions were asked for the “Expanding Direct Treatment System” factor to cover both subthemes. The second section of the form includes the participant's demographic information and educational background.

Table 2*Semi-Structured Interview Questions*

-
1. Based on your experiences, which factors do you think lead to therapeutic change in couple and family therapy?
 2. How does the relationship you establish with your clients affect therapeutic change in couple and family therapy? (*Expanded Therapeutic Alliance*)
 3. How does dealing with a problem in couple and family therapy by adopting a relational perspective rather than individual and inner psychic elements affect clients' change in couple and family therapy? (*Relational Conceptualisation of Problems*)
 4. What do you think are the effects of disrupting and transforming dysfunctional relational patterns on clients' change in couple and family therapy? (*Disrupting Dysfunctional Relational Patterns*)
 5. What do you think are the effects of working with couples and families instead of individuals separately on clients' change? (*Expanding Direct Treatment System - Participating as a Couple and Family*)
 6. What do you think are the effects of taking the social, economic, cultural and political context of clients into account during the therapy? (*Expanding Direct Treatment System - Considering Indirect Systems*)

No	Age	Gender	Department of Bachelor's Degree	Department of Master's Degree	Couple and Family Therapy Training Model	Year of Experience as a Couple and Family Therapist

3.5 Analysis

The data obtained were analyzed using thematic analysis method in order to explore experiences of couple and family therapists regarding the factors leading to therapeutic change (Braun & Clarke, 2006). After the data were collected, the researcher followed the six stages of thematic analysis as specified by Braun & Clark (2006): 1) familiarization with the data, 2) generating initial codes, 3) searching for themes, 4) reviewing themes, 5) defining themes, 6) presenting and discussing results. First, the researchers read the data transcribed from the audio recordings and noted down some ideas. In the second stage, the transcripts were read again and codes were extracted accordingly. The extracted codes were tabulated and the correlations between them were examined. The third stage involved the classification of the codes and formation of themes according to the research question.

In qualitative studies, there is not a commonly acknowledged threshold regarding to what extent the data should provide evidence for a proposed theme so that it can be labeled as a theme. This threshold is often determined by the researcher according to the specific requirements of the study. The threshold for this study was determined as %50; i.e the themes recurring in more than half of the participants were included in the analysis. In the next stage, the extracted themes were named and defined. In the final stage, the definitions of themes and some representative, clear and comprehensible quotes from the interviews were presented in the result section.

Reliability is a crucial issue in data analysis and theme generation. The following four criteria should be met to ensure reliability: 1) credibility, 2) transferability, 3) dependability, and 4) confirmability (Lincoln & Guba, 1985). To improve credibility, thesis supervisor Asst. Prof. Serdar Körük and Res. Asst. Ali Ammar Kurt were asked to provide expert opinions as suggested by Lincoln and Guba (1985), and the themes were revised and finalized in accordance with the feedback received. Lincoln and Guba (1985) asserted that the presence of credibility indicates the presence of dependability. In addition, the participant inclusion criteria and demographic information about the participants were clearly presented in detail so that the study could be transferable. One way to assure confirmability is to audit the research procedures and the documents. Thus, the analysis tables related to the interview forms, audio recordings, transcriptions, codes and themes obtained from the data were documented and carefully preserved.

3.6 Researcher Roles

Researcher's role in qualitative research is considered crucial due to the unique nature of this approach. Unlike quantitative research, where the researcher is often seen as an objective recorder, qualitative research acknowledges that the researcher is an active participant who brings their own experiences and perspectives into the study (Yin, 2011). As a result, the researchers must provide demographic and personal information about themselves and professional qualifications and make a clear-cut explanation of their role throughout the research process (Creswell, 2014; Maykut & Morehouse, 1994).

The researcher is a graduate student doing her master's degree in the Guidance and Psychological Counseling Master's Program at Yeditepe University. This study is a thesis dissertation of the program. She graduated from the Department of Psychology at Özyeğin Üniversitesi in 2017. The researcher has completed 3-year Virginia Satir's Satir Transformational Systemic Therapy oriented couple and family therapy training and currently continues to offer individual and couples therapies. Additionally, she works as a coordinator at Satir Human Development and Family Therapy Institute which offers training about the couple and family therapy focused on Satir Transformational Systemic Therapy.

4. RESULTS

The participants' experiences regarding the common factors leading to therapeutic change that is unique to couple and family therapy were explored through a semi-structured interview form during the interviews conducted with 8 couple and family therapists within the scope of the study. The analysis of the collected data by employing the thematic analysis method revealed 9 themes under 4 factors that are unique to couple and family therapy (Relational Conceptualization of the Problem, Disrupting Dysfunctional Relational Patterns, Expanding Direct Treatment System and Expanding Therapeutic Alliance). The factors and themes are displayed in Table 3 below.

Table 3*Themes and Reoccurrences*

Common Factors Unique to Couple and Family Therapy	Themes	Reoccurrences from 8 Participants
Relational Conceptualisation of the Problem	Getting Over Blaming	4
	Everyone Taking Responsibility	5
Disrupting Dysfunctional Relational Patterns	Understanding the Impact of Past Relationships	6
Expanding Direct Treatment System - Participating as a Couple and Family	Getting to Know Each Other	6
	Recognising Support and Effort	5
	Being Able to Communicate	5
	Therapist Working the Relationship	5
	Accepting the Differences	4
- Considering Indirect Systems		
Expanding Therapeutic Alliance	Comprehending Not Being Judged	4

4.1 Relational Conceptualisation of the Problem

According to the thematic analysis, "Getting Over Blaming" and "Everyone Taking Responsibility" were determined as the recurring themes under the common factor "Relational Conceptualization of the Problem".

4.1.1 Getting Over Blaming

5 out of 8 participant therapists reported that dealing with the problem experienced by the client from a relational perspective helped him get over blaming. The participants stated that the clients stopped blaming others and started to realize that the problem, in fact, is not only about the person who they blame and the problem, in fact, has an interactional structure. As an alternative to blaming the other party for the problem, clients learn how to adopt a relational approach to the problem. Thus, the party who is held responsible for the problem is no longer a scapegoat. The responsibility of the identified patient decreases and one feels relieved. In addition, the relationship that the family establishes with the identified patients transforms. Clients realize that therapy is not a process to correct one party or make decisions about who is right or wrong. According to the participants, the clients become aware of the role they play in the emergence of the problem they experience and assume responsibility in the solution of the problem. Clients also realize the importance of avoiding blamings and displaying a joint attempt towards the solution. Absence of blamings and labeling increases clients' confidence in therapeutic change.

Selin talked about her experiences about how her clients blamed others by uttering the following sentences:

"... You don't leave a developmental child any other options when you tell him 'You are lazy!' thirty times a day. This causes a sort of breaking point in the family. I wish parents were able to accept this reality, even if they fail to do so, at least, 'My dear, the problem is not your laziness, the real problem.' This has the power to change the narrative. So, I believe that this is quite valuable, especially in children. And also, adults blame each other.

'She never listens to me. You see, she always wants to be right'. Yes, some people always want to be right, but they haven't been such a person without a reason. ... I mean, this case is not the problem of the relationship. It seems that she feels like that when her partner tells her 'You're not right'. This is quite likely to happen in this relationship. In general, people think as follows: "I will come here. My partner will talk about the things he does not like about me and we will correct them. Or we will correct me, I have brought him here with me so that he could be corrected." The child will stop wetting the bed, we will correct her. To make the client believe that 'There is nothing to correct with you. ... I mean you are not the faulty one. Here, there are some conflicts between you and her. Including your relationship with your mother and father and also with your grandmothers. Being able to notice the effects of a mother's relationship with her own mother, including the society you live in, your neighborhood, your colleagues at work, I mean the effects of all of these. The number of utterances such as 'Your mistake, because of you, it will never change, it is always the way' decreases. And I believe real hope and belief about change start then.. Especially, children feel like that. To me, it is quite valuable to break the perception that "My mother, my father do not love me. They want to change me. They want to correct me. They want me to become a good boy. They want me to become like our neighbor's son Ahmet.' And later a realistic belief about change and a realistic hope for change start only after that so that something can change." (Selin)

In this quote, Selin tells that the clients blame someone else for the problem. She also states that children think that they are not loved when they are blamed and they blame themselves for this. She also talks about the importance of children's awareness about the fact that the problem is not only about themselves. She suggests that change starts when adults and families are aware of the relational nature of problems.

Ezgi, another participant, explains below how her clients got over blaming as a consequence of dealing with the problems relationally:

“...freeing the individual from the responsibility for a particular problem, Freeing one from being seen as the scapegoat are very comforting. Reconsidering the problem at the relational level, i.e there is something relational here, removing blameworthiness and labeling, has a considerable facilitating effect at the beginning of the process. Sharing responsibility... When one party is laid on by the other dominating party, it is quite depletory. Indeed, there are other factors inherited from the past and from the extended family. I think the therapist feels relieved when we approach from a relational level. ‘OK, not only I will do something. It is not only my burden, burden will be shared. Taking a different perspective is something they do not know before they join the therapy. They do not know any other options except blaming themselves or others; often blaming others. However, when you take a relational point of view, you look with a third eye. You take an outsider look. You give a new option, a new alternative and a new hope. ... giving a new choice increases their hopes, strengthens hopes. Therefore, it strengthens the change”
(Ezgi)

Ezgi argues that being labeled as the problematic and responsible one is quite wearisome for a person and getting over blaming is quite comforting. In addition, she also states that her clients are not aware of any other alternatives than blaming and being blamed while handling a problem, so learning how to adopt a relational approach to a particular problem and freeing themselves from “guilty-not guilty” vicious circle are quite promising in terms of change.

4.1.2 Everyone Taking Responsibility

One of the experiences shared by 4 out of 8 participant therapists is everyone taking responsibility for the solution to a particular problem when it is approached relationally. Clients

volunteer to assume responsibility for the solution when they realize that not only one person is responsible for a particular problem, and instead everyone contributes to the problem somehow. They realize that everyone should assume responsibility for the change. In addition, clients feel responsible for their relationships when a relational framework rather than individual one is determined for a particular problem.

The participant Betül verbalizes her experiences about everyone's taking responsibility as follows:

“Taking a relational point of view, first of all... invites people to assume responsibility. I mean, you can't expect the other party to change during communication between people and closeness between people. If you want something to change, you should take the bull by its horns. It results in such an awareness of responsibility. This is something essential... To me, relational context forces people to take responsibility and this is much necessary. Because otherwise we say “ok, then, let one change. I don't need to change. One has such a problem” by being selfish. ... We choose to avoid the change by blaming others, criticizing others, by saying ‘let one change’. Therefore, relational context says “Do not flee! That is your life, that is your family, your relationship or that is your child, you should take the bull by its horns”... Besides, relational context, in fact, holds a mirror for us to see ourselves. I mean, maybe I get to know myself in that relational context. What kind of person am I for other people? How do others feel because of me? What impressions do I make on others? What role do I play in others' lives? How important am I for them, what is my share in their lives? I mean, what kind of person am I? ... What kind of person am I in my relationships? ... We get to know each other through mirrors. We also find answers to the following questions by working in relational context: Where should I change through these mirrors? How different should I be? I mean what kind of spouse, what kind of mother, what

kind of husband, what kind of sibling, what kind of elder sister, elder brother do I want to be?” (Betül)

Betül asserts that clients volunteer to assume responsibility without expecting only the other party to change when they realize the experienced problem is relational. Clients realize that they should grab the bull by the horns for a change as they realize that they have a considerable effect on each other and on a particular problem. In addition, clients can make decisions about how they should be as they realize how they are seen in a relationship, how they affect a relationship and what kind of person they are in a relationship.

The following quotation reflects Gizem’s opinions about everyone’s taking responsibility, which is a theme emerged due to the relational conceptualization of problems:

“I can see it now quite clearly. It is similar to. Which comes first; chicken or egg? All, you are all affected by each other. When we manage to show that there is a chain between them and when the client realizes that, through real experiences, they stop saying ‘You’ve started that, I’ve started that, you are right, I am right’. ... And that makes it easier to assume responsibility. I mean, it becomes possible to say ‘I am not the only guilty one, one is not the only guilty one. I also did something, later one did something, and then I did something. So what will we change to get out of this circle?’” (Gizem)

According to Gizem, realizing that individuals affect each other, are influenced by each other and there is not only one guilty or innocent party when a problem occurs in a relationship make it easier for them to assume responsibilities in their relationships.

4.2 Disrupting Dysfunctional Relational Patterns

The results of the analysis revealed only one theme under the common factor “Disrupting Dysfunctional Relational Patterns”: which is “Understanding the Impact of Past Relationships”.

4.2.1 Understanding the Impact of Past Relationships

Out of 8 couple and family therapists who voluntarily participated in the study, 6 participants stated that working on dysfunctional relationship patterns provided clients with the opportunity to understand the impact of past relationships. Clients realize that they act in the same way as they learned in their past relationships and still have some inherited perceptions and expectations. They also understand that they assume the roles coming from their past relationships. Clients notice especially the relationship patterns they bring from their family of origin and realize that they sometimes treat the other party as if they were a member of their families of origin. Couples and families joining the session make a connection between their feelings and their past memories. It has been reported that understanding the effects of past experiences and knowledge acquired from these relationships are quite beneficial in the therapeutic change of clients and their relationships. As clients become aware of relationship patterns and the impacts of the past, they take the problems less personally. They start to distinguish between their present and past relationships as they progress.

One of the participants, Gizem, expressed her experiences regarding understanding the impacts of past relationships as follows:

“There is a metaphor on the training. ... There is a woman and she floats on the river and holds a small log, which helps her to survive. In fact, she can stand on her feet in the shallower parts of the river where she no longer needs the log. The people on the bank shout ‘Come on, come here, you can come’, but she is not ready to abandon the log. ... This is what really happens in a session. ... In a couple therapy, if the woman acts quite demanding, runs after him, the man gets back and builds up a wall. This is the pattern of their relationship. Here is the woman’s log and this is the man’s log. So, both have a log to hold and a tactic they have used since their childhood to deal with their relationships, to maintain their relationships.; in fact, it is a tactic they acquire.... The client can refer to a family figure in her past and understand how this tactic was acquired by saying the following: Ohh! Yes, I do that. Why do I do that? because, blah blah... And one sees that

this tactic does not work anymore, and even it causes something different in the other party. Here, we try to do something by asking “Would you volunteer to try something new little by little?”. To try something new. Although, at first, they behave as they used to do in the past, later... we try to increase their awareness more and more to change this behavior by helping them to reconsider it after some time by saying ‘Ohh! Look, the same thing happened, why did it happen.’ (Gizem)

Gizem suggests that clients often cling to the relationship patterns inherited from the past experiences and persist to use them in their current relationships. As they realize that they do not work anymore and see their effects on the other party, they strive to change them during the sessions.

The similar experiences of Zehra about her clients’ understanding the impact of past relationships are as follows:

“...One starts to behave as one feels and currently experiences rather than as one had learned in the past. If you still cling to the established patterns, that means you are not in the present, you are not here. It means you fly with an automatic pilot with what you have learnt so far. ... Well, the one in front of you is not your mother, your father. I mean, not what you learnt. ... Familiar behavioral patterns are no longer used as we distinguish them. In fact, the client starts to be aware of it. ... The one in front of me is not the person I am angry with and I want to show my reaction.... As they see what they went through in the past and work on them, they start to distinguish between the past and the present. Because, one now treats one’s spouse in the way one learned from one’s own father, mother in the past because one failed to distinguish so. Indeed, one does not have to maintain it as one distinguishes. ... I believe it is important to make a connection between the current problem and the past. ... What one himself went through in the past, what kind of patterns one developed in what kind of relationships. ... Then one frees herself from own past. ... You

are not your mother, not your father, you do not have the same experiences. Everything breaks at that point, they feel liberated and individual. My observations revealed that they feel much individualized. I mean they increase their self-confidence.” (Zehra)

Zehra argues that as clients work on dysfunctional relationship patterns, they realize they behave as they learned in the past and change their behaviors and feel relieved. They also realize the effects of unresolved problems in their family of origin and behave as if they were the person in their family of origin.

4.3 Expanding Direct Treatment System

The third factor unique to couple and family therapy, which is “Expanding Direct Treatment System”, is examined in two different ways in the literature. First, sessions are carried out together with a lover, spouse, parent, child etc. rather than only one person in the therapy process: “Participating as a Couple and Family”. The second issue covered by the factor is to focus on certain contexts clients are involved in during the sessions such as school, working environment, society and culture: “Considering Indirect Systems”.

4.3.1 Participating as a Couple and Family

The analysis revealed 4 themes under the factor “Participating as a Couple and Family”: “Getting to Know Each Other”, “Recognising Support and Effort”, “Being Able to Communicate” and “Therapist Working the Relationship”.

4.3.1.1 Getting to Know Each Other

Out of 8 participant therapists, 6 therapists reported that their clients get to know each other better when they join the sessions as a couple or family instead of joining alone. When clients learn about each other’s inner worlds, clients understand what the other parties need and have gone through so far. Clients hear about each other’s stories during the session and learn about the reasons

and emotions lying behind their actions. Couples and family members also witness each other's vulnerability as well their positive attributes. Furthermore, couples and families are able to perceive each other as they really are and treat each other non-judgmentally.

The participant Zeynep reports the following while explaining her experiences about clients' getting to know each other:

"To me, it is one of the most valuable and richest things because partners' inner worlds are also a part of what we call 'relationship'. Also, what they bring from the past. Their perceptions. They have everything and I believe it is an important factor in the improvement of a relationship that partners should also hear them, know about them. I mean what has one brought from the past. When one shouts, one looks like an angry noisy barker from an outsider's eye or one looks like a stone-hearted person, but what is really going on in one's own inner world? I believe it is an important part of a change in the relationship that one party understands and sees what is going on in the other's inner world while breathing the same air together, while exploring, while accepting one. Because this part is always missing when working individually (in the therapies): I mean, I noticed that, knew that. Of course, I might volunteer to lay my cards on the table after the session, I can do that. That is possible. But when it is in out-of-session times, we do not have the chance to have an effect on the other partner's inner world. It just becomes something outside. But when one is together with the other partner in the same room, we have the chance to allow him to make an internal processing about what is going on by analyzing what one hears." (Zeynep)

According to Zeynep, clients' joining therapy sessions together and witnessing each other's inner worlds are the important components of sessions. In other words, clients' getting to know each other, understanding what they do and why they do it and the other party's understanding what is really going on in clients' inner world while displaying negative behaviors are important components of change.

Betül explains her experiences regarding “getting to know each other better” as follows:

“Of course, their prejudices about each other change as they talk. Such as ‘Oh! Did you really think like that? I didn’t know that’ or ‘Did you understand like that? It seems you really misunderstood that. That was not my intention’. Some deep-rooted prejudices change then. Some interpretations about the other party change” (Betül)

Accordingly, prejudices of clients for each other change in time. They have the opportunity to learn the reality disguised by assumptions they make about each other.

4.3.1.2 Recognising Support and Effort

5 participant therapists out of 8 stated that clients’ joining sessions together as a couple or family allowed them to recognise support and effort. Clients receive support from each other during sessions and witness each other’s attempts. Clients’ support for each other while working on individual issues and talking about challenging problems and during the fragile moments affects therapeutic change in a positive way. The individual becomes stronger when other parties show their support while one feels upset. Besides, therapists talk about the healing effect of recognizing the attempts and good intentions of the other party on couples and family members. Such attempts of clients signal the value they give to the relationship and the other party. In addition, assuming responsibility all together for the relationship encourages couples and families for a voluntary change.

Selin, one of the participant couple and family therapists, has had the following experiences regarding recognising support and effort:

“For instance, processing X’s trauma through Y’s support. One party’s sometimes playing the role of a pillow to sleep on. Being able to process one’s traumas, which might be independent from one’s partner. Especially, I heard about past sexual traumas (in the sessions)... Knowing that the other party is there, in fact, becomes a corrective experience. Finding someone in one’s current relationship who can provide love, support, listen to

them, see them, which is maybe something she did not experience with one's parents and other responsible adults... The presence of other partner makes our job much easier."
(Selin)

Selin stated that her therapy achieves its goal more easily when one of her clients is accompanied and supported by another person during her inner process.

Zehra, one of the participant therapists, explained her experiences about recognising support and effort:

"One does not need to understand fully. My observation is that even this attempt leads to understanding and being understood. There is something in this attempt. The other party's recognizing this attempt, this intention, this eagerness and this labor. Therefore, even entering the therapy room might work alone because of that . That is what therapists do technically. 'One is doing something for this relationship', 'Look, here one came', 'This relationship means something for one', 'A precious try', 'One is trying'. Sometimes you see even after a single session that couples, families need to see this. They have some suspicions about it. It is about the values of the other party. 'Isn't our relationship really valuable for one? I am not sure whether it is not valuable.' This part might be distorted. In a phase of a relationship. simply joining the therapy sessions, one is making an appointment ... that part heals... Only that process. ... To the families, couples who want to see this attempt for each other. ... Many problems are often resolved even before they arrive at the therapy. Just because they experience this process." (Zehra)

According to Zehra, her clients realize that they are valuable for each other when they join the sessions together and they appreciate each other's attempts. Similarly, couples' and family members' joining therapies together indicate that their relationship is valuable and recognition of this reality becomes an integral part of therapeutic change.

4.3.1.3 Being Able to Communicate

5 participant therapists out of 8 stated that participating in a therapy as a couple and family allow them to communicate with each other. The clients who fail to establish a healthy communication in their daily lives are able to establish communication in which they can listen to each other when the therapist is present during the session. As clients talk about the problems and notice that it is possible to talk about them, they realize that they fail to express themselves and are not understood correctly in their daily lives. They establish a new form of communication when they realize that some problems are due to means of communication.

Here are some experiences of Betül, a participant couple and family therapist, about her clients' being able to communicate:

“Learning how to establish communication by expressing their genuine, more naïve and more profound feelings during the sessions. I mean, sessions somehow become a process in which they learn a new means of communication and learning this new form of communication brings change along with it. ... Even being able to talk in the room leads to change. They fail to talk, they avoid discussing these issues in their normal lives. I mean they probably say we, at least, are able to talk about these in this room and this makes us feel good. Maybe, a sort of energy is sent out; an energy they carry and accumulate. They can talk about it, in the therapy room, and as they talk, a meta perception suggesting that we are able to talk about also changes.... When some deeply-rooted prejudices change, therapeutic change also takes place when they say ‘Oh!, we can talk about it now. Ohh! We can show our love, sincerity towards each other now.’” (Betül)

Betül's experiences revealed that therapies become a platform where clients learn how to establish communication. Couples and families who hesitate to establish communication in their daily practices turn into individuals who are able to communicate when they enter therapy rooms together.

The participant Burcu explains clients' being able to communicate during sessions as follows:

“High-conflict clients especially are able to talk in the session. They cannot normally talk. They are able to establish communication during the sessions. Indeed, being able to communicate becomes a part of the change. They are better when we give them psychoeducation, spoken language, blamings; when we talk about them, when we talk about how to change this language, when they actually change this language.” (Burcu)

According to Burcu, high-conflict clients find it difficult to communicate. Their communication patterns might change when they learn how to establish communication and work with the therapist on this issue during the sessions.

4.3.1.4 Therapist Working the Relationship

Out of 8 participant therapists, 5 therapists stated that participating as a couple and family allows therapists to observe family and couple systems and work the relationship between clients. Therefore, a therapist who can observe relationships between clients is able to define the problem more easily and more comprehensively and intervene whenever necessary during therapy sessions.

The participant therapist Zehra stated the following about therapist's working the relationship when clients participate in the therapy as a couple and family:

“I had received training on individual models before I started couple and family therapy... and I always felt something was missing... When clients talk about their parents, talk about their partners, we used to deal with that at an individual level and it was on the agenda for some time. Later, I used to recommend ‘Would you like to invite him/her to a session?’. I felt such a need. Exploring this relationship is quite valuable for me. It becomes so nourishing, it used to become so nourishing throughout the therapy. Generally, therapies evolved into different dimensions when we explored the relationship... because experiential

exploration becomes easier when we notice the dynamism of the relationship. Defining the problem also becomes much easier. Initiating the change may also become easier. Here, a lot of issues emerge to discuss. I mean I think like that: for instance, a family or couple are like an ocean but I will focus only on sea creatures, not on the ocean's water; or I will focus only on the ocean's water, not on plants at the bottom. But in fact all; the more people are present, the more issues emerge to discuss.” (Semra)

Semra talks about the necessity to work with the problem-related people in individual therapies and states that studying the relationship also increases experiential exploration. In addition, working with couples and families started the change more easily and we deal with the problem incompetently when we do not work the relationship.

The participant Betül expresses her experiences regarding a therapist's working the relationship as follows:

“When we work with individuals, we fail to see and fully understand the family and couple system and miss some points accordingly. However, when a couple or family is in front of us, their lives are on the stage, in front of us as real as possible. I mean we should consider it like that, watching a theater play is different, listening to a theater player who acts in this play talking about this play is different. Am I clear? It is quite different. Thus, the reality is in front of us. We are able to see clearly all the conflicts, problems, distresses, chaos, and vicious circles when they join the sessions as a couple or family. Thus, this situation allows us to understand all the reality with its all dimensions and relational contexts, intervene in more issues and touch more areas to lead more changes. I think this is advantageous. Sometimes, it brings about more rapid changes. Because we also help two individuals to change at the same time since we invite the client's spouse to the therapy after creating an environment when we work individually in a therapy so that they can establish a sort of

communication. When we invite a family, we change three or four people at the same time.”

(Betül)

Betül stated that she failed to observe the couple and family system while working with individuals and was not able to examine the problem as a whole. She also thinks that when clients participate in therapy sessions as a couple and family, the therapist is able to understand the reality with its all dimensions and intervene in more issues. This situation also allows therapeutic change to take place more rapidly, and many people involved in the problem also change.

4.3.2 Considering Indirect Systems

The second dimension of couple and family therapy specific factor “Expanding Direct Treatment System” takes into account certain contexts such as school, working life, society and culture during therapy sessions : “Considering Indirect Systems”. The thematic analysis revealed one theme for “Considering Indirect Systems”; which is, “Accepting the Differences”.

4.3.2.1 Accepting the Differences

4 of the 8 couple and family therapists who participated in the study reported that taking into account certain contexts such as school, working life, country, religion, society, culture etc. in the therapy process allowed clients to accept their differences. Clients’ living in a social structure that is noticeably different from the society and culture they were born into due to immigration might bring about various difficulties. Besides, clients might develop prejudices as a result of the difficulties due to social and political conflicts faced by diverse identities in the society. Clients might prefer to hide their identities that are different from the society they live in thinking that they might not be accepted, and such diverse culture and belief systems might be the cause of serious problems within the family. Also, dealing with wide systems out of the therapy room allows transformation of sociocultural prejudices of clients, and they accept each other’s differences more easily. In addition, therapists show that they accept clients’ differences by focusing on wider systems and clients feel more valued accordingly.

The following quotation about accepting differences belongs to Burcu, who is a participant couple and family therapist.

“Coming from a migrating family or having a different past or having lived in a different place; here trying to adapt to quite a different culture... and referring to their own families for some issues such as women’s role allows the other party to understand. For instance, ‘Well, we came from such a family in the past. It all happened like that for generations’. To me, this helps a lot, but of course, that also happens sometimes. For example, from two families with different religious backgrounds and different cultural backgrounds... When we refer to that, they might get angry, clients might get furious; this also happens sometimes. Because they think that we talk as if one party was worse, but a family’s being different in terms of religion does not imply that one party is better or worse. But, when their own processes are involved here, for instance when the therapist realizes that and talks about it, anger might also take place. As I said before, you fix the relationship here, at that point. I mean, such as, ‘How come they annoy you? What do you feel right now? What makes you feel angry?’ It may result in a sort of reaction. But, to me, this might be the document certifying a therapeutic change. This is what exactly we call ‘leading the client into a chaos’. Therefore, talking about such differences, especially those inherited from the family; i.e, the differences regarding how a previous generation lived considerably contributes to the change. A previous generation, family structure of previous generations, how their mothers, fathers were brought up, what were their opinions; to me, doing this quite positively leads to change” (Burcu)

Burcu suggests that focusing on differences of migrants or individuals from a different culture allows clients to understand the other party. Culturally diverse parties might believe that

the other party is better or worse. Such prejudices such as “better-worse” change when the therapist works on these differences and their origins.

The participant Betül’s experiences regarding accepting differences are as follows:

“But, I adopt an approach in which I am unbiased, I am objective and I accept everything. I do not mind which culture, which belief or political background one comes from. I accept all. Since my accepting all makes them feel confident, another step is taken towards the change. It provides a strong basis for the change. Recently, one of my clients from Black Sea region. ... it was OK for me when he said ‘ablacığım’ (An informal – but sincere way of addressing a woman a little older than you) at one point while he was sharing his feelings. Because, there is such a word in that culture, really. The other party is religiously restricted to the opposite gender in that culture. And when he consults someone together with his wife, and as he establishes a sort of bond and sincerity, the word ‘ablacığım’ suddenly comes out of his mouth. And also ‘ablacığım’ also ‘hocam’ (respectful way of addressing someone whom you see more knowledgeable and educated) and ‘hanım’ (polite way of addressing a woman) as well. This reflects their sociocultural context and I smile at that caressingly, I accept. ... If my client most probably thinks that I am from the left wing, I am too much modern and too much uncovered (in terms of clothing) but if she is conservative, covered and has unique religious beliefs and if most probably she thinks I do not have religious beliefs, but if she has established a strong bond with me, if she is well understood by me, if she realizes that her beliefs, her culture are respected by me, and whatever characteristics she attributes to me, if she was isolated from the group whose characteristics I mentioned above, if she was forced to take out her scarf, was criticized, if she had a social trauma making her feel judged, if she has wounds, maybe her wound heals. Because, experiencing that someone with a different world view accepts her for the first

time, thinks that she is valuable as she is and she is respected become a sort of healer for her isolation, being judged, being considered as others and devalued in a therapeutic relationship” (Betül)

Betül states that when therapists take clients’ sociocultural contexts into account, clients who experience acceptance of differences feel more confident and more eager for a change. When a client thinks that the therapist belongs to a social group for which one has some prejudices but the therapist is accepted and respected by the therapist in contrast to the client’s prejudices, the client is likely to change the feelings of being isolated and considered as the other.

4.4 Expanding Therapeutic Alliance

According to the thematic analysis, there is one theme for the couple and family therapy specific common factor “Expanding Therapeutic Alliance”: which is “Comprehending Not Being Judged”

4.4.1 Comprehending Not Being Judged

Out of 8 participants, 4 of them reported that clients understand that they will not be judged by the therapist and the therapist will not label one party as guilty or innocent thanks to the therapeutic alliance established between clients and therapists. As the relationship between the therapist and clients improves, clients realize that the therapist will not seek a guilty or innocent party in a relationship and the therapist will not judge them according to their own truths. Trust in the therapist's objectivity increases and clients feel equally valued.

Selin talks about her experiences regarding clients’ comprehending not being judged as follows:

“I used to witness it while working in Turkey, especially in couple therapies. Generally, males in heterosexual couples had the prejudice “I will come, and you, two women, will criticize me.” When he sees that that is not the case, his trust in the therapy and its bond to the therapy already start to change. Thus, to me, first of all, this framework should be

drawn, that trustworthy environment should be created, they should trust the therapist, 'Oh! that person is listening to us, that person is trying to understand us, that person is really trying to help us, not due to her prejudices, not from her rights or wrongs and not due to refereeing'. I feel that it is necessary to step over this threshold, especially in some couples. It is also true for families. ... Couples often demand for that: Triangulation; making therapist a referee. 'I am correct, aren't I? I am right, aren't I?. It takes some time to break this; this is not the therapist's role.' (Selin)

According to Selin, the prejudice that one client will form a group with the therapist and they will be judged by the therapist changes as they trust the therapist and understand her role.

5. DISCUSSION

The results of the analysis revealed 9 themes under 4 common factors unique to couple and family therapy. Each theme is discussed under a separate title in the this section of the study.

5.1 Relational Conceptualisation of the Problem Theme 1: Getting Over Blaming

Blaming refers to maladaptive communication behaviors such as being judgmental, comparing and complaining so as to avoid assuming responsibility (Satir, 1991). Family members often blame each other for a problem they face, which really becomes disturbingly wearisome for family members (Sprenkle et al., 2009). Clients who join a therapy session generally take a defensive position and they blame someone for the problem by referring to one's personality characteristics (Stancombe and White, 2005; Stratton, 2003). Individuals' blaming each other prevents therapists from working on the problem (Sprenkle et al., 2009). The blamed person becomes defensive, which will considerably demotivate the person's therapy motivation (Onedera, 2006). In family therapy, therapists reframe the problem as family problems for which nobody is blamed and adopt a relational approach for the solution to the problem. When the problem is conceptualized relationally, the responsibility extends from the identified patient who is considered as the problematic individual to all family members (Sprenkle et al., 2009).

In parallel with similar research in the literature, the findings of this study showed that clients give up blaming others when problems are treated relationally. As an alternative to blaming others for a particular wrongdoing, clients learn to take a relational approach to such problems. The therapists who participated in the study stated that the identified patient who is held responsible for the problem by family members is no longer considered the scapegoat thanks to relational conceptualization of the problem. Therefore, the burden on the identified patient due to the problem decreases and family members' relationship with the identified patient transforms. Clients understand that there is not an exact right or wrong in the therapy process and develop an awareness about the relational nature of the problem. When family members stop blaming other parties, the blamed ones realize that the problem is not only related to them, they feel relieved a bit and the relationship between family members and the blamed person transforms.

5.2 Relational Conceptualisation of the Problem Theme 2: Everyone Taking Responsibility

According to couple and family therapists, individuals avoid assuming responsibility by hoping for others to change (Bowen, 1978). Couples and families might also avoid taking responsibility by blaming others to dismiss strong feelings (Satir, 1991). In couple and family therapy, therapists work on how individuals relate to each other and to the problem, and they transfer the responsibility for the problem from the identified patient to the whole family. When clients are able to understand interactional cycles accurately, they start to take firm steps to change them to achieve effective solutions (Sprenkle et al., 2009).

The present study concluded that clients are increasingly motivated to take responsibility for the relationship as they adopt a relational approach to the problem. They realize that they considerably affect each other and there is not an exact guilty and innocent party in terms of the problem. When they are aware of the fact that the problem they experience does not stem from one single source and realize that everyone should contribute to the solution somehow, each party starts to take responsibility for the solution to the problem.

5.3 Disrupting Dysfunctional Relational Patterns Theme 1: Understanding the Impact of Past Relationships

Couple and family therapists also work on the effects of clients' present and past relationships on them as well as how these effects transform in time. By developing an awareness about their past and present relationships, they explore their effects on them and take steps to transform these effects (Gurman & Kniskern, 2014). Such increased awareness, in turn, helps clients to establish healthier relationships (Nichols & Davis, 2020). Certain techniques specific to couple and family therapies such as genogram allows clients to comprehend their family history, past relationships and their ongoing effects on them (McGoldrick et al., 2014).

The results of the study showed that working on dysfunctional interaction patterns help clients to understand the effects of their past relationships. Individuals cling to behavior patterns they inherit from their past relationships and continue to continue these patterns in their present

relationships as well. Clients experience the effects of unresolved issues in their family of origin and might treat other parties as if they were members of their family of origin. Clients who experience problems due to these behavior patterns realize the effects of past experiences and distinguish them from their present relationships. Developing an awareness about the effects of past relationships leads to transformation of clients and problems.

5.4 Expanding Direct Treatment System Theme 1- Participating as a Couple and Family: Getting to Know Each Other

One of the functions of couple and family therapy is to allow individuals to get to know themselves and each other (Nichols & Davis, 2020). Clients who listen to, understand and get to know each other in therapy sessions might realize that they do not need to change each other (Jacobson & Christensen, 1996). As clients get to know each other, they understand and accept their differences (Nichols & Davis, 2020). When clients learn about others' feelings while exchanging their emotions, they understand each other better and establish a healthier communication. Learning about other parties' feelings improves trust and rapport between clients. Finally, clients volunteer more eagerly to support each other when they learn about each other's feelings (Greenberg & Goldman, 2019).

In parallel with the literature, the present study showed that clients get to know each other better when they join therapies as a couple and family. When clients witness each other's inner worlds in the sessions, they have the opportunity to understand what other family members went through in the past, their needs and feelings lying behind their behaviors. Clients are able to see each other as they really are and succeed in becoming non-judgmental towards others. When clients experience each other's weaknesses and strengths, their prejudices also transform.

5.5 Expanding Direct Treatment System Theme 2- Participating as a Couple and Family: Recognising Support and Effort

Effort devoted by individuals for each other and their relationships plays a significant role in maintaining these relationships. A considerable increase in the effort spent by an individual for

a relationship improves relationship satisfaction and stability as well (Novak et.al, 2018). In addition, the relationship is positively affected when individuals put in an effort to manage their feelings, opinions and behaviors instead of trying to change the other party and act in accordance with the needs of the relationship they identify in advance (Halford et al., 1994; Halford et al., 2007).

The participant couple and family therapists reported that couples' joining the sessions together and recognizing their efforts in their behaviors have a healing effect, which is a finding consistent with the findings of the similar studies in the literature. The other party feels valuable when one recognizes the effort devoted by the other client. The problems encountered in a relationship can be solved more easily when clients feel valued.

To what extent partners provide support for each other is closely related to relationship satisfaction. It has been reported that couples' support for each other has a more positive effect than dealing with problems constructively (Cramer, 2003, 2004a, b; Pasch & Bradbury, 1998). Similarly, a plethora of prior research shows that sincere and supportive relationships among family members, children and adolescents have positive effects on them (Laursen & Collins 2009).

The findings of the present study clearly support the similar findings presented in the literature. Couples receive support from each other during therapy sessions when they join these sessions together. Clients support each other while sensitive personal issues and certain difficult issues are discussed in therapy sessions, which positively affects therapeutic change.

5.6 Expanding Direct Treatment System Theme 3 - Participating as a Couple and Family: Being Able to Communicate

Communication is a tool for relationships and a significant component developed during therapy sessions (Nichols & Davis, 2020). Interrupting others while talking, not correctly summarizing what the other party says, assuming bad intentions in what is said, not checking whether utterances are communicated or understood correctly, blaming or reacting all prevent healthy communication (Carr, 2012). When couples and families start to listen to each other, they take the first steps towards the resolution of conflicts (Nichols, 2009). Similarly, clients start to

understand each other as they listen to each other and communicate (Jacobson & Christensen, 1996).

In parallel to previous literature, the present study also showed that clients' joining therapy sessions as a couple or family help them to establish communication during therapy sessions. Couple and family therapists reported that clients who find it difficult to or hesitate to communicate in their daily lives are able to listen to each other and establish healthy communication during the presence of the therapist. Thus, they realize that they, in fact, cannot express themselves in their daily lives and are not understood correctly and later, transfer these communication practices into their daily lives.

5.7 Expanding Direct Treatment System Theme 4 - Participating as a Couple and Family: Therapist Working the Relationship

The presence of as many people who are somewhat related to the problem as possible in a therapy session allows couple and family therapists to collect more information about the clients' systems. Thus, they are able to comprehend the problem with all its dimensions, get a clear idea about problem maintenance structure and intervene in the relationships according to the framework drawn (Pinsof 1995). The function of the couple and family therapist is to understand and work a particular relationship and inform clients about the relational nature of the problems during a therapy process (Nichols & Davis, 2019).

Similarly, the present study concluded that the therapists are able to observe and work the relationship, family and subsystems when clients join therapy sessions as a couple and family. Working together with couples and families makes it easier for the therapist to comprehend the relationships from all dimensions. Finally, when the therapist observes the relationship between couples and families, the therapist understands the problem more comprehensively and is able to intervene in the relationship directly.

5.8 Expanding Direct Treatment System Theme 5 - Considering Indirect Systems: Accepting the Differences

Each individual is affected by the system they are involved in (Terkelsen, 1980). Similarly, cultural, political and economic contexts have a great influence on couples and families. Traditions, political activities and religious values that individuals were born into also affect how individuals lead their lives (Bronfenbrenner, 1979). In certain cases, such as migration, cultural differences of families continue to be prevalent in this unfamiliar environment for some time and these differences might result in increasingly emerging challenges and conflicts (Goldman, 1993). Immigration-related stress might negatively affect couple relationships as well (Falconier et al., 2013). When clients notice that their cultural differences are accepted by the therapist, therapeutic alliance is easier to achieve. Therapists' avoiding to adopt a judgmental approach towards clients and being sensitive to cultural differences strengthen therapeutic alliance between the therapist and the client and play a significant role in therapeutic change (Fox et al., 2007).

The participant therapists in the present study also highlighted the effects of including social and cultural aspects in couple and family therapy on the acceptance of differences, which is consistent with the findings of the similar studies in the literature. Immigrant clients and those living together in multicultural environments might encounter various challenges and develop prejudices towards diverse groups. The participants emphasized that a reliable alliance is formed between clients and therapists and clients' prejudices change when therapists accept the existing cultural differences and prove that to clients. Besides, the therapists, who show that they accept the differences in their clients, create a sense of worth in the clients.

Couples might have a different cultural background not only from the societies they live in but also from each other. A couple's having culturally different backgrounds might spark some challenges and difficulties since they assume that they should have similar values. Therapy is a safe environment for clients to discover cultural differences and similarities. Clients notice each other's cultural characteristics and differences in therapy sessions. They develop empathy and respect towards each other when they start to appreciate these differences (Ibrahim & Schroeder, 1990). Similarly, the therapists who participated in the study reported that taking cultural elements into account while working with couples having different cultural characteristics increases the likelihood of clients' accepting cultural differences.

5.9 Expanding Therapeutic Alliance Theme 1: Comprehending Not Being Judged

Pinsof (1995) pointed out that there is a different therapeutic alliance in couple and family therapies from the alliance established in individual therapies. It is essential for the therapist to develop an alliance with all clients as well as other subsystems such as parents and siblings (Sprenkle et.al, 2009). Some studies showed that establishing therapeutic alliance only with each individual separately or with some systems might negatively affect the therapy process and a balanced alliance is crucial for a positive change (Hollander-Goldfein, 1989; Pinsof, 1995; Sprenkle & Blow, 2004). In couple and family therapy, clients might assume that the therapist might be biased for one party and they will be judged by the therapist (Friedlander et al., 2011). Therefore, it is necessary for couples and families to establish a trust-based alliance with the therapist (Pinsof, 1995).

According to the findings of the present study, therapeutic alliance established with couples and families ensures that therapists will not be judgmental towards clients. Clients understand that therapists do not seek any guilty-innocent parties in therapy sessions and will not judge them according to their truths thanks to this alliance. When it is certain that the therapist does not show closeness with some of the clients and does not demonstrate biased attitudes for the other party, clients start to trust the therapy process and therapeutic change is triggered accordingly.

6. CONCLUSIONS

The present study aims to provide an answer to the following question: “How do couple and family therapists perceive therapeutic change in the lens of common factors?” To achieve this purpose, the experiences of 8 therapists in Turkey regarding couple and family therapy specific common factors leading to therapeutic change were examined by adopting the principles of qualitative research method. The data obtained through semi-structured interviews were analyzed by using thematic analysis method. The results of the analysis revealed 9 themes under 4 common factors unique to couple and family therapy. The results obtained from interviews with couples and family therapists indicate that conceptualizing the problem relationally during the therapy process reduces blame and encourages everyone to take responsibility. Furthermore, transforming dysfunctional relationship patterns helps clients understand the impact of their past relationships on the present. Additionally, engaging in therapy as a couple or family enables clients to better understand each other, make support and effort visible, facilitate communication, and allows the therapist to work on the relationship. Bringing cultural, economic, and political systems that are not physically present in the therapy room but affect the clients into the session's discussion helps clients accept differences. Lastly, establishing a therapeutic alliance with couples and families helps clients understand that they will not be judged.

6.1 Future Research Suggestions

The results of the study demonstrate that the common factors unique to couple and family therapists contribute to therapeutic change as revealed by the experiences of the participant couple and family therapists. The present study focuses on experiences of couple and family therapists. Future research might explore the common factors leading to therapeutic change in couple and family therapy through clients' experiences or even through the experiences of both clients and therapists. In addition, 7 out of 8 participants who participated in the study received Satir Transformational Systemic Therapy education to be competent in couple and family therapy. Therefore, a similar future study might be conducted with the therapists from different models of couple and family therapy. Finally, mixed research methods including both qualitative and quantitative research methods might be implemented while conducting similar future studies.

6.2 Implications

The present study might allow couple and family therapists to have a clearer understanding of the common factors leading to change as well as the relationship between these factors and therapeutic change. Besides, it might function as an instrument to help couple and family therapists to develop an awareness about their own experiences in therapy sessions. In addition, they might conceptualize the problems they encounter while working with their clients relationally. Thus, they might prevent their clients from blaming themselves or someone else and guide them to take common responsibility for the solution to the problem. In addition, couple and family therapists might help their clients to disrupt dysfunctional relational patterns and realize that the behaviors they inherited from their past and affect their current relationships negatively. Besides, therapists have the opportunity to deal with relationships and problems more comprehensively by involving as many people who are related to the problem as possible in the therapy process. Involving more clients related to the problem might help clients to establish healthier communication with the others, get to know each other better and recognize their support and attempts. Therapists can also examine clients' social and cultural contexts in therapy sessions so as to facilitate the acceptance of their differences. Finally, clients might realize that they will not be judged by the therapist thanks to the therapeutic alliance established by the therapist with all the clients in a therapy room.

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APPENDIX A: INFORMED CONSENT FORM

Dear Participant,

This form has been prepared for your participation in the thesis study on "Couple and Family Therapy and Therapeutic Change" in the Guidance and Psychological Counseling Master's Program at Yeditepe University Faculty of Education Sciences. The purpose of this form is to provide you with information about the research and the process, and to obtain your confirmation that you are informed about and accept the instructions and procedures for participating in the research. Please feel free to make your decision and ask any questions that may come to mind.

Objective

This research examines the changes experienced by clients in couple and family therapy and the factors contributing to these changes. The study aims to understand the perspectives of mental health professionals providing couple and family therapy services on the elements contributing to change. Mental health professionals actively practicing couple and family therapy for at least five years will participate in the research.

Method

Interviews with mental health professionals will be conducted online and will last approximately 60 minutes. During the interview, you will be expected to respond to some questions that serve the purpose of the research. The interview will be recorded using Zoom. Your information and the recorded sound will be kept confidential.

Privacy and Records

All personal information obtained from you will be kept confidential, and the confidentiality of your identity will be preserved when the research is published or presented at a scientific meeting. Your interview recordings and written files of the recordings will be coded using a participant number. The encrypted external memory containing the recordings and electronic documents related to the recordings will be stored, and all information obtained from you will be kept in a locked cabinet. Only the researcher will have access to the encrypted external memory and recordings. De-identified and coded written documents of your recordings will be shared with the

research team for analysis. The data obtained from you will be destroyed five years after the publication of the research findings.

Possible Benefits of Participation

By participating in the research interviews, you will gain insight into how clients in couple and family therapy change and the factors contributing to this change. Through the research, you can increase your awareness of the therapeutic change process by reviewing your personal experiences related to couple and family therapy. Your contributions will provide important insights into the literature and practice of enhancing the effectiveness of couple and family therapy.

Possible Risks of Participation

There are no known risks associated with your participation in the research.

Voluntary Participation and Withdrawal

Participating in this research is entirely voluntary and depends on your preference. You can refuse to participate in the research or withdraw after it has started. Your decision not to participate will not affect you in any way. If you withdraw from the interview process or are withdrawn from the research by the researcher, your data will not be used.

Contact

You can direct all your questions about this research to N. Serap Dakak, the researcher in charge.

Consent

I have read all the information above. I declare that I willingly accept the recording of the interview I will participate in within the scope of the research under the conditions stated above, the use of my personal information obtained for scientific purposes, its presentation, and publication in compliance with privacy rules, without any pressure or coercion, of my own free will.

APPENDIX B: ETHIC COMMITTEE REPORT



T.C.
YEDİTEPE ÜNİVERSİTESİ REKTÖRLÜĞÜ
Avrupa Çalışmaları Enstitüsü Müdürlüğü



28.11.2023

Sayı : E.61350595-050.06-290
Konu : Naime Serap Dakak'ın Etik Kurul
Onayı Hk.

İLGİLİ MAKAMA

Üniversitemiz Eğitim Bilimleri Enstitüsü Rehberlik ve Psikolojik Danışmanlık Yüksek Lisans öğrencisi Naime Serap Dakak'ın 'Experiences of Couple and Family Therapeutic Change and Common Factors: A Qualitative Study' başlıklı araştırmasının Beşeri Bilimler Etik standartlarına uygunluğuna ilişkin Yeditepe Üniversitesi Beşeri ve Sosyal Araştırmalar Etik Kurul onayı ekte sunulmuştur.

Gerekli iznin verilmesi hususunu bilgilerinize arz ve rica ederim.

Prof. Dr. Fatma Yeşim EKİNCİ
Rektör Yardımcısı

Ek: 24102023 Sosyal Bilimler Etik Kurul Kararları.pdf

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APPENDIX C: PLAGIARISM COMMITTEE REPORT

Serap Dakak_Thesis

ORIGINALITY REPORT

13%	10%	8%	2%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	epdf.pub Internet Source	2%
2	"Encyclopedia of Couple and Family Therapy", Springer Science and Business Media LLC, 2019 Publication	1%
3	archive.org Internet Source	1%
4	acikbilim.yok.gov.tr Internet Source	1%
5	hdl.handle.net Internet Source	1%
6	Elif Balcioğlu, M. Selenga Gürmen, Yudum Söylemez. "Systemic Individual Therapy: Therapeutic Change from the Perspective of Clients and Therapists", International Journal of Systemic Therapy, 2023 Publication	<1%
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