INDIVIDUAL THERAPY IN SYSTEMIC APPROACH: PERCEIVED THERAPEUTIC CHANGE FROM THE PERSPECTIVE OF THERAPISTS AND CLIENTS

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To all free spirits who have taken a step towards transformation on their own journey.

To myself.

ABSTRACT

Therapeutic change is well-studied construct in psychotherapy process and outcome studies, providing the basis for how psychotherapy practices are effective in individuals wellbeing. The current study explores the experiences of therapists and clients regarding how therapeutic change is experienced in individual therapy from systemic perspective by using systems theory as the fundamental framework. 12 clients (2 men, 10 women) and 12 therapists (1 men, 11 women) were recruited as participants from Bilgi University Psychological Counseling Center and Özyeğin University Couple and Family Center. Both therapists' and clients' experiences are investigated with semi-structured interviews using thematic analysis (TA). Results revealed three main themes for therapists: "Going Beyond One-to-one Relationship in Therapy", "Increasing Relational Awareness", "Shift in Clients' Attitudes Towards Boundaries with Significant Others", and a total of two subthemes. Regarding clients' perspective, the results yielded three main themes: "Sense-making the Problems Through Relational Awareness", "Acceptance in Relationships", and "Manifesting the Differentiated Self in Relationship", and total of two subthemes. Current study findings are discussed in the context of the systems theory literature, limitations, strengths, future research directions, and clinical implications.

Keywords: therapeutic change, systems theory, individual therapy, therapists' perspective, clients' perspective, thematic analysis

ÖZET

Terapötik değişim, psikoterapi süreç ve sonuç araştırmalarında yaygın olarak araştırılan bir değişkendir ve psikoterapi uygulamalarının bireylerin iyi oluş halinde nasıl etkili olduğunun temelini oluşturur. Mevcut çalışma, sistem teorisini temel çerçeve olarak kullanarak, bireysel terapide terapötik değişimin sistemik bir bakış açısıyla nasıl deneyimlendiğine ilişkin terapistlerin ve danışanların deneyimlerini araştırıyor. Bilgi Üniversitesi Psikolojik Danışmanlık Merkezi ve Özyeğin Üniversitesi Çift ve Aile Merkezi'nden 12 danışan (2 erkek, 10 kadın) ve 12 terapist (1 erkek, 11 kadın) katılımcı olarak alınmıştır. Hem terapistlerin hem de danışanların deneyimleri, tematik analiz (TA) kullanılarak yarı yapılandırılmış görüşmelerle araştırılmıştır. Sonuçlar terapistler için "Terapide Birebir İlişkinin Ötesine Geçmek", "İlişkisel Farkındalığı Artırmak", "Danışanların Yakın İlişkilerinde Sınırlara Karşı Tutumlarında Değişim" olmak üzere üç ana tema ve toplam iki alt tema ortaya çıkmıştır. Danışanların bakış açısına bakıldığında, sonuçlar "İlişki Farkındalığı Yoluyla Sorunları Anlamlandırma", "İlişkilerde Kabul" ve "İlişkilerde Ayrımlaşan Benliği Ortaya Koyma" olmak üzere üç ana tema ve toplam iki alt tema ortaya çıkmıştır. Mevcut çalışma bulguları, sistem teorisi literatürü, sınırlılık, güçlü yönler, gelecek araştırma önerileri ve klinik çıkarımlar bağlamında tartışılmaktadır.

Anahtar Sözcükler: terapötik değişim, sistem teorisi, bireysel terapi, terapist perspektifi, danışan perspektifi, tematik analiz

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INTRODUCTION

"There is always hope that your life can change, because you can always learn new things. Human beings can grow and change all their lives. It is a little harder as we grow older, and sometimes takes a little linger. It all depends on how set we choose to be in our ways. Knowing that change is possible and committing oneself to changing are first big steps. Some of us may be slow learners, but we are all educable."

- Virginia Satir

1.1 General Introduction

Change in human behavior is not linear, questions about how change happens are cannot be answered simply since there are many reasons why people change and overcome difficult living conditions (Karam & Blow, 2022). While change can be enhanced by therapy when individuals choose to participate and are motivated, it is often not linked to a singular therapy process. That is why therapeutic change cannot be defined by one singular sentence (Karam & Blow, 2022). Therefore, psychotherapy change research has the background of controversial literature ranging from outcome research seeking answers to the question of whether therapy is effective, to process research focusing on the question of how therapy is effective.

Psychotherapy process and outcome studies provide evidence-based information on how to ensure effective intervention in practices by examining what happens in the therapy process (Lambert, 2004). In the field of psychotherapy, studies examining the momentary changes that occur as a result of the psychotherapy process are conducted through "Outcome Research"; studies examining how

psychotherapy is effective and what happens in the process are investigated by "Process Research" (Hill & Lambert, 2004; Orlinsky, Rønnestad, & Willutzki, 2004). The purpose of process and outcome research is to understand the elements that contribute to the development and positive change of the client in therapy (Lambert, 2004).

The current study is a process research study to investigate the experiences of therapists and clients in the context of therapeutic change regarding how change is experienced with individual clients in systemic therapy. For this purpose, following research questions propounded in the current study: (1) How systemic therapy helps clients and therapists to facilitate change in individual sessions? (2) How therapists' and clients' perspectives on therapeutic change are different or similar?

In the following sections, first meta-analysis of outcome research and common factors in psychotherapy literature will be discussed, then brief history, change mechanisms and empirical studies of systems theory will be explained. Later, common factors and outcome research of systems theory will be described and then the aims of the present study will be introduced in more detail.

1.2 Therapeutic Change

A quantitative research technique called meta-analysis is used to combine the outcomes of numerous empirical findings on a certain topic like examining effectiveness in psychotherapy (Erford, Savin-Murphy & Butler, 2010). Lambert and Ogles (2004) examined the results of a meta-analysis on the effectiveness of psychotherapies, and they stated that the effectiveness of psychotherapy has been repeatedly demonstrated since the beginning of psychotherapy outcome studies. Also, Wampold and Imel (2015) concluded that for every three clients receiving

psychotherapy, one client has a better outcome than people who do not receive psychotherapy (p. 94). Lambert and Ogles (2004) also stated that no psychotherapy theory is significantly more effective than another. For this reason, researchers have begun to search for “common factors” such as the therapeutic relationship, the attitudes of the therapist (unconditional acceptance, respect, empathetic understanding, etc.), awareness, and the therapist’s skills that are common to all theoretical approaches (Lambert & Ogles, 2004).

Contrary to the view that many therapy methods stem from their own change mechanisms, early in history Rosenzweig (1936) argued that psychotherapies have a positive effect because of "common factors" rather than their own change mechanisms in the context of change. This discourse has led to the phenomenon known as the “Dodo Bird Hypothesis”. He explained this phenomenon with the words found in his book named Alice in Wonderland, stating that everyone wins a race where the rules are unclear. Rosenzweig (1936) made predictions about what the effect of common factors might be. He mentioned that as a result of the relationship with the therapist, the therapist can be a social role model and the personality of the therapist may also be involved in this effect. As a result, he suggested the possibility that the mechanisms used by different therapy methods could lead to a similar therapeutic change even if the case formulations were not similar (Rosenzweig, 1936).

Luborsky et al. (1975) conducted a meta-analysis with 11 psychotherapy outcome studies where therapists work from client-centered, psychoanalytic, behavioral, and Adlerian perspectives, and they found that regardless of the practiced models, clients showed better outcomes compared to the control group, and there

was no significant difference among different psychotherapy models. Then researchers used the term ‘Dodo-bird verdict’ inspired by Rosenzweig (1936)’s article, "Everybody has won, and all must have prizes.”. In other meta-analyses, Lambert (1992) provided an effective estimate of how he thinks about change in therapy from a broad perspective of common factors. He stated that up to 40% of the change is explained by client factors and extra-therapeutic events, 30% is explained by therapeutic relationship, 15% of the change is due to the hope and expectation produced in therapy, and only 15% of the change is responsible to certain models and techniques used in therapy. Also, Wampold (2001) estimated that the effects of the therapist ranged from 6% to 9%; therapeutic alliance from 5% to 7%; expectation, hope and allegiance up to 4%; and models/techniques only 1%. This analysis highlights difficulties in drawing conclusions due to the complexity of the therapy change process.

1.3 Therapeutic Change in Systems Theory

In the early 1940s, there was a Macy Foundation dedicated to improving the health of the public by advancing the education and training of health professionals. This foundation used to conduct conferences in which discussions are held on how groups of things operate to form a system (Segal, 1991). This series of conferences in the early 1940s, the Macy Conferences, gave birth to general systems theory. Gregory Bateson was a British anthropologist who participated in these conferences and studied communication in families with members diagnosed with schizophrenia, developed the double-bind theory of schizophrenia with his colleagues and reconceptualized psychotic behavior as an attempt to meaningfully respond in a family system characterized by double-bind communications (Bateson, 1972).

Therefore, Bateson's prior research helped the team view problematic human behavior as a function of larger social systems (Keeney & Morris, 1985). So, the development of family therapy began after the 1950s. Before this date, therapists thought that families created a toxic environment for individuals with problematic symptoms, and they resorted to hospitalization in order to remove the person from the family environment. However, when the client returned to the same family environment, the problems started to show themselves again (Bateson et al., 1956).

According to Bateson, pathology is not in the individual, but in the system, in the relationship patterns between the elements in the system, and he mentioned that it is important to focus on interpersonal problems in the family while working with individuals having pathological symptoms (Bateson et al., 1956). The common understanding of the family therapy movement pioneers; is that people's problems are fundamentally interpersonal rather than person-based, and therefore an intervention approach that directly targets interpersonal relations is required for the solution of these problems (Haley & Hoffman, 1967). Also, there is no single pioneer or pioneer school of family therapy. At the beginning of the Couples and Family Therapy movement, following names such as W. Ackerman, Murray Bowen, Theodore Lidz Carl A. Whitaker, Gregory Bateson, Virginia Satir, John Weakland, and Jay Haley, known as the Palo Alto Group, can be called as the pioneers of family therapy (Gehart, 2014).

Looking at the perspective of systemic therapy and how it operates, unlike all forms of individual therapy, which work in a linear understanding, family therapy is based on a circular understanding (Haley & Hoffman, 1967). In line with this view, systemic therapists prefer to work from a perspective that focuses on circular

explanations of how problems are sustained by patterns of interaction with significant others in their lives, rather than linear formulations (Heatherington et al., 2015). When Rohrbaugh (2014) summarized the key features of a systemic paradigm as circularity, context, and pattern interruption, he suggested that systemic theories are more concerned with how problems are perpetuated interpersonally.

Systemic therapists work from a multi-systemic perspective in their practices. Carter and McGoldrick (2005) suggested that the development of individuals can be understood by focusing on the need to examine individuals' lives both in the context of the family and in broader cultural contexts with their past and present characteristics that change over time. They stated that the examination can be done by looking at the individual at five different system levels: (1) individual himself/herself, (2) immediate family, (3) extended family, (4) community (e.g., friends), and (5) larger society (e.g., politics). Therefore, from a systemic point of view, it can be understood that the behavior of individuals is shaped by the interaction of interconnected and interdependent systems in which the individual lives.

The systemic perspective follows the idea that every change in the individual's different systems creates two types of stress, regardless of whether it is a positive or negative experience, and these are horizontal and vertical stressors (Carter & McGoldrick, 2005). Vertical stressors bring the past and present cumulatively from all layers of systems, horizontal stressors are time-based ongoing stressors that can be developmental and predictable, unpredictable, or historical. All these stressors affect the stability of a family system and homeostasis, and after the

change process, individuals and families can create new homeostasis or return to their old homeostasis (Carter & McGoldrick, 2005).

Systems theory acknowledges that a family consists of subsystems, which itself form a part of the wider systems, and it can be mentioned that there is a sibling subsystem, parental subsystem, and couple subsystem in a family (Suppes, 2022). Besides, in the formation of the family, sociocultural structures, interpersonal relations, and physical environment also play a role (Carter and McGoldrick, 2005). To understand the functioning of the system, it is necessary to understand the processes of interaction between the components of the system. In this context, it can be mentioned that systemic therapists have a comprehensive and broad perspective (Gehart, 2014).

Systems theory provides psychotherapists a roadmap for understanding and changing the system in family and couple therapies and emphasizes that examining relationship patterns within the family is effective (Minuchin & Fishman, 2004). Thus, it is thought that the individual's problems will be understood by examining the family system problems by leaving the individual from the role of the scapegoat or being problematic (Suppes, 2022). In addition, according to the systems theory, although the client/s comes to therapy with an individual problem such as depression or anxiety, systemic therapists address them in larger relational contexts like family, community, and the larger society, and therapists' stance is non-pathologizing and non-blaming in therapy (Boscolo & Bertrando, 1996). In light of this information, considering that systemic therapists work on problems interrelationally and multi-systemically regardless of what the problem is, it is thought that systemic therapy

can be effective not only when working with couples or families, but also with individuals.

Systems theory can also be acknowledged as an umbrella term to cover several couple and family therapy models since it is divided into different schools, nurtured from a common point of view. These fundamental schools are Strategic Therapy, Structural Family Therapy, Satir Transformational Systemic Therapy, Narrative Therapy, Emotion Focused Therapy, Internal Family Systems Therapy, and Cognitive Behavioral Couple and Family Therapy (Gehart, 2014).

1.4 Empirical Studies with Systems Theory

In the following section, four different systems theory models are (Emotion-Focused Couples Therapy (EFT), and Satir Transformational Systemic Therapy (STST), Cognitive Behavioral Couples Therapy (CBCT), and Internal Family Systems Therapy (IFS)) will be discussed regarding their mechanisms of change. The reason why these four different models were chosen is that EFT, STST, and CBCT are the majority with their research background in systemic theory in psychotherapy literature, and the IFS is one of the most known models that blends individual therapy and systemic theory.

Emotion Focused Couples Therapy (EFT). The EFT Model was developed by Susan Johnson and Leslie Greenberg in the early 1980s. Johnson and Greenberg (1985) describe it as a synthesis of experiential, humanistic, and systemic perspectives and interventions that modify negative interaction patterns and emotional responses of distressed couples. The couple's change process is described in 3 stages and 6 steps. 3 stages respectively consist of (1) reducing negative

interaction cycles, (2) changing interactive attitudes, and (3) reinforcement and integration.

The 6 steps of EFT are as follows; (1) creating an alliance and identifying the conflict problems underlying the attachment struggle, (2) identifying the negative interaction cycles in which these problems are expressed, (3) reaching the secondary emotions that underlie the interactional attitudes, (4) negative cycles, underlying emotions, and attachment reframing the problem in terms of their needs. This cycle is framed as a common enemy, the source of the emotional deprivation and distress experienced by the partners, (5) identifying with neglected emotions, needs, and personality traits, integrating them into the interactions in the relationship, and (6) ensuring that new interactional experiences of the partners are accepted (Johnson, 2008). Looking at the literature on EFT, Wiebe et al. (2018) found that couples reported improvements in relationship satisfaction across EFT sessions.

Satir Transformational Systemic Therapy (STST). Virginia Satir is considered to be one of the pioneers of family therapy. One of her earliest contributions was the idea and practice of seeing more than one member of the same family at the same time in psychotherapy sessions (Satir et al., 1991). Satir Transformational Systemic Therapy (STST) is an existential, humanistic, developmental, communication-oriented, process-oriented, systemic, and experiential model (Banmen, 2002). According to the Satir Model, change occurs in 5 stages: (1) status quo, (2) foreign element, (3) chaos, (4) integration, and (5) practice. In the early stages, people become aware of their need for change but tend to stay with familiar coping ways than change. In the foreign element stage, an event or a person such as a therapist enters the system and shakes the balance of established dynamics. In the chaos

phase, the balance of the system is disturbed by the effect of the foreign element entering the system, and people feel out of control, anxious, and even sick, and realize that their old ways of coping do not work. This is a time of fear of the unknown, a choice between returning to old and familiar ways of coping or taking the risk of learning new ways. The new integration phase is a time when new ideas and new ways of coping begin to understand. The practice stage is the last stage in which the changes made in the previous stage are reinforced and supported (Loeschen, 2019).

Also, looking at the role of the therapist in the therapeutic change in the STST, 6 phases of Satir's therapy process which is conceptualized by analyzing Satir's work by Sharon Loeschen (2019) can be mentioned. She stated that Virginia Satir used to work on these phases simultaneously in sessions, not sequentially. These phases are, (1) making contact, (2) validating, (3) facilitating awareness, (4) promoting acceptance, (5) making changes and (6) reinforcing changes. So, the therapist begins to build relationships and develop people's self-esteem so that clients can find the strength and courage to break out of their familiar status quo. Then works on self-awareness and self-acceptance so that clients can make the necessary changes in their lives. Finally, the therapist helps them to reinforce these changes by practicing new ways of being (Loeschen, 2019). In the literature, Lau, Leung, and Chung (2018) investigated the effect of an experiential workshop intervention program created using the STST, which aimed to increase the self-transformation levels of the participants, and they found that participants of the workshop program reported statistically more significant improvements than those

who did not participate in the workshop program in terms of self-transformation, mental health problems, positive and negative affect, and self-worth.

Cognitive-behavioral Couple Therapy (CBCT). The first pioneering theorist of the approach known as cognitive-behavioral couple therapy (CBCT) is Albert Ellis, known for his "Rational Emotive Therapy (RET)" theory which stands for the idea that couples' and family members' irrational beliefs cause emotional distress (Ellis, 1994). According to the A-B-C personality model, which forms the center of this approach, in certain events (A) between couples or in the family, if family members blame the problem, outcome, behavior, reactions (C), they are educated about their irrational beliefs (B) (Ellis, 1994). CBCT focuses on the way couples' core beliefs, schemas, emerge. Schemas are seen often at the heart of couples' conflicts and disagreements. Schemas are the patterns that govern the perception and reaction of the person derived from lived experiences. Focusing on couples' thoughts, perceptions and their impact on their emotions is the main focus of CBCT (Dattilio, 2005). After family members or couples have been taught how to think in a way that is beneficial to them and their functional schemas have been modified, CBCT addresses some aspects of couples' behavioral patterns. In particular, it focuses on the excess of negative interactions and the lack of mutual positive behavior between family members/couples, self-expression, and listening skills used in communication, problem-solving skills, negotiation, and behavior change skills (Dattilio, 2005).

The Internal Family Systems (IFS) Model. IFS model which applies family systems concepts to the intrapsychic field, was developed by Richard Schwartz in the 1990s and was influenced by the systems point of view. The model asserts that

there are sub-parts in the internal system of individuals and that these parts interact and change like families (Schwartz, 2001). Also, it stands for everyone has a Self, and the Self can and should lead the individual's internal system (Schwartz, 2001). IFS therapists acknowledge that all parts have a valuable, important, and positive role. Schwartz defines 3 common parts: (1) vulnerable and suppressed parts called "exiles", (2) part called "managers" try to keep exiles exiled by staying in control of events or relationships, and (3) and "firefighters" the part react when exiles are activated in an effort to extinguish their feelings or dissociate the person from them (Schwartz, 2001).

From the IFS point of view, changes in the internal system of clients will affect changes in the external system, releasing parts from their extreme roles help clients to adopt their preferred and valuable roles (Schwartz, 2001). Also differentiating and elevating the Self helps parts to provide input to the Self and acknowledge it as the ultimate decision maker (Schwartz, 2001). Although IFS is a model with limited research background in the literature, in a pilot study with survivors of multiple childhood trauma receiving IFS therapy, it was found that the PTSD symptoms of individuals were significantly reduced (Hodgdon et al., 2022).

Looking at the four different models mentioned, it can be noticed that even though they are different from each other, each model looks at the change in relational and systemic contexts. Supportively, it is shown that the results of 20 meta-analyses of theories within the systemic approach did not differ significantly between various relational therapies (Shadish & Baldwin, 2003). This led researchers to examine common factors specific to systemic theory. When looking at couple and family therapy in the context of common factors, 4 factors can be

mentioned specific to systemic perspective: (1) conceptualizing difficulties in relational terms, (2) disrupting dysfunctional relational patterns disruption, (3) expanding the direct treatment system, and (4) expanding the therapeutic alliance (Sprenkle et al., 2009). In the following section, these factors will be examined in detail in order to explain common understandings of different models influenced by systems theory.

1.5 Common Factors in Systems Theory

One of the common factors of therapies influenced by the systemic approach is conceptualizing clients' difficulties in relational terms. In other words, special attention is drawn to the interactional relationship cycles between the subsystems that come together and form larger systems in systemic therapies (Sprenkle et al., 2009). In CFT, the therapist conceptualizes the clients' problems in their relational context. Even in individual therapy, systemic therapists may involve the client's partner, family members, or siblings in the session. In an individual session, the therapist can ask client questions like “If your father were here, how do you think he would feel when you felt this way?” so the client can also interact with individuals who are not in the session and their answers to such questions serve to conceptualize the difficulties presented in relational terms (Sprenkle et al., 2009). In a study, researchers compared three different therapy models (Emotionally Focused Therapy (EFT), Cognitive-Behavioral Couple Therapy (CBCT), and Internal Family Systems Therapy (IFS)) mentioned in the previous section, and they found that the change in therapy in all three models influenced by the therapist’s understanding on clients’ problems through dysfunctional interactional cycles (Davis & Piercy 2007a; Davis & Piercy 2007b).

Systemic therapists benefit from disrupting dysfunctional relational patterns disruption in their sessions (Davis & Piercy, 2007a). They work with repetitive relationship patterns that are shaped around the difficulties experienced by clients and that they have difficulty in getting out of (Sprenkle et al., 2009). By disrupting the relationship patterns in the system, it is aimed that the clients realize their repetitive patterns and see their own and each other's experiences in these cycles interpersonally (Gehart, 2014). In many models affected by systemic therapy, one of the therapy targets is disrupting dysfunctional relational patterns. EFT called it interrupting persistent emotional patterns (Johnson, 1996), Bowen therapists called it intergenerationally transmitted patterns (Bowen, 1978), and structural family therapists called it dysfunctional patterns of family organization (Minuchin, 1974). That is, systemic therapists have a particular focus on disrupting dysfunctional relational patterns for change in therapy (Sprenkle et al., 2009).

Another common factor in systemic therapy is expanding the direct treatment system. Systemic therapists are open to including more than the identified patient in therapy (Sprenkle et al., 2009). Pinsof (1995) states “direct patient systems” as persons physically involved in treatment, and “indirect systems” as those involved via aforementioned. Also, he defined five reasons to support the importance of expanding the direct treatment system: (1) “therapists will generally learn more about patient systems if they meet as many of the key patients as possible”, (2) “the therapist usually will establish a stronger therapeutic alliance with the patient system if that alliance is based on face-to-face contact”, (3) “doing as much of the work as possible in front of the key patients maximizes the likelihood of creating a wider, more stable, and more empathic collective observing ego”, (4) “the transforming

impact of major breakthroughs is usually greater when they occur in the presence of key patients", and (5) "the therapist will have a more accurate understanding of the problem maintenance structure if key patients are directly involved in ongoing treatment". Systemic therapists include indirect systems in their sessions and interventions, and they can also directly involve the system since they can present in the therapy room with couples and families directly which may contribute to change (Sprenkle et al., 2009).

For therapeutic change, the therapeutic alliance is important in therapy, regardless of the model or approach (Sprenkle et al., 2009). In CFT practices, since more than one person can attend in the therapy room, there are more than one therapeutic alliance between the therapist and the clients in the direct system (Sprenkle et al., 2009). There are also separate therapeutic alliances between each subsystem and the therapist (Sprenkle et al., 2009). When a family of four with two children comes to the therapy, the therapist has separate subsystem alliances, both with four different individuals in the individual level of alliance, and with the parent, couple, and sibling subsystem, and these relationships may differ from each other (Pinsof, 1995). In addition to the individual and subsystems alliances, the whole family as a larger system may have a therapeutic alliance with the therapist (Pinsof, 1995). In the literature, Robbins et al. (2006), conducted research on the expanded alliance and drop-out relationship in systemic therapy with 30 adolescents and their families. They measured the therapeutic alliance of each adolescent and their parents with the therapist, and as a result, the therapeutic alliance of drop-out adolescents and their parents weakened, and continued families reported no decrease in the therapeutic alliance. This result highlights the importance of the multiple therapeutic

alliances with each individual and subsystems in the therapy room when working in a systemic approach.

Therefore, systemic therapy is typically, but not always, an approach to working with couples and families, largely because a relational perspective on symptoms and problems logically leads to an interest in working with all individuals simultaneously. On the other hand, in order to facilitate change, the systemic practice may also involve working with individuals or larger systems by thinking systematically (Heatherington et al., 2015).

1.6 Literature Review on Therapeutic Change in Systems Theory

Strong evidence from research in systemic therapy shows that those seeking help for couple, marital, and family problems experience change (Baldwin et al., 2012). Shadish & Baldwin (2003) examined 20 studies in their meta-analyses of couple and family therapy resulting 71% better outcomes after therapy and at follow-up than in comparison groups. In another study in which 34 studies out of 38 show that compared to control groups, the systemic theory is significantly more efficacious. Compared to different evidence-based interventions like CBT, medication treatment, and psychoeducation, systemic therapy is found to be either equally or more efficacious, especially in eating disorders, schizophrenia, mood disorders, substance disorders, and psychological factors in physical illness (Sydow et al., 2010). In a follow-up study conducted with juveniles pushed to crime, it is found that the positive effect of systemic therapy lasts on average 21.9 years, from adolescence to middle adulthood (Sawyer & Borduin, 2011).

Therefore, psychotherapy research in systems theory shows that individuals, couples and families benefit from couple and family therapy. In the following

section, relational and individual outcomes of systemic therapy literature will be examined to understand in which areas individuals, couples and families gain improvement.

1.6.1 Relational Outcomes of Systems Theory

Considering the results of relational outcomes of systemic therapy in the literature, one of the most researched variables is relationship satisfaction. Looking at the studies in the literature in the context of relationship satisfaction, after receiving Emotion-focused Couples Therapy, couples showed better outcomes in relationship satisfaction and relationship distress, then relationship distress remaining better at three months follow-up. Supportively, Denton et al. (2000) investigated the outcomes of couples who received EFT and found that couples reported significantly enhanced relationship satisfaction. In line with these findings, Christensen et al. (2004) investigated outcomes of Integrative Behavioral Couple Therapy (IBCT) and they found significant improvements in relationship satisfaction in distressed couples after intervention and at the 5-year follow-up (Christensen et al., 2004, 2006, 2010).

There are findings in the literature that couples therapy increases intimacy within couples. Johnson and Greenberg (1985) investigated outcomes of couples receiving Emotion Focused Therapy (EFT) and found that couples reported better outcomes in relationship satisfaction, intimacy, and complaint reduction after the intervention. Supportively, Walker et al. (1992) examined the efficacy of EFT for couples with chronically ill children and they found that couples who received EFT reported statistically better results in relationship satisfaction, communication, and intimacy. Also, Dandeneau and Johnson (1994) found that couples reported

enhanced outcomes in empathy and self-disclosure after the EFT intervention, higher observed intimacy, and stability at follow-up.

In addition to relationship satisfaction and intimacy, sexual satisfaction also examined in systems theory literature. Wiebe et al. (2018) studied if EFT is helpful for the sexual satisfaction of couples and they found that sexual satisfaction significantly increased after therapy and this improvement remained at 2 years follow-up. Another topic investigated in couple and family therapy outcome research is intimate partner violence. Karakurt (2016) examined 6 studies in their meta-analyses in which psychoeducational, behavioral, and solution-focused couple therapy for mild-to-moderate situational intimate partner violence are conducted, and results show that those received couple therapy reported 80% better outcomes after therapy than alternative interventions.

In addition, various systems theory models have positive effects on family relationships in the literature. A study examining the impact of IBCT conducted with couples with children shows that their conflict interactions regarding child rearing declined after the intervention and at the 2 years follow-up (Gattis et al., 2008). Another study examined family relations shows that after the Satir Transformational Systemic Therapy (STST) conducted with families of members with schizophrenia, families' perception of family functioning, self-esteem, and depressive symptoms are improved, and members with schizophrenia showed better outcomes in the severity of symptoms and social functioning (Piyavhatkul et al., 2017). In addition, adolescents reported fewer internalizing and externalizing problems after the Structural-Strategic Family Therapy, and parents reported increase in family cohesion, satisfaction, and perceived efficacy as a parent, and healthier parental

practices by reporting less authoritarian, permissive, and more authoritative practices (Jiménez et al., 2019).

1.6.2 Individual Outcomes of Systems Theory

In addition to relational outcomes, there are individual outcomes as well in outcome research of systemic therapy which shows clients in systemic therapy can also gain individual changes. Relevant literature shows that various systems theory models have positive effects on depressive symptoms of individuals. A meta-analysis including 37 studies shows that couple and family therapy is significantly reducing depressive symptoms of individuals (Lebow et al., 2012). In another study, it was found that Narrative Therapy was effective in reducing depressive symptoms in individuals, and this effect was preserved in a three-month follow-up (Vromans & Schweitzer 2011). Several studies in Emotion-focused Therapy (EFT) also shows that EFT allows positive changes in the symptoms of depression in addition to medication treatment (Watson et al. 2011, Ribeiro et al. 2014, Mendes et al. 2016, Ribeiro et al. 2016). Also, Baucom et al. (2018) found that Integrative Behavioral Couple Therapy (IBCT) was effective in reducing depressive symptoms for individuals. Supportively, Barbato et al. (2018) examined that couple therapy was effective in reducing depressive symptoms.

Relevant literature shows that couple and family therapy is effective in reducing anxiety and PTSD symptoms in individuals. In a study, EFT was found to be effective in reducing anxiety symptoms for individuals (Soltani et al., 2014). Supportively, A meta-analysis of 37 studies shows that couple and family therapy was effective in reducing anxiety symptoms for individuals (Lebow et al., 2012). Also, MacIntosh and Johnson (2008) examined couples receiving EFT in which one

partner has past childhood sexual abuse and was diagnosed with Post Traumatic Distress Disorder (PTSD), and they found that couples reported significant decrease in trauma symptoms.

Overall, systems theory literature shows that those receiving couple and family therapy experience relational and individual gains in their life. Especially in the areas of relationship satisfaction, intimacy, sexual satisfaction, violence, family functioning, depression, anxiety, and stress. Even though systemic therapy is typically an approach to working with couples and families, the systemic practice may also involve working with individuals since literature states people gain individual benefits from couple and family therapy. However, to the best of our knowledge there is no process research which examines how individuals benefit from systemic therapy and how change happens especially in systemic therapy practices with individuals. Thus, it was thought that investigating the process of how clients and therapists experience individual therapy with systems theory will pave the way through working with systemic therapy especially with individuals.

1.7 The Current Study

As previously discussed, most of the effectiveness studies in systemic therapy is on the therapy with couples and families. There is a gap in the literature regarding the process and outcome of systemic therapy with individuals. The existing literature is on the individual effects of systemic therapy but we do not know how systemic individual therapy affects relationship dynamics of the clients.

Therefore, the current study focuses on qualitatively explore the experiences of therapists and clients in the context of therapeutic change in systemic individual therapy. For this purpose, semi-structured interviews were held with clients and

therapists to understand the following main research question[1]: How systemic therapy helps clients and therapists to facilitate change in individual sessions? Also, differences and similarities between therapists' and clients' perspectives on therapeutic change will be discussed based on the therapists' and clients' level themes.

[1] The current study is secondary research, so the researcher is not directly involved in the data-gathering process and instead, relies on existing data.

CHAPTER 2

METHODOLOGY

2.1 Participants

In the current study, 12 clients (2 men, 10 women) and 12 therapists (1 men, 11 women) were recruited as participants from Bilgi University Psychological Counseling Center and Özyeğin University Couple and Family Center in 2021. Hagaman and Wutich (2017) stated that 16 interviews or less are enough to explore common themes in thematic analysis to reach data saturation, a point where the new interviews do not contribute to finding new themes in the analysis. The purposive sampling method was implemented to recruit participants. The exclusion criterion for the client participants was having severe psychotic symptoms, and the inclusion criteria were clients to have had at least 8 therapy sessions and have mild or below levels of anxiety and depression. To ensure participant anonymity, each participant assigned to a participant identification (ID) number and a pseudonym. Detailed demographic information of clients is presented in Table 1 below.

Table 1

Personal Demographics of the Clients

ID	Pseudonym	Client's Therapist	Age	Gender	Education	Relationship Status	Marital Status	Parental Status
D1	Serap	Selin	25	Female	Bachelor's Degree	Long-term relationship	Single	No Children
D2	Tuğrul	Esma	31	Male	Bachelor's Degree	Long-term relationship	Single	No Children
D3	Ecrin	Azra	27	Female	Bachelor's Degree	Long-term relationship	Single	No Children
D4	Eda	Begüm	36	Female	High School	Long-term relationship	Married	Has Children
D5	Berke	Duygu	24	Male	Bachelor's Degree	In Flirt	Single	No Children
D6	Elya	Merve	38	Female	Bachelor's Degree	Long-term relationship	Single	No Children
D7	Mehtap	Seren	38	Female	Bachelor's Degree	Long-term relationship	Married	Has Children
D8	Gamze	Gizem	24	Female	Bachelor's Degree	Long-term relationship	Single	No Children
D9	Ekin	Melis	41	Female	Bachelor's Degree	No Relationship	Widow	Has Children
D10	Emine	Burcu	45	Female	Bachelor's Degree	Long-term relationship	Married	Has Children
D11	Eda	Müjgan	51	Female	Middle School	No Relationship	Widow	Has Children
D12	Lina	Erdi	55	Female	Bachelor's Degree	Long-term relationship	Married	Has Children

Also, clients' presenting problems included anxiety and stress, communication in relationships, abuse or trauma, grief and loss, behavioral addictions (e.g. computer games, internet, food, pornography), problem solving and decision making in parenting, coping skills, romantic relationship conflict, and family relationship conflict (see Table 2). To ensure participant anonymity, each participant assigned to a participant identification (ID) number and a pseudonym.

Table 2

Distribution of presenting problems by clients

Presenting Problems	N
Anxiety or stress	2
Communication in relationships	1
Abuse or trauma	1
Grief and loss	3
Behavioral Addictions (e.g., computer games, internet, food, pornography)	1
Problem solving and decision making in parenting	1
Coping skills	1
Romantic relationship conflict	1
Family relationship conflict	1
Total	12

All clients were attending individual therapy and all 12 therapists interviewed in the current study are consisted of those clients' therapists. Therapists were Couple and Family Therapy MA students either at Özyeğin University or Bilgi University and they were trainee psychotherapists either at Bilgi University Psychological Counseling Center or at Özyeğin University Couple and Family Center. Also, they

were adopting systemic perspective in their practices, and receiving training and supervision in systemic therapy during the data collection process. To ensure participant anonymity, each participant assigned to a participant identification (ID) number and a pseudonym. Detailed demographic information of therapists is presented in Table 3 below.

Table 3

Demographics of the therapists

ID	Pseudonym	Age	Gender	Department of Bachelor's Degree	Current Education Status	Month of Experience as a Therapist
T1	Selin	24	Female	Psychology	MA Student in CFT	4
T2	Esma	24	Female	Psychology	MA Student in CFT	4
T3	Azra	26	Female	Psychological Counseling	MA Student in CFT	4
T4	Begüm	26	Female	Psychology	MA Student in CFT	8
T5	Duygu	25	Female	Psychology	MA Student in CFT	4
T6	Merve	26	Female	Psychology	MA Student in CFT	2
T7	Seren	27	Female	Psychology	MA Student in CFT	2
T8	Gizem	25	Female	Psychology & Law	MA Student in CFT	4
T9	Melis	26	Female	Psychology	MA Student in CFT	10
T10	Burcu	38	Female	Economy	MA Student in CFT	4
T11	Müjgan	25	Female	Psychology	MA Student in CFT	5
T12	Erdi	28	Male	Psychology	MA Student in CFT	9

2.2 Procedure

Since it is secondary research, ethical approval has already been obtained from Özyeğin University Ethics Committee. After getting ethical permission, different training facilitators were assigned for each client and therapist interview in the process of conducting the interviews. The data which is collected from Özyeğin University was collected by the facilitators at Bilgi University, and the data collected from Bilgi University was collected by the facilitators at Özyeğin University. All facilitators were selected from trainee psychotherapists in psychology graduate programs of both universities. All the interviews are carried out via Zoom and last approximately 30 minutes. Informed consent is sent to both clients and therapist participants via e-mail in order to inform them about the purpose and process of the study, voluntary participation, and data confidentiality procedures. After they give their consent to being a participant in the proposed research, recording is started. The semi-structured interview questions are asked to participants to understand the experiences of the clients and therapists. After the recording is stopped and interviews are done, the video recording is deleted immediately, and the audio recording is preserved with participants' ID numbers and pseudonyms to protect participant privacy. Thus, only consent forms and audio recordings of the interviews with participant ID numbers are protected in an encrypted external disc for the purposes of data analysis. Interviews are transcribed after they are done, and these transcriptions are uploaded to MAXQDA 2020 software program (VERBI Software, 2019) to conduct analysis.

2.3 Interviews

Therapeutic change experiences interview was developed for the purposes of this study based on Elliott's (1996) *The Change Interview* questions, to gather information regarding clients' and therapists' experiences on therapeutic change in systemic therapy. Semi-structured interviews were focusing on three main information: (1) perceived change over the course of therapy, (2) understandings of the sources of those changes, including helpful aspects of their therapy, and (3) hindering or difficult aspects of therapy (see Table 4). Also, there were three 5-scaled rating questions about change that are asked to clients only: (1) For the change, please rate how much you expected it? (1 = Very much expected it, 5 = Never expected it) (2) For the change, please rate how likely you think it would have been if you hadn't been in therapy? (1 = Very unlikely without therapy, 5 = Very likely without therapy) (3) How important or significant to you personally do you consider this change to be? (1 = Not at all important, 5 = Extremely important).

Table 4

Semi-structured Interview Questions for Clients

1. What has therapy been like for you (so far)? How has it felt to be in therapy?
2. What changes, if any, have you noticed in yourself since therapy started?
3. In general, what do you attribute these various changes to? In other words, what do you think might have brought them about? (Both outside & Inside therapy)
4. What have been the most helpful things about your therapy so far? (General aspects, specific events) What made these things helpful to you?
5. What kinds of things about the therapy have been hindering, unhelpful, negative, or disappointing for you?
6. Were there things in the therapy which were difficult or painful but still OK or helpful?
7. What has it been like for you to be involved in this research?
8. Do you have any suggestions for us, regarding the research or the therapy?

In order to examine how therapists experience therapeutic change, Elliott's (1996) *The Change Interview* questions for clients were adapted for therapists (see Table 5). In order to more meaningfully explore therapists' experiences of therapeutic change, "What milestones do you think happened during the therapy process?", "What effect has working with this client had on you? What did you learn in this process?" and "In your opinion, what is the overall experience of working with an individual client from a systemic perspective? How is it different from working with couples or families?" questions have been added to interview questions in addition to Elliott's.

Table 5

Semi-structured Interview Questions for Therapists

1. What has therapy been like for you (so far) with the client? How has it felt to be in therapy?
2. What changes, if any, have you noticed in client since therapy started?
3. In general, what do you attribute these various changes to? In other words, what do you think might have brought them about? (Both outside & Inside therapy)
4. What milestones do you think happened during the therapy process?
5. What have been the most helpful things about therapy so far? (General aspects, specific events) What made these things helpful to client?
6. What kinds of things about the therapy have been hindering, unhelpful, negative, or disappointing for you?
7. Were there things in the therapy which were difficult or painful but still OK or helpful?
8. What effect has working with this client had on you? What did you learn in this process?
9. In your opinion, what is the overall experience of working with an individual client from a systemic perspective? How is it different from working with couples or families?

2.4 Analysis

Since the main aim of the current study is to explore the experiences of clients and therapists in the therapeutic change process, data is analyzed using *thematic analysis* (TA) (Braun & Clarke, 2006). During the analysis of this study, the following six-phase of thematic analysis by Braun & Clarke (2006) was used: (1) familiarization with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining themes, (6) presenting and discussing result. In

the first step, it is recommended to transcribe the data, read the data repeatedly, and note the first ideas (Braun & Clarke, 2006). In this study, the researcher created the verbatim transcriptions by listening to the audio recordings of the data. After the transcripts were created, they were read repeatedly, and the researcher noted the reflections throughout the process. In the second step, it is suggested that the salient features of the data can be systematically coded throughout the entire data set, and the data related to each code can be gathered together (Braun & Clarke, 2006). Following this suggestion, after all the data were coded with both deductive and inductive methods in the MAXQDA, data that formed a meaningful relationship were brought together.

In the third step, it is suggested to collect the codes under potential themes, and to collect all data under possible themes (Braun & Clarke, 2006). During the analysis, all codes were grouped under possible themes by paying attention to whether they were related to each other or not. Deciding on what counts as a theme or subtheme, Braun and Clarke (2006) stated that a theme describes an important point about the research question within the data and represents the patterned answers or meanings to the research question. Preferably, many examples of a theme will be encountered throughout the dataset but increasing the number of examples does not necessarily mean that the relevant theme will be more important.

Since it is qualitative analysis, there is no definitive answer to the question of how much of the data set must provide evidence for a theme to be considered a theme (Braun & Clarke, 2006). In other words, if 50% of the data items have evidence, they become a theme, but if this rate is 47%, it cannot be said that there is no theme from it. They also stated that there is no requirement that the theme be

prominently emphasized across many data items, not just one or two sentences. A theme may occupy an important place in some data items, but little or no presence in others, or appear in a relatively small portion of the dataset. Therefore, they suggested that the researcher's evaluation is necessary to decide what the theme is. Regarding this information, themes and subthemes were described by half or more than half of participants in the current study, and special attention is given that they are compatible with the research question.

In addition, as suggested, while the themes were being reviewed, the compatibility of the themes with the coded data content and the entire data set was checked, and the thematic map for the analysis was created (Braun & Clarke, 2006). In the next step, the analysis was continued to simplify the features of each theme and to define the whole story told in the analysis, and each theme was clearly defined and named. In the last step, the coded data contents were analyzed for the last time and concrete, striking and convincing direct quotation examples were selected to be presented in the result section.

It is extremely significant to maintain trustworthiness in the process of data analysis and creating themes. Lincoln and Guba (1985) stated that qualitative study findings trustworthiness is ensured through four criteria: (1) credibility, (2) transferability, (3) dependability, and (4) confirmability. As Lincoln and Guba (1985) suggested, to enhance credibility, “expert checking” is implemented by taking confirmation from the thesis advisor Dr. Selenga Gürmen and one of the committee members Dr. Yudum Söylemez on emerged themes in the analysis. In the context of dependability, ensuring credibility is enough due to Lincoln and Guba (1985). So, no other techniques are implemented for dependability criteria. To

ensure transferability criteria, representing the demographic characteristics of the sample is important (Lincoln & Guba, 1985).

So, a detailed demographic table is created to ensure transferability. Since the most common technique is an audit trail to ensure confirmability, all the information about data collection, transcription, coding, and analysis procedures is documented and kept in a detailed way (Lincoln & Guba, 1985). Lastly, the reflexive journal technique including evolving perceptions of the researcher during the analysis is implemented to improve the reliability of the current study and decrease bias which is suggested by Lincoln and Guba (1985).

2.5 The Researcher's Perspective

As a secondary researcher of this study, I am a MA student in Couple and Family Therapy and I have been working with individuals, couples, and families as an intern psychotherapist at Özyeğin University Couple and Family Center for more than one year. I also receive training and supervision from a systemic perspective. In addition, I am currently in the last year of the 3-year Satir Transformational Systemic Couple and Family Therapy Certificate Program of the Satir Institute of Human Development and Family Therapy.

Like many of my colleagues in the field, I have experienced firsthand how the systemic perspective works with individuals, and I know that this approach does not only work with couples and families. However, there is a lack of information on this subject both in the literature and in social life. For this reason, doing research on this subject has a special meaning for me. I see from my own experience that in individual sessions, individuals can experience relational transformations related to their presenting problems by transforming themselves. And I believe that people are

injured in their relationships and healed in their relationships. For this reason, I am a psychotherapist who believes that it is very facilitating to think by including systemic theory in my practice, regardless of the therapy modality.

Contrary to the quantitative research study, I had no experience before as a qualitative researcher. For this reason, I spent a long time learning and swimming in the data in the analysis part. During this process, it was challenging for me to stay on the experiences of mourning, both while preparing the transcripts, listening to the audio recording, and doing the analysis. There were parts that touched my own process. There were points that reminded me of my own losses. At that time, I took care to distance myself from analysis, to be grounded, and to remember my resources and bring myself into balance. It's already part of the process and it's not new to me, as checking myself is something I often do in my own sessions. So, this study also contributed to my self-awareness on mourning process. It was an unforgettable, challenging, and enjoyable process for me.

CHAPTER 3

RESULTS

The narratives of the 12 therapists clustered under three themes with two subthemes. These three main themes are: “Going Beyond One-to-one Relationship in Therapy”, “Increasing Relational Awareness”, and “Shift in Clients’ Attitudes Towards Boundaries with Significant Others”. Also, the narratives of the 12 clients clustered under three themes level with two subthemes. These three main themes are: “Sense-making the Problems Through Relational Awareness”, “Acceptance in Relationships”, and “Manifesting the Differentiated Self in Relationship”. All themes were determined based on participants’ experiences by using TA.

3.1 Therapist-Level Themes

The thematic analysis yielded three therapists level themes and two subthemes. Table 5 gives an outline of three therapists themes with two subthemes.

Table 6

Therapists-Level Themes, Subthemes, and Reoccurrences from 12 participants

Theme	Subtheme		Reoccurrences from 12 Therapists
1		**Going Beyond One-to-one Relationship in Therapy**	
	101	Bringing the significant others into therapy as if they are in the room	10
	102	Clients’ Transformation in their Relationships	6
2		**Increasing Relational Awareness**	8
3		**Shift in Clients’ Attitudes Towards Boundaries with Significant Others**	6

3.1.1 Therapist-Level Theme 1: Going Beyond One-to-one Relationship in Therapy

Systemic therapists often work from a relational perspective to the presented problems in their practices. In this study, therapists have mentioned about the importance of working with the relational system in which the clients are in through the investigating impacts of the client's romantic, family and friend relationships on their individual journal in therapy process, even if they are not in the therapy room. In addition, the therapists mentioned that the clients experience changes and transformations in their own relationships during the therapy process, and they conveyed that they are working on these changes and transformations in therapy too. In this context, the name of this theme is determined as "Going Beyond One-to-one Relationship in Therapy" since therapists indirectly include clients' relationships in direct treatment system.

In their individual sessions, therapists shared common experiences in their practices by including the relational systems of the clients to therapy room and working on transformations that clients experienced within these systems. Those experiences are clustered under the subthemes of "Bringing the significant others into therapy as if they are in the room", and "Clients' Transformation in their Relationships".

3.1.1.1 Sub-theme 101: *Bringing the significant others into therapy as if they are in the room*

Ten out of twelve therapists' experiences were linked to bringing the significant others into therapy as if they are in the room. This sub-theme explores how therapists work with a systemic approach in individual therapy and how they

include relationality into their processes. For example, when one of the therapists mentioned about her experience, she said:

> ***"****I realized that, actually, yes, we are acting from a slightly more indirect place. Here, we talk with the client individually, but we talk about their family, we talk with the client, but we talk about their boss, we talk with the client, but we talk about their romantic relationship. And it is as if those people are in the room, but they are not. Sometimes you want to get to know them and hear them too. But your client is in such a central place, "How is they in this system?" You are constantly trying to understand this. "How can they stay in this system better… How can they cope better…". Actually, I don't think it's too difficult, working individually from a systemic point of view. It's something I practice more."* (Selin)

In this statement, Selin mentioned about the importance of including the significant others of client in the process. While doing this, she mentioned that she experiences this more indirectly, that she works by investigating how the client copes and what she experiences within the system in which the client is in, even if they are not in the room.

Erdi gave the following statement about the including relationality in therapy:

> ***"****While we were working with the individual in systemic therapy, the theories say having one person in the room is not an obstacle to working with systemic therapy. Because with the different techniques like role plays, working on intergenerational transmissions, role-changing, and empty chair… In fact, even though there is only one individual in the room, we talk*

about the individual through the family system, and I have experienced this in practice while conducting this therapy process with this client. Because, yes, there was only one client in our room, but in that room, the client's mother was present, her job, her father, and her children were present. And actually, it seems I have only one client in that room, yes, but there were many people in that room too. We were actually working with many people in that room and with that system. Again, when I think very roughly about the genogram study, even though it is in the focus of a single individual, I receive information from 3 generations and in fact, we actually talked about the patterns transferred from those 3 generations. Her relationships, her roles, and their effects on the client's life during the therapy process. That's why, yes, even though there is only one individual in the room, many individuals are actually here, and I include them in the individual therapy process."

(Erdi)

Erdi mentioned about how he investigates the effect of the client's relationship with significant others in her process through various techniques in this statement. In addition, while doing this, it can be inferred that he not only works on the client's current relationship dynamics, but also the relationship patterns transferred through generations which can mean he includes a wider systems level in therapy with techniques such as genograms in a way that he indirectly included client's relationships in direct treatment system.

3.1.1.2 Sub-theme 102: *Clients' Transformation in their Relationships*

Six out of twelve therapists' experiences were linked to clients' transformation in their relationships. This sub-theme explores the transformations

that clients experience in their relationships and the importance of these transformations in therapeutic change process from the perspective of therapists. For instance, Merve gave following statement:

> *"The client came to the therapy with a problem like "I cannot talk to myself about my thoughts and feelings. I cannot share it with others." We've worked hard on emotions. She often began to experience emotional discharges during the sessions. We were observing that she used to keep her feelings inside more and squeeze herself. This is how she spoke. But now she started to take it out more easily. After this change, when she started to express these feelings, she started to do this with her family and her romantic partner. This was actually the biggest change."* (Merve)

Here, Merve stated that she worked on emotional expressions with the client in therapy and the client carried this change in her own relationships as well. She explains the importance of transformation in relationship by mentioning that this was the biggest change in the process. It can be deduced that Merve first experienced that the client made an individual transformation in therapy, and then this transformation was reflected in her relationships such as family and romantic partner in a way that the therapist indirectly included client's relationships experiences in direct treatment system.

In parallel with that, Gizem expressed her experiences about client's relational transformation as follows:

> *"She used to avoid sharing about the issues she had difficulty with. Because she criticizes herself too much about being indecisive like "Everyone can make decisions, I cannot" ... She is emerging adult as a life*

stage, she is at an age where she should make new decisions, and her friends are at that age. As she could start talking about it in the sessions, she was able to start talking to her friends as well." (Gizem)

Similar to the previous statement, Gizem also experienced that as the client talks about the presenting problem in the sessions, she started to share this in her own relationships like friends. From this statement, it can be understood that therapist experienced that the client first made a transformation about sharing the issues that she has avoided and had difficulty in the therapy process, and she carries this transformation to her relationships.

3.1.2 Therapist-Level Theme 2: Increasing Relational Awareness

Therapists mentioned that raising awareness about what clients bring from their own family, again from a relational point of view, plays an important role in the change. Eight out of twelve therapists' experiences were linked to increasing relational awareness. One of the therapists explained her statement about increasing relational awareness of client as follows:

"I think that it was very effective for her to realize the beliefs in her family and that we worked on this in the sessions. Because this client had such strict beliefs that "If she takes a decision, that decision should be implemented until the end". You know, there was no flexibleness, like "I can turn from this decision". It was very beneficial for the client to search a little bit about her family of origin and to realize that these beliefs came from there." (Gizem)

Here, Gizem mentioned that she experienced the importance of emphasizing the impact of family dynamics on the client's understanding of the presenting problem. Since the theme of indecision is studied here, it can be understood that the

therapist tries to make client gain relational awareness on the effect of these familial beliefs on her own process through the investigating beliefs about how decisions are made in the family.

Similarly, Esma described her experiences about importance of increasing relational awareness of client as follows:

> ***"****I guess, in general, when the client realizes that the relational patterns brought by the client are the things he has actually learned from his family, I think that this somehow pushed him to think differently. He lived awareness there, it brought a perspective and I think it opened the door to change something."* (Esma)

It can be understood from this statement that Esma tried to raise awareness that the dynamics brought by the client from her family relationships are also transmitted to client's own relationships. She also mentioned that creating this awareness is an important element for facilitating change in the process.

3.1.3 Therapist-Level Theme 3: Shift in Clients' Attitudes Towards Boundaries with Significant Others

Systemic therapists focus on exploration of established boundaries in client's relationships. The therapists can investigate the impact of these boundaries on the client's experience and on the presenting problems. In this study, therapists did not specifically mention about what they practice as interventions to work on boundaries, but they explained that they observed transformation in the client in relational boundaries. Six out of twelve therapists' experiences were linked to transformation in clients' relational boundaries. For instance, when Selin is asked "What changes, if any, have you noticed in client since therapy started?" she said:

"In addition, her attitude toward boundaries has changed a lot within the family. Her attitudes toward boundaries especially in the root family has changed a lot. This gave us room to maneuver. That is, as soon as she releases the burdens that do not belong to her, when the everyone's roles are returned to their own roles, the client then has experienced them again in adulthood, how to be a family, a daughter." (Selin)

Here, while Selin is describing the changes she observed in the client, she especially mentions about the transforming boundaries in family relations. From Selin's perspective, it can be interpreted that when the client realizes her restrictive roles in relationships and be able to differentiate herself in relationship, she could reestablish the old roles and experience new way of being a family.

Also, Azra gave following statement for the same question:

"Her relationship with his family, especially with his parents, began to change. She began to set more boundaries with her mother. And setting that boundary first began with realizing how enmeshed her relationship with her mother was. First, she noticed and then she started to set boundaries." (Azra)

Based on the experience of Azra, it can be understood that after the client experienced an awareness of boundaries on her relationship with her mother, she started to reestablish these boundaries which brings change.

3.2 Client-Level Themes

As mentioned before, the following 5-point scale questions were asked to the clients during the interview: "For the change, please rate how much you expected it?", "For the change, please rate how likely you think it would have been if you

hadn' t been in therapy?" and "How important or significant to you personally do you consider this change to be?". Considering the answers given by the clients to these questions regarding their presenting problems, all 12 clients stated that they likely to expect the change they experienced ($M = 3.42$), that these changes would be difficult to achieve without therapy ($M = 4$) and that this change was extremely important for them ($M = 4.92$). The thematic analysis yielded three clients level themes and two subthemes. Table 6 gives an outline of three clients level themes with two subthemes.

Table 7

Client-Level Themes, Subthemes, and Reoccurrences from 12 clients

Theme	Subtheme		Reoccurrences from 12 Clients
1		**Sense-making the Problems Through Relational Awareness**	8
2		**Acceptance in Relationships**	7
3		**Manifesting the Differentiated Self in Relationship**	
	301	Manifesting the Emotions in Relationships	6
	302	Manifesting the Opinions in Relationships	8

3.2.1 Client-Level Theme 1: Sense-making the Problems Through Relational Awareness

Clients' narratives showed that they experience awareness in their own relationships during the therapy process. They mentioned that this awareness impacts their perspectives on problems, which leads new openings in their processes. They

have experienced a transformation of their perspectives on past relationship experiences with these openings. Eight out of twelve clients' experiences were linked to increasing relational awareness. For instance, Elya shared her experience as follows:

> *"Because, as if selfishly, focusing only on my own feelings, my own sadness… I was under such a great pressure that I couldn't deal with anything else. And being able to get out of it and actually look around, saying that "They also have such problems" made me realize things that I had never noticed. When I looked at my relationship with my boyfriend, I realized that I was ignoring a lot of things about him, focusing only on my own feelings, my own wishes, my own needs at work, and that this is not a very sustainable thing in any relationship. So, there was an opening here as well."* (Elya)

From what Elya said, it is understood that she has experienced a relational awareness not only from the perspective of her own experience, but also by noticing the perspective of the other in her relationships since she mentioned realizing her partner's needs and feelings too. It is understood from her mentioning that there is an opening here seems to be an effective factor in opening the door to considering change.

In another example, Ekin explains her experience on gained awareness in relationships as follows:

> *"I realized that what I am experiencing is not just mourning. You know, this is not just this 6-year process. What I experienced in my childhood, and then with my family, I don't know, there are many negative and bad things, but*

they have different reflections in your life. You see them like "But look, something like this happened before. Now that's how I feel about it.". You know, it can make you feel a little better when you go over it and work on it." (Ekin)

Here, it can be inferred that Ekin had an awareness of her past childhood experiences and family relationships. With this awareness, she saw how the reflection of her experiences on here and now is different. She stated that working on relational awareness and noticing its reflections on her life was beneficial for her in the process.

3.2.2 Client-Level Theme 2: Acceptance in Relationships

About the therapy processes, the clients reported a common inter-relational understanding on both accepting themselves and accepting the experience of their significant others in their relationships. It was commonly observed among the clients that they first realize their relational experiences, and then they experience a transformation in which they develop acceptance with compassion and understanding in response to this awareness. Seven out of twelve clients' experiences were linked to acceptance in relationships. Elya gave a great statement about her standpoint:

"I connect with the past a lot now and I always tell my therapist, there are things that I find very difficult in it. Because on the one hand, you also face your own child self. You also face your own parents and sometimes there are places where I can't stand them. Sometimes there are moments when I can't stand myself, I don't want to see them at all, and I feel incredibly angry at them. But as far as I can see, nothing can be achieved without going through

*this process. Going through all of these, I can say that I am both showing compassion for my own childhood and compassion for myself... pitying myself… Pitying here is not in a negative sense, in a good sense, I am actually talking about compassion for myself, and I can say that I also learn to feel compassion for my family." (*Elya*)*

As it can be understood from this statement, Elya started to accept her own experience when she realized her feelings about the difficulties she had in the past with her parents in therapy. Here, it can be mentioned an inter-relational experience of acceptance since she talks about not only self-acceptance but also accepting her family.

Another participant describes the acceptance she experienced from an inter-relational perspective as follows:

"Apart from accepting myself, this is actually accepting the other person. Because, I am angry because I cannot accept what the other person has done, because he touched a point in me and I get angry and angry. Because I could not accept it… But in fact, when I can stop, it seems normal too. That I shouldn't get stuck in that either, actually I accept the other either."

(Mehtap)

Here, Mehtap not only mentioning about accepting her own experience in her relationships, but also, she empathizes with the other person in a context by noticing the reflections of the other person's reactions on her experience. In this way, she mentions about inter-relationally noticing the experience of the other and accepting it by normalizing.

3.2.3 Client-Level Theme 3: Manifesting the Differentiated Self in Relationship

In their individual sessions, clients shared common experiences in their process by showing their feelings and opinions more freely and differently in their relationships than they used to do before. They mentioned that this transformation takes place under the influence of therapy. Clients did not directly mention about their experiences of differentiation, but they especially talk about experiences that they could not do due to their previous relationship dynamics and that they started to do with the help of therapy. In this context, the name of this theme is determined as “Manifesting the Differentiated Self in Relationship" since clients present themselves with a different experience in their relationships. Those experiences are clustered under the subthemes of: “Manifesting the Emotions in Relationships”, and “Manifesting the Opinions in Relationships”.

3.2.3.1 Sub-theme 301: *Manifesting the Emotions in Relationships*

Six out of twelve clients’ experiences were linked to manifesting the emotions in relationships. This sub-theme explores the participants' experiences of change about expression emotions in their relationships. All six clients mentioned that they usually do not express their emotions in their relationships before therapy process. Tuğrul stated that how he has experienced a transformation regarding expressing his emotions in his relationships as follow:

> *“I had a hard time expressing myself in my family and dual relationships, I could never say that I was hurt. I took a big step towards this against my girlfriend. I took a big step towards my mother and father. Again, I don't see myself fully enough, but I think I've taken a big step again. If I am injured, hurt, I can express it more easily now.” (Tuğrul)*

From what Tuğrul said, it can be understood that he has experienced a transformation in which he can now express his hurt in both romantic and family relationships more easily. In other words, he can show his feelings more openly than in the past and started to put his feelings into words in his relationships.

Similarly, Mehtap also stated that she experienced transformation about her expressed emotions:

> *"Now I can say "I am angry right now that's why I act around like that." I can say to the other person, "I am angry right now." Yes, I can say. "I'm angry right now, I don't want to talk right now. I want to close this right now." I couldn't say these things before, now I can say them."* (Mehtap)

Here, as it can be understood from Mehtap's discourse, she has experienced a transformation in her relationships towards expressing her feelings and needs in her relationships. As with Tuğrul's experience, Mehtap also stated that she could not do this before, but now she can.

3.2.3.2 Sub-theme 302: *Manifesting the Opinions in Relationships*

Eight out of twelve clients' experiences were linked to manifesting the opinions in relationships. This sub-theme explores the clients' experiences of change about expression opinions in their relationships. Lina stated that how she has experienced a transformation regarding expressing his opinions in her mother-daughter relationship as follows:

> *"For example, my mother is in her hometown right now, and she always says, "Let me come, let me come". I say to my mother, "I don't need a man for now. When will I need a man? If my husband goes to the hospital, my job, my school opens, my children are left alone, then I need a man." My mother*

insistently wants me to say, "Come mom, I need you". Since I could not say this, she officially calls me 3 times 5 times. I give this answer many times, after that my mother calls my husband, I try to make him say the same thing. For example, if it had happened before, I wouldn't have been able to tell this to my mother so astutely and without being offending. Thanks to this therapy, I realized this." (Lina)

From what Lina said, it can be understood that she has experienced a transformation in which she can now express her opinion in mother-daughter relationship more easily. Lina also mentioned that her way of expressing her ideas has changed, and it is understood that she started to express her needs when she has a different opinion than her mother.

Elya also stated that she experienced transformation in her expressed opinions in relationship as follows:

"*So for me, this is a bit like the process of being myself. And the biggest problem of humanity is that people can't be themselves because of many factors. This is the journey of being myself, but I'm at the very beginning because it's very new. Actually, I have been in the therapy process for 7-8 months. I'm still in the first step, but now I can speak a little more. I am a little less afraid in my interactions with people."* (Elya)

Here, Elya defines the transformation she has experienced in expressing her own opinions in her relationships as the process of being herself. In fact, it is understood that she is more able to manifest her opinions as she is in her relationships with the help of therapy process.

3.3 Spotlight Analysis: Shared Opinions of Client and Therapist Pairs on Clients' Change

Current study shows that experiences of the clients and therapists regarding the change and therapy process were congruent with each other. In this context, therapists were often aware of their clients' mentioning about their own change, and they were reporting similar examples. 11 out of 12 client-therapist pairs reported similarities among their mentioning. For instance, Gamze (client) and Gizem (therapist) pair is showed similarities as follows:

> *"First of all, as I mentioned before, we talked about the meaning of the word "decision" in a little more detail. The decision for me… of course these came up in therapy, because of what I learned in my family. "A decision is made and then it always continued" …"* (Gamze)
>
> *"Apart from that, I think it was very effective for her to notice the beliefs in her family. Because this client had such strict beliefs that "If she takes a decision, that decision should be implemented until the end". You know, there was no flexibility, like "I can turn from this decision". It was very beneficial for the client to search a little bit about their family origins and to realize that they came from there."* (Gizem)

Here, it is seen that both the client and her therapist shared similar experiences in importance of understanding the problem through the beliefs learned from the family.

Ekin (client) and Melis (therapist) pair also shared their experiences as follows:

" I haven't seen myself especially in these 6 years. I had ignored myself. I only lived for my children. You know, seeing these and saying, "Yes, now I'm here too. I have my needs, my thoughts. I am in this life too. I can also do something for myself." I feel good to do this." (Ekin)

""What do you want? What do you want to do for yourself?" questions like these fascinated her. Because she said that she had never thought about these before…After asking those questions it brought change, I think, a little more in this therapy." (Melis)

Here, both the client and the therapist mentioned that increasing the client's own resources and recognizing her own needs play an important role in the change process.

In another example, Elya (client) and Merve (therapist) pair shared their following opinions regarding change:

"I am not stuck in my own feelings anymore and my voice is getting louder. I feel stronger. I feel better. And I already see that everything I need is within me. In other words, I see a person who has gone out a little more and is able to express herself, rather than being helpless, devastated, in my own world." (Elya)

"We used to observe that she used to keep her feelings inside more and squeeze herself. This is how she spoke. But now she started to take it out more easily." (Merve)

Here, both the client and the therapist talk about similar experiences in the process of expressing the client's emotions. While doing this, they both point out that these feelings are more visible now, while they were inside before.

Eda (client) and Begüm (therapist) pair also shared their experiences as:

"You know, I'm a person who wants to get better, so my own effort is too much." (Eda)

"She really wanted something to change, and in relation to that, no matter how it hard sometimes, she stayed there. I mean, even when I give or want to give something, even if I can't give it, I think I felt that she was trying to take it all of her effort." (Begüm)

Here, in addition to the role of therapy in change, both therapist and client mentioned about a common experience regarding the importance of client's own motivation for change.

In the last example, Berke (client) and Duygu (therapist) pair shared their following experiences on change:

"Not all with therapy, some with the change of my perspective, some with my own analysis…" (Berke)

"Actually, he is a client with high insight. When something happens to him, it can be bad or good, he does a lot of self-analyses of it. "Why did I experience this, how could I live differently, how could it be different?" he is a client who thinks on these a lot." (Duygu)

Similar to the previous example, in addition to the role of therapy in change, both the client and the therapist talked about a shared experience by stating that the client's high insight and inferences on his own experience supported change.

CHAPTER 4

DISCUSSION

The current study explores the experiences of 12 therapists and 12 clients regarding how therapeutic change is experienced in individual therapy from systemic perspective by asking the main question of, *"How systemic therapy helps clients and therapists to facilitate change in individual sessions?"*. Besides, second research question of this study, *"How therapists' and clients' perspectives on therapeutic change are different or similar?"* will be discussed at the end of this section by comparing emerging themes from the experiences of clients and therapists. Both therapists' and clients' experiences are investigated in the context of therapeutic change in systems theory in-depth with semi-structured interviews using thematic analysis (TA).

The results of the study revealed three main themes for therapists: "Going Beyond One-to-one Relationship in Therapy", "Increasing Relational Awareness", and "Shift in Clients' Attitudes Towards Boundaries with Significant Others". The first therapists level theme concerns how therapists indirectly include significant others of client outside therapy to the therapy room, and how they observed transformation in clients' relationships by indirectly including those relationships experiences to the therapy. The second therapists level theme helps to understand how raising awareness about what clients bring from their own family dynamics facilitate therapeutic change. The last therapists level theme represents how clients experienced change in reestablishing boundaries in their relationship with their significant others.

Regarding clients' perspective, the results of the study revealed three main themes: "Sense-making the Problems Through Relational Awareness", "Acceptance in Relationships", and "Manifesting the Differentiated Self in Relationship". The first clients level theme concerns how clients' increased awareness on past family relationships dynamics impacts their current relationships and presenting problems. The second clients level theme includes the transformation experienced by clients through both self-acceptance and inter-relational acceptance. The last clients level theme investigates how clients experience the way they reveal themselves in the context of their emotions and opinions with the transformation in their relationships.

Following section includes discussion of therapists and clients level themes one by one with their subthemes based on systems theory. Then, strengths, limitations, possible future research suggestions of the current study are discussed. Lastly, the results are discussed practically especially for psychotherapists in the field.

4.1 Discussion of Therapist-Level Theme 1: Going Beyond One-to-one Relationship in Therapy

One of the common factors of systemic therapy is *expanding the direct treatment system* which means systemic therapists are open to including more than one client in therapy (Sprenkle et al., 2009). Pinsof (1995) also defined reasons to support the importance of expanding the direct treatment system by stating that therapists will generally learn more about client systems if they meet as many of the key clients as possible, and the therapist will have a more accurate understanding of the problem maintenance structure if key clients are directly involved in ongoing treatment. Systemic therapists include indirect systems in their sessions and

interventions, and they can also directly involve the system since they can present in the therapy room with couples and families directly which may contribute to change (Sprenkle et al., 2009).

The current study results somehow consisted with the existed systems theory literature. Therapists commonly stated that they try to bring the significant others of clients into individual therapy as if they are in the room. They mentioned that they experienced this more indirectly by investigating how clients copes and what they experience within the system in which they are in, even if these relationships are not in the room. In addition, while doing this, it can be inferred that they not only work on the client's current relationship dynamics, but also the relationship patterns transferred through generations which can mean they includes a wider systems level in therapy with techniques such as genogram.

Systemic therapy focuses on understanding the dynamics of people's relationships with each other in solving their problems and aims to facilitate transformation in relational dynamics of individuals. It recognizes that solving an individual's problems is not only about themselves, but also about the people they relate and their relationships (Becvar & Bacvar, 2013). The interactions of individuals with each other are considered as the source of the problem and the areas that need to be examined are determined, and patterns and dynamics in the interactions of individuals with each other are investigated and their change is intervened (Nichols & Davis, 2020).

Supportively, current studies results shows that clients experienced transformations in their relationships and therapists stated the importance of these transformations in therapeutic change process. For instance, some of the therapists

worked on emotional expressions with the client in therapy and the client carried this change in their own relationships as well. So, therapists experienced that the clients first made a transformation about sharing the issues that they had difficulty in the therapy process, and they carry this transformation to their relationships. The clients' bringing transformation that they experience in therapy to their relationships shows that individual therapy with systemic approach can be effective not only at an individual level, but also at a relational level.

4.2 Discussion of Therapist-Level Theme 2: Increasing Relational Awareness

Systemic therapists use a variety of techniques to increase individuals' relational awareness. These techniques enable individuals to learn more about themselves and their significant others, to notice patterns and dynamics in their interactions, and to benefit this awareness to improve their relationships (Gurman & Kniskern, 2014). Creating relational awareness, instead of only focusing on a particular part of the system may affects the whole system and helps individuals to establish healthier relationships by increasing their relational awareness level (Nichols & Davis, 2020). In systemic therapy, many techniques can be used to create relational awareness. Some of these are creating a genogram which is a family map used to examine relationships, family dynamics, and important events across generations, observing the interactions, asking circular questions, role playing (Becvar & Becvar, 2013).

In line with the systems theory literature, the current study results show that therapists draw attention to points such as intergenerational transmissions of relationships patterns and transformation in relationships by working on genogram or asking circular questions. From a relational point of view, raising awareness about

what clients bring from their own family plays an important role in the change based on therapists' experiences. Therapists also stated that the dynamics brought by the clients from their family relationships are also transmitted to clients' own relationships. They try to make clients gain insights on the effect of intergenerational transmitted beliefs and patterns of interactions on clients' own process through techniques of circular questions and genogram.

Therefore, individuals are encouraged to better understand themselves and others to communicate more effectively to resolve conflicts. It enables individuals to gain awareness of how they perceive themselves and others and how they behave in their interactions. This awareness helps clients to solve their problems, to learn more about themselves and their significant others during the therapy process, and to create change in their relationships.

4.3 Discussion of Therapist-Level Theme 3: Shift in Clients' Attitudes Towards Boundaries with Significant Others

Relationship boundaries is an important concept in systemic therapy and a necessary element for the healthy functioning of relationships. Salvador Minuchin who known as the pioneer of Structural Family Therapy, states that determining and re-establishing the boundaries between the clients and their significant others is extremely crucial both in terms of the effectiveness of the therapy and its contribution to the development of the client (Minuchin, 1974). Also, he states that setting boundaries within families helps clarifying roles and responsibilities among family members. It can also contribute to the resolution of conflicts between family members (Minuchin, 1974). Re-establishing boundaries in systemic therapy by using different strategies can be applied for clients to realize their emotional boundaries, to

improve their communication skills, to create boundaries together as a family or couple, and to strengthen their relationships (Gurman & Kniskern, 2014).

Similar to Minuchin's perspective, the current study results show that therapists focus on exploration of established boundaries in client's relationships. They investigate the impact of these boundaries on the client's experience and on the presenting problems. In this study, therapists did not specifically mention about what they practice as interventions to work on boundaries, but they explained that they observed transformation in the client in relational boundaries. They especially mentioned about the transforming boundaries in clients' family relations by stating that when clients realize their restrictive roles in family relationships and be able to re-establish the old roles, and experience new way of being a family.

4.4 Discussion of Client-Level Theme 1: Sense-making the Problems Through Relational Awareness

Increasing the awareness of clients in their relationships is an important goal in systemic therapy. Relational awareness helps individuals establish healthier and more fulfilling relationships by increasing their ability to understand and manage their inner experiences and their interactions with others. Increasing relational awareness skills can facilitate positive changes in individuals' relationships with themselves and others (Gurman & Kniskern, 2014). In systemic therapy, various techniques are used to increase relational awareness. For example, by using genograms, the client is provided to understand their family history and relationships to make them realize how their past experiences affect their current relationships (McGoldrick et al., 2014). In addition, externalization techniques can be used to help

clients become aware of their interactions with themselves and others (White & Epston, 1990).

In line with the systems theory literature, in the current study, clients' narratives showed that they experience awareness in their own relationships during the therapy process. They mentioned that this awareness impacts their perspectives on problems, which leads new openings in their processes. They have experienced a transformation of their perspectives on past relationship experiences with these openings. They have experienced a relational awareness not only from the perspective of their own experience, but also by noticing the perspective of the others in their relationships. They usually reported that they had an awareness of past childhood experiences and family relationships. With this awareness, they realized how the reflection of these experiences on here and now is different. They stated that working on relational awareness and noticing its reflections on their life was beneficial for their process. Therefore, in individual systemic therapy, increasing relational awareness helps clients to understand their patterns in their relationships and it seems important tool for facilitating transformation in clients' relationships with themselves and other.

4.5 Discussion of Client-Level Theme 2: Acceptance in Relationships

One of the pioneers in the field of systemic therapy, Virginia Satir emphasized the importance of acceptance in family relationships. Satir believed that individuals and families have a natural tendency towards growth and healing, and that therapy can help to facilitate this process by promoting inter-relational acceptance and understanding (Satir, 1988). Inter-relational acceptance includes ability to accept and validate one's own and significant others' experiences and

perspectives, even if they may not necessarily agree with them. Satir believed that inter-relational acceptance allows family members to feel heard and understood, and to develop a sense of empathy and compassion for each other (Satir, 1988). Satir et al. (1991) implements several techniques for promoting acceptance in therapy, including the use of non-blaming language, active listening, and the exploration of family roles and dynamics.

Congruent with the Satir's perspective, the clients reported a common inter-relational understanding on both accepting themselves and accepting the experience of their significant others in their relationships. It was commonly observed among the participants that they first realize their relational experiences, and then they experience a transformation in which they develop acceptance with compassion and understanding in response to this awareness. They started to accept their own experience when they realized feelings about the difficulties, they had in the past in family interactions. They reported that they've experienced not only self-acceptance but also an inter-relational experience of acceptance by influencing their families' experiences with compassion. Therefore, systemic therapy can help individuals by understanding clients' own experiences in their relationship with compassion and understand the perspectives of others in their relationships.

4.6 Discussion of Client-Level Theme 3: Manifesting the Differentiated Self in Relationships

Differentiation and expressing emotions are important components of systems theory. Murray Bowen who is a psychiatrist known in the field of family therapy, has important views on *differentiation of self* term. Bowen defines the concept of differentiation as an ability of individuals to identify their own thoughts

and feelings, to keep them separate from the thoughts and feelings of others, and also as an ability to understand the thoughts and feelings of others (Bowen, 1978). Bowen states that people exhibit different levels of self-differentiation, some people exhibit low levels of self-differentiation, while others exhibit high levels of self-differentiation (Bowen, 1978). People who show high levels of self-differentiation are those who are able to maintain their own values and attitudes without being influenced by the values imposed by their family or society (Bowen, 1978). In the family context, self-differentiation is based on the acceptance of the differences and characteristics of each individual rather than seeing themselves and their families as a whole, and this acceptance allows people to better understand themselves, others and their families, in this way they manage their relationships more healthily (Bowen, 1978). Self-differentiation also plays an important role in the therapy process by enabling family members to create a healthier family dynamic by increasing their level of self-differentiation. In this process, family members learn to accept the differences of other family members while discovering their own identities and values (Bowen, 1978).

Similar to Bowen's perspective, clients shared common experiences in their process by showing their emotions and opinions more freely and differently in their relationships than they used to do before. They mentioned that this transformation takes place under the influence of therapy. Clients commonly reported experiences of change about expression opinions in their relationships. They reported that their way of expressing their ideas has changed by expressing their needs even if they have different opinion than their significant others. Some of them reported these experiences as "process of being themselves" in a way that they differentiate their

experiences from their significant others, and they are more able to manifest their opinions in relationships with the help of therapy process.

Regarding expressing emotions in relationships, The Emotion-Focused Therapy (EFT) Model aims to help clients better understand and express their emotions in therapy and it believes that since expressing emotions will help people better understand themselves and others, this will form the basis of healthy relationships (Greenberg & Goldman, 2019). EFT therapists believe that expressing emotions in relationships helps to increase intimacy and trust in relationships. In addition, the EFT model stands that expressing emotions in relationships will help clients to support each other more in their relationships (Greenberg & Goldman, 2019).

In line with the EFT perspective, clients also reported that they experienced changes about expressed emotions in their relationships. They commonly experienced a transformation in which they can express their hurt, anger, and happiness in romantic and family relationships more easily. In other words, they can manifest their emotions more openly than in the past and started to put their feelings into words in their relationships which bring change and openness in their relationships.

4.7 Shared Opinions of Client and Therapist Pairs on Clients' Change

In the current study, both therapists and clients experienced change in a similar way. Both therapists and clients level themes showed that clients first experienced a relational awareness in therapy, and then, with this awareness, they experienced a transformation within themselves and carried this transformation to their relationships with significant others. When the therapists' themes of *"Increasing*

Relational Awareness" and *"Shift in Clients' Attitudes Towards Boundaries with Significant Others"* and clients' themes of *"Sense-making the Problems Through Relational Awareness"* and *"Manifesting the Differentiated Self in Relationship"* are examined, during the therapy process, both therapists and clients reported that clients developed awareness about their own family beliefs, relationship cycles and experiences, and then they experienced transformation in themselves and reflected this transformation into their relationships with the help of these relational awareness. While therapists explained this transformation in relationships mostly through the change of clients' attitudes towards boundaries in relationships, clients explained it through being able to reveal their feelings and thoughts more easily in relationships and open themselves.

Looking at the themes of this study, spotlight analysis results revealed that the experiences of the clients and therapists regarding the change and therapy process were congruent with each other. In this context, therapists were often aware of their clients' mentioning about their own change, and they were reporting similar examples. Some of these similarities are, importance of understanding the problem through the beliefs learned from the family, increasing the client's own resources, and recognizing her own needs, expressing the client's emotions, and client's motivation for change. Each of the important aspects here did not emerge as separate themes, but the crucial point here is that when we look at the client-therapist pairs, the therapists were mostly aware of the client's experience regarding their change and sometimes they conveyed their own thoughts by using similar words with clients. This may indicate the importance of following the client's progress and adjusting pace in therapy.

Feltham and Dryden (1997) defined pacing term as “The clinical judgement and skill involved in delivering interventions at a rate at which the client will best benefit”. In addition, Kottler (2017) emphasized the importance of the following the client's pace in therapy. He explains that if the therapists do not follow the clients' position in the process and acts too hastily in their interventions, they may have worked harder than the client in the change and the client may not yet have the motivation and experience to change. On the other hand, if clients are ready to create change in their own process and the therapists cannot adapt to this motivation and comes from behind, they may not meet at the same point as the client (Kottler, 2017). Congruently, looking at the results of this study, it can be inferred that therapists followed the clients' processes and pace, as therapists explain the experiences of change over similar important points with clients.

4.8 Limitations, Strengths, and Future Research Suggestions

It is also important to note the limitations in the current study. First, even though various techniques were used to ensure trustworthiness in this study, the results may depend on the researcher's biases since the researcher cannot be completely objective due to the nature of qualitative analysis. Also, since this study includes clinical samples only and there are no pathological features, it may not be representative to general population. Similarly, limited sample size may limit the generalization of data.

Despite these limitations, the current study contributes to the literature since studies on how and to what extent systemic therapy has an effect on individual population are limited and there is no previous psychotherapy process research study in the context of systemic therapy and therapeutic change with individuals. So, this

study is the first study on the examination of how change is experienced by clients and therapists in systemic perspective when working with individuals. Furthermore, the current study contributes to the systemic theory literature since the previous studies were conducted mostly in western societies. Another strength of this study is that it can pave the way for the literature on therapeutic change from a systemic perspective with individuals. Also, considering variety of clients' presenting problems, since clients are not consisted of specific intervention group, it enhances the current study's generalizability. In addition, this study is a comprehensive study as it explored both the therapists' and the clients' perspective on therapeutic change.

The current study results shows that clients reported transformations and benefits in individual therapy with systemic perspective, on the one hand, since this is an exploratory study, it can only represent how clients and therapists experience therapeutic change. So, the effectiveness of individual therapy in systemic approach can be focus of future studies. Future research may also examine the comparative effectiveness of systemic therapy in individuals with other evidence-based psychotherapy models such as cognitive-behavioral therapy (CBT). Lastly, since this study explores experiences of individual therapy sessions conducted with trainee psychotherapists, future studies may focus on a similar study with therapists with long-term experience in the field.

4.9 Clinical Implications

The results of this study can be an important resource for experts working as psychotherapists from systemic perspective, to realize the understandings of clients and their own experiences in the process of change in therapy. Considering the emerged themes with the individual therapy experiences of therapists and clients

with a systemic perspective, concrete suggestions for therapists can be mentioned. Firstly, therapists can benefit addressing clients' personal problems as well as the difficulties they face in their relationships with their families and environments. Therefore, therapists can conceptualize clients' difficulties in relational terms like focusing on family beliefs, roles and relationship cycles. Also, therapists can benefit the enhancing awareness of the interactions in clients' relationships with their families and environments and how these interactions affect clients' presenting problems. They can indirectly include these relationships into therapy room by applying different techniques like genogram and empty chair. They can focus on individuals' relational boundaries and impact of these boundaries in their family or couple relationship dynamics. Lastly, they can focus on how clients experience transformation in themselves and in their relationships with their significant others.

Overall, integrating a systemic approach in individual therapy gives both clients and the therapists the benefit of relating individual problems with relational difficulties and vice versa. Besides, both clients and therapists can have a more comprehensive understanding of the presenting problems and relationships. Therefore, systemic therapy can be applied to individuals since it is possible to work with relationships when there is only one member of the system by indirectly including the significant others into therapy room by applying different techniques.

APPENDIX

Informed Consent for Participants (Turkish)

Projenin Adı: Terapide Değişim Mülakatları

Proje yürütücüsünün adı ve iletişim bilgileri:
Dr. Selenga Gürmen (…)

Projenin amacı: Mevcut projede merkezimize başvuran danışanların terapiye devam ettikleri süreçte terapiye dair deneyimlerini ve değişime dair düşüncelerini öğrenmek.

Süreç: Bu araştırma dahilinde sizlerle 3 ayda bir terapinin gidişatı ile ilgili bir görüşme yapılacaktır. Bu görüşmeler zoom programı üzerinden yapılacak ve 30 dakika kadar sürecektir. Görüşmeler ses kaydına alınacak ve yazıya döküldükten sonra kayıtlar silinecektir.

Gizlilik: Sizden edinilen bilgiler tamamen **gizli** tutulacaktır ve kimliğinizle ilgili hiçbir bilgi talep edilmeyecektir. Soruların hiçbiri mahremiyetinize ve size zarar verici nitelikte değildir. Soruların doğru ve yanlış cevapları yoktur. Bu yüzden, lütfen soruları içtenlikle cevaplayınız. Çalışmaya katılımınız size doğrudan fayda sağlamayacaktır ancak araştırılan konu ile ilgili bilime ve uygulamaya katkı sağlanacaktır.

Gönüllü Katılım: Eğer bu araştırmaya gönüllü olarak katılmak istiyorsanız, lütfen formun aşağısındaki ilgili kısmı imzalayınız. Projeden ayrılmakta ve daha önce alınmış ama işleme konmamış verileri geri almakta her zaman özgür olduğunuzu bilmenizi isteriz. Araştırmaya katılıp katılmamanızın terapi/eğitim/süpervizyon sürecinize olumlu ya da olumsuz bir etkisi olmayacaktır. Araştırma sırasında veya sonrasında herhangi bir sorunuz ya da sorularınız olursa lütfen aşağıda verdiğimiz iletişim bilgilerinden bize ulaşınız. Değerli katkılarınızdan dolayı şimdiden çok teşekkür ediyoruz.

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

Yukarıda sözü geçen "Terapide Değişim Mülakatları" isimli araştırma projesinin detaylarını okudum ve bu proje ile ilgili sorularım cevaplandı. Bu çalışmaya gönüllü olarak katılıyorum.

_____	_____	_____
İsim Soyad	İmza	Tarih

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