ESSENTIAL INGREDIENTS OF COUPLE THERAPY

AN EXPLORATORY STUDY OF FACTORS THAT SUPPORT THERAPEUTIC WORK WITH COUPLES

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A dissertation submitted in partial fulfilment of the requirements for the degree of

Masters in Counselling

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September 2014
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Abstract

This qualitative study sought to investigate the factors that support therapeutic work in couple therapy in Malta. Previous literature abroad has highlighted several factors that contribute to effective results in couple therapy. These include changing dysfunctional behaviour, goal setting, nurturing, acceptance and the therapist’s skills. However this is limited research that focuses on the therapist’s own positioning and factors associated with the couple. Five couple therapists were interviewed for the purpose of this research. Thematic Analysis was used to analyse the data and extract prominent themes. The emerging themes pointed out to a number of common ingredients that support therapeutic work with couples. These can be grouped into factors that pertain to the therapeutic process, factors that belong to the couple, and factors associated with the therapist. The findings also concurred with the results of previous research on couple therapy, suggesting that integrative approaches are perceived to lead to more effective outcomes in couple therapy. Based on the findings, the study has implications for counsellor training and supervision, the use of co-therapy, the increase in the provision of free couple therapy service.

KEYWORDS: Couples; Couples Therapy; Integrative Approaches; Therapists; Factors
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To the memory of my mother Vivienne,
who taught me invaluable lessons on relationships.
Acknowledgments

I wish to express my sincere gratitude to my advisor, Anabel Mifsud, who was more than generous with her continuous support, guidance and precious time.

I would like to thank my tutor, Dr Charlie Azzopardi for his constructive comments.

To my father, who has pushed his children to pursue knowledge with curiosity and intrigue.

A special feeling of gratitude goes to my boyfriend Daniel whose push for tenacity, words of encouragement and motivational speeches still ring in my ears. Your love and support have sustained me through all these months.

To my friends Katia, Jeannie, Mary Rose, Maria and Alessandra for the endless support that boosted my way over the stumbling blocks during the past four years.

To Aunty Rose for all those nutrient lunches and dinners, while I was busy typing away.
Declaration of Authenticity

I declare that all material presented to the University of Malta is my own work, or fully and specifically acknowledged wherever adapted from other sources. I understand that if at any time it is shown that I have significantly misrepresented material presented to the University of Malta, any degree or credits awarded to me on the basis of that material may be revoked.

____________________  ____________________
Researcher’s signature  Date

____________________  ____________________
Dissertation reviewed and accepted by  Date

____________________  ____________________
University Representative  Date
Chapter 1
Introduction
1.1 Preamble

Intimate relationships are “an intoxicating mixture of sex and sentiment that no one can define” (Yalom, 2001, p. xii). They have tickled the curiosity of many, and in the last decades, interest in couple therapy has increased too. Couple therapy is gaining understanding on the importance of intimate relationships and their impact on psychosocial wellbeing. While embarking on this study I pondered on the fact that this is happening as families around the globe are getting smaller, life is becoming busier and more complex, and we are living in increasingly isolated social contexts, particularly in developed countries. Couple relationship satisfaction has therefore become a paramount factor for happiness and health (Guerrero, Anderson & Afifi, 2011). Rusbult and Buunk (1993) define couple relationship satisfaction as the relational evaluation of the positive feelings that partners have towards one another and their desire to be in the relationship.

It is therefore not surprising that when intimate relationships falter, partners become anxious, depressed and less resilient. Partners start feeling insecure and disconnected, in pain, lonely, misunderstood, frustrated, and disappointed within their relationship. Some couples decide to go to therapy with the hope that a third person can help them salvage their relationship which may have become a constant battle.

Couple therapy is therefore a taxing endeavour for the therapist (Yalom, 2001). The big endeavour for a couple therapist is to help clients move away from alienating distress to awareness and change within the couple, to satisfaction, closeness and effective communication. As Johnson (2007) sums it up, couple therapists need to start off by understanding where the partners are, “then we have a chance to not only heal relationships but create relationships that heal” (p. 7). With previous research as a backdrop, the purpose of this study is to shed light on and explore those factors that support couple therapy.
1.2 Family and relationships values in the Maltese culture

The unity of the family and the conservation of marriage remain important values in the Maltese culture (Abela, 2000). The family of origin is still perceived as a point of reference for many, and it is the place where one can find a helping hand and a listening ear in troubling times of stress, illness and financial difficulties amongst others (Sammut, 2005). The Maltese people, to this very day and age, still boast about the strength of their families and the loyalty that resides within them. The small size of the island, the close proximity of family members in one’s life, and the resistance to change, are all identified as characteristics of the Maltese culture (Sultana & Baldacchino, 1994).

Throughout the decades Maltese authors and writers like Paul. P. Borg (1986), in his collection of short stories Bezghat, have depicted the typical characteristics of the Maltese family in their poems and stories. The picture painted is that of an in-control-of-everything patriarchal father, a submissive yet loving and loyal mother, and happy-go-lucky children. A recent study by Rizzo (2006) indicated that there is a considerable gap between men and women with regards to gender roles.

Although the Catholic influence is on the decrease, it is still a powerful factor that helps perpetuate family values (Abela, 2000). Just like in other cultures where Roman Catholic faith predominates, the Church’s values have played an important part in the preservation of marriage and the family unit. According to O’Connor (2001), the Church’s positive role and its contribution in this respect should not be underestimated.

Embedded cultural aspects and values, such as family loyalty, the typical gender role differentiation within the family, and the faith in a church that preaches do’s and don’ts, have also influenced the outcomes of couple therapy (Abela, 2000).

1.3 Rationale of this study

My job within state schools gave me the opportunity to work with children and their parents. It has given me the chance to observe marital satisfaction
and also distressed couples, and to ponder on what glues partners together, and what breaks them beyond reconciliation. The 2005 national census indicates that 6% of the Maltese population is separated, divorced or have had their marriage annulled. With regards to separation, the same census speaks of an increase of 25% between 2000 and 2005 (Times of Malta, 2011).

In my new position as counsellor with young adults at MCAST, I myself witnessed profound suffering caused by difficulties in young adults’ committed relationships as well as in those of their parents. It is sad to observe that this suffering was caused by poor communication and critical conflicts. Couples that had been in love seem to give up on their relationship and become disillusioned and angry towards their partners. I have also perceived the bitter residue that some parents leave on the newly formed relationships of their children.

As the aim of this study is to delve deeper into the factors that support couple therapy, hopefully it will provide therapists with a clear idea of all those contributing factors that need to be present and brought forth by the couple, the therapist and the therapeutic process. While other studies have focused on the couples in distress, this study will look into couple therapy from a different angle, that is, the therapists’ experience of what they think works with couples in distress. Although there exists international literature on which factors help support therapeutic work with couples in distress, one has to take into consideration the local context. To date no such local research has been made on my topic of interest and the aim behind the research is to investigate the phenomena in Malta. As much as the international literature can at times be applied within the Maltese context, so much so does the Maltese context require other specifically tailored research to include its particular culture, beliefs and values.

1.4 Aim of the study
The aim of the present study is to identify those factors that support therapeutic work with couples in distress. To this end, therapists from different theoretical positions will be asked to identify what they perceive as helpful during the therapeutic process. Participants will be invited to share
their own clinical observations, and to discuss what is helpful in couple therapy.

1.5 Research question
Based on the aim of the study, the concomitant research question informing this research project is: What are the factors that support therapeutic work in couple therapy? Understanding these factors is of value to the therapist. This knowledge can inform the development of strategies and techniques that build on these therapeutic factors, thus ensuring successful therapeutic outcomes.

1.6 My position and conceptual framework

“It is a curious thing, the death of a loved one. We all know that our time in this world is limited, and that eventually all of us will end up underneath some sheet, never to wake up. And yet, it is always a surprise when it happens to someone we know. It is like walking up the stairs to your bedroom in the dark, and thinking there is one more stair than there is. Your foot falls down, through the air, and there is a sickly moment of dark surprise as you try and readjust the way you thought of things.”

— Lemony Snicket, Horseradish: Bitter Truths You Can’t Avoid

I was fifteen when I went through this sickly moment of dark surprise. It hit me straight in the face and it blackened my whole existence. The world I knew collapsed on itself and it left me feeling alone and scared, crouching in the dark. As much as the attachment bond with the mother shapes the infant, so much so does her loss. Everything I experienced after my mother’s loss had a new, deeper meaning. The traumatic experience shattered my assumptions, it changed the way I saw the world, myself and others, and brought a sense of existential vulnerability. Such a loss touches deeply your core being, your self-esteem, your expectations, your securities, your perspective of life and the way one engages and maintains adult attachments. Early life interruption of attachment development carries
The ingredients of couple therapy

lifelong consequences into attachment development in adult relationships (Siegel, 1999).

Since my mother’s loss, relationships became for me a salient aspect of my life. I feel that being in functional relationships satisfies core needs of love and belonging. Feeling connected and creating attachments with others are universal human needs (Bowlby, 1988). Maslow (1943) stated that people have a need to love and be loved by both their intimate partners and the social relations that they chose to form part of.

As I grew up, adult romantic relationships never came easy to me. This seemed to keep exacerbating the sense of void that I incessantly sought to fill through these relationships. The attachment injuries experienced throughout my adult life keep fuelling my desire to experience love and a sense of belonging in a secure relationship.

My interest in the topic perhaps reflects my desire, which I share with other human beings, to feel understood and connected with a significant other. Through adult relationships we try to make up for the losses and unmet needs that occurred in our primary attachments (Dicks, 1967). As a counsellor, my desire is to strip naked of my shattered assumptions and existential vulnerability that might impinge on the way I view my clients and their relationship stories, and be therapeutically open to what works in therapy.

1.6.1 Representing the couple

I accept that as a researcher who is interested in looking into the factors that support therapeutic work in couple therapy with the intention to highlight the therapists’ perspectives, my interpretations of the participants’ perspectives are always partial, rendering my supposed insider position challenging. Throughout the research process I will be questioning my own beliefs as to how knowledge is constructed, as well as my beliefs about relationships in distress, and those factors that may influence my understanding of participants’ experiences with couples.

Furthermore, a reflexive approach will be adopted (Eikeland, 2007) to distance myself from ‘the other’, in order to expand my curiosity, inquiry
and interpretation of the couples being studied. This acknowledgment of my subjective position and influence provides an even bigger challenge for me to distinguish clearly what is personal and subjective and what is true knowledge and objective.

### 1.6.2 Attachment perspective

I will now discuss the theoretical perspectives that have influenced my understanding of this study. I shall commence with one of the most promising theories of adult love (Shaver & Hazan, 1993).

**Attachment theory** (Bowlby, 1973; Hazan & Shaver, 1987) suggests that as humans one of our most basic primary needs is that of safety and emotional connectedness. We therefore start off in life with the relationship with our caregiver/s, and move on to adult life to form romantic attachments that fulfil these same needs. Intimate relationships are central to many adults and bring much happiness into the couples’ life when they are functioning healthily. Conversely, they can contribute to a lot of distress when the relationship is going downhill (Simpson, Rholes, & Phillips, 1996). Research shows that the majority of couples who are struggling in their relationship feel deprived of emotional connectedness (Borg Xuereb, 2008) and feel a sense of emotional disappointment (Bugeja, 2008).

In couples, a secure attachment bond is an active, affectionate, reciprocal relationship in which partners mutually derive and provide closeness, comfort, and security. Attachment theory highlights the two ways that the insecure partner engages in when dealing with a threat to their attachment bond. The partner may become anxious and triggers insecure attachment patterns as panic kick in. Alternatively, they may avoid emotions, utilize distorted cognitions, manifest negative behaviours and turn off the attachment system.

Couples struggling with a lack of emotional responsiveness feel banished from their safe haven and tend to become anxious and clingy, or withdrawn and resentful if this emotional responsiveness is not forthcoming (Johnson, 2007). The insecure partner also becomes vigilant of every word and move of the other partner for any negative cues, and may become critical and fall
into hopelessness or anger. The insecurely attached partner tends to be more sensitive to the changes in emotional signals (Fraley et al., 2006). The trauma experienced is that of loneliness, loss and not feeling important enough to be loved by the other partner.

When a committed relationship is formed, both partners will have internal working models of how their relationship will be and how they would like to be treated (Main, Kaplan, & Cassidy, 1985). Partners would have an idea of the qualities they wish for in the other. The attachment styles that the individual makes use of creates expectations that they bring into their relationship, and thus define the way they behave in those same relationships (Gottman, 1994a, 1994b). Violations of expectations, normally, would not harm the relationship, or act as a setback to the development or progression of the relationship. However under stressful circumstances, the attachment bond can be threatened.

An attachment injury is created when one of the partners has expectations to be cared for but is let down by feelings of abandonment and loneliness in times of distress (Johnson & Whiffen, 1999). This is perceived as a threat to their attachment bond and as a result the partners start feeling insecure. This Theory of Trauma (Atkinson, 1997), which is another term used for Attachment Theory, highlights the extreme emotionality of the process of isolation endured in times of dire need. This theoretical framework focuses its understanding on the events that become critical in a relationship and how these events and factors shake the couple’s relationship.

Gottman (1994a) captured these negative interactions through what he coined the Four Horsemen of Apocalypse. These are namely criticism, contempt, defensiveness and stonewalling. This spiral of negative interactions can cause havoc in a relationship as excess negativity leads to a distorted perception of the couple’s past, present and future. Distress sets off the cycle that may lead to a relationship breakdown if such a cycle of demand and distance is not broken and repaired. In a distressed relationship, the cycle seems to keep confirming our most profound fears of attachment that trigger the same dysfunctional behavioural patterns that destroy the very connectedness that is longed for.
1.6.3 Social constructionist perspective

The social constructionist perspective looks at the individual or the couple, and the situations they are facing, from the relational context of socialisation and social discourse, be it within the family, community, workplace or culture they form part of. Social constructionism looks at the way meaning is constructed and influenced by the accounts that are developed in describing the experiences. It is not concerned with pathologising the individual or the system. Alternatively it seeks to understand the language used by the couple and the consequences of the thoughts and beliefs that they create (Berger & Luckmann, 1966).

I view relationships as shaping the couple, through the interactions and conversations, and likewise, the couple shaping the relationship through joint constructed actions and meanings. Along this perspective Anderson and Goolishian (1988) explain that the focal point of couple’s therapy is around the experiences the couple go through, and the meaning of the experiences that are given, so as to work on the difficulties by elaborating on and re-constructing the clients’ stories. In my opinion this perspective is useful to conceptualise the couple’s use of different communication stratagems. In therapy both partners may use language to seek influence or power in order to achieve their goals (Avis, 1988; Davis, 1984; Goldner, 1988; Hare-Mustin, 1987). These conversation stratagems influence the therapeutic process.

Along the social constructionist perspective, the present study made use of semi structured interviews to gain access to the experiences of therapists in a process that would enable both researcher and participant to co-construct meaning.

1.6.4 Systemic perspective

I also endorse a feminist approach which I feel shares a lot of commonalities with the other two perspectives just mentioned. This philosophical and political perspective (Leslie & Clossick, 1992) acknowledges the importance of the influences of the social, historical, political and economic aspects that have determined the experiences and behaviours of men and women.
(Goldner, 1988; James & McIntyre, 1983). If one accepts the assumption that these aspects have the power to influence the individual, then these same influences will transpire into the functions of the individual in the larger community, in the family, and also in therapy.

From a feminist perspective, I believe that exploring both the positive and negative social factors operating on the lives and experiences of individuals and their families is a priority of couple therapy. Feminist systemic therapists have observed and analysed the links between subjective experiences and prevailing cultural discourses (Goldner, 1991; Hare-Mustin, 1991). Le Guin’s (1989) declaration to “offer your experience as your truth” (p. 150) encompasses the same value that is placed on the participants’ expert role in this research. In concurrence with feminist scholars, Le Guin argues that one’s personal experience is as valuable as that of another and none are better admissible than those of the rest. This would violate the integrity of the researcher.

The critiques of Hare-Mustin (1978, 2004) have provided new insights on gender and power differences in couples and families that have since sieved its way into modern therapy. Many disciplines have moved away from adhering to gender relationship patterns and expectations (Canary & Stafford, 1992; Erickson, 1993; Gottman, 1991; Walker, 1989) and moved towards egalitarian relationships and their positive outcomes (Gottman & Silver, 1999; Schwartz, 1994; Risman, 1998).

1.7 Defining key terms

For the purposes of this research,

- **Couple** will stand for two heterosexual individuals in a long term romantic relationship.
- **Couples in distress** will refer to couples who are facing an attachment injury.
- **Couple therapy** will refer to a form of psychological therapy that is used to address relationship distress for both individuals and couples and includes couple counselling, family therapy, and marital therapy.
• Therapist refers to qualified professionals, such as Counsellors, Counselling Psychologists, Family Therapists, and other Psychotherapists that work with couples.

1.8 Overview of chapters
This first chapter has introduced the reader to the research topic and to the Maltese context around couple relationships. It has also set out to outline the research question and the conceptual frameworks informing the present study. Chapter two will present an overview of the literature on couples and on factors that support couple’s therapy. Chapter three will discuss the methodology adopted, the research design and methods used for data collection and data analysis. Chapter four will present the major themes elicited through the participants’ interviews. In chapter five, the findings of this study will be discussed alongside pertinent research. A summary of the present study together with suggestions for future research and professional counselling practice will be presented in the concluding chapter.
Chapter 2

Literature Review
2.1 Introduction

The prevalence of conflict in romantic relationships, the way partners engage with each other, and the way they resolve their conflicts have been the focus of couple therapy research in recent years. This chapter presents the history of couple therapy, and the history of couple therapy in Malta. It will also provide a thorough review of the literature on factors that support therapeutic work with couples in distress.

2.2 The history of couple therapy

In the 1970s marital therapy (which is now referred to as couple therapy) was described as a “youngster” (Olson, 1970, p. 501). In the 1980s Olson, Russell and Sprenkle (1980) stated that it had “reached young adulthood” (p. 974). It was only in the 1990s that Gurman and Jacobson (1995) acknowledged that “couple therapy has come of age” (p. 6).

Traditionally, marital counselling and family therapy were two distinct areas, each with their own pasts, ideas and ways of application (Framo, 1989). It is only in the last decade that Dattilio and Bevilacqua (2000) began to argue that family-oriented approaches commonly dedicate a large ratio of their work to couples.

The very first marriage counsellors were gynaecologists, clergymen and educators whose main commitment was elsewhere (Broderick & Schrader, 1981). They offered advice and information to the couples. The therapy was focused, short term and somewhat moralistic. Moreover, early counsellors rarely made use of conjoint sessions (Barker, 1984). It was only in the late 1960s that the term conjoint therapy was used (Olson, 1970).

During this period of upheaval in trying to engender distinctiveness in the field of marital/couple therapy, psychoanalysts started showing interest in the processes involved in choosing a partner, the importance of marriage in family life and the impacts of the therapy on the spouses (Meissner, 1978). However, they remained cautious about conducting conjoint sessions due to the presumed contamination of transference and countertransference (Greene, 1965). The focus was on the centrality of the therapist; that the partners talk to the therapist and not to each other (Sager, 1967).
The ingredients of couple therapy

Systems approaches developed as a reaction to psychoanalytic thinking and its inherent limitation of assuming that problems were solely within the individual (Fraenkel, 1997). It was during this time that the demarcation lines dividing marriage therapy from family therapy faded and the two areas got amalgamated (Olson, 1980). Family therapists placed family functioning and individual symptom formation as requirements for a healthy or conflictual relationship (Broderick & Schrader, 1981). Contrary to psychoanalysis, the aim of couple therapy was to improve couple communication (Fraenkel, 1997).

Virginia Satir (1967) contributed further to the field thanks to her interest in the history of families of origin. She believed that individuals choose partners with similar problems. Satir started laying the foundations for models of couple therapy that were grounded in attachment theory (Greenberg & Johnson, 1986a). Her emphasis was on the individual vis-a-vis the relational context. Satir (1967) drew attention to the circularity of self-esteem and communication styles. The combination of perceptions about oneself and others, and how one feels and reacts, form the interactional patterns of the couple’s system. Satir’s “Family Reconstruction” method (Nerin, 1986) emphasises the struggle to break intergenerational dysfunctional patterns. The therapist’s role was also expanded to include helping the couple become aware of unspoken family rules, eliciting unexpressed emotions, providing warmth and care and serving as a model to the couple.

Like Satir, Bowen (1978) believes that individuals choose partners who are at similar levels of differentiation. Differentiation within the self and from others contributes to marital or couple health. Similarly, he believes that relationship problems reflect difficulties in the larger family systems of both partners. Nevertheless little attention was given to couple interactions. The therapist was seen as an involved, yet detached, teacher.

The last decade and a half have witnessed the emergence of couple therapy based on three different schools of treatment. To date, Integrative Behavioural Couple Therapy is the most explored couple therapy method (Jacobson & Christensen, 1996). The importance ascribed to the concept of
acceptance by this method was driven by the need to develop the therapist’s intervention repertoire when facing diverse couple issues (Cordova, Jacobson & Christensen, 1998).

Although not as popular, Emotion Focused Therapy represents the first significant couple therapy approach with reattachments to family therapy and the works of contributors such as Carl Rogers and Fritz Perls (Greenberg & Johnson, 1986a). Emotion Focused Therapy focuses on the innate need of individuals within the couple for relational security; on the couples pursuit to satisfy the basic needs of bonding and attachment. Divergent from behavioural and strategic family therapists, Emotion Focused Therapy emphasis the emotions as of principal importance in intimate relationships as an influencing factor of interactional patterns, and an attributor to perceptions and meanings (Johnson, 1986).

Perhaps even less recognizable is Insight-Oriented Marital Therapy. It also emphasizes relational dispositions and relational themes generated over time within the individuals’ relationship, both intimate and belonging to the family of origin (Snyder, Wills & Grady-Fletcher, 1991). Insight-Oriented Marital Therapy draws from diverse frameworks such as psychodynamic, experiential, and cognitive and behavioural.

2.3 Couple therapy in Malta
In this section I am going to present the history if couple therapy in Malta. The information provided was obtained via a one-to-one interview with the Director of Cana Movement, Fr Joseph Mizzi, who gladly accepted to share this information for the purposes of the present study. Cana Movement is a voluntary organization within the Catholic Church of Malta. Since its establishment, it has offered family related services as well as counselling services to families and couples. The Founder of the Cana Movement, Fr Charles Vella, is credited with having started to focus on couples. He introduced marriage preparation courses in 1952, however he then realised that it was beneficial to focus on all couples not only on the ones getting married.
Fr Vella frequently travelled abroad to liaise with other professionals in the field. Interestingly, while couple therapy was taking off in America, Fr Vella was travelling to Rome and America and adopting these practices back home, such as the family groups. He started the counselling practice in Malta and began imparting counselling skills to individuals he considered eligible for the task of offering their services to couples, be they professionals or lay.

Fr Vella opened seven Cana centres in all, each comprising of a multidisciplinary team made up of a counsellor, a doctor, and a lawyer. From then on the enthusiasm of Fr Vella continued to be felt throughout the years as the services offered by the Cana movement continued to expand.

Another agency that has greatly contributed to the Maltese society is Appogg. Amongst the various services offered, couples have been catered for through couple therapy since 1995.

2.4 Why do couples seek therapy?
Therapy offers the listening environment that couples crave for in their own relationship. Through the support of a compassionate therapist, where the couple can express emotions, listen to and understand each other, couple therapy seeks to establish a safe place, and whereby in time change the behaviours that they both deem dysfunctional (McKeown et al., 2002).

The crisis of the couple could stem from issues of attachment, abandonment, loss and fear. When couples do start therapy, it usually means that one or both partners have admitted to being in a distressed relationship. The couple would be in the stage where one or both partners have exhausted all of their own attempts and are in dire need of an external helping hand in dealing with their even more distressed, relationship (Wolcott, 1986). If it turns out that the couple have waited many years before seeking help, this might make working on the wounds that have scathed the relationship so deeply more difficult (Walker et al., 2010).

Often couples seek help to restore the lost intimacy and trust that have rattled the bond that the couple previously enjoyed. Baxter et al. (1997) call this trust the “bedrock upon which the welfare of their bond depends” (p.
Other times, couples seek help as a last resort and because one of the partners feels threatened about a termination of the relationship. This puts the therapist in a position of dilemma. In such cases, the therapist may feel that what the couple needs is either an emotional mediation or divorce/separation mediation rather than counselling (O’Connor, 2001).

In couple therapy, the distressed couple starts off by narrating their story, complaining about their partner and eagerly waiting for the moment the therapist “sees the rightness in their position” (Pearl & Kassan, 2012, p. 9). The couple would have accumulated a build-up of negative emotions and present themselves competitively ‘against’ each other. In these situations the therapists find themselves in a tricky bind. The attributed role of the ‘judge’ is best put away so that focus is redirected on creating a safe environment, thus not overwhelming the couple or the therapist. The therapist can then relate to the couple from a position of multidirectional partiality (Boszormenyci-Nagy & Krasner, 1986). In this way fairness is created by giving both partners the chance to express themselves and by promoting listening to each other, thereby also generating balance and structure. Fairness lessens the frustration and irritation that may be experienced.

The act of privileging both sides of the story helps to model the structure that will be developed further on in therapy and outside of therapy through practice by the couple. While structuring the interactions, the therapist establishes validation of the shared perspective of each other (Goldenthal, 1991). In order to reap more positive outcomes, the therapist must not only empathize with, understand and validate the couple, but must hold them equally responsible for the impact created by their relational patterns (Watzlawick, Bavelas, & Jackson, 1967).

**2.5 Factors that support couple therapy**

This section investigates the factors that are related to, and support, both the couple relationship and couple therapy. This section will explore the couple relational interactions that are influential in reshaping the interactional behaviour; the acceptance of differences; the effects of common goals on the relational interactions and thus on the interactional behaviour of the couple; and skills that the therapist brings along in therapy that guide the couple,
and mirror behaviours, which eventually lead to more positive therapeutic outcomes in therapy.

2.5.1 Couple relational dynamics

Relational dynamics have been extensively discussed by many authors. Some have explored the interactional phases of the problem maintaining/problem resolving circular patterns (Watzlawick & Weakland, 1977). Others with a psychodynamic background have explored further the practices that underlie the couple’s intertwining dynamics (Catherall, 1992; Dicks, 1963; Feldman, 1982; Framo, 1976; Scharff & Scharff, 1991) that is based on the “neurotic interaction of the partners...a product of psychopathology in one or both...partners” (Manus, 1966, p.449). Others, such as feminist theorists, have looked at issues of domination, sub-domination and equality as interactional dynamics, when they spoke about power and gender in relationships (McGoldrick, Anderson, & Walsh, 1989; Walters, Carter, Papp, & Silverstein, 1988). Narrative therapists have also focused on how couples’ mutual patterns impact and restrain their overall relationship (Zimmerman & Dickerson, 1993).

2.5.1.1 Changing dysfunctional behaviour

Much has been said about the interactional patterns that the couple partake in. These patterns wield a strong influence on the interactional behaviour by reinforcing existing behaviours, thus making it difficult for new ones to penetrate their way in. Change in therapy is closely linked to the identification and the adaptation of the dysfunctional patterns. Adjustment in one type of behaviour may lead to changes in other behaviours (Meadows, 2008). For this purpose the Milan Associates (Selvini Palazzoli, Boscolo, Cecchin, & Prata, 1980) suggest that it is useful to look at behavioural sequences and the interpretations that both members ascribe to those behaviours. This circularity of investigation of behaviours enables a vortex of feedback that illuminates on, and helps create, new meanings that take place within the relationship. Couples organize and give meaning to their experience through the storying of experience. In performing their stories, the couples are expressing selected aspects of their lived experience that further shape their lives and relationships (White & Epston, 1990). Another
suggestion is to ask the couple to identify what would be different if certain circumstances were to change.

### 2.5.1.2 Acceptance

While traditional behavioural couple therapy speaks about active collaboration and compromise between the partners, in Integrative Behavioural Couple Therapy (IBCT), Jacobson and Christensen (1996) include strategies that help the couple accept aspects in their partners that were undesirable before. Jacobson and Christensen (1996) conclude that acceptance is more of an effective conductor to reinforcing behaviour change rather than direct attempts to induce change via behavioural methods.

### 2.5.1.3 Goal setting

The use of goals is still largely unexplored in couple therapy (Berscheid, 1994). Much inference is made about goals but not much has been written about the effects of the goals on relational interactions. According to Miller et al. (1960) all behaviour is goal directed. Hocker and Wilmot (1995) believe that by making the couple aware of the functions of dysfunctional behaviours, a clearer picture is created as to which goals are occupying the attention and consuming the energy of the couple. Upon accepting these behaviours, the couple are helped to re-dimension the space occupied by the conflict within the relationship. Such a shift in attention is a good predictor towards a change in behaviour (Hocker & Wilmot, 1995). Attempting to find a common aim, identify shared goals, and setting new targets are other predictors that enhance the process of change (Kanfer & Schefft, 1988). Setting concrete goals allows the couple to think about opportunities to work their way towards and achieve those goals (Gollwitzer & Brandstatter, 1997).

### 2.5.2 The therapist’s skills

Apart from the focus on the couple dynamics, the couple therapist needs to be equipped with advanced skills in order to understand the complexity of the systemic dynamics that shape the interactional therapeutic alliance to be able to keep the couple engaged. Priority needs to be given to the protection of the alliance to both partners as damage to one alliance leads to damage in the alliance of the other partner. The therapist needs also to possess
advanced skills in multi-person treatment, whereby the therapist monitors both individuals as well as the relationship between them. Concurrently they need to anticipate any threats to the therapeutic relationship and prevent possible damage through adjustments (Friedlander et al., 2006; Knobloch-Fedders et al., 2007). One of the best predictors of successful outcomes of emotion focused therapy is the powerful impact of the therapeutic alliance (Johnson, 2003) particularly around the goals of therapy (Johnson & Talitman, 1997). The therapist’s skills in negotiating this aspect and in instilling the credibility in the couple, is critical to the achievement of change in this approach.

2.5.2.1 Creating balance and fairness

**Contextual therapy** believes that engaging the couple into the process of change involves an intricate and delicate balance between privileging the uniqueness of the story of each partner and being sensitive towards the pain and difficulties expressed by both. Balance is a prerequisite with the therapist mirroring fairness and equality to the couple. Boszormenyi-Nagy’s extensive work on relational justice in contextual therapy helps couples to shift their objectives to fairness and integrity (Boszormenyi-Nagy & Krasner, 1986; Boszormenyi-Nagy & Spark, 1973; Boszormenyi-Nagy & Ulrich, 1981). The emphasis is to engage the couple but by creating fairness in the relationship, which in turn helps the couple to communicate their needs more effectively. Consequently, it moves away from pathologizing the couple or the individuals. This helps build the couple’s resources to the full and work towards growth.

2.5.2.2 Improving communication

Improving communication is most probably the basic foundation of couple’s therapy. Distress in couples most often reflects the fact that the couple is not armed with necessary skills to address and solve conflicts. Gottman (1997) wrote “if there is one lesson I have learned from my years of research it is that a lasting marriage results from a couple’s ability to resolve the conflicts that are inevitable in any relationship” (p. 28). It is widely acknowledged that therapy needs to focus on coaching partners on communication and problem solving skills (O’Connor, 2001). After careful observation of the
couple’s communication patterns, the role of the therapist is to facilitate the process of turn taking and talking about themselves and the other partner whilst refraining from criticising, and to direct them into experiencing intimacy by talking about what has been so hard to verbalise between the couple.

Methods such as Guerney’s (1976) Relationship Enhancement Approach have yielded a positive impact on distressed couples seeking help. The approach taps on the active listening and the communicative skills of the couples. Guidelines for psycho-education on listening skills and emotional expressiveness have also been discussed by Baucom and Epstein (1990).

2.5.2.3 Working with emotions
Emotions too have been given a central role in relational interactions (Gottman & Levenson, 1986). Emotions determine the way the couple respond to one another, how they manage to open up to new perspectives in order to better understand each other, how the couple changes beliefs and meanings attributed to the behaviours, and the degree to which they remain connected. Virginia Satir (1967) was one of the first to use an empathic style with an emphasis on emotional expression in her therapeutic work. The introduction of Emotion Focused Couple Therapy, reiterated the importance of the emotional component within the therapeutic process for change (Greenberg & Johnson, 1986a, 1986b; Johnson & Greenberg, 1987). Research carried out by John Gottman (Gottman, 1994; Gottman & Krokoff, 1989; Gottman & Levenson, 1986) associated the role played by the emotions with that linked to relationship satisfaction and stability.

2.5.2.4 Using conflict to get couples closer to each other
Even though distress and conflict are linked to negative emotions and appear like an impending threat, distress and conflict in therapy can also be viewed as a chance for increasing intimacy and improving communication. There is evidence that distress accompanied by conflict allows the couple to express their thoughts and feelings, and in turn may lead to a greater feeling of closeness, albeit the differences between the partners (Reis & Patrick, 1996). Buber (1955) cautioned that it takes courage to open oneself to conflict and disagreement. It takes courage to open oneself to the other, to be
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vulnerable. Laurenceau & colleagues (1998) suggest that the process of partners disclosing their thoughts and feelings, listening to each other, interacting back, and feeling acknowledged and understood, promotes intimacy and communication.

Using Bowlby’s (1979) argument as an example, a child has the capability of acquiring conflict resolution skills if the parents act in a calm, non-punishing manner when dealing with their child. Thus it stands to reason that the same applies to adults. In therapy the couple can start to acknowledge that through their distress they can come up with constructive ways of handling and adjusting to each other’s needs.

Simpson and colleagues (1996) concur that in adult romantic relationships conflict processes are viewed advantageous. Such examples discuss how couples increase their sense of security when, through their divergences and disagreements, they are able to keep an open communication. Thus through their disagreements, the couples learn more about each other. This process might help couples reconsider reviewing their needs and goals once the couples learn to revert conflict dynamics into more functional ways of expression and interaction.

2.5.2.5 Psychotherapeutic approaches
Several research studies indicate that couple therapy does not follow a specific psychotherapeutic approach (Norcross, 1999; Hubble et al., 1999; Sprenkle & Blow, 2004). On the surface, many approaches come across as distinct, yet as one looks closer, many models are in fact quite integrative. For example, Emotion Focused Therapy is a blend of structural, strategic, experiential and other approaches (Johnson & Denton, 2002). Integrative Behavioural Couple Therapy, as the name itself implies, is an integrative blend of behavioural, cognitive, emotion-focused, strategic and narrative therapies (Jacobson & Christensen, 1996). The Internal Family Systems model is a blend of structural and strategic, psychodynamic, Bowenian and post-modern therapies (Breunlin, Schwartz, & Mac Kune-Karrer, 2001). These are only a few examples and there are others which I have purposely left out because of the word count limit.
Shadish and Baldwin (2003) have encouraged clinicians to contemplate using practical treatments, such as cognitive behavioural, systemic and eclectic approaches to address couple’s distress. Recent findings show that integrative behavioural couple therapy and emotion focused therapy are effective approaches (Lebow, Chambers, Christensen, & Johnson, 2012). This contrasts with the results from earlier studies which indicate that using various specific approaches, versus an integrative approach, results in a decline in effectiveness in reducing relational distress (Cookerly, 1980; Jacobson et al. 1987; Snyder et al., 1991). The line of attack now focuses on incorporating diverse treatment approaches. Goldman and Greenberg (1992) compared Integrated Systemic Couple Therapy and Emotion Focused Couple Therapy and found them to be equally effective in lessening relational distress, aid conflict resolution and achieving goals. However, after a four month follow-up, the couples in Integrated Systemic group reported higher relationship satisfaction.

Crowe (1978) found that Behavioural Couple Therapy works best with couples who are less educated. In contrast Behavioural Couple Therapy was found to have an inverse effect on couples who uphold the traditional gender roles to a high degree (Jacobson et al. 1986). A prediction study by Snyder and colleagues (1993) suggested that both unemployment and employment in unskilled labour jobs were predictors of poor couple therapy outcomes in the long term. This was found to be relevant across behavioural and insight oriented therapies. More recent research has found that Behavioural Couple Therapy works better with severely distressed couples, at least during the initial stages of therapy (Atkins & Christensen 2004).

2.6 The individuals in couple therapy

The emphasis on individuation or differentiation (Bowen, 1978) is attributed mostly to the Western culture, that is and has been, expanding within the Maltese context. Guisinger and Blatt (1994) sum up this concept as follows:

“The modern Western view is peculiar in its emphasis on separation and individuality. Many other cultures do not conceptualize the person apart from his or her relationships. These exhibit what Sampson (1988) called
“Emotional health is based on the complex paradoxical reality that people need both individual happiness and relationship success. Oversimplification of treatment, to address just one dimension, risks harming the other” (Heitler, 2001: p. 380). Epstein and Baucom (2002) discuss how individual factors including “partner’s motives, personality styles, and forms of psychopathology . . . may influence the functioning of the couple” (p. 106). Phillips (1983) warns that “any form of therapy is an intervention in a system of interpersonal relationships” (p. 11).

On the other hand, Mann and Lundell (1977) state that it is important to assess the individual needs of the couple, as an over-application of couple therapy methods may yield harmful therapeutic outcomes, if the individuals are not considered separately as well. Couple therapy does not always allow the therapist to distinguish between the couple and the individual, yet the couple constitutes two individuals who bring their own characteristics and life experiences in therapy. The two individuals influence the couple they come to be (Epstein & Baucom, 2002). Literature also points to the importance of finding a balance between working on the self and the relationship, as working simultaneously on both produces enduring relationships (Klagsbrun, 1985; Lauer & Lauer, 1986). The fields of adult relationships and couple therapy are now seeking to focus more on the individual (Gurman & Fraenkel, 2002).

2.7 Implications of gender differences in couple therapy

O’Connor (2001) believes that in the women’s eyes, therapy is seen as a chance for change. On the other hand, in the men’s eyes, therapy threatens their self-sufficiency, status and power. This discrepancy in perceptions raises questions about the emotional health of men and the emotional responsibilities that are carried by women.
While the past male gender role is still very strong, in the twentieth century there has been a shift toward tolerating different male behaviours (Scher, 2005). This has put a greater pressure on men to be more involved in the family, and to be more competitive and more successful than ever before (Englar-Carlson & Shepard, 2005; Scher, 2005). Men are socially geared into being self-reliant, emotionally stoic and tough. Their efforts are geared to being in control and opposed to women (Scher, 1990). Women are traditionally brought up to be emotional and nurturing. Female success lies in the connection that she manages to have with others, especially with her counterpart. Kiecolt-Glaser and Newton (2001) explain that women are characterized by self-representations of “relational interdependence”. This perspective expects women to be more attuned to the emotional aspect of their relationship. This is also echoed in Floyd and Markman (1983) as well as in Doss and colleagues (2003) were they have described the women to be the “barometers” of their relationships.

Men report higher levels of martial satisfaction (Corra, Carter, Carter & Knox, 2009). This makes it more difficult for them to sense and acknowledge difficulties in their relationships and thus to initiate counselling (Allen & Gordon, 1990). They are less satisfied by the counselling process (Brannen & Collard, 1982; O’Brien, 1988) and rarely report positive experiences when seeking couples’ counselling to work on their relationship (Jordan, 1992). Women report that they feel less fulfilled by their relationship standards (Vangelisti & Daly, 1997) and desire more change than their male counterparts (Margolin, Talovic, & Weinstein, 1983).

Men and women respond differently to couple distress as they are socialized differently and thus have different self-representations of what it is to be female and what it is to be male (Kiecolt – Glaser & Newton, 2001). Women are socialized to seek “relational interdependence” which constitutes a context of close relationships. Men are socialized to feel comfortable in “collective interdependence” which normally consists of affiliations in groups. Thus men’s self-concept is shaped more by the public status rather than by the intimate one.
Komiya et al. (2000) found that the partner that is less emotionally expressive is the one reluctant to seek help. Likewise, the partner that is less apt in dealing with the emotional aspect is less likely to seek out to improve the relationship through therapy. Thus, for the latter, therapy seems daunting as it is perceived to be an expectation to express emotions (Vogel & Wester, 2003). They refrain from talking about emotions and closeness because of the shame of failing at it, not because they are incapable (Shepard, 2005). However, according to Johnson (2007), the withdrawn and inexpressible husbands tend to do well in Emotion Focused Therapy as the longing for the connection is still there and this kind of therapy taps on validating the distancing behaviour.

Findings on the nature of conflict patterns between men and women have produced contrasting results. While some say that it is the physiological responsiveness of men to negative emotions that drive them to withdraw, other researchers speak about the physiological responsiveness of women to negative aspects within the relationship that drive them to seek change (Kiecolt – Glaser & Newton, 2001). The physiological aspect is not the sole contributor in these demand-withdrawal patterns. The way we are socialized, the self-representations that we create and maintain, the changing roles of men and women in a relationship, in the workforce, and in society all play a contributing factor (Julien, Arellano & Turgeon, 1997).

2.8 Concluding remarks

In conclusion, this literature review helped me narrow down the research topic. As many researchers have explored the accountability of common factors to the process of change in therapy (Lambert, 1992; Hubble, Duncan, & Miller, 1999; Sprenkle & Blow, 2004), this has also shaped my research question in a way that addresses those factors that support therapeutic work with couples in distress. These factors will be further expanded on in chapter five. Details about the methodology adopted in order to capture those factors that contribute to therapeutically supportive couple therapy, will be discussed in the chapter that follows.
Chapter 3
Methodology
3.1 Introduction
The aim of this chapter is to describe the research methodology adopted by the study. The theoretical underpinnings of the chosen methodology as well as justifications for the methodological choices made will be discussed. Data was collected via face-to-face semi-structured interviews and thematic analysis was used to analyse the data. Furthermore, this chapter will provide a description of the research participants, the recruitment process and procedure, and the ethical considerations of the study.

3.2 Rationale for the choice of qualitative research
This present study aims to identify those factors that support therapeutic work with couples in distress. It seeks to gain an understanding of those factors that support couple therapy from the perspective of five couple therapists. It was therefore deemed suitable to adopt a qualitative.

Qualitative research is interested in the way in which the world is “understood, experimented, or produced” (Mason, 1996, p.4) through interactions, lives and behaviours (Strauss & Corbin, 1998). It is also interested in the processes, change and context dynamics (Mason, 2006), as well as the subjects “perspective on their own worlds” (Marshall & Rossman, 1999, p.7). Finally with reference to the present study, qualitative research is interested in meanings (Maxwell, 1996; Silverman, 2000), in their different knowledge, viewpoints and practices (Flick, 1998). I was interested in the perspectives and meanings that couple therapists ascribed to their experiences of therapy with couple in distress.

To analyse the data thematic analysis was undertaken using a constructionist stance. This is discussed in further detail later on in this chapter. Themes or patterns in the data were identified using theoretical thematic analysis. This analysis was also driven by my interest in the topic.

3.3 The researcher
As a female adult who has experienced ups and downs in my own relationships, and as a counsellor who serves young adults, I endorse the hermeneutic phenomenological approach to research. This philosophical position acknowledges that bracketing cannot be completely achieved (Koch,
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1995). I therefore reflected at length on my emotional involvement with the topic of this study, in order to safeguard the trustworthiness of my research. While acknowledging the validity of the hermeneutic approach to research, I believe that one needs to adopt an open mind to data in order to allow unexpected meanings to emerge (Lopez & Willis, 2004). I believe that being aware of one’s own values, experiences, and pre-conceived ideas and perceptions needs to be a prerequisite to gain greater validity in the research. Thus while acknowledging that all research is subject to research bias, I chose to position myself as a co-constructor of meaning with the participants. By immersing myself in the literature around the topic prior to the planning of this study, allowed me to put my own ideas and biases into perspective by developing a greater understanding of the subject through different lenses. I agree with Fine (1992) about the need of researchers to be self-conscious and critical throughout the entire research process. These strategies helped me achieve the goal of fairness when managing my own subjectivity, and move towards a participatory consciousness (Heshusius, 1994).

3.4 Research epistemology
Epistemology is concerned about the relationship between the knower and what could be known. Participatory epistemology, proposed by Richard Tarnas (2007), posits that research knowledge and meaning is influenced by what was knowable about reality to the researcher and the research participants. Bateson is quoted as defining this subjective-objective point as “... a region where you are partly blown by the winds of reality and partly an artist creating a composite out of inner and outer events.” (in Brockman, 1977: 245). This means that objectivity is dependent on how the knower shapes it. Knowledge might be restricted and limited by what I, as the researcher, know about the world and what I deem as subjective with regard to the research area of interest. It is then the feeling of what is out there and by using one’s own opinions and the data analysis that defines what is chosen as valid to be known.

3.5 Reflexivity
My story begins with my Masters in Counselling dissertation, a study about couples in distress and those factors that support the therapeutic process
during couple therapy that will help couples find again satisfaction in their relationship. Relationships are a central aspect in my life, hence my interest in this topic. Reflexivity in this study, and the “subjectivity [of] becom[ing] entangled in the lives of others” (Denzin, 1997, p.27), constitutes an ardent challenge. While undertaking this study I was filled with insecurities about working my way through this task. Self-doubt enabled me to assess my work throughout with honesty and reliability, in a way that is critical but not self-destructive.

Denzin (1994) continues to state that “[r]epresentation … is always self-presentation … the Other’s presence is directly connected to the writer’s self-presence in the text” (p. 503). The knowledge acquired and my own understanding of that knowledge is rooted in my social and cultural contexts and historical grounding.

Reflexivity has been at the centre of several discussions in feminist research (DeVault, 1990; Fonow & Cook, 1991; Harding, 1992; Olesen, 1994). They suggest that the similarities and the differences between the researcher and the researched affect the structure of research relationship (Ribbens, 1989; Song & Parker, 1995). Other scholars have discussed the notion of power and manipulation during data analysis and interpretation (Glucksmann, 1994). It is therefore important that as I analyse and interpret the data with all my pre-conceived ideas, assumptions and perceptions stemming from my own personal life and experience, I assume ongoing awareness so that my own baggage does not interfere with the credibility of the research (Devine & Heath, 1999). Credibility is therefore dependant upon the way I demonstrate how my interpretations were concluded (Mason, 1996).

As I read through the participants’ transcripts I used the voice-centred relational method of data analysis (Mauthner & Doucet,1998). I placed myself in relation to my background and my experiences and subsequently in relation to the respondents. Mauthner and Doucet (1998) suggest that when coding and analysing, the researchers use their gut feeling to make meaning, and this was experienced while trying to fit the tentative codes and themes, and eventually reviewing these in the light of previous literature. I also had to expand my reflexivity in relation to the emotional responses of
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the participants as these can shape my understanding (Brown, 1994). Failure to be in tune with and aware of their emotions as well as mine, might result in leaking these emotions in the blurred boundaries between the subjective and objective stances that I would have adopted.

In contrast to traditional methods (Boulton & Hammersley, 1996) which favour a linear process of data analysis, I concur with Mauthner and Doucet (1998) in proposing a circular and hermeneutic process which relies on the relational aspect of the researcher and the research.

In order to manage my own subjectivity, my thinking was directed to the relationship between myself and the topic of interest. I reflected on the ideas and preconceptions that I have on relationships, the patterns of interactions, as well as, conflict and its resolution. I also reflected on my role as a therapist and on how several factors, including gender differences, culture and awareness come into play in therapy. Throughout the process of writing this dissertation, I chronicled in a journal thoughts, biases and cultural views that contrasted with, or were influenced by, my personal experiences and knowledge. My reflective self-talk focused on how outside aspects impinge upon my understandings of couple difficulties and therapy. While researching the topic I frequently observed myself looking into my present romantic relationship; I realised that I had to be cautious about my ideas and that I needed to make a clear demarcation between them and the participants’ opinions.

3.6 Rationale for choice of thematic analysis

Qualitative approaches are incredibly varied and intricate (Holloway & Todres, 2003). Qualitative analytic methods can generally be split into two divisions. The first division, which includes conversation analysis (Hutchby & Wooffitt, 1998) and interpretative phenomenological analysis (Smith & Osborn, 2003), emerges from specific theoretical or epistemological positions and to date the way to apply these methods within their respective framework is very limited and rigid. Other methods such as discourse analysis (Burman & Parker, 1993; Potter & Wetherell, 1987; Willig, 2003), narrative therapy (Murray, 2003; Riessman, 1993) and grounded theory (Glaser, 1992; Strauss & Corbin, 1998) offer different variations of the method.
within the expansive theoretical framework. The second cluster of methods is more liberal and can be applied across an array of theoretical and epistemological approaches. Thematic analysis falls within the second cluster with its essentialist and constructionist paradigm.

Thematic analysis, in contrast to the Interpretative Phenomenological Analysis and grounded theory, can be used within different theoretical frameworks as it is not linked to any pre-existing theoretical concepts. My choice of thematic analysis is based on the exploratory nature of my research question. Thematic analysis offered me flexibility and was compatible with the constructionist paradigm that I endorse. This method observes the way in which events, realities, meaning and experiences, to name a few, reflect the dialogues one finds in society.

Some have critiqued the lack of clear and sketchy parameters of thematic analysis, stating that this allows for flexibility to be abused (Antaki et al., 2002). In this research the themes were identified at a latent stage where the underlying ideas, assumptions and conceptualisations took shape. This latent approach seeks to identify the features that give it form and meaning. In this regard, thematic analysis intersects with discourse analysis and at times it is referred to as thematic discourse analysis (Taylor & Ussher, 2001), whereby comprehensive suppositions and meanings are perceived as sustaining what is essentially expressed in the data. Thus, the development of the themes involves not only descriptive work, but descriptions are summarized and interpreted. The aim is to identify concepts within the patterns for a wider meaning and implications to emerge (Patton, 1990). This is also consistent with the constructionist paradigm (Burr, 1995).

3.7 Participants

3.7.1 Inclusion criteria

The participants interviewed for my research consisted of five therapists which include, a counsellor and family therapist, a counselling psychologist and family therapist, a clinical psychologist with specialisation in the area of cognitive behavioural therapy with individuals, a family therapist, and a clinical psychologist and psychotherapist. I will present again the
participants of this study in the following chapter. The original idea was to recruit participants from different psychotherapeutic schools; however, given the small number of therapists on the island, it proved to be difficult to find therapists that are specialised in one school, such as cognitive behavioural therapy, who work only with couples. These limitations will be further discussed in the concluding chapter of this research. Another inclusion criteria was that participants had to have a minimum of two years’ experience working with couples so that they would have been drawn on their broad experience.

3.7.2 Sampling strategy
Since this is a qualitative study and I was interested to interview members of a specific group, namely couple therapists with two years’ experience in couple therapy, I used the purposive sampling strategy. Snowball sampling, which falls under purposive sampling, was used as a sampling to find some of the other therapists as I did not have access to a sufficient number of professionals who were willing to take part in my research and had the required criteria. These two sampling methods were used as the group of professionals working with couples in Malta is limited.

3.8 Procedures
3.8.1 Interview
The prospective participants, of which included a number of couple therapists that I was aware of and that consisted of circa fifteen professionals altogether, were initially contacted via email with an invitation letter (Appendix A) to take part in my research study. The letter introduced me and gave a brief description of the research topic and the aim of the study, as well as the relevant ethical considerations involved in participation. The inclusion criteria for participants as well as the risks and benefits of participating were clearly outlined. Participants were invited to take part in an interview that would be audio recorded. Interview appointments were scheduled according to the availabilities of the participants. All the participants suggested meeting at a place of their own choice. All the interviews were conducted in a span of a fortnight. Before the initiation of
each interview, interviewees were asked to give their informed consent in writing by signing a consent form (Appendix B).

During the interviews, I allowed the conversations to flow at their own pace and take their own direction so as not to contaminate it and allow them to raise those issues that were important to them. However I used an aide memoir (Appendix C) with consisted of a series of pre-set questions to guide me should the need arise, to keep the interview on track and focused on the subject at matter. The questions in the aide memoir were formulated prior to the actual interviews and after reviewing international literature on the topic under investigation. The open-ended and non-directive nature of each question gave participants the flexibility to interpret the meaning of the question and respond according to their personal feelings, opinions and experiences.

Concurring to Eide and Kahn (2008), I believe that the exchange of ideas that takes place during interviews may lead to a different kind and level of meaning that might not emerge through personal reflection only. The interviewing process generated relevant data that addressed the research question.

3.8.2 Data collection
My chosen method for gathering data was through participant-based data, which is data extracted directly from the selected participants. Due to the fact that study involved direct interaction with the participants and the use of information offered by them, my study needed to adhere to ethical standards that were explained to the participants in the invitation letter and discussed further on in this chapter.

3.9 Rationale for use of semi-structured interviews
Semi-structured interviews were conducted to collect data. This type of interviewing is ideal when the sample size is small. The chosen topic for this research is also specific and therefore semi – structured interviews were useful to keep the conversation with the participants focused on the topic. Although semi – structured interviews are rather flexible, much thought was
put in the formulation of the questions that in order to address the aim of the study.

An interview is a carefully managed verbal interchange (Ritchie & Lewis, 2003; Gillman, 2000), its success highly depends on the communication skills of the interviewer (Clough & Nutbrown, 2007). The questions need to be structured in a clear manner (Cohen et al., 2007) and the interviewer needs to probe diligently and appropriately (Ritchie & Lewis, 2003). One of the strengths when using semi-structured interviews is the use of interpersonal skills that help create a positive rapport between the interviewer and the interviewee. This type of interview allows the interviewer to speak in a simple, efficient and practical way. This type of interview also supports the credibility of the findings as the interviewee can speak in their “own voice”, and in the desired detail about their experiences and knowledge about the area of research.

“In order to understand other persons’ constructions of reality, we would do well to ask them…and to ask them in such a way that they can tell us in their terms (rather than those imposed rigidly and a priori by ourselves) and in a depth which addresses the rich context that is the substance of the meanings.”


Careful consideration was given to keep in check my pre-conceived ideas, including any influence from literature, and avoid leading questions while conducting the interviews. This was important in order not to influence the interviewees inadvertently. Patton (1990) remarks about some of the weaknesses concerning this interviewing style, namely that certain issues related to the topic can be left unexplored and that the comparability of the interviews is minimised as the arrangement of thoughts and words may be different from one participant to the other. However, I believe that these weaknesses are by far outweighed by interviewee’s freedom of expression.

### 3.10 Data analysis

Following data collection, interviews were transcribed verbatim. The primary goal of transcription was to focus the attention on the participants’
accounts, not only on the language used but also on the way that meaning was conveyed. Because I was the person transcribing the recordings, I became a human participant in the research and not an invisible extension of the tape recorder. During the transcription process it felt as though a link was created between myself and the interviewee.

The transcribed text for each participant was reviewed and analysed using thematic analysis (Braun & Clarke, 2006). According to Braun and Clark (2006) thematic analysis is a method for eliciting patterns and themes from within a text. Themes “capture something important about the data in relation to the research question” (Braun & Clarke, 2006, p. 82.)

To this end the transcripts were read and re-read several times to get immersed in the data and then move on to coding the texts. This process involved writing notes and descriptions on the margins of the interviewees’ transcripts in order to capture the impact of the research data.

Next, these codes were grouped into potential meaningful themes that gave form and meaning to the data and highlighted connections and similarities across the participants’ responses. This was done by re-examining the texts in parallel to capture similarities and differences across the participants’ responses.

The final step involved the review and refinement of the themes and sub-themes. This last step of organizing the themes was important to gain an advanced understanding. This was viewed from two different lenses. One was to fit the similar themes in a consistent pattern and the other was to bring out what was dissimilar in the interviewees’ responses (Braun & Clark, 2006). Themes and responses that were dissimilar, where not discarded or ignored, but shed light on different participants’ perspectives (Guba & Lincoln, 1982). The themes that emerged will be discussed in detail in the following chapter.

3.11 Ethical considerations
Durrheim and Wassenaar (1999) state that there are three ethical considerations that one must keep in mind. These are autonomy, non-maleficence and beneficence. The principal of autonomy means that the
participants understand that their involvement is voluntary, that they have the freedom to withdraw from the study at any moment, and that they have a right to remain anonymous in the publication of the study. These criteria were noted in the consent form and were stated verbally before the initiation of each interview.

The principal of non-maleficence refers to the concept that no harm will be done to the participants or to anyone else mentioned in the data (Durrheim & Wassenaar, 1999). This was adhered to as the topic was not a sensitive one and because the participants were not vulnerable adults. The principal of beneficence states that the participants as well as society at large can make good use of the research findings and knowledge gathered and shared (Durrheim & Wassenaar, 1999). This research aims to draw out the therapists’ perspectives about the factors that support therapeutic work with couples. A secondary goal is to lessen the taboo and shame around seeking professional help for a relationship in distress.

3.12 Conclusion
This chapter described the theoretical and philosophical rationale underlying the choice of methodology for this study. The recruitment process was also defined. The steps that I followed to conduct the data analysis were outlined along with the measures taken to make this study a credible and trustworthy one. The themes that emerged will be discussed and reflected upon in relation to literature in the next two chapters.
Chapter 4

Findings
4.1 Introduction

In this chapter, I will present the main themes that emerged following thematic analysis of the data collected through interviews conducted with five therapists. The emergent themes shed light on the research question that guided this study, namely to identify and explore those factors that work with couples in distress.

4.2 Introducing the participants

In this section, I will introduce the interviewees who took part in the study (refer to Table 1). For confidentiality reasons, particularly due to the small number of couple therapists on the Island and the everyone-knows-everyone phenomenon that prevails within the local helping profession circle, the participant information will be kept to a minimum. All the interviewees have been assigned a pseudonym (*) to protect their identity. All of the interviews except for one were conducted in English. During the interviews, one of the participants (Robert) code switched between Maltese and English. For readability purposes, phrases in Maltese were translated by myself into English. Verbatim statements from the participants will be used, to grant the reader a meaningful glimpse into the participants’ experience and to support the emergent themes.

<table>
<thead>
<tr>
<th>Pseudonym name*</th>
<th>Age</th>
<th>Profession</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lilian*</td>
<td>40 - 55</td>
<td>Counselling Psychologist and Family Therapist</td>
</tr>
<tr>
<td>2. Mary*</td>
<td>40 - 55</td>
<td>Clinical Psychologist, Psychotherapist and Family Therapist</td>
</tr>
<tr>
<td>3. John*</td>
<td>40 - 55</td>
<td>Counsellor and Family Therapist</td>
</tr>
<tr>
<td>4. Robert*</td>
<td>40 - 55</td>
<td>Family Therapist</td>
</tr>
<tr>
<td>5. Mario*</td>
<td>40 - 55</td>
<td>Clinical Psychologist specialised in Cognitive Behavioural Therapy</td>
</tr>
</tbody>
</table>

Table 1 – Participants’ information
4.3 Typical couples followed by participants

All five participants identified different types of couples in distress that they have encountered in therapy. These have been grouped as follows:

- Couples who are separating or live separately under the same roof.
- Couples who have communication difficulties or are relationally immature.
- When one of the partners is experiencing uncertainty around one’s sexual orientation; Couples who have difficulties in their sexual relationship, or infertility problems.
- Couples who are experiencing life cycle issues such as having a first born or adolescents or death in the family or other loss.
- Couples whose relationship is influenced by important others, such as parents, in-laws and ex-spouses.
- Couples who have experienced infidelity and domestic violence.
- Couples whose partner/s are survivors of abuse or have personality issues.

The couples in the above groups can fall under categories such as the ones listed below:

- Couples who are in denial of being in distress.
- Couples who are aware of the distress yet do not have the skills to deal with it.
- Couples who are aware of the distress but choose to ignore it, are disinterested in tackling the difficulties or have given up.
- Couples who are aware of the distress and are actively tackling the issues.
4.4 Themes

The themes elicited are bundled up in Table 2.

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<thead>
<tr>
<th>Superordinate themes</th>
<th>Subordinate themes</th>
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<td>4.4.1.1 Supporting couples to change their interaction styles</td>
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<td></td>
<td>4.4.1.2 Helping couples move from thoughts to feelings and back to thoughts</td>
</tr>
<tr>
<td></td>
<td>4.4.1.3 The use of co-therapy</td>
</tr>
<tr>
<td>4.4.2. Addressing gender, culture and personal differences</td>
<td>4.4.2.1 Sensitising partners to the expectations resulting from gender identities,</td>
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<td>within the couple</td>
<td>roles and power dynamics</td>
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<td>4.4.2.2 Therapist’s use of self</td>
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<td></td>
<td>4.4.2.3 Appreciating cultural differences</td>
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<tr>
<td></td>
<td>4.4.2.4 Supporting the couple to embrace difference</td>
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<td>4.4.3. Qualities that the therapist brings into the room</td>
<td>4.4.3.1 The therapist’s reflexive positioning vis-à-vis one’s own relationships</td>
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<td>4.4.4. Establishing therapy as a safe place</td>
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<td>4.4.7. Enabling a sense of empowerment within the couple</td>
<td>4.4.7.1 Supporting couples to identify their own resources</td>
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<td>4.4.7.2 Helping couples assess their own change</td>
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<td>4.4.8. Drawing from different paradigms</td>
<td>4.4.11.1 Integrating approaches</td>
</tr>
<tr>
<td></td>
<td>4.4.11.2 Understanding the couple</td>
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<td></td>
<td>4.4.11.3 Combining the approaches and the therapists’ skills</td>
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</tbody>
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Table 2 – Themes emerging from interviews

4.4.1 Addressing communication difficulties

Relationships are complex and rely on communication. When communication is weakened, it leads to distress within the couple and sends
the partners adrift from one another. Communication can be summed up as the interactions between two or more individuals.

4.4.1.1 Supporting couples to change their interaction styles
Most participants acknowledged that communication difficulties are a common issue encountered in therapy. Participants also distinguished between two types of communication interactions that need to be addressed in therapy. Some talked about helping the couple improve the interactions between them. A few participants also focused on how the therapist is pulled in the interaction of the couple and how to manage that situation.

Mario: “We try to…help the individual come to their own conclusions as to what is good communication, what is not good communication.”

Mario: “They are trying to use their intervention in terms of their contact with you to pass on the message to the other person… So I am not the intermediary there. I am not there to act as a postman. Or sometimes the client or clients might try to create an alliance with you, which I am sure, being in a bad situation, they feel they need, but it is not your role to be in either’s individual’s fan club.”

Mary: “…avoid the triangulation in an effort to empower them. ‘Do not talk to me, talk to each other’.”

4.4.1.2 Helping couples move from thoughts to feelings and back to thoughts
A few participants mentioned that many a times the couple needs to be helped to get in touch with their feelings in order to support them therapeutically. Mario stressed on the importance of increasing the partner’s awareness of one’s emotions around their thoughts, behaviours and communication styles. He argued on the importance of looking at communication as a transmission of thoughts to feelings. Once the couple gets in touch with the feelings, it can then be helped to express those feelings into words. The following two excerpts illustrate this concept.

Mary: “So when you are telling him ‘Go to your mother’s, what do you feel? If you had the possibility, what would you really, really want to
say? ‘I feel hurt’. ‘OK so instead of telling him go to your mother’s tell him I felt hurt when you said that. Those are simple things but it is moving from the idea of thinking to feeling.’

Similarly couples need to be helped to move backwards from emotions to thoughts in order to understand what is triggering and sustaining those emotions as well as reflecting on how to deal with that situation.

Mario: “…there needs to be a balance between the cognitive and emotive sort of side, so we need to live the emotion but then you need to also understand why it is happening and what are the consequences of that, and…you can learn how you can intervene to change that.”

### 4.4.1.3 The use of co-therapy

The use of co-therapy, when and where this is possible, seems to be a favoured way of conducting couple therapy. Most of the participants agreed that the therapist will model to the couple a functional way of interacting together. The way the co therapists communicate, speak and relate to each other, acts as a mirror to the couples who vicariously learn different communication styles.

Some participants further explained how co therapy helps the therapists manage the power they have within the triangle of couple and therapist. Lilian described how carrying out a couple therapy with a male therapist helps create balance. The issue of gender balance was also discussed with John and Robert.

John: “In the beginning you had asked me what helps. It helps a lot to have co-therapists and if it is a male and a female it helps even more”

According to Robert in co-therapy, particularly when there is gender balance, the therapist helps prevent from entering into triangulation, thus increasing the chances of being therapeutically effective with the couple.

Robert: “Working with couples, it is easy to get caught in triangulation that you somehow, you look at the session or when you reflect, and you might think but how was I privileging her story or his story. There are so many dynamics going on, that one thing that I think makes sense is that a couple works with couple therapists.”
This would be ideal as it would create balance and even you can identify the male with the male and the female with the female, or the dynamic is reflected in the dynamic of the couple therapists.”

4.4.2 Addressing gender, cultural and personal differences within the couple.
Participants pointed out that conflict can be a result of expectations related to the traditional gender roles and cultural norms. They also mentioned that the therapist needs to consider the contextual factors influencing the couple’s microsystem including any gender issues fuelled by their culture. Awareness of these factors helps the therapist as well as the partners to get to know each other’s expectations.

4.4.2.1 Sensitizing couples to expectations of gender identities, roles and power dynamics
Participants acknowledged the cultural aspects of the partners that are presented by couples in therapy. The interviewees emphasised the need to consider the interplay between gender identities, gender roles and power as manifested in the Maltese context and culture.

Mary: “Issues of power come into play, even who takes the decisions and which decisions, who does what at home, who has the last word. Within therapy, I would connect to their gender identities, the role models they had of a father, of a mother, of the man or a woman in their families of origin, and what they expect that to be, because sometimes, unless that is addressed, you could be missing an important part of the work if you do not talk about these things.”

Lilian eloquently talks about the different layers of complexity around the concept of gender.

Lilian: “Where there is, on one hand, we have change in society, change in roles on a societal level, but then within the family there are still certain expectations which masks what happens outside the family…what one expects from a man and what one expects from a female, a woman.”
Participants reported that part of their work involves supporting the couple to work through differing expectations connected to traditional gender roles. Participants agreed that the therapist must go beyond stereotypical gender differences and exalt the individuality of the partners within the couple. Gender stereotypes such as man are resistant to open up and woman are more receptive, often carry “a hidden form of power or hidden form of control or privilege” (Robert). John explained that therapists are not only tasked to go beyond the stereotypes but to create a common language between the man and the woman.

John: “There are two separate individuals who are trying, or have tried, to create something in common…we create the language, we create the vocabulary and the ways how this can be communicated even with the wife.”

4.4.2.2 Therapist’s use of self
In exploring the idiosyncratic beliefs that the individual partners have about gender, the therapist can make use of the self in two ways. One way is reflecting on how therapist’s gender is impacting on the individuals and the relational dynamics in therapy.

Lilian: “I keep in mind, and I do reflect on, what I might mean to, especially to the man in the room. Especially particular men that might have, for example, certain beliefs about women, where there are power differences involved, where a man might feel intimidated with two women in the room or vice versa, where he might even more powerful with the two women.”

Secondly the therapists can use themselves as a medium to facilitate understanding of the gender related dynamics that could be hindering the relationship and/or progress in therapy.

John: “The fact that I am a male therapist, at times, it helps to engage the husband on an emotional level. It’s like seeing a man relating on an emotional level helps the male partner to open up.”
4.4.2.3 Appreciating cultural differences

One participant highlighted the importance of understanding the different cultural views that may prevail within the couple.

Mary: “It is easier to speak to the person and for the person to understand that his culture and his spouse’s culture are different and they have to meet somewhere in between.”

4.4.2.4 Supporting the Couple to Embrace Difference

There is greatness in the differences that are found in a couple. When referring to individual differences this theme emerged, some participants discussed that couples tend to look for in their spouse what is missing in themselves. They can fall in love with an image of their partner and not for who their partner really is. So when they discover who their partner really is, distress may arise within the relationship.

Participants emphasised the importance of helping couples embrace and accept the differences between them instead of fighting against them. This therapeutic aspect was mostly highlighted by Mary who claimed that the couple benefits from being empowered as an individual entity and also as two entities - “two circles becoming two sub-sets”. Mary further explained how couples may share things with each other that might bind them together as a couple, but there may be other things on which the partners do not agree. Mary presents this difference as enriching.

Mary: “Becoming one means becoming complementary but it does not mean thinking with the same brain, because you do not have the same culture, you do not have the same upbringing, and you do not have the same understanding of life.”

What seems to be therapeutically effective with couples in distress was eloquently captured by this excerpt from Mary.

Mary: “Accepting the differences but working on what is common, you know. And developing what is common, strengthening what is common, so that then they can be different without necessarily having to break up.”
4.4.3 Qualities that the therapist brings into the room
Participants spoke at length about the impact of the therapist’s personality and skills on the therapeutic process. The therapist was described by the participants as an instrument who can model awareness, genuineness and other behaviours to the couple.

4.4.3.1 The therapist’s reflexive positioning vis-à-vis one’s own relationships
The participants placed importance on the role of the therapist and the qualities that they possess, which help facilitate therapeutic work. Some participants specifically highlighted the centrality of the therapist’s self-reflexivity. Lilian and Mary talked about the impact that the therapist’s groundedness has on the therapeutic work. While talking about their work, Lilian and Mary reiterated the importance of knowing oneself, one’s values and loyalties, in relation to their own relationships. The following excerpts describe the reflexive positioning of the therapist vis a vis their own relationships.

Lilian: “…we need to understand where we stand ourselves first.”

Mary: “…your own beliefs in relationships, how you look at relationships, your values about relationships. Because whilst your values might not agree with the values of the couple, if the couple taste your values, in the future they might find that they apply.”

4.4.3.2 The therapist as a beacon of hope
Similarly rated as important by participants is the capability of the therapist to create a sense of hope. Listening to, mirroring, reflecting, practicing and teaching couples reflects the willingness of the therapist to committedly work with the couple to achieve their goals. In turn this instils a sense of hope. This process is described by John and Robert.

John: “…and even if they are feeling hopeless or helpless I try to carry that hope for them. And then when they are ready to take it back I just give it back to them.”
Robert: “You provide them with the confidence that somehow, you can see what they cannot, or at least you have the light. It does not mean that you are seeing but at least you have the light that will enable all to see.”

4.4.4 Establishing therapy as a safe place

When talking about the therapeutic aspects of therapy with couples in distress the participants mentioned the importance of creating an environment in which the couple feels safe to be vulnerable. Participants argued about the benefits of offering the space where the partners can disclose their strengths and weaknesses. According to the participants’, when the couple perceives the therapeutic context as a safe place, they are more inclined to modify or leave behind old behaviours as new ones may take shape. In this respect therapy was described as the safe place where new behaviours and perspectives can be practiced and shared.

4.4.4.1 Building a caring therapeutic relationship

An important part of couple therapy is to create a connection with the clients through the relationship established. Drawing on their own experience, the participants explained that safety emerges from a therapeutic caring relationship with both partners. The participants also stated that a positive therapeutic relationship lays the groundwork for challenging partners within a safe place.

Lilian: “Therefore with the therapeutic relationship there is the safety to be able to challenge the client. What right do I have to challenge them if I do not have a relationship with them, if I do not truly understand what they are going through, for example, through empathy, if I do not connect with the pain or the fear of one or the other. Sort of how can I possibly challenge if I do not go there first, for instance?”

Mary: “Through my experience, what I find works best is building the relationship with both. And although they might be a couple, that does
not mean that I would not work on building a relationship with each one, even separately and both together, with the focus of the couple in mind.”

Robert: “…systemic, or the approaches within systemic that I incline towards, we do not really speak of adopting a neutral position because it is highly improbable to succeed. We speak of multiple levels of engagement and shifting the way you engage. They need to have the feeling that they are both listened to and it is not that I am taking sides.”

4.4.4.2 Making space for both partners
Participants mentioned that it is beneficial to conduct individual therapy sessions while doing couple therapy. They all argued that some issues need to be tackled on an individual basis before they can be tackled as a couple. What is talked about and observed in the individual sessions is then shared within the couple sessions. Participants explained various scenarios where individual sessions were found to be helpful for couples in distress.

Robert described how couples can be offered the possibility of meeting separately with the therapist, with the condition that whatever is discussed within the individual sessions will be used as part of couple therapy. This arrangement helps address certain issues that the therapist might find difficult to tackle with the couple.

Participants explained that very often the problem of the couple cannot be ascribed to one partner only. Quite the contrary, it seems to be more of a both end. Some participants explained that joint sessions can be very insightful too because the therapist can see the interaction that is happening in the dyad.

Individual sessions are typically used when the therapists perceive lack of safety, personality issues with one or both of the partners, and/or in instances when one of the partners is not giving the other the space to grow. John made reference to two of these instances.

John: “When there is no safety…they just come and they start arguing and blaming one another, they cannot really take an empathic position or cannot afford to shift from their understanding of the situation”
John: “If one of them feels suffocated or unable to realise herself or himself, or his or her own needs are not being met through the couple relationship, then there are problems. So creating the space and acknowledging such individuality and allowing them to voice their own needs and their own difficulties, I think that helps to engage them in therapy.”

4.4.5 Helping the couple develop new meanings
When there is a strong sense of disillusion and individual defences are high, what couples seem to need is the exploration of experience with the aim of shedding light on the meanings ascribed to these experiences. The participants spoke of addressing and clarifying with the couples meanings they ascribe to certain behaviours and experiences. The therapist would then move on to helping the couple to leave the judgmental position, understand one another, and eventually give different meanings to the behaviours and experiences.

4.4.5.1 Freeing couples from the blame game
The aim of couple therapy is to help the couple move from blame and aggression to a place where new perspectives and understandings are possible. Mary describes how this shifting of blame back and forth can be replaced by a notion of we-ness whereby what is being done for one another is perceived as being done for the relationship, hence for oneself too. The other partner is thus perceived as an extension of oneself and one’s wellbeing, rather than the problem.

Mary: “We do have a shame-blame culture. We do have…and I think it is nationwide. We tend to be accusatory. It is easier.”

John: “They are struggling…usually they start off…from a blaming position which is predominant especially in the first stages”.

4.4.5.2 Helping couples adopt an empathic position
John points out that once the attention is shifted from blaming each other, the therapist can then help the couple address and clarify the meanings ascribed to certain behaviours. By helping the partners understand one
another to take an empathic stance, the couple is able to leave the judgmental position and make space for new meanings.

John: “Each were blaming one another for not being supportive. So the work of therapy was to take them back to that situation and help them to explore their feelings and kind of, re-experience the situation together rather than separately. And it helped, it helped.”

4.4.6 Factors that the couple bring into the room
Most of the participants agreed that an important ingredient for successful therapeutic outcomes with couples in distress is the motivation on the part of both partners, to be in therapy and work on the relationship. Similarly, it is beneficial for the couples to have clear goals as to what they would like to achieve in therapy and to be committed to therapy.

4.4.6.1 Desire to move closer to each other
Participants explained that when partners exhibit willingness to move closer to one other, the couple had higher chances of positive therapeutic outcomes. John eloquently highlighted this point in the following manner.

John: “… if they are willing to go and have a coffee, to try to do things differently, for example, preparing a cup of tea for the wife or the husband and they say hello when they come back home. Small things.”

4.4.6.2 Motivation to make it work
Participants mentioned the therapeutic benefits of exploring with the couple what motivates them to be together. The participants found that it is beneficial to explore the extent that couples want to overcome the difficulties they are encountering and whether they still think it is worth their effort to keep on investing in that relationship.

Robert: “When there is the motivation, the aptitude, the attitude, the disposition, hope, there’s something to look for. We are here to work on this. We would like to surmount this problem. We would like to get out of this tunnel. There’s the will, and that will help. I feel that when there’s a drive, the energy, the push, the hope, the will, and even
The ingredients of couple therapy

support…you are going to make it work or you can pass through this
dark phase or through this dark moment, this dark patch.”

4.4.7 Enabling a sense of empowerment within the couple
Empowerment taps at the understanding of the concepts of power and powerlessness. Participants defined powerlessness as the partners’ belief that their own efforts will be futile in changing the course of their life events. This belief results in dispiritedness and a reluctance of the partner to fight for more control and influence. The participants all described that empowerment is a process of growth and change. The couple need to gain information about themselves and their strengths, weaknesses, and skills and be prepared to work together towards change.

4.4.7.1 Supporting couples to identify their own resources
Most of the participants agreed that a supportive factor in working therapeutically with couples in distress is to help them identify their own resources. Participants explained that empowerment means helping the partners feel stronger. Empowerment enables the couple to give up dysfunctional patterns and move towards healthier ways. Mary eloquently describes this as handing over the power to the couple who will search within themselves to find alternate ways of working their way towards change.

Mary: “When I mirror to them what I observe them doing, I am just telling them what they are doing. Then they have to reflect on what they are doing, and tell me what they think they are doing, and maybe how they can do it better, and we discuss. So there is a lot of empowerment in this.”

4.4.7.2 Helping couples assess their own change
Change is a subjective experience which differs in meaning from one person to the other. This subjectivity also transpired in the participants’ accounts. Some participants mentioned the importance of eliciting the perspective of the couple, through scaling questions or by discussing with the couple the changes that they feel that have occurred through the therapeutic process.
Others seemed to gauge change from the position as a therapist. The following two excerpts illustrate these two perspectives.

Lilian: “Mentioning change, that is something to be very careful about, because as a psychologist or as counsellors, we might have our ideas of what we think change needs to be, but it is not necessarily the case for the couple. Sometimes couples have expectations of what they want change to be.”

John: “…there is this technique called the scaling question. So I would ask the couple…‘what helped you? How come you feel four not seven or eight?’ and we talk about the number.”

4.4.8 Drawing from different paradigms
The participants unanimously agreed that there is no one therapeutic approach that is better or more suitable than the others. They all agree that integrating different approaches is more effective when working with couples in distress. They all said that they prefer using different approaches with each and every couple they encounter.

Mary: “First of all I think that each couple, like each individual, almost needs a therapy to be created for it. I mean I do not think there is a one method that fits all.”

Robert: “…what I see is that there is no such thing as a fit for all…To say this model, or that technique, or that approach works with all…an ideal that is used with all and will produce the same results…maybe it is a bit of a myth…What works is very difficult to gauge.”

The participants feel that rather than trying to find a perfect fit, it is better to focus on understanding who the couple is and the way the couples come across while using the core principles such as empathy and unconditional positive regard of the caring profession. While the approaches are important, the “skills and tricks” (Lilian) learned throughout the practice are more important. Mario eloquently describes this concept with the following phrase.
Mario: “I am more about the tools as opposed to the schools. So CBT, EFT, EMDR, cognitive or a behaviour approaches are all tools which are meant to help you to find what is causing the problem.”

However other participants believe that it is the therapist’s presence and responsiveness towards the couple as well as the techniques and approaches that are used to mix and match to the couple’s needs, that supports beneficial therapeutic work. Robert describes this couple-therapist-therapy fit in the following words.

Robert: “What I see works best is that they feel that you are in sync, when they feel you are there for them, when they feel that you are competent from your experience and your skills to help them to find a way forward.”

4.5 Concluding remarks

In this chapter, I presented the most prominent superordinate and subordinate themes that emerged from data analysis of the research interviews conducted with the participants, about their experiences with couples in distress and what works in therapy. The above findings highlight a number of factors that support therapeutic work with couples in distress. Some of these factors can be located within the couple, others belong to the therapist, while others are related to the environment. The following chapter will consist of a discussion of the main findings in relation to the literature.
Chapter 5

Discussion
5.1 Introduction

Along the years couple therapy evolved to better meet the diverse needs and issues of couples. Couples differ not only in the type of psychological and relational problems they present during therapy, but also with regard to where they are situated in the lifespan, and the culture and society they belong to. The aim of this study was to identify and explore those factors that support therapeutic work with couples in distress.

This chapter will discuss the results of the study, which complement Michael Lambert’s four-factor model of change. Michael Lambert (1992) suggested a four-factor model of change that later enthused Hubble and his colleagues (1999) to develop it further and which was coined as the “big four”. The four-factor model identifies the (1) client and extra-therapeutic change factors, (2) relationship factors, (3) expectancy factors and (4) technique factors. According to Sprenkle and Blow (2004), the client factors take into account the disposition of the couple, the environment and the experiences of the couple. Client factors also refer to the couple’s resilience, their support system and their hope for a better relationship. Hubble and colleagues (1999) added the relationship factor in their “big four” and spoke about the characteristics of the therapist in co-constructing a therapeutic relationship. These core characteristics, also referred to as common factors, include warmth, empathy, encouragement, and acceptance.

The participants of this study mentioned additional core characteristics to those mentioned by Hubble and colleagues (1999), such as being genuine, respectful and promoting unconditional positive regard (Rogers, 2004). The respondents also suggested the therapist’s efforts and dedication in supporting the couple to reach their goals as a way to strengthen the therapeutic alliance. The findings of the study portrayed three layers pertaining to the common factors. These layers consisted of the factors brought forth by the couple, those factors brought forth by the therapist and those factors that emerge and are addressed during the therapeutic process.
5.2 Setting the context

The role of couple therapists is an arduous one as they are confronted with diverse presenting issues that stem from both the couple’s and the individuals’ personal structures and interpersonal dynamics, as well as from other psychological stressors within the couple itself. The participants described some of the couples they encounter as commencing therapy with a sense of urgency and viewing therapy as a quick fix to their difficulties. The participants continued to explain that as therapy progresses, the need to set new goals and modify previous goals usually arises as new information surfaces or secret personal agendas are unveiled. This is in line with the concepts advanced by Gurman and Kniskern (1981) that point out to the complexity of couple therapy.

Another commonality that emerged from the interview data is the notion that an individual’s behaviour within the couple is influenced by unique environmental events. The interviewees mentioned that an individual’s behaviour within a relationship is better understood when taking into account the unique personal baggage that each partner brings to the relationship. Each partner would have acquired learned behaviours throughout their past life experiences which then have impact on the way they perceive themselves and others. These learned behaviours, which at times may be dysfunctional (Hocker & Wilmot, 1995), are then enacted within the relationship and may trigger distress within the couple. Consistent with the model set out by Snyder et al. (1991) the interview findings highlighted that the couple has to be perceived in a multi layered context and in the light of past experiences.

There is a wealth of information that can be unearthed from the couple’s relationship history and their families of origin. This information is gathered by means of observing the way the couple interacts and the importance the couple gives to significant others in their lives. Pressures and influences by the extended families are perceived as creating a strain on the couple. The information accumulated by couple therapists during their observations can be shared with the couple with the aim of guiding the couple to learn more
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about each other, clarifying behaviours and acquiring new perspectives and insights.

5.3 The palette of therapeutic factors

Decades of research has shown that couple therapy works (Shadish & Baldwin, 2003). What still baffles professionals in the field is why couple therapy works. As a result attention has been diverted to those common factors which seem to be those inherent to the therapeutic process (Sprenkle & Blow, 2004). The current study highlighted key therapeutic processes that are integral to couple therapy. These variables include addressing individual differences in gender, culture and personality, addressing communication difficulties, revisiting perceptions and meanings and helping the partners to become empowered. These will be further discussed in the following sub sections.

5.3.1 Addressing gender, culture and personal differences within the couple

The findings suggest that at times the couple is not ready to learn and process information about each other. The couple might stumble upon issues that bring to the surface insecurities, fears and anxieties experienced within their families of origin. This perspective is consistent with intergenerational family therapy theories (Baszomenyi-Nagy & Krasner, 1986; Bowen, 1978; Nichols & Schwartz, 2001) which emphasize the individual’s attitudes, expectations, and behaviour in relation to other close relationships. The connection between the past experiences and the present insecurities, fears and anxieties has to be dealt with in the here and now (Fishbane, 1998). By working on the here and now, the couple is assisted to move from a reactive to a dialogical position, from a perception of being the ‘vulnerable’ one versus being the ‘bad’ one to an understanding of shared responsibility. Once these issues are tackled, the anger and defensiveness are diminished and impasses start to make way to conflict resolution.

The therapists interviewed seemed to give due weight to the individualisation of the partners within the couple. They argued that when there is a holistic support within the couple, the partners are able to thrive
and grow. The interaction styles of the couple during conflict are a central aspect of a relationship, as is the hidden power imbalance that is generated by the gender differences (Sagrestano, Heavey, & Christensen, 1999; Eldridge & Christensen, 2002). The variety in the types of couples who go to therapy can produce an exhausting list. However the participants emphasized extravagant complementary roles within the couple, such as those adopted within a passive aggressive or a folie a deux relationship, which hold back the individual growth of the partners as the couple creates a dysfunctional subsystem. Such extravagant complementary roles are also by and large associated with traditional rigid gender roles. Some studies suggest that polarized and rigid traditional gender roles are less likely to produce positive outcomes in Behavioural Couple Therapy (Jacobson, Follette, & Pagel, 1986).

5.3.2 Disentangling complex communication dynamics
Attachment theory focuses on the way that individuals deal with basic emotions, engage with others based on their emotions and construct a sense of self following repeated emotionally laden interactions with attachment figures. The attachment perspective helps the therapist address the relationship distress that accompanies and maintains the difficulties within the couple relationship.

The couples, who are stuck in the impasses created by the couple’s dynamics, are often highly anxious and oversensitive. Findings suggest that when this over-sensitivity is acting as a stumbling block, the therapist acts as a go between, directing communication through the therapist as the mediator. Some interview participants mentioned that although they prefer to have the couple observe each other during therapy, when couples are entrapped in a lot of bickering, individual sessions are a viable option that may be used intermittently with conjoint sessions. These participants explained that individual sessions are needed in order to initiate the process of resource building and to help the individuals identify personal issues that are negatively contributing to the distress in the couple.

Some participants felt that it is beneficial to allow couples to argue during therapy as a re-enactment of what happens at home. This provides valuable
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information to the therapist. The findings show that after careful observation of the couple’s ways of interacting, and when enough information has been gathered, it can then be shared with the couple. Participants stated that the therapist needs to find positive aspects about the couple and share this information with the couple. This is particularly useful in the case of couples with dysfunctional interactions. On the basis of the observed positive aspects, the therapist praises the couple and highlights the good interactions. This encouragement helps the couple shift their focus on the positive, even if the positive may be small in comparison. Research seems to agree with this latter way of doing therapy. The findings of Gottman and Krokoff (1989) support the idea that interactions in conflict situations may serve as a key to conflict resolution. This means that bickering is best allowed to happen as long as the couple moves back to the task of resolution.

The relevance of participants’ beliefs that therapy increases an empathic stance towards the other partner stems from the notion that in the Maltese context, an adopted salient pattern of communication is that of a shame-blame culture. This notion of a shame-blame culture was brought up by two participants. Being the accuser tends to be easier than being vulnerable to the other partner and needing to unveil the real emotions behind the blaming (Caughlin & Huston, 2002). Partners may find it easier to expect the other partner to make the changes in the relationship, rather than acknowledging their own shortcomings. The disclosure of these vulnerabilities and emotions is the primary goal of Emotional Focused Therapy. The rationale behind this goal is to help the partners empathize with each other, to connect to the pain of each other and respect the position of each other (Greenberg & Marques, 1998). The respondents believe that the connection that is created helps to overcome feelings of loneliness and alienation. Data from the interviews shows that partners who respect one another are more inclined to validate each other during couple therapy (Gottman, 1994a, 1994b, 1998).
5.3.3 Eliciting new meanings

All participants concurred with the valuableness of reframing the content of communication as a therapeutic intervention. This helps the couple to bring out the meanings that they are not expressing because of an inability to use the appropriate language, or because the partners are afraid to voice out their vulnerabilities or else because they do not know what they are feeling. In reflecting back the partners’ views and judgements, the therapist helps to covert the anger and frustration into needs and wishes. Thus the couple are supported to create a more constructive narrative based on understanding and negotiation. Both emotional expressiveness and relational sensitivity have been shown to produce a positive outcome in therapy (Baucom & Aiken, 1984).

Couple therapy can be the place where couples feel safe to practice different behaviours, and where they get feedback from the therapist including encouragement to positively reinforce the behaviours. However there are times when the couple finds it hard to change their behaviours. The findings of this study show that change can be facilitated if the polarised partners are helped to shift their perspectives of the problems from previous assumed positions. These findings are similar to the results by Jacobson and Christensen (1996) who believe that emotional acceptance can help create new perspectives as the couple moves away from their rigid position of blame and defence and engage into more emotional understanding. For example a partner may understand and accept that the other partner’s behaviour is a direct consequence of the emotional stuntness that they were socialized in, rather than hold on to the conviction that the other partner does not care. Thus acceptance could serve as an alternative to building a more satisfying relationship.

5.3.4 Enabling empowerment

When two people come together to form a couple they need to adjust to each other in many ways. They create boundaries with each other, with the extended family and with the outside world. However, when the boundaries created with each other are very tight, the partners may come to view themselves as one entity instead of two complementary individuals.
Contextual therapy focuses on individual autonomy and how this becomes suppressed and redefined. “The individual’s goal of autonomy is inextricably linked to his capacity for relational accountability” (Boszormenyi-Nagy & Krasner, 1986, p. 62). Findings have shown that competitiveness needs to be shifted to a sense of we-ness. The therapist is tasked to help the couple think of themselves as a team. The therapist encourages the partners to define the kind of relationship they want for themselves and to focus on nurturing it. The partners are thus encouraged to become the authors of their relationship. This is in accordance with Michael White’s (1989) work with individuals in couple relationships. This sense of authorship helps to empower the couple to choose the direction of their relationship. From two individuals with separate linear visions, the couple becomes an empowered team with circular visions for their relationship.

Another concept mentioned by the participants is how partners enter therapy feeling disillusioned about the ‘magic’ that prevailed in the early stages of the relationship. While before they looked at each other from rose-coloured glasses, today they look at each other through the dark lenses of their own hurts and disappointments. The challenge for the therapist is to help the couple surpass this sense of disenchantment, moving away from the ‘magic’ that surrounded the relationship in the early stages, and assuming a sense of curiosity in rediscovering the other partner. The findings show that the couple needs to be helped to find a sense of empowerment and be able to accept that there are things that they have in common and other things over which they will disagree. The idea is to promote difference as an enriching aspect of the relationship as two partners do not have the same understanding of life, the same upbringing or the same culture. As the couple learns to accept their differences, they are also supported to work on what is common to eventually strengthen the relationship.

With reference to the research question guiding this study, the findings indicate that helping partners to become empowered to work through individual differences is a factor that supports therapeutic work with couples in distress. In Buber’s (1965a) view the “meaning is to be found
neither in one of the two partners, nor in both together, but only in their
dialogue itself, in this ‘between’ which they live together” (p. 75).

5.4 Factors that the couple bring in the room

Caughlin and Huston (2002) found that there is an inverse association
between conflict and satisfaction in couples that are in a highly affectionate
relationship and who have a passion to be together. Relational commitment,
which includes attachment and a sense of we-ness, entails working on being
empathic towards the other partner and hoping for a better future (Agnew &
Gephart, 2000; Agnew, Van Lange, Rusbult, & Langston, 1998). The findings
of this study show that one aspect addressing the couple’s relational
commitment involves asking the partners to reflect on how they met, fell in
love and why they chose to get married. This helps the couple to
reconnect with those moments of love, connection, and shared dreams by bringing
back the sense of warmth they once had toward each other.

Another enabling factor that was mentioned by the participants is the level
of commitment that the couple displays toward therapy and consequently
toward the relationship itself. This also constitutes the efforts that the couple
invest in tackling their difficulties and the energy directed toward
understanding each other (Cordova, Jacobson, & Christensen, 1998). In
conjunction with this statement, the findings suggest that if the couple
demonstrates a lack of commitment toward therapy and if the behavioural
steps taken in therapy lean more towards separation or divorce (Beach &
Broderick 1983, Hahlweg et al. 1984), it is more likely that the couple will not
stay in the relationship.

Although age was not mentioned in the findings, one of the participants in
this research mentioned age as an influencing factor in therapy. This has a
bearing on what partners hope to achieve out of therapy and it is crucial that
the therapist understands their aspirations. Participants highlighted how a
young woman’s motivation to work towards a satisfying relationship is
influenced by her aspiration to have children. On the other hand, a young
man’s aspiration would be the achievement of a balance between family life
and his work career together with his partner’s support for the chosen
career. For those who are past this life stage the motivation for staying in the
relationship is more inclined towards companionship and understanding. While some studies indicate an inverse relationship between age and outcome (Baucom & Hoffman, 1986), other studies concur with the views of the interviewees of this study who mentioned that there is no association between age and outcome (Crowe 1978, Jacobson et al. 1986). The findings of this study give more attention on what motivates the couple to stay in the relationship, rather than on the age factor.

The findings also show that the couple’s level of functioning is a crucial factor that the therapists need to consider when implementing interventions. Another important factor highlighted by the participants concerns the couple’s strengths and weaknesses presented in therapy. These all have a bearing on the case formulation and implementation, the length of therapy, and the type of outcomes.

Past research has shown that two stumbling blocks for change are when the couple comes to therapy with a high degree of distress (Snyder et al. 1993; Baucom & Hoffman, 1986) and when the difficulties experienced by the couple have existed long before the couple got together. Some respondents mentioned other factors which hinder the achievement of a positive outcome in therapy. They argued that when partners keep secrets from each other, such as extra marital affairs, or want to share certain information only during individual sessions or over the phone with the therapist, they effectively tie the hands of the therapist making it more difficult to work with the couple. According to Boszormenyi-Nagy and Ulrich (1981), however, current thinking favours

“…we no longer push for the unconditional disclosure of all ‘secrets’. Automatic ‘confidentiality’ of everything covered in separate sessions, however, is seen as ‘inconsistent’ with the relationship approach to the therapy.” (p.175)

This puts tremendous responsibility on the therapist on what information to withhold and what information to introduce in conjoint sessions.
5.5 Factors that the therapist brings into the room

While researching literature, a pitfall in my thinking was that little attention was given to the factors that the therapist brings to couple therapy. Shockingly, so has literature. Authors such as Blatt et al. (1996) and Lebow (2006) have lamented that the role of the therapist is often neglected and poorly understood in couple therapy. All of the respondents in this study gave weight to the role of the therapist and its impact on the therapeutic triad. The findings have acknowledged that the therapist needs to be in sync with the couple, be present, responsive, effective, professional and positive. Research also notes that the enthusiasm of the therapist towards the therapeutic intervention is crucial as

“Doing something we are wholeheartedly committed to must surely be more effective than something we only half believe in ...”

- (Eisler, 2006, p.330)

5.5.1 Qualities of the therapist

Therefore even more so, the therapist needs to be versed with the common factors that support couple therapy to be able to achieve positive outcomes in areas of alliance building, client engagement, hope, relational conceptualisation of problems, changing meanings, and to match these to the unique world of the couples (Davis & Piercy, 2007a, 2007b; Sprenkle & Blow, 2004). Findings suggest that therapists need to convey trust to the couple by demonstrating expertise. This does not entail having the solutions that the couple needs or wants but rather being able to instil confidence in the couple also with respect to the therapist’s education and experience (Blow et al., 2007) to handle complex issues and be able to come up with clear guidance and direction (Friedlander et al., 2006).

Literature suggests that couple therapy has moved into the era of integrating different therapeutic approaches (Lebow, 1984, 1987a, 1987b; Gurman, 1981; Pinsof, 1995). New methods are being developed that cut across the boundaries of distinct schools of couple therapy. Literature mentions over and over again how new concepts that based on different orientations are continuously emerging (Grunebaum, 1988). The discussions in literature
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now centre around broad concepts such as the therapeutic alliance (Pinsof & Catherall, 1986), differentiation (Bowen, 1978), interventions such as genograms (McGoldrick & Gerson, 1985), resistance (Anderson & Stewart, 1983), and strategies in dealing with engagement (Minuchin & Fishman, 1981).

Findings from this study concur with this shift as the participants mentioned how they apply tools and concepts rather than adhere to schools of thought. With the notion in mind that no single approach fits for all, participants have unanimously agreed that their preferred style of therapy is the integrative approach. Interventions are thus developed to address specific processes. Picking and choosing different methods from various schools is perceived as improving treatment outcomes. Integrative approaches allow for a greater flexibility in the use of a variety of interventions aimed to maximize treatment effectiveness. Additionally, the adoption of an integrative stance enables the formulation of tailor-made treatments that build on the strengths of the couple.

Research suggests (Norcross, 1999; Hubble et al., 1999; Sprenkle & Blow, 2004) that rather than specific therapeutic approaches and techniques it is the common factors that provide value in the therapeutic process of change. This has also been reflected in the findings of this study. The findings suggest that successful couple therapy rests upon a combination of common factors which include the couple itself, the therapist, the therapeutic relationship, as well as the techniques used. As suggested by the findings and as discussed earlier on, the couple therapist working with a multilayer of individual, interpersonal and situational factors, needs to make use of multiple interventions. These interventions usually fall outside the remits of one single theoretical framework and the therapist needs to move away from one’s own favoured theoretical modality (Snyder et al., 2003).

5.5.2 The therapist’s own needs to negotiate one’s own position in therapy

Another crucial aspect mentioned by the respondents is the personal values upheld by the therapist. Issues that are presented in couple therapy may elicit perspectives and values that contrast with the therapist’s beliefs about
relationships, gender roles, and equality. Dealing therapeutically with discrepancies in values is not easy, both when the values of the couple diverge from those of the therapist, and also when the couple itself has a conflict of values and the therapist might be inclined to reinforce the beliefs and perspectives of one partner over another. Framo (1981) speaks about a type of balance that therapists need to establish:

“...find[ing] the appropriate balance between the conflict of goals and expectations of all family members as well as those of the therapist.” (p.143)

However some of the participants reported that it is very hard to remain detached. This is more difficult when the therapist is faced with contrasting values that may determine whether they are to remain together or not. Jacobson and Margolin (1979) caution that couples need to scrutinize even their non-verbals as couples

“...are primed to be influenced by the therapist and are quite sensitive to the cues which the therapist provides concerning his/her opinions about the relationship.”(p.335)

Another salient issue emerging in the findings concerns gender roles and how these are perceived by the therapist. Feminist critiques of Family Therapy have produced seminal work that challenges therapists to critically reflect about their own gender biases (Hare-Mustin, 1978; Walters et al., 1988). This came about as a result of past research which showed that therapists tend to reinforce gender-role stereotypes (Gurman & Klein, 1981; Hare-Mustin, 1978). Adopting a reflexive stance is very importance particularly because most couples are very attentive to the interventions of the therapist. This is discussed further in the studies by Berger (1979), Gurman and Klein (1981), Hare-Mustin, (1978), and Rice and Rice (1977), who offer concrete suggestions about how therapist can move away from a sexist position. With respect to these last two issues, therapists are encouraged to evaluate their own behaviour, comments, and nonverbals, in order not to impose their own personal views and values on the couple. Apart from challenging the critical thinking of couple therapists, Chaney and
Piercy (1988) state that the goal of Feminist Family Therapy is also to free the couple from the chains of their own traditional gender roles.

5.5.3 Creating a safe environment

All the participants in this study gave much weight to the therapeutic alliance that needs to be co-created between the couple and the therapist. This aspect of the findings is supported by research which suggests that it is critical that the therapeutic alliance is formed rapidly at the very early stages of therapy, as the first impression that the couple gets of the therapist usually persist throughout the course of therapy (Knobloch-Fedders et al., 2007). Unlike individual therapy, the couple therapist needs to establish a therapeutic alliance with two individuals at once (Friedlander, Escudero, & Heatherington, 2006). Rugel (1997) argued that for relationship interventions to be effective, the counsellor needs to show acceptance, involvement, empathy, empathic probing, and competence with each partner’s relationship reality. Thus there are multiple alliances that are created and that interact systemically since the start of therapy. Creating a shared sense of purpose within the couple, then becomes an important dimension of the alliance. It involves establishing overarching systemic goals. Such an example might be “It sounds like what the two of you want is a relationship in which you feel both connected and that you can sometimes do your own thing” rather than competing, individual goals like “I want…”

The findings also hinted that the therapist should act in a spirit of balanced neutrality and positive connotation, such that positively reinforcing one partner does not negatively reinforce the other partner (Giblin, 1996). The therapist needs to maintain a dual-viewpoint at all times and continuously communicate this with both partners.

5.6 Conclusion

The professionals interviewed for this study, who came from different specialised backgrounds, indicated that their preferred choice of conducting couple therapy in Malta is through the use of an integrative approach. Shadish and Baldwin (2003) argued in favour of therapists using a
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A combination of Integrated Behavioural Couple Therapy (Jacobson & Christensen, 1996), Emotion Focused Couple Therapy, Insight Oriented Couple Therapy (Snyder et al., 1991), together with Integrated Systemic Couple Therapy (Goldman & Greenberg, 1992) and other integrative approaches, which are all effective therapeutic approaches that work with couples in distress. An integrative framework augurs for the development of new interventions and prevention programs as well as future research on couple therapy.

However, Sprenkle and Blow (2004) also state that the importance is in the common factors that create change and not the specific modes of therapy (Hubble et al., 1999). Such common ingredients can be found in the couple, the therapist, the therapeutic relationship, the expectancy and the techniques (Norcross, 1999). Norcross (1999) captures this well when stating that

“Common factors are not located solely in the therapist but also in the client not solely in the intra-therapy alliance, but also in the broader environmental context; not solely in formal treatment, but also as part of clients’ self-change.” (p.xix)

He concludes that it is the interplay of these common factors that contributes to the complex therapeutic process of change. In conclusion, voicing the thoughts of one of the participants, the therapeutic process is only a drop in the ocean and change can also be attributed to other factors that are external to therapy and the therapeutic process.
Chapter 6
Conclusion
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6.1 Introduction

The aim of the current study was to identify and explore those factors that support therapeutic work in couple therapy. The findings have revealed a multi-layered pattern of factors. The emerging themes can be grouped under three key categories, namely those factors that are brought forth by the couple, such as their desire for we-ness and their motivation to work for the relationship; those factors that are brought forth by the therapist, such as the modelling of behaviours and interaction styles and instillation of hope; as well as those factors that are addressed during the therapeutic process. These latter factors include encouraging couples to search for new meanings, addressing communication difficulties, supporting partners to accept differences and providing partners with resources to overcome current obstacles while giving them enough strength to face future difficulties on their own. The use of an integrative approach was found to be the favoured therapeutic approach by the participants.

6.2 Implications for the study

The study suggests that the therapists’ use of their own values about intimate relationships and the meanings they ascribe to significant relationships in their life, constitute an important therapeutic factor in couple therapy. This finding calls for regular continuous professional development (CPDs) and other training in order to nurture ongoing self-reflexivity. Therapists need to be self-aware, mature, and check themselves thoroughly through personal therapy and supervision. Therapists who work at an agency have the possibility of having peer supervision to engage better in reflective practice. The study also points to the importance of setting up rooms with a one-way mirror, where the therapists are observed by supervisors or peer supervisors and are given immediate feedback about their interventions.

Furthermore, the study highlights the importance of the therapist’s use of self to model healthy interactions that are grounded in empathy, from which the couple could learn. Similarly co-therapy enables couples to witness two therapists (preferably of opposite genders) as they relate to one another.
Couples enter therapy with a number of unquestioned assumptions, beliefs, values and behaviours. The therapist is tasked to uncover the partner’s assumptions, beliefs and expectations as well as challenge couples to find alternate meanings for past experiences, feelings and dysfunctional behaviours. The implication is that the therapist needs to reframe from assuming the values and beliefs of the partners and instead get to know the couple.

The study also pointed at the therapeutic relevance of the couple’s motivation to remain together and their commitment to make the relationship work. This finding draws attention to the dangers of forcing couple to go to therapy.

With the recent introduction of divorce in Malta, and the ever increasing number of separations (Times of Malta, 2001), one might consider the additional benefits that can be obtained from an increased provision of free therapy for couples on the island. Although this service is already provided by the government through non-profit organisations, most of these agencies are bogged down with cases and have long waiting lists on their books (Times of Malta, 2012). Caldwell et al. (2007) estimated that an increase in the provision of free couple therapy service would prove to be cost-effective as this would result in reduced health care costs and divorce-related legal costs.

An important aspect of couple therapy is supporting couples to move away from a feeling of inadequacy and being overwhelmed and taking on a proactive position that builds on their own resources in order to achieve a more vital and satisfying relationship. This can be attained through the use of homework tasks whereby couples are encouraged to practice positive behaviours that emerge during sessions (Rosenthal, 2000).

The therapists interviewed in this study, showed the importance of adopting an integrative approach. Even though couple therapists may be specialised in a particular approach, they need to be flexible enough to adapt their interventions to the needs of the couple and their difficulties. While concurring with this, Sexton et al. (2004) cautioned against focusing on the
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common factors discussed in the previous chapter, and that support therapy in order not to “overlook the multilevel nature of practice, the diversity of clients and settings, and the complexity of therapeutic change” (p. 131).

6.3 Implications for future research

Research that focused on the commonalities of different therapeutic approaches made it possible to evaluate the effectiveness of couple therapy in terms of treatment outcomes. This research also investigates the contribution of common factors versus the operative techniques used by the various schools (Norcross, 1999, Sprenkle & Blow, 2004). More research needs to be conducted to understand the role of common factors.

There seems to be a lack of studies that focus on individual and couple intermediaries, such as (1) age, (2) gender, (3) culture, and (4) same sex couples (given the very recent passing of the Civil Union Bill in Malta), (5) family life stages, and (6) family structures (given the diversification of the modern family system), in relation to couple distress.

Research on distress interaction (Gottman, 1994) has given rise to relevant insights into the formulation and implementation of successful interventions that support the development of couple relationships (Baucom et al, 1998; Gottman & Notarius, 2002; Gurman & Fraenkel, 2002). Furthermore research has shown that positive outcomes of couple therapy, at times tend to be taper off over the years (Baucom et al, 1998; Gurman & Fraenkel, 2002; Jacobson & Addis, 1993). Shifting the focus on individual differences within the systemic couple therapy framework (Gottman & Notarius, 2002) may be an effective way of developing further couple therapy approaches. The implication here is for longitudinal studies.

As explained in chapter four, during therapy, a couple therapist is presented with several value-related issues. Some of these issues may relate to the personal value system of the therapist. I could not find any research that pertains to Marital Family Therapy which studies the relevance of the therapists’ wellbeing in their own personal relationships and how this might influence the work done in couple therapy. I believe that this kind of research would produce some interesting findings on the personal values of
therapists and their impact on the therapeutic outcomes could also produce interesting results.

6.4 Limitations of the present study
The restricted number of couple therapists on the island posed constraints with the participant sampling process. The participants were mainly couple therapists trained in Family Therapy. The lack in heterogeneity in the sample may have left out the voices of couple therapists who are trained and practice along other therapeutic perspectives. As stated in the discussion above, there are no practicing Cognitive Behavioural Couple Therapists in Malta.

Given that this is a qualitative study with a limited sample size, the findings of the study only reflect the interpretations of the five couple therapists interviewed who over the years would have built their own interpretation of what constitutes distress, what works for couples and what leads to positive outcomes in therapy.

Since I work in the same field as the participants, issues of social desirability may have influenced the responses given by the participants who may have been anxious about preserving their professional image.

6.5 Concluding remarks
Nature always seeks to achieve a state of homeostasis in situations of distress and chaos. I therefore believe that couple therapists need to take a step back and reflect on how they can and are promoting social wellbeing. Furthermore, more emphasis needs to be placed on those structures within society, such as the education system and the community at large, that might help individuals find meaning in their experiences, thereby helping them identify ways to create a perceived better quality of life.

This research does not aim to remove the focus from the importance of knowledge acquisition and training vis-à-vis theories and approaches for couple therapy. Rather the findings indicate that in accordance with knowledge and training, it is important to look further into the factors that support couple therapy. This study attempted to uncover the perceptions of
couple therapists with regards to factors that influenced by and the therapeutic process, and that contributed to change. To conclude Eisler (2006) stated

“Once we move away from simply asking what are the most important factors and what works best, to questions of how treatments work, how different factors interact to enhance or interfere with the process of change, we stop being driven towards focusing all our research on randomized trials, which although important are not the only way of moving our understanding forward.” (p.332)
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The Times (2012, March 20th). Long waiting list to see Appogg psychologists. The Times of Malta.


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Appendices
Appendices

Appendix A - Invitation letter

Researcher’s name: Isabel Camilleri

Contact address: 137, Massabielle, Luqa Road, Tarxien, TXN 9045

Contact number: 99854942

Email address: isa.camilleri@gmail.com

Dissertation title:

What works with couples in distress: Implications for Counselling
– Learning from practitioners from different schools.

Dear ___________________________,

I am a Masters in Counselling student and I am interested in listening to your experience when working with couples. I am interested in learning how you developed or are trying to develop strategies when working with both clients simultaneously. The purpose of my current research study is to identify and compare what works specifically in couples work and thus what strategies are best to use. This will hopefully bridge the gap in missing literature. The study will be conducted using a qualitative semi-structured interview that will be administered to practitioners via a one to one audio-taped recorded interview. I will also be looking forward to ideas and proposals that you feel can help develop this research.

You are kindly invited to participate in this research that will attempt to identify and compare what works specifically for men and specifically for women individually in couple work and thus what strategies to use.

Characteristics of the participant

Participants in the study will consist of a Counsellor, a Counselling Psychologist, a Gestalt Psychotherapist, a Cognitive Behavioural Therapist, and a Family Therapist, who have been working with couples for a minimum of two years.

Risk of Participation

The present study poses a low risk to participants. However, because participants will be asked, in part, to reflect on their own work with their clients, it is possible that participation in this study may cause some
uncomfortable feelings. Participants will be made aware prior to beginning that although all responses are be anonymous and confidential, they have the right to refuse to answer any question without repercussions or end the interview at any time.

**Benefits of Participation**

Participation in the study will provide participants an experience to reflect upon one’s own work, including some of their own therapeutic decisions. Participants may benefit from the interview by using it to examine and evaluate their own practice, and they may gain a new perspective on couple work as a result of their participation. Participants' responses could contribute to enhancing knowledge about couple work, and could potentially be used to influence how other therapists view such practice. Participants may gain from knowing that their responses will contribute to the development of knowledge about couple work. Unfortunately, no tangible benefit is able to be offered to participants in the study.

**Precautions taken to safeguard confidentiality**

Participation in the study will be anonymous and data will be kept confidential and will only be accessed by myself and my research supervisor. For open-ended questions, therapists will be cautioned not to provide any identifying client information in their responses. If participants do use their clients' names or other identifying information about clients or themselves, this information will be treated as confidential and will be immediately deleted or disguised.

_________________________  _______________________
Researcher’s signature         Date

_________________________  _______________________
Supervisor’s name             Supervisor’s signature
Appendix B - Informed consent form

I __________________________ hereby give my consent for the details of a written transcript based on an audio recorded interview with myself and Isabel Camilleri to be used in preparation and as part of a research dissertation for the Masters in Counselling at the University of Malta. I understand that my identity will remain anonymous and all personally identifiable information will remain confidential and separate from the research data. I further understand that the transcript may be seen by the Counselling Tutors and the External Examiner for the purposes of assessment and moderation.

I understand that I will have access to the transcript should I so wish. Upon completion of the research study, the audiotape will be destroyed. Excerpts of the transcript might be included in the dissertation. Copies of the dissertation will be held at the University of Malta Library and at the Faculty for Social Wellbeing.

I have been provided with information about the nature of the research, including any possible risks, and have had a chance to check out any questions or concerns with the researcher, to give me informed consent to participate.

__________________________   ________________
Signature of Participant                  Date

I hereby give consent to audio record my interview.

__________________________   ________________
Initials of Participant                  Date

In my judgment I am voluntary and knowingly giving informed consent and possess the legal capacity to give informed consent to participate in this research study.

__________________________   ________________
Signature of Researcher                  Date
Appendix C – Interview guide

− In your opinion what do you think works in couple therapy?

− In your opinion what do you think works specifically for women in couple therapy?

− In your opinion what do you think works specifically for men in couple therapy?

− Are there any particular interventions that you see help more than others?

− What theoretical background do these interventions have?

− Which approach works best in couple therapy?

− Which techniques work best from that approach?
Appendix D - Interview transcript for interviewee 2

Key:
I = Interviewer
P = Participant
‘…’ = Indicates a pause or a shift in thought

I: Ok hello.
P: Hi.

I: So I would like to ask you a couple of questions for the purpose of my research and I would like to start off by asking you what types of couples in distress do you see in your practice?

P: Well, various, couples who are undergoing…mela they range from couples who are considering whether they should separate or remain together, couples whose relationship has broken down irreparably and they are trying to separate in the best ways possible, and couples who have already separated within their own house and they cannot live together anymore and it is just a question of kind of needing somebody to actually tell them “listen guys your relationship is on the rocks, forget it!” It is like they cannot decide. They are not together but together. Then there are other kinds of couples as well like couples who cannot have children, that I can think of. Couples undergoing IVF who are in distress because maybe they are not informed totally about the effects of certain medication on the wife and obviously the father, the husband, begins to think that there is a personality problem, or that she does not love him anymore, and they need to understand. Infertile couples who are trying to decide whether to not to have kids, to have IVF or to adopt. And also couple who are finding it difficult because they have adopted a child who is then creating a problem between them. I have also had couples who were married prior to being
with each other and have children from other marriages, have their own, and they are finding it difficult to cope because of the relationships which are still ongoing with the ex-spouses and it is a bit difficult to draw the boundary and because of our culture it is very difficult to think about a relationship as a foursome. In the sense that you have the husband and wife, but then there are also the ex-spouses with whom the husband and wife have to meet regularly because of access with the children and sometimes, you know, the...let us say that the husband needs to meet the wife to pick up the kids and takes a bit longer so maybe the wife starts to become a bit suspicious or vice versa, you know. So there is this kind of complicated situation. I have also had couples come to me because they are preparing to get married and they feel that maybe there are certain psychological issues in the partner that they feel need to be looked into prior to marriage. And then I do not know if this falls within the ambitut (ambit) of your study but I also see couples, maybe not together those, so I do not know whether it falls under this, as assessments for...as assessments when they do not want...when they want to adopt, I assess that from Appogg, but also couple who are actually applying for an annulment, so...or couples who have an annulment, have a veititum and one of the couple wants married so I have to see the couple together to make sure that the veititum can be lifted. So as you see there is...

I: There is a variety.

P: There is a variety.

I: Ok but if, if you had to think about the problems that, the issues that the couples come for therapy with, what would be the underlying issues?

P: The underlying, I think the first is the inability to communicate. Now communication is a message passed on to somebody else who can understand it or not. So you can either have a person who is unable to express him or herself or you can have a person who is unable to receive the message, because of personality in both cases. I think that I would say would be one of the more frequent ones. And that would include a variety of things, personality disorders, immaturity, cultural situations. It also depends because I mean if it is a cultural thing, it is easier to speak to the
person and for the person to understand that his culture and his spouse’s culture are different and they have to meet somewhere in between. If it is immaturity, it becomes hard because then the other spouse has to wait for the person to mature and that takes time. If it is personality, that is very difficult, especially when you are talking about...the three most difficult personalities are the paranoid, the narcissistic stroke anti-social now because it falls under the same, and the obsessive compulsive. And the most common are the obsessive compulsive personality...

I: Yes yes.

P: …because it is my way or the high way. And initially I find that the wife or husband tried to accommodate to keep things quiet, the person gets used to having his way and then when the other person is tired of adapting and accommodating, they have got so used to the way things are...as you know the obsessive compulsive it is very difficult for them to lose control and to change. So then very often you find that you are dealing with...you have got a very hard nut to crack.

I: OK so when you take into consideration all the difficulties that you are presented with, what is in your opinion...what do you think works or helps in couple therapy?

P: OK, ah, mela. That becomes a bit complicated. First of all I think that each couple, like each individual, almost needs a therapy to be created for it. I mean I do not think there is a one method that fits all. What I appreciate, perhaps, in the method I use is that I can act, and this is what in the end of the day they appreciate, I can act as a mirror and a guide. So usually what I do is...mela first of all I always notice that a couple come into the room trying to triangulate. She tells me who awful he is and he tells me how awful she is and I have to tell him to behave the way she wants him to behave and vice versa. So usually that is it. “Ghax ma jismanix” Sorry but they speak to me in Maltese. “Ghax ma jismanix”, “Ghax ma jaghtix kasi”, “Ghax qatt ma tkun hawn meta nigi d-dar” Ghax hekk, ghax hekk, ghax hekk, ghax hekk. I think it is important to get to know how they met, why they got married and to remind them how it was when they took the
decision to be together, because maybe they forgot, or maybe they have changed a lot since that day. So I think that is important. It sort of brings back the warm feeling in their relationship unless, of course, they already had problems which then, obviously, helps you to understand the prognosis. Because if they already had problems before they met, those where there when they got married, you know, so it is very difficult. But if, sort of, things where honky dory and then things deteriorated over the years, per ezempju, she could not have children or he cannot have children or there is the development of sexual problems, you know. And then you can see how you can resolve the symptom rather than the couple. But if it is the couple you have to fix altogether, then it becomes, you know, because the problems are long standing and prior, that is another thing. I think you also need to see and to motivate them. What motivates them to get back together properly. Very often children are a great motivator. A lot of people try a bit harder if there are children, especially if they do not have, it is very strange to put it this way but it comes out very often, if they do not have the children’s permission to separate. You know, if they feel that the children will suffer from the separation, ara if you have the children telling either parents “Itilqu!” for some reason, then there is a sort of permission and that, obviously, the prognosis is...forget it, cause even if, because if even the kids want the couple to separate then that situation is not going to be good, you know. But the children are usually a big motivator. I think a big motivator as well, strange but true, is finances. Some people begin to realise “if I leave, fejn sa noqghod?” So there is the altruistic reasons and there are the selfish reasons and it is good to know what are their reasons for remaining together. Obviously, I do not have to teach you this, there are no good or bad reasons, but the reasons are those. So the motivation. The fact that sometimes they are still in love with each other, in a strange sort of way and that there will be things that they will miss of each other if they separate. So there are still ties. You have to see how strong those ties really are. You know I forgot to tell you before, in the other question, another kind of couple I see is infidelity and that is actually quite frequent. Jew hu jew hi jirrealizzaw li jew hu jew hi qalbitilhom and then it is a question of trying to see if there was sufficient trust to rebuild the trust. I find that often it is very difficult because then
they start putting conditions. “La qlibtileli issa, ma tistax throg, ma tistax hekk, ma tistax hekk”. So that is difficult. As I was saying, so usually what I tend to do is I avoid the triangulation in an effort to empower them. “Do not talk to me, talk to each other”. “But we have spoken to each other before and…” bla blab la. “OK but you have never spoken to each other in front of me and maybe I can observe what you do, I can observe what you say, I can observe you in action and then when I think I have enough information about you I will share it with you and you can tell me whether this is true. Now using the Zinker method usually you try to find something which is positive in the way they communicate, you know. Sometimes, whatever it is you have to put it in a positive way so even if they do not listen to each other you can say to them “I observed that you are really good at not listening to each other” let us say for instance. Sometimes I bring some humour in as well. Sometimes they are good at, for instance, “I see that you are very good at waiting and taking turns” per ezempju or “I could see that you were jumping to say something and you did not” so, you know, you praise them, you tell them what they are doing which is good and then you ask them to discuss it, you can ask them “how can you develop that further”. Usually they themselves will move into why they cannot develop it further because there is this problem, that problem and that problem. And then again you mirror that back to them. Usually when they are highly functional couples, that…you can almost stop there, because they will pick it up. Where they are low functioning couples, you might actually want to help them practice taking turns, per ezempju. Being able to say one sentence and then being answered empathically by the other person who is answering one sentence at a time and you sort of tell them “ok so you see, when you speak one sentence at a time, ma taghmilx priedka u ma taghmilx priedka, you communicate. Meta taghmel priedka u taghmel priedka hu ha jaqbad ma’ l-ahhar sentenza u int taqbad l-ahhar sentenza and you do not remember what was said before”. So you can start to explain this communication. Those are simple things, but then also maybe moving from the idea of thinking to feeling. “So when you are telling him mur ghand ommok, what do you feel? If you had the possibility what would you really really want to say?” “Weggajtni”. “OK so instead of telling him mur ghand ommok ghidlu
kemm weggajni x’hin ghedt hekk. Let us try it”. So you teach them how to communicate because culturally they are not used to it. Sometimes you notice that one or the other of the couple actually have a personality problem, which could be disorder or traits. Then I would suggest that I have individual sessions, start to work on the personality, and meet up as a couple as we go along to get information from the spouse how their relationship is fairing as I am doing work on the personality. Some people suggest that the work on the personality should be done by another psychologist and not…and you should be the psychologist or psychotherapist of the couple. Theoretically they are correct. I would say that. And if I see that a couple is going to separate I tend to do that. I tend to refer the person. Jigifieri if I see that the prognosis is not a good one, then I would not do that work. But if the prognosis is a good one and if the couple do want to get together, and the spouse who does not have the personality problem is willing to support the spouse with the personality problem, and they are open with each other, then I prefer to do it that way, for the simple reason that these personality sessions would be few and that there is the proviso that what happens in the personality sessions will be shared in the couples’ sessions. And also I would want to avoid that I am working on the person’s personality and in so doing I am distancing from the spouse. I explain what I mean. I give you a case which happened. So I had this man who was who was very rigid and commanding and the wife was a very submissive person. She was drinking alcohol to cope. And I was seeing her…I was seeing them as a couple to try to keep the relationship going but I was also seeing her for substance misuse. And I noticed that as she became more independent, he became more anxious. See, so, the couple had established a modus operandi where she drinks to put with his controlling issues. So when she stopped drinking, his controlling issues became an issue. So then we had to work a little bit with him over the controlling issues. And his controlling began to decrease so she could drink even less. And then they began to get this idea of this balance. Now if I had kept them as a couple and sent them to completely different therapists for their own personal…I would not have been able to balance out their mutual developments. Again I make the proviso, because they wanted to remain together and they were going to do everything to remain together.
I would never do that with a separating couple. But yes. I do a lot of psycho education especially for couples who want to adopt or couples who want to do IVF. So understanding what it means to adopt, the possible problems of adoption, what is IVF, the possible problems of IVF, what the woman will go through during IVF, how the man can support her, so we do a lot of that work as well. Right, and then the couples, to go back to what I was saying, sorry I shift…so first you note the positive, then they will tell you the negative and then we try to work on the negative. And sometimes you do, in the Gestalt manner also, experiment. You know, so whatever experiment…per ezempju darba kelli wiehed li ghedtilhom “ok so if you were to pick up a metaphor for yourselves as a couple what would it be?” He was a horse and…actually they both chose horses. And it was very sad cause and then in fact they separated then in the end. He picked the horse, he said I am a horse and he went out into the meadow and she said she was another horse and she decided to go off in another meadow. So I said ok. In fact then I said “this is not looking good guys, cause if even as horses you are in separate meadows…” you know. So it came out... they were trying not to tell each other that they really wanted to leave but then with the metaphor they felt free because it was a metaphor and it came out anyway and we discussed that. So yes I think accepting what is to move forward is also important. Of hand that is what I think. Cause then as I said, each couple, you have to create something for them. So I think what is important is to listen, is to mirror, is to reflect, is to practice, and is to teach them to appreciate what is good in each other and to strengthen the existing ties. But also as a couple, as a therapist I think, you need to start from the perspective that in order to help them, it does not mean that you have to make them stay together. So helping them is not necessarily that the couple does not separate. Sometimes helping is also that you support their separating in an amicable manner. Per ezempju, biex intik ezempju, mela, I was referred this lady who was very depressed, by a psychiatrist and I began to see her and it turned out that she was in that state because her husband had left and she could not take it. And we began to meet and I began to help her to distinguish between what would be possibly positive steps during the separation as opposed to possibly negative steps to the separation. And at a
certain point, they went to two separate lawyers and both lawyers obviously...wahda qaltilha “Hudlu t-tfal, hudlu t-tfal” u l-iehor qallu “Hudilha d-dar” and they did not want to fight but because of the instructions, the legal instructions they were given, hi kitbitlu ittra li trid il-kura u l-kustodja u hu kitbilha ittra li hi mignuna qed tiehu l-pinnolli u mhix kapaci tiehu t-tfal u hu ha johdilha d-dar ghax hu ha jibqa jghix id-dar mat-tfal. And I...there was a disaster. Total disaster. And I said to her “but do you really do not want him to see the kids?” “No! I want him to have a good relationship with the kids” and I said “so...”...in a way I did couple therapy by proxy. I told her “so why do you not meet up with your husband...” “Mela dak ha jiltaqgha mieghi!!” Ghedtilha “mhux telefonata tmur fin-nofs. Filkas wahhal fija jghidlu s-psychologist qaltli biex niltaqgha mieghek” Ghedtilha “u ghidlu what you really want”. Highly functional woman so, you know. And they sat down, darba, tnejn, tlieta, erbgha, and they sat down and finally she told him “look really I want you to have a very good relationship with our children” and he told her “and to be honest I do not want to move the kids out of the house” so they changed lawyers but they kept the psychologist. And today, whenever I meet her, she stopped coming cause she did not need to come any more, but when I meet her in the street jew...Malta zghira, in-nies jiltaqghu, she comes up to me and she tells me “ghadu jigi d-dar kuljum, jghin lit-tfal bil-homework” you know, “ghadu jigi u dan u lil ohra telaqa issa, qieghed jigi jiehu hsieb li tfal biss, and he is living with his mother and he dropped the flat”. So now they are separated living in different houses, but he comes home, he helps the kids with the homework, he has dinner, then he goes home and she stays home with the kids. And the kids now, now, now probably I will be seeing them as a family very soon because the kids are getting fed up. Because now the kids are saying “what the ***!” You know, “why do you go to nanna to sleep?” So they are getting angry at him that he comes from after work, he helps them with the homework, he has dinner, and then he goes to sleep at nanna. You know, so now the kids are feeling strong enough to tell the father “you never had permission to leave”. So it is interesting that even if you keep tabs on a couple by proxy, sometimes you can intervene, in a sense, when it is necessary. Thalli l-bieb miftuh. You know. I think a very important point is
the therapist himself. Your own belief in relationships, how you look at relationships, your values about relationships. Because whilst your values might not agree with the values of the couple, if the couple taste your values, in the future they might find that they apply. So I think that whilst each couple has to develop their modus operandi, li ma tindahlihomx, jigifieri what is good for the couple is good for everybody, and you support them in building the best relationship that they can build for themselves, they will understand where you agree and where you disagree with what they are doing. So it is important to be judgemental and that you would do things differently, but then obviously, that each couple does things differently, because they might come up and say “So how is this usually done?” if they are not feeling comfortable, you know. So I think you, as the therapist, are extremely important, that you have strong relationships, is also extremely important. Because when your own relationship is on the rocks you tend to, I think, work a little harder, a little less hard at keeping…

I: …the relationships of other people.

P: …the relationships of others together. So I think that is very important. Also you can share with them maybe some tricks. Tricks in the sense, tactics that you would consider to be important, usually tactics you would have learned through your own relationships. I do not know if that answers your question.

I: Yes, yes. I was thinking, so you mentioned a lot a methods that you use with your clients but, sort of, if you had to think about the interventions that you use, and I would like you also, maybe, to pinpoint some of the interventions, what theoretical background do they have and which do you use most?

P: Ok the theoretical background is a bit of a mix between Gestalt and Family Constellations of Bert Hellinger. So as I said, first of all, I genuinely tend to tell the couple to sit facing each other, not facing me. This is similar to the family systems therapy approach where you would perhaps look at the couple from behind a mirror, you know. But in this case they know you are there but with a little bit of fantasy you can explain to them “I am going to be
watching you, which is a film, and then when I need to intervene I will just
go ‘time out’ and you can stop and look at me and we can discuss and then
you can look at each other again. So there is this kind of boundary of when
they are alone and when they are with you. And that works for me because
that teaches them also boundaries. It teaches them, per ezempju, this was
their feedback as well, say with children, you do not always have to be...you
know sometimes you need to be a couple and the kids are out like the
therapist would be out, you know. And sometimes you want to look at the
kids and include them within the couple, but sometimes you want to leave
the kids out. So it is important that they begin to form this boundary
between themselves and the outside world, where the therapist is the
outside world and you actually tell them “Tatux kasi. Jien mhux hawn”.
They do get lost in it. It is...eventually it is as if you are not there and one
session after another they start coming in and they pull the chairs and they
look at each other and you do not have to tell them because they get used to
that, you know. So there is that. So there is the boundary formation, as a
couple, with the outside world being outside, obviously represented in the
clinic where like, the chairs in front of each other, the boundary around the
chairs and you as a therapist here (indicating outside the circle). Once a
couple brought a couple of children with them and I got the children to sit
next to me like here (indicating one on both of her sides) and it was not
family, because I do not do family, I do couple, but I got the kids to sit next
to me and it was very odd that one of the kids told me “I have never seen
mummy and daddy sit next to each other like that”. You know, and I think
that was the strongest intervention, it was stronger than what I could have
possibly ever done, you know, because and then when we discussed it, not
in front of the children but at a later date, they said “we had not realised. So
now we make it a point to sit next to each other when we are watching TV.
So that is boundaries and that is couple...which is a little bit also Salvador
Minuchin, you know. Yes, then there is the idea of critical self-reflection. In
other words when I mirror to them what I observe them doing, I am just
telling them what they are doing, then they have to reflect on what they are
doing, and tell me what they think they are doing, and maybe how they can
do it better, and we discuss. So there is a lot of empowerment in this. “So do
not depend on me as a therapist because when you go home, you are going
to have each other to talk to, so my idea is that you get used to talking to
each other without me”. So there is this empowerment of the couple as an
individual entity and also the couple as two entities, two circles becoming
two sub-sets. In the sense that there are things I can share with you and you
will bind with me and there are things that we are not going to agree. So
there are things that are going to tie us up and things that are not going to tie
us up. But then the idea that difference is enriching and that we cannot be
the same, you know. I am afraid here I do not agree with the Church and
there are a lot of Church teachings which says you have to become one.
Becoming one does not mean becoming the same and some couples find this
a bit difficult to understand. Becoming one means becoming complementary
but it does not mean thinking with the same brain, because you do not have
the same culture, you do not have the same upbringing, you do not have the
same understanding of life. You happen to be of makes a hell of a difference.
So the acceptance of difference is also very important and to look at
difference as an enriching factor rather than as a detachment factor. If you
cannot agree on me with this, you and I are different and that is it. No I
mean you can like football and I can like knitting. So what! I can knit in
front of Manchester United. And I always…I use metaphor a lot as well eh,
jigifieri that is Zinker through and through. I use a lot of metaphor. Per
ezempju I would say to them “Ok you have one euro. You can buy one
fruit. Now what fruit would you buy?” “Orange”. “I do not like oranges”.
“Ok what fruit would you buy?” “Banana”. “OK but you have one euro.
What you going to do?” U jimbew jiggieldu. “Qieghed tara dejjem kif trid
int!” “OK! So with this one euro decide between you a fruit you can afford
to buy with one euro together”. And they look lost. And I say “OK think
out of the box. You have mentioned oranges and you have mentioned
bananas. You have not mentioned strawberries. You have not mentioned
cherries. You have not mentioned grapes. You have not mentioned…” So
you see you can use these exercises, these metaphoric exercises, I also
mentioned the one of the horses, you can use these metaphoric exercises to
get them to think on the concrete. And sometimes it is easier to think on
metaphor so I would say “Do you both like cherries?” “Yes”. “So you buy
two cherries with one euro. Can you?” “Yes”. “Right so go buy cherries and you can three cherries each” you know. And slowly they begin to think that rather…accepting the differences but working on what is common, you know. And developing what is common, strengthening what is common, so that then they can be different without necessarily having to break up.

I: In fact, when we speak about these differences because…so, the couple are made up of two different people and then if you add on that, the gender differences as well. So…

P: The gender, the culture, the background, the parents ghax il-parents Malta jindahlu.

Int: Yes. So if you had to think about… so you have the couple in front of you and you want to engage the couple towards change, towards a goal, towards where both the couple and the therapist have agreed to go. Sort of what do you think works specifically for women and what do you think works specifically for men to keep them engaged?

P: That is not an easy thing to answer because it depends on the women and it depends on men. For some women, per ezempju, encouraging them to go out and work renders the relationship stronger, because they are housewives and all they have are the kids and the house, they start getting very frustrated, ma jiltaqaw ma hadd hlief ghand tal-grocer and when the husband comes in jaqbzu fuqu because you know, they have nobody to talk to, dan jigi ghajjen mix-xoghol and you know, he is the only that…so actually encouraging them to work strengthens the couple because then in the evening they feel like a human being. In other cases, sending the woman to work is beyond her, per ezempju. Sending her jigifieri suggesting that…it is beyond her, so you would be looking at further activities with the children, you know. So if the children are at home, and you are at home all the time, maybe you can take your kids to the swings. Forsi ghandek xi habiba tohrog mat-tfal. So, engaging, depends on how much the woman loves the man and how much the man loves the woman, and who loves whom most. I mean love is a big engager, but finances are a big engager. Per ezempju, I have known women to remain in a relationship
because...which is very sad really, imma they have never worked all their lives and if they leave they have nowhere else to go. It depends on the age. We are speaking about women now. Ghaliex a young woman’s motivation for remaining in a relationship would be, per ezempju, the desire to have children, the desire to fulfil her wish of having a family, you know. A woman who is over fifty and she has been there and she has done that, her motivation for being in a relationship is that the husband becomes more of a companion than the breadwinner. So there is no straight forward, one straight forward thing that you would use to engage. You have to get to know the person and what the person wants out of the session. You understand? The man is the same. I mean a younger ambitious man ha jkollu l-problema ghax ma jigix id-dar mix-xoghol u ma jistax jifhem li qieghed idejjaqa lil mara meta jaghmel hekk because for him he needs the promotion, to get more money, you know, sort of, having a family and kids is something that is adding, almost, to his vision of the person he wants to be, which could be becoming a manager. “Ghandi t-tfal, ghandi l-mara u sirt manager” so “ilhaqt!”, you know. Jekk ghandek ragel li, per ezempju, kuntent imur jizboh erba t’idjar, heq you are looking at different cattle of fish. I mean then you would engage, try to get him to understand that if he is not going to be more attentive to his wife’s needs din ha titilqu, so maybe the engaging factor there is fear. Again I do not see that there is a straight...for me it depends on age, emotional intelligence, which includes ambition, and cultural background. Ghaliex hem cultural background fejn mhux problema li titlaq lir-ragel, tmur tghix ma’ iehor u jkollok tfal min erbgha jew hamsa, but there are cultures where this is not allowed. So no I would not say that there is a straight forward...if you want to ask me what techniques I use to engage, I use humour a lot cause people come to the session but they like being entertained as well. So, jiehdu gost jigu s-session imma jiehdu gost jiehdu gost waqt is-session, you know. Probably out of concern towards them, that they feel cared for. Cared for in a professional way, imma to some extent, you take a bit of the pain away cause when you go there they take a lot attention and acknowledgement and you listen to them, and they feel that when they come to see you somebody is caring for
them, allura timlielhom naqra l-bir so when they go home, they have a bit of care to give to each other. I do not know if I am being clear?

I: Yes yes.

P: I think, possibly, from my part, that and that I show them that I am working hard with them to achieve their goal. So there is hope, the instillation of hope. I think most of the time, Yalom’s indications of group therapy, you know this instillation of hope, or normalisation, dawk, it works as well with couples, cause with the therapist you are a group. So the place becomes…the clinic becomes a place where they can practice other behaviours and get feedback and get encouragement, as well, where they can start to experiment different behaviours. So yes I would say almost the group dynamics of Yalom come a lot into that. So if you had to ask me for theory, I think I draw a lot on Zinker, Minuchin, Hellinger, Yalom, and obviously Fritz Perls, because for me “losing your mind to come to your senses” is a very important quotation. Because people come in thinking “I want this, I want this!” “This is good!” “This is bad!” “This is not right!” “This is not the way it should be!” and very few people say “When you are late from work I become anxious because I think you are not interested in me”. It is like shameful to say that, you know. But it is easier to say “Wasalt tard, minjaf x’kont qieghed taghmel” blab la blab la. And we do have a shame-blame culture. We do have…and I do not think…I think it is nationwide. We tend to be accusatory. It is easier.

I: You…before you mentioned some motivators towards…for it to help the couple to work. Can you think of any predictors that hinder the process of therapy.

P: Infidelity; greediness, it is never enough, what you give me is never enough so the other person feels always hopeless and helpless; li tkun xhieh…

I: Miser

P: Miserly, counting the pennies so…and when…the longer the history the worst the predicting; and probably rigidity as opposed to being flexible. Li
nidhol ghas-session so the therapist helps me get my spouse to behave as she should. Once they start on those lines, forget it. Issa…but again, speaking on those lines you are talking personality disorder. You are talking either the obsessive compulsive personality, narcissistic personality or the paranoid personality. Once you have hit personality disorder, it becomes very difficult, because you need to see the disorder first. And very often in the beginning they do not see it as a disorder, they see it as “ghax hekk maghmul”, “ghax dejjem hekk kien imma issa ma nifilhux izjed”. So almost it becomes a self-blame, “ghax jien ma nifilhux izjed”, you know, mhux ghax hu ghandu problema. In fact yesterday I was talking to such a person. She is suffering from echo syndrome due to her husband’s narcissistic personality. Again it is very difficult because to help her get out of the echo syndrome means that you are going to make the relationship break up. So how far do you go, you know. So yes I think personality disorders, infidelity and financial matters. But you can also have couples, which I forgot to tell you about before, ghandek koppji illi meta jiggielu kulhadd imur fil-kantuniera tieghu u ghandek koppji iwadbu l-platti. Issa tal-platti jaqaw taht id-domestic violence, imma dawk li jmorru fil-kantunieri, dawk taht xiex jaqaw? Ghax hazin twaddab platt imma li ma tkellimx lill-mara gimgha mhux hazin? Ghax m’ hemmx domestic violence hekk. You know, this idea of, ehe li irrid inpattiha, is another bad predictor. Imbaghad ghandek dawk l-koppji ta’ folie a deux, jigifieri…folie a deux, jigifieri li dawk ukoll I mean you have to be very careful with them because they enjoy fighting. If you take the fighting away, the love making after is not as exciting, you know, so I think as well in the techniques…there is a lot of balancing going on all the time. How far do I encourage them to change? And how far do I encourage them to retain some of the pathology that keeps them united? Ghalekk ghedtlek, il-fattur l-iktar importanti huwa t-therapist ghax il-goals tal-koppja jinbidlu. Sorry I am speaking in Maltese. The goals change. I always use this story to the couples. There was a couple who got married and they decided that for their honeymoon they were going to go to Paris and they were going to go up the Eiffel Tower and once they were at the top of the Eiffel Tower they were going to give each other a big, long, romantic kiss. And they bought the tickets and they went to Paris and the big day of the
Eiffel Tower arrived and they were both very excited. And they got into the Eiffel Tower and the woman said “I am getting out!! I am getting out!! I just discovered I am claustrophobic!” After twenty five years of marriage, darragel dejjem jeqred “ghax int irrovinajtli l-honeymoon, ghax ahna qatt...ghax irrovinajtli l-honeymoon” the wife said, twenty five years, I am going to go for therapy, I am going to get over my claustrophobia and I am going...my honeymoon present to him is going to be...I am going to buy him a ticket, we are going to go up the Eiffel Tower, we are going to have that fantastic long kiss after twenty five years of marriage. And sure enough, she bought the tickets, and she drove to the airport, she had the luggages in the back and he told her “why are we going to the airport?” “Surprise! We are going to Paris, we are going to the Eiffel Tower and we are going to go up the Eiffel Tower!” very happy. And they got to the Eiffel Tower, and they got into the lift and the woman was not claustrophobic. And the first level, second level, third level, “I am getting out!! I am getting out!!” “Why?” “I have...I suffer from vertigo!” him “I suffer from vertigo!” So if she had not cured her claustrophobia, they would have never found out that he suffers from vertigo. Do you understand? So as you resolve, again, maybe the Gestalt perspective of peeling the onion, as you begin to help one the presenting problem, then the other person realises that there are problems from his side as well, and if they are not willing to accept that, then there is separation and it stops ghax huma jigu “ghax hi ghandha problema” jigifieri it is hi ghandha problema, xi mdaqqiet hu imma hafna drabi hi, ghax hi ukoll tkun l-iktar lesta li tmur ghat-terapija min ragel, you know, women and men are different. But then we discover, per ezempju illi yes, “I may have been chatting on facebook and ignoring you but you come home at nine o’clock at night from your work and we watch a bit of TV and then you fall asleep in front of the TV so jekk inti sa torqod almenu nghid kelma fuq facebook. Ahdem inqas”, for example. “Ma nistax ghax jekk nahdem inqas jehduli l-pozizzjoni u dak ghax hekk u hekk u hekk u hekk”. So you see, tnehhi problema, tinqala ohra and the goals shift. You can start with a couple who wants to separate amicably and end up helping them to remain together. You can start with a couple who want to remain together and they start working u ma jsibux tarf u jisseparaw. I do not know if that answers you.
I: So if I had to ask you how do you measure change, if you do at all?

P: How do I measure change? Well I think I have three basic measurements of change. One is the amount of time they spend together. The other is the quality of the time they spend together and the third is the quality of the time they do not spend together. I explain. Mela, one of the more frequent home works I tend to give from a CBT perspective is that I tend to send them home to do something together. Watch TV together or go for a walk together or just spending half an hour talking to each other. Usually I give it to them as a tester and then I would give it to them later and again later and assess how much easier it is for them to do this, if they seek it on their own. Sometimes when you see that the couple are going on well they go “Siegha ta ghamilna dil-gimgha. Kulum siegha ghamilna. Kulum!” So you begin to see that they are enjoying their time together and they are seeking to spend more time together. So that is one which I can say is across all couples. But then there are couple specific. Per ezempju, fejn naf, qeghdha tigini f’mohhi koppja bhalissa kemm hu jirnexxielu ma taqbizlux, u kemm hi jirnexxielha tghidlu affarjiet minajr ma tibza minnu. Ghax hu taqbizlu allura hi tibza minnu. “So I am feeling less.” “How much less between one to ten?” “Qeghdha taqbizlu inqas.” “How much inqas between one to ten?” and we start seeing the quantity. The quality there is not…but they would say, per ezempju, the day would come and they would tell you “taf x’ qeghdin naghmlu flimkien?” Per ezempju ta veru din. “Iddecidejna we are going to run the half marathon together so we are going to practice the half marathon together. And when you see that they are coming up with these things then you say “you do not need me anymore, you know. You are doing well. See you in a month’s time, we will see how you are fairing and then we will see” per ezempju, you know. Yes, another one they came because she was doing IVF and she was all over the place u hu kienet qeghdha taqbizlu because he was, you know. And then suddenly after the therapy u hekk, like I noticed, that she remained happy about doing this thing of the IVF and sebah u dalam but he started getting excited and more excited and when they were together it was all they could talk about. So the quality of time together was getting better as well. He began to send me sms per ezempju morna ghand it-tabib, ha jkollna twins. So then when she
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comes to tell me I already now because he could not keep it you know. So this excitement. The passion to be together. Another theory I use, because I forget then it comes to me as I..., and which is...I find very interesting is Sternberg, I think this theory of, actually it is communications theory but it is also for building relationships which divides the relationship on passion, intimacy and commitment, where passion is the love, kemm inhobbu lil xulxin, kemm naghtu presents, kemm niehdu gost meta nkunu hdejn xulxin, kemm thabbat qalbi meta nkun mieghek, etc etc. Intimacy is kemm jirnexxieli nftah qalbi mieghek, kemm jirnexxieli nghidlek affarjiet, how much you understand me, the amount of empathy between us, the amount of safe challenging that goes on between us, you know. And then the commitment is if I have A and I have B, then I will want to stay with you. Now I find that in most couples when you have the passion you have the commitment and when the passion is not there anymore, the commitment also fades away. So most of the time I work on communication because what I theoretically what I have in mind is this idea of building the intimacy. Cause it is like...ok a metaphor that I use with them il-gallettini tal-oreo, ghandek gallettina, gallettina u l-krema fin-nofs, you know. Imma jekk inti taqlahhom minn ma xulxin u tiekol l-krema, ma tistax terga twahhalhom. You understand? So it is good to be passionate and I do encourage that they go out together and they enjoy themselves together, johorgu jieklu u jiehdu xi tazza inbid whatever, and they try to make it a point to see if...to make it a point to make love to each other and this and that. Imma imbaghad nispjegalhom li ahna ha nahdmu fuq l-krema. Jigifieri li nikkomunikaw, li nifthu qalbna ma’ xulxin, li hu jismani, li jien nismsghu, jekk jinqalalu xi haga lesta li naghmel naqra saggfficju ghalihi, li jekk idejjaqni l-football ma jimpurtax imma imbaghad ghada ha nara Vite Strappate, you understand, so this idea of compromise, negotiation, win-win situations, jidhlu hafna fil-management imma which are also good for couples. So these tricks that they begin to understand they need to do biex naghmlu l-krema. I think they begin...this begins to build on them in time. Ir-ragel min naha tieghu illi jekk is-sess ok ma jfissirx li r-relazzjoni ok, u l-mara li jekk l-intimita’ ok ma jfissirx li s-sess ok, ma jfissirx li r-relazzjoni ok, you know. So the bottom biscuit which is commitment, iridha kulhadd imma jekk m’hemmx krema, il-
biscuit ta fuq li hija s-sess, mhix ha tkun imwahlha. So he understands that he has to work on intimacy, and she understands that for the biscuits to be whole irrid ikun hem s-sess, you know, so…I think metaphors engage them a lot cause once they visualise, really visualise, where they need to go, ha nibnu l-biscuits, eh mela bhalissa qeghdin nahdmu fuq il-krema because it is the intimacy, eh bhalissa qeghdin nahdmu fuq il-gallettina ta’ fuq because it is the biscuit. Once they begin to understand what you are trying to achieve, then they help you. You are helping them achieve their goal and they are helping you actuating the technique. I do not know how clear I was.

I: Yes, yes. Very clear. Ok maybe one last question is with regards to the gender. Sort of what gender issues come at play during therapy, when you have…when you see a couple and how you as a therapist, how can you be gender sensitive?

P: Ok, mela, first of all I do understand that I am a woman and for me intimacy is possibly more important than sex, as a woman. So I have to understand that I cannot support the woman in that. I am thinking theoretically, ok, process wise. I can support her into realising that sex does start in the mind and the fact that she is uncomfortable and that does not feel intimate, and that she does not feel supported, so I have to explain to him how she is feeling. He also needs to understand…so he needs to understand that probably as a woman I can explain that very well, that there is no sex without intimacy for a woman. Cause sex is very important. But equally I have to explain to her that he is less likely to be intimate with her if there is no sex. So this is the difference that makes the couple richer, you see. I think also a man is more sensitive than a woman, in his ego. A man is weaker in his ego. Ahna kapaci niehdu hafna aktar batosti bhala nisa. We are more…ghandna iktar stamina, we are more multi-tasking, we are more nurturing, so we tend to win much more in the sympathy. We tend to win much more the sympathy. Allura meta ragel tghidlu li qeghdha tifhmu u tiprova turih ukoll illi certa problem li qieghed jaqla fil-koppja jista jkun qieghed jaqlahhom ukoll fil-post tax-xoghol, per ezempju, he is not giving his wife enough time, then I say “Ok. Do you give your employees enough time?” “Le”. “So you treat your wife and your employees the same?” “Aha.
Let me think a bit. It is true”. “So you tend to be very task oriented. You have to achieve your goal or your task”. “Yes, yes, yes, yes”. So we start seeing how he can become more efficient and affective. Not just in his marriage, but also in other spheres and how this is really one and the same thing. Developing the nurturing part of his psyche, you know. Kind of and vice versa with the woman. So you are very nurturing, u t-tfal jigu l-ewwel, u ittihom jieklu blab la blab la. “Imbaghad it-tfal inaddfulek il-kamra, hallulek l-kamra pulita?” “Le! Kullimkien hmieg, bomba laqtet il-kamra!” Jaqbez hu “Jien ma nghidlekx, ma izzomilhomx bizzejjed”. So you know,(sound of a bomb exploding) and then we try to understand how effectively, kieku hi kelli tkun ftit aktar assertive mat-tfal, ma’ ommha, ma’ ohtha, marragel...in other words if she becomes more assertive on the whole, it is better for her. So you do not become more assertive ghax ir-ragel antipakiku. You become assertive because it is good for you all round. You do not look after your wife ghax inkella ha titilqek. You look after your...you become more nurturing because it is good for you on the whole. So it is kind of deflecting that what we are doing we are doing for each other. We are doing this for me, yes, by default the couple is going to get better as well. And by shifting the attention, you are also shifting the aggression. I do not know...

I: Yes, yes

P: Your lack of nurturing huwa problema mhux ghax jien il-mara tieghek u fitta u antipatika, imma ghax inti you need to develop it all round. My lack of task orientation mhix ghax int pitmu imma li kieku kont naqra izjed task oriented inlahhaq iktar facendi, you see. So we are not each other’s problem anymore, you know. Imbaghad fl-ahhar nghidilha “qed tara ghandek x’titghallem minnu”. “Qed tara ghandek x’titghallem minnha”. You can support each other to develop, you know...”inti ma tridux isir bhalek hux? Heq ragel ragel”. “Mhux hekk”. “U inti ma tridix issir bhalek ghax mara mara”. “Mhux hekk”. Ara she cannot be as task oriented as you ghax inkella ha tkun mizzeweg ma’ ragel”. “U ma tistax ikollox ragel li huwa daqshekx nurturing bhalma int int ghax kieku tkun mizzewga ma’ mara”. So it is this idea of humour, balance, flexibility, using a language they can appreciate. Really knowing when to detach and build the boundary and
when to be confluent and be a part of the system, cause that is what it is about. For me that is also important. I know that in other systems you become part of the system as a system. I feel that the detachment is...cause in the end you have to close your door and they are going home and they have to do it without you.

I: Ok. Before we end this interview, is there something maybe that you would like to add, something that I did not ask or something that comes to mind?

P: What I can underline basically is that I think with couples...that couples tend to look in the spouse for what is missing in themselves. So they marry each other, Virgina Sapir, with expectations, that I am going to get married to, because you are going to give me this this and this. And they can be marrying an image. They can be marrying a vision. They can fall in love with the vision they love of you not who you really are. So when they discover who you really are, this could be a shock. And that is when they come for therapy. Now you either discover who I really am and you like me; or you discover who I really am and because you are in love with me, you try hard to like me; or when you discover who I really am you fall out of love with me, you know. It is easier to keep on living with a person you like then with a person you love and you do not like. So maybe that is that guiding light or my guideline that I suppose I always try to help couples to like each other.

I: Ok. Thank you very much.

P: You are welcome.