

Expectations of Couples Presenting for Therapy

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Declaration

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Cindy F Aberdein

ABSTRACT

International research indicates that understanding couples' expectations of therapy is beneficial to the therapeutic process. Some of the benefits suggested by this research include improved tailoring of therapy to address couple expectations, contributing to an enhanced therapeutic alliance, persistence with therapy and, ultimately, an improved, positive outcome for relationships and families. In addition to these benefits, one of the identified limitations of this international research is a gap in understanding expectations in diverse contexts. Contexts such as South Africa, with compelling social challenges and limited resources, offer not only a different context from previous research regarding couple expectations, but also demand mental health interventions that have demonstrated efficacy in the face of constrained resources. My study attempts to contribute, in part, to a particular gap in the international research and to make use of an opportunity to contribute to the understudied domain of couple therapy in the South African context. A qualitative approach was chosen to answer the research question regarding what couples expect when presenting for therapy. The research participants were asked to respond to seven open-ended questions in a semi-structured interview. Ten couples from a family therapy centre in the Western Cape province, South Africa shared their expectations of couple therapy. These couples differ from participants in previous research in terms of location, socio-economic status and cultural influences. Data from the interviews were analysed using ATLAS.ti.80 (2017), and the noticing, collecting and thinking (NCT) approach to data analysis (Friese, 2014) was implemented to produce the findings that are presented in this thesis. The findings of my study correspond to international findings in that couples present for therapy with expectations relating to what they expect to do in therapy, the role played by the therapist in the therapeutic process, and the outcome of therapy. In general, couples expected therapy to be helpful, they expected to be active participants in therapy, and they expected the couple

therapists to create a supportive environment and to be focused on the couple's needs. Although the couples expected clarity, they did not expect to resolve all of their concerns in therapy, but rather expected an environment that would facilitate communication and learning. In contrast to previous research findings was an emphasis on personal responsibility, honesty and safety. An unexpected outcome of this study was an apparent mobilisation of hope during the interview process for some of the couples. The substantial overlap of my findings with international findings, despite diverse settings, is of interest, and the differences noted in my findings may present an opportunity for further investigation to support couples and couple therapists in achieving the desired positive relational outcomes of therapy.

OPSOMMING

Internasionale navorsing dui daarop dat 'n begrip van paartjies se verwagting van terapie voordelig is vir die terapeutiese proses. Onder die voordele wat in hierdie navorsing na vore gekom het, is verbeterde pasmaking van terapie om die verwagting van die paartjie aan te spreek, 'n bydrae tot 'n verbeterde terapeutiese alliansie, volharding met terapie en uiteindelik 'n verbeterde uitkoms vir verhoudings en gesinne. Benewens hierdie voordele was een van die geïdentifiseerde beperkings van die internasionale navorsing 'n gaping in die begrip van verwagtinge in diverse kontekste. Kontekste soos Suid-Afrika, met dwingende maatskaplike uitdagings en beperkte hulpbronne, bied nie net 'n verskillende konteks in vergelyking met vorige navorsing nie, maar vereis ook geestesgesondheidsingrypings wat gewys is om effektief te wees in die lig van beperkte hulpbronne. My studie poog om deels by te dra tot 'n spesifieke gaping in die internasionale navorsing en om gebruik te maak van 'n geleentheid om by te dra tot die gebrekkig bestudeerde domein van paartjieterapie in die Suid-Afrikaanse konteks. 'n Kwalitatiewe benadering is gekies om die navorsingsvraag te beantwoord oor wat paartjies verwag wanneer hulle vir terapie aanmeld. Die deelnemers aan die navorsing is gevra om sewe oopende-vrae in 'n semi-gestruktureerde onderhoud te beantwoord. Tien paartjies wat by 'n gesinsterapiesentrum in die Wes-Kaapse provinsie van Suid-Afrika aangemeld het, het hulle verwagtinge van paartjieterapie gedeel. Hierdie paartjies het verskil van deelnemers aan vorige navorsing in terme van ligging, sosio-ekonomiese status en kulturele invloede. Data vanaf die onderhoude is met ATLAS.ti.80 (2017) geanaliseer, en die opmerk, versameling en dink (*noticing, collecting and thinking (NCT)*)-benadering tot data-analise (Friese, 2014) is gebruik om die bevindinge te produseer wat in hierdie tesis aangebied word. Die bevindinge van my studie kom ooreen met internasionale bevindinge in dat paartjies vir terapie aanmeld met verwagtinge wat verband hou met wat hulle verwag om tydens terapie te doen, die rol wat deur die terapeut in die

terapeutiese proses gespeel word, en die uitkoms van die terapie. Oor die algemeen het paartjies verwag dat die terapie hulle sou help, hulle het verwag om aktiewe deelnemers in die terapie te wees, en hulle het verwag dat die paartjie-terapeute 'n ondersteunende omgewing sou skep en gefokus sou wees op die paartjie se behoeftes. Hoewel die paartjies duidelikheid verwag het, het hulle nie verwag om al hulle probleme tydens terapie op te los nie, maar eerder dat die omgewing kommunikasie en leer sou fasiliteer. In kontras met vorige navorsingsbevindinge was daar 'n klem op persoonlike verantwoordelikheid, eerlikheid en veiligheid. 'n Onverwagse uitkoms van hierdie studie was 'n klaarblyklike mobilisasie van hoop onder sommige paartjies tydens die onderhoude. Die aansienlike oorvleueling van my bevindinge met internasionale bevindinge ten spyte van die verskillende liggings is van belang, en die verskille wat in my bevindinge opgemerk is, kan 'n geleentheid skep vir verdere ondersoeke om paartjies en paartjie-terapeute te ondersteun in die bereiking van die gewenste positiewe verhoudingsuitkomst van terapie.

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CHAPTER 1

INTRODUCTION TO, MOTIVATION FOR AND AIMS OF THE STUDY

What do couples expect from therapy? Couples participating in this study in Cape Town, South Africa answered this question, thereby contributing to a gap identified by scholars (e.g., Christensen, Baucom, Vu, & Stanton, 2005; Tambling, Anderson, & Wong, 2016) seeking to understand what couples expect from therapy. In this study, I investigate the expectations of couples presenting for therapy at a family therapy centre that provides professional services to individuals, couples and families.

1.1 Motivation for this study

Couple therapy, although effective in reducing the negative impact of relational conflict and enhancing positive outcomes for relationships (Christensen et al., 2005; Davis, Lebow, & Sprenkle, 2012; Gurman, 2011; Heafner, Kang, Ki, & Tambling, 2016), has received limited research attention in South Africa (Lindegger & Barry, 1999). Post-modern approaches to therapy, although a resource for relationship therapists, have not been empirically researched in the culturally diverse South African context (Haselau, Kasiram, & Simpson, 2015). This lack of available research in the field of relationship therapy in South Africa, together with the substantial pressures on available resources (Kagee & Lund, 2012), provides a motivation for further research related to the improvement of couples' relationships.

The efficacy of therapeutic approaches is a pressing requirement in a country like South Africa, where there is vociferous demand for funding for the many social challenges South African families contend with on a daily basis (Kagee & Lund, 2012). Funding for social support services is limited. As advocates for social change grapple with ensuring that funds are directed

to areas that provide the greatest efficacy (Kagee, 2014), family units, with the potential for buffering against the effects of adversity and challenge (Walsh, 2012), are worthwhile recipients of these funds, with broad potential benefits for society.

Although the traditional nuclear family is no longer the dominant family structure providing support structures within society, the “new normal” (Walsh, 2012, p. 3) family will now also provide an environment for the nurturing of future generations. Walsh (2012) challenges the concept of the traditional, idealised concept of a normal family and describes many and varied ways of being a family providing support and strength to family members. Multiple and diverse influences shape how a family functions and provide support in the face of social challenges.

In a setting that cannot guarantee the social support required for the many social challenges families face, I would like to propose that it is within the “new normal” (Walsh, 2012, p. 3) family that these challenges are overcome. The family environment holds the potential to contribute towards resilience and well-being for individual family members and the family unit as a whole (Greeff & Malherbe, 2001). Relationships that form the cornerstone of family life, strengthened and nurtured by committed adult partnerships in many varied configurations, are deserving of our attention, particularly in an environment such as South Africa, where resources cannot be stretched to meet every need.

It is this role of the family in facing the burdensome social challenges of the South African society that motivated my personal interest in supporting relationships in under-resourced communities. Whilst the challenges are substantial, my study addresses a very small aspect of relationship therapy. However, understanding the expectations of couples presenting for therapy does hold the potential to improve engagement with therapy (Davis et al., 2012) and,

in so doing, increases the possibility for positive outcomes for couples (Gurman, 2011), and consequently for families (Davis et al., 2012).

I believe that it is important to be transparent in terms of the lens through which I view family. My view is that a family is socially constructed in nature. I view community, culture, knowledge and language as a basis for learning. In keeping with this view, I place a high value on the potential of family to significantly influence the way in which society faces challenges, creates solutions and authors change for future generations. The family context holds the potential to cultivate resilience, connection and meaningful existence. Couple therapy is an avenue to support couples pursuing (family) well-being and resilience.

In addition to contributing to a specific gap identified in expectations research, I am guided by the interest of a particular family therapy centre in advancing their understanding of the expectations of couples attending the centre. This family therapy centre provides support to predominantly previously disadvantaged communities in the greater Cape Town metropolitan area. This centre can be considered as falling within “low resource settings” (Kagee & Lund, 2012, p. 103), with many challenges associated with access to mental health-care services (Kagee & Lund, 2012). It is important that, when couples in these constrained resource settings have overcome the barriers to access mental health support services, the services indeed address the expectations and needs of these couples.

In this study I focus on a small but nonetheless meaningful avenue for therapists across therapeutic modalities to effectively engage with couples committed to improved communication, growth, change or the resolution of conflict. I explored what couples expect from therapy by asking participating couples what they expected from therapy.

In addition, I briefly reviewed established published research on the expectations of individual therapy, as well as the limited available research investigating expectations of couple therapy. This allowed me to highlight the particular undeveloped aspect of couple expectations in published research. I hope that, by using my research as a platform for deepening our understanding of what couples expect from couple therapy, further research questions will be asked and answered. More studies will establish more guidelines for how to support couples and couple therapists as they collaborate towards more healthy relationships and well-being.

1.2 Research aim

I planned this study in order to answer the question on what couples expect from therapy in a geographically, socio-economically and culturally different context from previous investigations contemplating this research topic. My research aimed to contribute to the discourse on expectations by creating a platform for the voices of participants from a family therapy centre in Cape Town, South Africa to be heard. It is hoped that the voices of the couples participating in my research will contribute to the gap identified by previous researchers (Heafner, Kang, Ki, & Tambling, 2016; Tambling, 2012; Tambling, Wong, & Anderson, 2014) regarding geographical, socio-economic and educational diverse samples. Additionally, I hope that the contributions of this study's participants will stimulate further conversations among researchers and therapists who share an interest in advancing understandings of the role of couple expectations in couple therapy.

To achieve an understanding of what couples expect from couple therapy, couples were presented with seven questions regarding their expectations. Both members of the couple were present for the duration of the interview. These questions were:

Can you say what the main reason is why you are here today?

Reflecting on this (reason above), what do you expect to change?

What would you say the role of your therapist would be?

What do you expect to do when you meet with your therapist? What will be your role?

What kind of person would you expect your therapist to be? What would be important about your relationship with your therapist?

What do you expect from your partner during your meetings at the family therapy centre? What will your partner do?

What do you most hope will change, or be different?

In answering the above-mentioned questions, the couples in my research confirmed that they presented for couple therapy with expectations for the outcome and processes of therapy. The participating couples expected that in therapy they would learn, benefit from improved communication, change as individuals and that their relationship will move forward. The couples had considerable expectations of their own contributions and commitment to therapy, and were expecting to take an active role in the therapeutic process. Open and honest communication is what couples most expected from their partners. Also expected of partners in therapy was to listen, understand and stay in therapy.

The therapists were expected by the couples to facilitate conversation and be professional and client focused. There was some uncertainty expressed regarding the expected therapeutic relationship. However, emerging from the couple's responses was the expectation of a safe environment in which honest and vulnerable conversation can take place.

The final question posed to the couples in my research was related to the couples' hopes regarding the therapeutic outcome. This was intended to capture additional outcome expectations that the couples had thought of during the interview process – a different way of asking the same question. However, the responses of the couples revealed a notable tone of hopefulness not anticipated by me. Couples shared their hopes for a safe therapeutic space to communicate and learn, along with hope for growth towards their full potential as a couple.

The findings of this study have a substantial overlap with research findings from previous studies (Tambling & Johnson, 2010; Tambling et al., 2016; Tambling, Wong, & Anderson, 2014). This overlap will be contemplated in Chapter 5, where I present and discuss the findings of my research findings.

Previous research has reported that couples present for therapy with some expectations regarding the therapy experience (Tambling & Johnson, 2010), therapeutic outcome (Tambling et al., 2014) and the therapist (Tambling et al., 2014). Researchers have found an association between expectations and positive therapeutic outcomes (Tambling et al., 2016). Many of these previous studies were undertaken in the United States of America with predominantly middle-class graduate participants (Christensen et al., 2005). A specific gap that was identified and reported on in peer-reviewed publications (Christensen et al., 2005; Tambling & Johnson, 2010; Tambling et al., 2016, 2014) is for an investigation of couples' expectations of therapy in diverse settings.

Participants in my research were predominantly non-graduates (did not hold a university degree), from a lower- to middle-class socio-economic grouping, while couples were recruited at a family therapy centre providing therapeutic services to predominantly previously disadvantaged communities in the greater Cape Town municipality. A description of the socio-economic influences on communities in and around Cape Town is provided in more detail in Chapter 4 as a lens for readers and researchers interested in comparing research findings with other studies.

1.3 Terminology

It is important for the sake of clarity to outline the use of specific terminology in this study.

Couple: The concept of “couple” (Del Rio & Mieling, 2010) was intentionally chosen to describe two individuals who identify themselves as being in an intimate or close relationship (Conradie, 2006). Key to the operationalisation of the term couple in my study is the self-identification (Felmee & Sprecher, 2000) of two individuals as a couple. With sensitivity to the socio-cultural influences on concepts used to describe relationships (Moore & Govender, 2013), couple was chosen in favour of other terminology. Participating couples have expressed an interest in couple counselling, rather than individual counselling, to achieve their personal and relational goals. Four couples were married and the other six couples were either cohabiting or in committed couple relationship, but living separately.

Couple member: Simply refers to one member of a couple.

Therapist: For the purposes of this study, a therapist is defined as an individual specifically trained to counsel couples. Psychologists, social workers and other allied professionals and non-professionals, such as pastors or lay counsellors, may fall within this description.

Therapists may be able to offer varying levels of support to a couple, within an appropriate scope of practice.

Expectations: What couples expect from or of therapy and the therapeutic process. This includes what role they expect to play, expect their partner to play and expect the therapist to play.

Outcome/therapeutic outcome: What couples expect will happen or change as a result of attending therapy. This may include what couples think might happen or hope will happen as a result of therapy.

Therapeutic processes: This refers to what actually happens within the context of therapy. It may refer to an action, such as talking. It may also refer to how actions may happen in therapy, such as taking turns to speak.

Therapeutic roles: The role of the couple together, or the role of each couple member, or the role of the therapist.

In-therapy behaviour: The term in-therapy behaviour is used in my study to describe what couples expect to do in therapy in terms of behaviours and attitudes they expect from themselves and their partner in therapy.

1.4 Research presentation

Chapter 1 outlines the motivation for and aim of this study. The reader is introduced to the family therapy centre, which is described in more detail in Chapter 4. This chapter also introduces key terminology, the interview questions and the thesis outline.

Pivotal to my research is the literature establishing the value of expectations in individual as well as relationship therapy. In Chapter 2 I review the available literature in the domain of

expectations of therapy. Early empirical research investigated the role of the expectations of individuals in therapy. The interest in expectations in couple therapy is more contemporary and provides the principle evidence base for my research. The extent of the literature will be outlined in Chapter 2. The available research on couple therapy in South Africa will also be considered in Chapter 2.

The key assumptions of social constructionism are described as the theoretical framework for my research in Chapter 3. As my findings answer what couples expect from couple therapy, I focus directly on the rich responses of the couples participating in my study, remaining true to the reality and context of each couple. I maintain this focus on the subjective realities of the couples in my research, each uniquely influenced by language, culture and socialisation, both in the context of family and of community. The focus in every aspect of collecting, recording, analysing as well as reporting on the data contributed by this group of participants is understood and explained in terms of the assumptions underlying social constructionism.

The design and implementation of my research is described in detail in Chapter 4. In this chapter, I describe the context of the research at the family therapy centre. I explain the procedures followed and how data was approached and analysed. Then I describe my own role as researcher and address the trustworthiness of my research, as well as the relevant ethical considerations.

The findings and the discussion thereof are presented in Chapter 5. The emerging categories and related subcategories, as contributed by the voices of the couples, are reported. The nature of this research is not to give prominence to any particular responses, but rather to honestly represent every response shared by the participants. The findings of my research findings are considered alongside previous research and form part of the discussion in this chapter.

In Chapter 6 I consider the limitations and contributions of my research. The study findings are summarised and final conclusions are drawn. Finally, recommendations for future studies are offered, as I endeavour to create a platform to contribute to the understanding of what couples expect from therapy.

CHAPTER 2

LITERATURE REVIEW

Couples present themselves for therapy with certain expectations (Tambling & Johnson, 2010), and these expectations hold the potential to affect the course and outcome of therapy for them (Heafner et al., 2016). The potential for these expectations to enhance the therapeutic process and to contribute to optimal therapeutic outcomes make this an area of interest for couple therapists (Heafner et al., 2016). This chapter reports on contemporary couple therapy and the expectations couples have of the therapeutic process and its outcome. There is a substantial focus in this chapter on the extant of published research regarding expectations in both individual and couple therapy, and these have informed and influenced the design of my study. I will, however, begin by reporting on contemporary couple therapy in South Africa to provide the context in which I consider the expectations of couples.

2.1 Couple therapy in South Africa

In the face of significant social, psychological and economic challenges, as well as limited resources, it is beneficial to have psychological services that are cost effective and efficient (Kagee, 2014) to meet the needs of clients. Evidence-based practice in psychology is one of the mechanisms considered for contributing to the development of best practice in the field (Goodheart, Kazdin, & Sternberg, 2013). Couple therapists in South Africa, however, have little contextually derived evidence upon which to base their practice. As I reviewed the history and available research related to couple therapy in South Africa, it became clear that additional evidence or research would add significant value to ensuring that the services provided by

couple therapists continue to promote well-being by providing effective and culturally relevant services.

The earliest references in the literature to couple therapy in South Africa is from Hill and Perkel (2014), dating back to 1948, when there was growing concern regarding the disintegration of the family unit. A psychoanalytic approach to couple therapy is noted as being the earliest influence on contemporary couple therapy in South Africa (Hill & Perkel, 2014). Since these early days, there have been a number of alternative approaches that have informed the practice of couple therapy in the South African context (Lindegger & Barry, 1999). Whilst systems, social cognition and post-modern approaches have influenced the work of couple therapists, post-modern approaches (e.g., narrative therapy and solution-focused brief therapy) have been the most influential in South Africa (Lindegger & Barry, 1999).

2.1.1 Couple therapy research in South Africa

Before 2006, research in South Africa focused on heterosexual intimate relationships in the context of marriage (Conradie, 2006). Conradie (2006) reviewed research on intimate heterosexual relationships in South Africa and highlighted the limited research available for therapists practising in South Africa. The published studies reviewed in Conradie's study focus on the marital relationship, marital satisfaction, pre-marital relationships, heterosexual relationships, marriage enrichment, gender roles, gender-based violence, attachment styles, and HIV and other sexually transmitted diseases in an intimate relationship context (Conradie, 2006). Conradie (2006) concludes that most of the research in South Africa has focused on married couples, and although the ratio of males to females was more representative than in international studies, diversity in terms of socio-economic status, race and religion was not well represented in the work published at the time.

More than a decade later, and not unique to South Africa, this social construct of normality no longer reflects the reality of contemporary couples (Walsh, 2012). The “current trends” (Walsh, 2012, p. 10) in family relationships are diverse in terms of family structure, gender and culture. Walsh reviews the changing landscape of the family and considers “declining marriage and birth rates” (Walsh, 2012, p. 12), “increased cohabitation” (Walsh, 2012, p. 12), “divorce and remarriage” (Walsh, 2012, p. 13), “same sex couples and parenting” (Walsh, 2012, p. 14), “dual-earner families” (Walsh, 2012, p. 11), and “increasing socioeconomic disparity” (Walsh, 2012, p. 17) as the realities of the modern family landscape. These trends are also reflected in the latest South African statistics (Statistics SA, 2016).

The increase in customary marriages in South Africa (Statistics SA, 2016) is a shift not reported on in international statistics. Customary marriages refer to those marriages performed in the traditional customs of the indigenous African cultures of South Africa (Dyani-Mhango, 2016; Ozoemena, 2015). Customary marriage recognises polygyny and husbands may register multiple marriages (Statistics SA, 2015). Customary marriages became legally recognised with the promulgation of the Recognition of Customary Marriages Act, effective as of November 2000 (Recognition of Customary Marriage Act 120 of 1998, 2000). It is suggested that there has been a delay in the lived reality of these legislative changes (Ozoemena, 2015). Trends regarding customary marriages in South Africa have fluctuated, showing an initial increase, followed by a steady decrease in registrations between 2008 and 2014. The most recent statistics (referred to earlier), however, still indicate an increase in customary marriages (Statistics SA, 2016).

Whilst some of the changes in the landscape of relationships are consistent with international trends, some trends are unique to the South African context. South Africa is a country of diversity (Johnston, 2015; Sotshangane, 2002). Whilst diversity is not uniquely South African,

issues such as poverty, inequality (Swartz, 2006), rapid urbanisation (Kagee & Price, 1995), as well as our history of exclusion and violence (Johnston, 2015), have implications for the lived reality of South Africans. Intimate relationships are influenced by religion, socio-economic status and culture (Conradie, 2006). These multiple factors motivated my interest in understanding the actual experiences of couples presenting for therapy. For research to be reflective of, and useful to, our contemporary society, it would make sense to encompass the changing aspect of relationships and family life. Similarly, for couple therapy to have a real impact, it would be ethical for therapists to be perceptive of the way in which couples choose to be in a relationship.

The search for research in South Africa on the practice and efficacy of couple therapy produced limited findings. Using the following databases, namely Academic Search Premier, JSTOR, Pub Med, Google Scholar, SAGE Journals online, Science Direct and the Stellenbosch University library, together with the key search terms “Couples Counselling/Therapy”, “Marriage Counselling/Therapy”, “Relationship Counselling/Therapy”, “Intimate Partner Therapy”, “Same Sex Couple Therapy”, “South Africa”, from 2007 (the year following the Conradie (2006) study) until 2017, only one published study with a specific focus on couple therapy in South Africa was found.

This study, by Haselau et al. (2011), focused on the applicability of western marriage counselling to Zulu couples. The authors highlighted the need for therapists to be aware of their “ethnocentric” (Haselau et al., 2011, p. 182) lens in couple therapy. Haselau et al. (2011) conclude that further examination of couple therapy should be undertaken to develop an understanding of the diverse needs of couples in the African context.

2.1.2 Contemporary approaches to couple therapy in South Africa

At the family therapy centre where I collected data for this study, post-modern approaches such as emotionally focused therapy, narrative and IMAGO therapy have a dominant influence in the practice of couple therapy. In interpreting the findings regarding couples' expectations, I refer to the dominant approaches incorporated at the family therapy centre in order to make findings of practical value and relevance to both couples and therapists. These postmodern therapeutic approaches are briefly described. I begin with a brief overview of post-modern approaches to couple therapy.

Fundamental to a post-modern approach to couple therapy is the focus on the subjective reality of the clients (Corey, 2009), or in the case of this study, the couples. As couples present for therapy, they bring with them expectations that are constructed by a number of influences, including the context of their lives, their social relationships and the quality of their relational space. Therapists engage with their clients' subjective reality (Burr, 2015) and their expectations of the therapeutic process in order to facilitate change as well as resolve challenges (Lebow, 2000).

Emotionally focused therapy is one of these post-modern approaches and was originally formulated by Susan Johnson. The focus is on the attachment and related emotions of couples, thereby facilitating a process towards a more secure attachment for the couple (David, 2015). In *narrative therapy*, the narrative of people's lives is used to externalise problems and to work together to re-author preferred solutions, unique outcomes, or new possibilities for the couple (White, 2007). The *solution-focused brief therapy* approach of De Shazer and Berg focuses on the clients' preferred future, change and resources, rather than on the couple's problems (Bannink, 2007). The relational space and insight created through dialogue between partners are central to the practice of *Imago relationship therapy* (Hendrix, 2005). *Sound house theory*

underpins the practice of the Gottman approach to couple therapy (Gottman, Gottman, & DeClaire 2007) based on “seven longitudinal studies with a total of 843 married couples” (Walsh, 2012, p. 57). In the Gottman approach, couples work towards relational patterns that build “trust”, “commitment” and “shared meaning”, whilst managing conflict.

The other influential approach practised at the family therapy centre is the *MacMaster model*, which focuses on communication, family roles, how problems are solved, emotions and emotional engagement, and how these impact on the family and family functioning. Assessment tools are used by the therapist and the couple (or family) to set goals and to implement change in the family system (Archambault, Mansfield, Evans, & Keitner, 2014).

Therapists at the family therapy centre – as they engage therapeutically with a diverse group of clients – may rely on aspects of different approaches eclectically, based on the approach most beneficial to the client and the training and competencies of the therapist. As far as couples and couple therapists in South Africa are concerned, this diversity means facing issues such as poverty, unemployment, a significant burden of disease, crime and instability (Maree & Van der Westhuizen, 2011). This family therapy centre is committed to supporting relationships in the Western Cape province. With an increased focus on research, the centre embraces information that will continue to enhance the service excellence offered to couples and communities in the Western Cape. In shifting the focus to the expectations of the 6 836 clients who come to this centre on an annual basis (Family Therapy Centre, 2016), it is hoped that this study’s findings will support the service excellence ethos of the family therapy centre, and also advance positive outcomes for couples in crisis.

There is currently no published South African research on couples’ expectations of therapy. Therefore, I examined and report on the international literature in the domain of the

expectations of both individuals and couples who present for therapy, beginning with a clarification of the concept of expectation.

2.2 Defining expectations

Expectation is defined in *The Dictionary of Psychology* (Corsini, 2002, p. 351) as “an attentive state of anticipation, sometimes suffused with emotion and tension”. Spanning more than a decade, Tinsley’s (1992) research covering the area of clients’ expectations of therapy carefully defines the construct of expectations in this context as what clients think will actually happen in therapy. Norcross (2011), and Constantino, Ametrano and Greenberg (2012), who are also prominent contributors to understanding clients’ expectations of the psychotherapeutic process, identify expectations as a common factor that contributes to therapeutic outcome. These authors describe “outcome expectations” (Constantino et al., 2012, p. 557) as referring to what the client believes about the effectiveness of therapy. On the other hand, “treatment expectations” (Constantino et al., 2012, p. 557) refer to what the individual client believes will take place during therapy. More specifically, these treatment expectations refer to the roles of therapist and client, what the process will entail and the required duration of therapy (Constantino et al., 2012). These definitions of the expectations for individual therapy form the foundation for the operationalisation of expectations studies in couple therapy, as seen in published research (D’Aniello & Tambling, 2017; Heafner et al., 2016; Tambling & Johnson, 2010; Tambling et al., 2016). These studies examine what couples expect in terms of therapy outcome, therapist and client roles, and therapy processes.

The construct of expectations is well delineated and defined for both individual and couple therapy, and the academic enquiry in this area has progressed over time. In continuing to consider the existing research in the field of expectations, I will use the word expectations to

refer to client expectations of therapy, therapist and client roles and the therapeutic process, as is done in the existing literature.

2.3 Expectations of therapy

The study of expectations dates back to the 1950s, and since then client expectations have been considered as having an impact on the progress of therapy (Greenberg, Constantino, & Bruce, 2006). The focus of early studies was on the influence of expectations on the success of therapeutic interventions in the domain of individual therapy. The accessible evidence-based knowledge regarding expectations in couple therapy is more contemporary. Rachael Tambling is a pioneer in this area of academic inquiry, with her initial study being published in 2010 (Tambling & Johnson, 2010). Although various databases were searched for publications and literature regarding the expectations of clients presenting for couple therapy (as mentioned earlier), limited, but convincing, literature relevant to expectations in couple therapy was found.

2.3.1 Locating expectations – common factors in therapy

The expectations of clients interest therapists because they are influential in shaping the therapeutic process (Heafner et al., 2016). Constantino, Arnkoff, Glass, Amentro and Smith (2011) place expectations as a common factor essential to successful therapy, while Sprenkle, Davis and Lebow (2009) specifically examine the role of common factors in couple and family therapy. Common factors are those factors that affect change and bridge various treatment approaches. Factors that contribute to change across treatment approaches include client factors, the therapeutic relationship, and the treatment intervention (Sparks & Duncan, 2010). According to Lambert (1992), expectations contribute 15% of client change, which equals the 15% allocated to treatment intervention. If client factors contribute 40% and therapeutic

relationship 30% toward change (cited in Sprenkle et al., 2009), it follows that expectations are one of many contributing factors that can be utilised to achieve the desired outcomes in therapy.

Expectations are, however, modelled as overlapping the common factors (Sparks & Duncan, 2010), making it an interesting factor to be highlighted during the process of working towards beneficial outcomes in individual and couple therapy. It is worth examining this aspect a little more closely to add value to the work in the area of expectations. If client expectations are known, then therapists can use this information to tailor the therapeutic approach and goals that are valid for the client (Constantino et al., 2011; Sprenkle et al., 2009). If the client and therapist are collaborating and making progress towards common therapeutic goals, the therapeutic alliance is enhanced (Joyce, Ogrocki, Piper, & McCallum, 2003; Horvath, Del Re, Flückiger, & Symonds, 2011). If therapy addresses the client's expectations and the client experiences progress, the motivation to remain in therapy, as well as re-moralisation or hope, are enhanced, thus improving the possibility of a desired therapeutic outcome (Constantino et al., 2011; D'Aniello & Tambling, 2017).

The proposed relationship between expectations and other common factors contributing to successful therapy (Heafner et al., 2016) makes expectations an influential starting point for research that is interested in understanding ways in which therapists can ensure that their therapy makes the best contribution to the clients' lives. Research in the area of common factors and, more specifically, on client expectations, has the potential to provide important information to therapists, regardless of their therapeutic training and orientation.

Client expectations also hold the potential to contribute to the mobilisation of hope for clients. Frank (cited in Constantino et al., 2011) reported that the mobilisation of hope is essential for effective therapy, and that reviving and strengthening hope and positive expectations assists in favourably positioning clients for change. Greenberg et al. (2006, p. 671) go so far as to suggest

that, early on in therapy, therapists offer clients “hope inspiring statements” to mobilise positive expectations and initial hope. The mobilisation of positive expectations and hope is suggested in conjunction with psycho-education regarding the clients’ collaborative efforts, and the tendency to expect realistic rather than miraculous benefits (Greenberg et al., 2006). Constantino et al.’s (2011) review of research about client expectations includes 8 016 clients across 46 samples, and demonstrates a limited but convincing link between client expectations and therapeutic outcome across large groups of participants.

2.3.2 Expectations of individual therapy

It is relevant for this study to examine the fundamental work that had been done regarding expectations in order to create a platform of understanding for work that is focused on couple therapy. Greenberg et al. (2006) indicate that client expectations have been considered a factor affecting therapy for more than 50 years. Early work including that by Frank (1958, 1968, 1973), Goldstein (1960a, 1960b, 1962a, 1962b), Goldstein and Shipman (1961) and Rosenthal and Frank (1956) (all cited in Norcross, 2011) addresses the question whether the expectations of clients regarding the success of therapy influence the success of the therapeutic intervention. Greenberg et al. (2006) noted an early research interest in the clinical value of expectations. This was followed by a decline in research activity concerning expectations (Greenberg et al. 2006). Since 1990, Greenberg et al. (2006) indicated a renewed interest in the topic of expectations. This is confirmed by contemporary research completed by academics and students, alongside several prominent voices, all contributing to the knowledge in the field (Constantino et al., 2012; Greenberg et al., 2006; Joyce et al., 2003; Norcross, 2011; Norcross & Hill, 2004; Tambling, 2012; Tinsley, 1992).

Norcross (2011) dedicates a chapter of his book, *Psychotherapy Relationships that Work*, to the role of expectations in psychotherapy, highlighting the significance of expectations in the

therapeutic context. Norcross (2011) used an evidence-based approach to review the impact of expectations in contemporary studies. The studies reviewed indicate a positive relationship between outcome and expectations. Furthermore, there are studies that demonstrate a relationship between expectations and the quality of the alliance between the client and the therapist, as well as a firm link between expectations and post-treatment outcomes (Norcross, 2011). The focus of investigations of the role of expectations in therapy is predominantly on the context of individual therapy. These studies, however, inform research related to the role of expectations in couple therapy.

2.3.3 Expectations in couple therapy

Couple therapy is the only therapeutic approach with demonstrated efficacy in resolving couples' distress (Lebow, 2000). Although a challenging field of study, more than 30 years of research indicates an overall consensus that couple therapy is effective (Christensen, Vu, Baucom, & Stanton, 2005; Gurman, 2011; Halford, Hayes, Christensen, Lambert, Baucom, & Atkins, 2012). Most of the studies focus on therapeutic approaches and, consequently, are of limited benefit across therapeutic approaches (Gurman, 2011). Increasingly, therapists and clients are seeking treatments that demonstrate effective outcomes for couples.

The work of Tambling and Johnson (2010) and Tambling et al. (2014) focuses on the expectations of couples presenting for therapy, but draws on previous work undertaken in the realm of treatment expectations from an individual client's perspective. Significantly more research is available on expectations from an individual client's perspective. In her review of the literature, Tambling (2012) references many of these studies.

In Tambling's review of therapeutic expectancy effects, she examined what she refers to as a "significant body" (Tambling 2012, p. 402) of existing research in this area of enquiry. In her review, she highlighted the focus of the literature on the expectations of the individuals

presenting for therapy (Tambling, 2012). The outcome of the review clearly identified a gap in the research in respect of couple and family expectations of therapy. Of particular relevance is the lack of any research information that is based on cultural or diversity-informed expectations. In the reported research, the participants were limited to predominantly “white, lower, middle class” respondents (Tambling, 2012, p. 412). This gap in the literature provides motivation for the exploration of evidence from varied contexts to add to the preliminary body of evidence available in the study of expectations.

The earliest study to consider the expectations of couples in relation to therapy was conducted by Richards and Richards in 1979 (Tambling, 2012). In their review, the authors expressed concern regarding the dissonance between the expectations of the participants and the actual therapeutic practice. More recent studies have explored and investigated the relationship between expectations and therapeutic outcome, and between therapeutic process and therapeutic roles (Greenberg et al., 2006).

Tambling’s exploratory studies (Tambling & Johnson, 2010; Tambling et al., 2014) utilise qualitative and mixed-methods approaches to investigate the expectations of couples presenting for therapy. Tambling and Johnson (2010) examined the development of expectations over the period of therapeutic intervention and described the expectations of couples before therapy, and as related to the therapy experience, the therapist, and the therapeutic outcome. The study indicated that couples form expectations prior to coming to therapy, and think actively about them. In addition, couples’ expectations may be helpful in attuning them to the expected outcomes (Tambling & Johnson, 2010).

The later study of Tambling et al. (2014, p. 37) confirms that “clients attend couple therapy with clear expectations of their therapist, therapy experience and outcome of therapy”. The study also indicates that outcome expectations vary within the couple, and it is useful to explore

the expectations of each member of the couple. Furthermore, Tambling et al. (2014) propose that this information can be helpful in drawing up a treatment plan for the couple. This is the first study that examined couples' expectations of each other.

The interest in the topic of expectations is expanding. Heafner et al. (2016) have advanced expectation studies and explored measures of expectations used in research, with specific reference to couple and family therapy. In their publication, a number of therapeutic approaches are reviewed, both quantitatively and qualitatively. The measure used most in research is the Expectations About Counselling - Brief Version (EAC-B) designed by Hayes and Tinsley (Heafner et al., 2016). The EAC-B is best suited for use in the measure of individual expectations of therapy. Various qualitative researchers have used semi-structured interviews to establish individual clients' expectations. In 2008, Tambling developed a semi-structured interview for establishing expectations in couple therapy (Heafner et al., 2016). This interview is based on the literature and has since been used in studies that focus on expectations across the course of therapy for couples. It is Tambling's semi-structured interview that forms the basis for my investigation of expectations in couple therapy.

An area of interest with regard to the impact of expectations of couple therapy is "successful engagement" (Tambling et al., 2016, p. 353). Tambling et al. used data from an earlier study to investigate expectations over the course of therapy – ways in which expectations were "modified, confirmed or disconfirmed" (Tambling et al., 2016, p. 354) over the duration of therapy. Couples in the Tambling et al. study generally had their expectations confirmed. Also of interest is that new expectations were developed during therapy (Tambling et al., 2016).

Findings relating to expectations over the duration of therapy were further progressed in 2017 by D'Aniello and Tambling in research that confirmed a connection between expectations and persistence in therapy. This study proposes a link between meeting the positive expectations

of clients and persistence in treatment (D’Aniello & Tambling, 2017). Premature dropout and the associated reduction in positive benefits of therapy is an area of concern for therapists (Tambling et al., 2014). The role of expectations in persistence in therapy highlighted by D’Aniello and Tambling (2017) adds to the motivation for continued research on expectations for therapy and, more specifically, provides the motivation for my study on the expectations that couples have of therapy.

2.4 Conclusion

In order to invest in relationships in our specific South African context, it will be useful to begin by understanding these relationships and the challenges they face. The paucity of research in the area of couple therapy in South Africa provides an opportunity to advance our knowledge in this field. There are many places in which to begin to improve our knowledge of couple therapy in South Africa (e.g., available therapeutic resources, cultural perspectives, longitudinal evaluation of therapeutic interventions, role of the couple in family resilience). My study begins at a place where couples are seeking help as they face challenges in their relationships, and this current study aimed to identify couples’ expectations regarding therapy, the therapist and the therapeutic process.

The design of this study was informed by international research in the areas of individual and couple therapy. Research in the area of expectations, as a common factor contributing to therapeutic outcomes, is also influential in this study. The therapeutic context, in particular, advances the usefulness of this study for the existing body of research by increasing the diversity of participants in the field of expectations work. It is hoped that a contribution will be made to couple therapy in South Africa as we endeavour to further understand the expectations of South African couples who are seeking therapy in the Western Cape province.

CHAPTER 3

THEORETICAL FRAMEWORK – SOCIAL CONSTRUCTIONISM

Social constructionism is a theory that considers our human experience of the world to be socially constructed (Gergen, 2018). This theory does not offer prescribed methods for research, but rather emphasises socio-historical context (Weinberg, 2014) as influencing knowledge (Burr, 2015) and our subjective reality (Berger & Luckmann, 1967) and language, as the mechanism for communicating how we make sense of this reality (Gergen, 2018). My investigation of the expectations of couples presenting for therapy is framed by a social constructionist worldview.

In answering the research question about what couples expect from therapy, the intention is to bring an alternative or more diverse perspective to the academic conversation. Social constructionism encourages researchers to put aside preconceived knowledge and focus on the reality emerging in a specific socio-historical context, thereby creating a platform to understand social interactions in new ways (Jankowski, Clark, & Ivey, 2000). As a framework for this study, social constructionism creates a platform for the voices of ten couples to contribute their perspectives on what couples expect from therapy.

Given the multiplicity of potential influences on couple expectations of therapy, all participant contributions were considered of equal value. All couple responses were integrated into the representation of what this specific group of couples expected from therapy. Social constructionist theory informs the design, stewardship of data and interpretation, as well as the reporting of the data provided by the couples volunteering to participate in this study.

In this chapter, I describe the underlying assumptions of social constructionist theory. I consider the influences of the assumptions of social constructionism on psychological research. Considering both strengths and critique, I specify the implications of the social constructionist perspective on this study. Additionally, I acknowledge the “socio interactional” (Weinberg, 2014, Chapter 1, para 5) nature of knowledge, influenced by culture, history and socio-economic circumstances (Weinberg, 2014). Couple expectations of therapy are informed by their knowledge of relationships and couple therapy. This knowledge is impacted by many contextual influences and expressed in language in ways that are deemed appropriate to the knowledge and explanations couples have available in their specific context (Berger & Luckmann, 1966; Burr, 2015; Gergen, 2015).

3.1 Underlying theoretical assumptions of social constructionism

Key assumptions of social constructionism include a questioning stance toward an absolute *truth*, an emphasis on *context* (culture, socio-political, economic and other) – influencing how the human experience is understood, and *language* as the mechanism for externalising meaning (Weinberg, 2014). Together, subjective reality, context, language and meaning give shape to the arrangement of society, including relational and power influences (Weinberg, 2014).

3.2 Foundational influences on social constructionist thinking

Early and more contemporary scholars (Berger & Luckman, 1967; Burr, 2015; Gergen, 2015) agree that the influences of the social constructionist approach are multiple and can be linked to the very origins of social science. I will begin with a brief outline of the foundational influences, which elucidate the social constructionist perspective.

The early works of Emile Durkheim, Max Weber and Karl Marx (among others) are granted the *éclat* of asking the questions leading to the origins of reflexive social science (Berger &

Luckman, 1967; Weinberg, 2014). These questions were in relation to the influence of culture, subjective meaning and the relationship between power and knowledge. Their work influenced scholars with an interest in the social aspects of human existence. A process of healthy debate on central issues regarding realism and relativism and the role of language is foundational in the development of an understanding of social constructionism (Nightingale & Cromby, 2002).

3.3 The relevance of truth

Characteristic of social constructionism, however, is an approach of questioning and challenging “taken-for-granted knowledge” (Burr, 2015, p. 2). Burr (2015) suggests that the underlying theoretical assumptions of research are what specifically identify research approaches as social constructionist in nature. The theoretical assumptions referred to by Burr (2015) relate to social scientists’ questioning and challenging approach to commonly accepted knowledge or truths about the social nature of human interaction (Berger & Luckmann, 1967; Burr, 2015; Gergen, 2015).

Significant contributions to our understanding of the theory of social knowledge were introduced by Berger and Luckman (1966), who highlight the critical perspective taken by social constructionists towards reality as an objective truth. Social constructionists do not deny the existence of natural dimensions of reality, but rather diligently question a value-neutral position and pursue knowledge about the meaning given to reality by society (Weinberg, 2014). Reality is interpreted as subjectively meaningful, driven by science and understood by people (Burr, 2015). The social influences impacting on the understanding and meaning given to the world by society are of fundamental interest to a social constructionist worldview (Berger & Luckmann, 1967; Burr, 2015; Gergen, 2015).

The fascination of social scientists with the reflexive, relational and contextual nature of existence and the multiplicity of influences on subjective reality forms the theoretical point of departure for my research design and data management. I have approached my research with an openness to discover what couples at the family therapy centre expect from therapy. Couples were encouraged to share the richness of their subjective experiences. Creating a space that encouraged couples to give voice to their own reality with respect to their expectations was a determining influence in the research design.

Truth is seen as influenced by context and therefore is complex in nature (Gergen, 2015). Instead of seeking to observe or measure an “objective, unbiased” (Burr, 2015, p. 2) truth, social constructionists are interested in social phenomena (Berger & Luckmann, 1966) and the multiple reciprocal influences (Gergen, 2015) of human experience. This social constructionist relationship with reality has drawn critical review from researchers with an empirical view of an objective truth, provoking a “realism/antirealism” (Nightingale & Cromby, 2002, p. 701) debate amongst academics at the extremes of the spectrum.

The framework of my research views expectations of couple therapy from the perspective of ten couples attending a family therapy centre in the Western Cape province of South Africa. The research focus is on the authentic reality of these couples. This research is seen as facilitating a space for the voices of these couples to be heard and to provide a fresh perspective in the existing body of knowledge regarding the expectations of couples regarding therapy.

Before I started with the research interviews in this study, I made it clear to the couples that, although the interview focused on their expectations of therapy, there were no right or wrong answer(s). In fact, I acknowledged to them that an understanding of couple expectations of therapy at the family therapy centre would be enriched by their subjective responses. Their

responses and stories were affirmed as valuable, given the reality of their context that was shaped and informed by social and cultural influences.

3.4 The relevance of context

History and culture are among the social influences impacting on what society accepts as reality (Berger & Luckmann, 1966). The inclusion of historical and cultural influence in the interpretation of human patterns of behaviour is inherent in social constructionism (Burr, 2015). The embracement of context in the analysis of social phenomena is not to the exclusion of objectivity, although critics of the approach may construe this to be true (Weinberg, 2014). It is rather an acknowledgement that objectivity cannot be deliberately separated from context (Berger & Luckman, 1966).

It is relevant to consider the context of the couples contributing to my study, in order to provide a lens for the reader and future researchers through which to consider the voices of this group of couples, adjacent to the voices of couples who have contributed to previous studies. Details regarding South Africa and the Western Cape province provide this context. It is relevant to mention that South Africa is known as a highly unequal society (Whitehead, 2016), and the context I describe is not necessarily relevant to all South Africans. The majority of couples in my research are clustered in the lower middle-class income category and, for these couples, the context I describe is relevant. Due to current financial constraints or limited resources, the couples elected to access therapy at the family therapy centre, where these limitations are taken into consideration.

South Africa is a low- and middle-income country with the associated socio-economic challenges (Kagee, 2014), limited health-care resources (Kagee & Lund, 2012) and cultural diversity (Johnston, 2015). The Annual Performance Plan 2017-18 of the Department of Local

Government (Western Cape Government: Local Government, 2017) details poverty, access to essential or basic services and a weakened economy as some of the challenges in the Western Cape province. In addition, low-resource settings of the Western Cape (Kagee & Lund, 2012) are known for violence, crime and drug abuse (Nyabadza & Coetzee, 2017). Given this context, it can be expected that couples have surmounted barriers to access therapy for their relationship.

It is this localised context that provides the motivation for my study and motivates the choice of social constructionism as theoretical perspective. A gap has been identified in research investigating the expectations of couple therapy, specifically regarding the reality of diversity (Tambling et al., 2014). This gap identified in the research literature provides scope for researchers to broaden our knowledge of the implication of context with regard to expectations.

Furthermore, in acknowledging the influence of “historical and cultural specificity” (Burr, 2015, p. 3), a social constructionist perspective has an interest in how social processes influence the sustainment of this knowledge. Social constructionists view knowledge as constructed by people in a social context (Burr, 2015). Interpersonal relationships, including intimate partnerships, are of interest to social constructionists. It is in the context of these relationships that the impact of “mutual influence” (Walsh, 2012, p. 29) is seen. Social relationships give space for the formulation, expression, maintenance and reshaping of lived realities (Walsh, 2012). Intimate relationships bring together individual realities with differing contextual influences (Hendrix, 2005), and in this study I was specifically interested in the expectations couples bring into therapy.

3.5 The relevance of language

Language as the mechanism underpinning the dissemination of knowledge is also of interest to social constructionists (Burr, 2015). Language is an avenue for the voice of individuals and

society, and a platform for understanding human relations. Also, other social interactions that support the sustainment of knowledge and patterns of action draw the attention of social scientists seeking to understand and explain human behaviour in a social context (Berger & Luckman, 1967).

The language couples use to describe their expectations provided the source of information and origin of all data for my research. Knowledge, language and human action and interaction are valued sources of data for social constructionist researchers (Burr, 2015). These different kinds of data obtained through different approaches add depth and dimension to our understanding. Weinberg (2014) suggests that socially influenced aspects of human experience are best approached by social constructionist methodologies, which offer meaningful understandings and value to alternate research methodologies.

The application of postmodern and social constructionist theory to clinical practice has been undertaken by some researchers, for example Jankowski et al. (2000). Postmodern approaches to therapy are familiar to contemporary relationship therapists in South Africa (Lindegger & Barry, 1999). The therapeutic approaches described further on in this chapter are those identified by therapists at the family therapy centre where the participants for this study were recruited.

3.6 Social constructionism and postmodern approaches to couple therapy

A number of therapeutic orientations highlight the client's reality as a key to the therapeutic process. The *solution-focused* approach (Corey, 2009), *narrative therapy* (White, 2007) and *positive psychology* (Seligman, 2006) are included in a social constructionist therapeutic perspective, which emphasises the client's socially influenced reality. The therapy approaches

most relevant to the family therapy centre are briefly described to link them to the theory and practice.

Couple therapy, in a postmodern context, places value on the reality of the members of the couple and the influence of individual realities on the couple relationship (Frankl, 1988). As couples present for counselling, they bring with them expectations (Tambling & Johnson, 2010), constructed by a number of influences, including the context of their lives (Walsh, 2012), their social and family relationships (Walsh, 2012) and the quality of their relational space (Gottman & Driver, 2005). Therapists engage with clients' reality (Lindegger & Barry, 1999) and their expectations of the therapeutic process to facilitate collaborative therapeutic goals (Joyce et al., 2003) and to support the couples as they work towards a mutually satisfactory relational outcome (Hendrix, 2005).

The *solution-focused brief therapy* approach pioneered by Insoo Kim Berg and Steve de Shazer focuses on what "is possible" (Corey, 2009, p. 378). This approach is grounded in the assumption that people are healthy and capable. Bannink (2007), in her article on solution-focused brief therapy, indicates that this approach poses the question, "What would you rather have instead?" (Bannink, 2007, p. 87). This creates a positive orientation towards the possibility for change. This orientation is based on the assumption that "we have the ability to resolve the challenges that life brings us" (Corey, 2009, p. 378). The therapist helps to remind clients of their strengths and competencies, building optimism and hope. The client and therapist can collaborate on the authoring of solutions. Understanding and having insight into clients' expectations can be used as a foundation for this process of shifting thinking towards solutions.

Michael White and David Epston are well known for their contribution to *narrative therapy* (Corey, 2009). This approach places a significant emphasis on the stories by which people live their lives. These stories are influenced by the dominant culture, which shapes the subjective reality of the individual. Narrative therapists are curious about the stories of peoples' lives. Clients are the experts of their stories and therapists collaborate with clients to author "alternative story-lines" (White, 2007, p. 61) using conversation. These alternative storylines provide people with a "foundation for new initiatives in addressing dilemmas of their lives" (White, 2007, p. 62). From a narrative perspective, understanding clients' expectations provides an opportunity for a collaborative relationship to begin, as well as a context and background for life-changing conversations to take place.

Martin Seligman, father of *positive psychology*, has spent a lifetime working on "ways to enlarge personal control" (Seligman, 2006, introduction, paragraph 1). Learned optimism (Seligman, 2006) is the foundation of positive psychology, which is described by Carr (2011) as people doing and being the best they can be. This approach emphasises the clients' way of thinking about life, as well as their strengths and resources. The clients' way of thinking, strengths and resources are used to build toward a "firm belief" (Seligman, 2006, preface, paragraph 8) in the future. By understanding their thinking, clients can arrest pessimism and learn the skills of optimism. Resources and complaints are identified together with the client. The client is encouraged to understand and use these not only to resolve problems, but also to pursue well-being (Seligman, 2011). In this study, expectations about couple therapy are viewed from the vantage point of understanding complaints and recognising opportunities, resources and strengths as steps towards building well-being.

IMAGO theory, developed by Hendrix (2005), also emphasises the validity of the client's subjective reality. According to Hendrix, distressed couples present for therapy with an

intrinsic capacity for growth. Subconscious in the relational dynamic is pain, triggered by unmet needs, expectations and longings (Hendrix, 2005). In the process of bringing these needs into consciousness, the IMAGO dialogue is used to facilitate safety, self-containment and recognition of the validity of the partners' reality, without negating the reality of self. IMAGO therapy is an invitation to an understanding of the "Unconscious Marriage", which findings in reactivity in response to pain. This invitation is linked to an opportunity to "explore a radically different kind of marriage", an intentional and "conscious marriage" (Hendrix, 2005, p. xxviii). This, however, is a process that requires commitment by the couple. By deeply understanding and meeting or shaping the expectations of couples, therapists can facilitate a unique opportunity for building the connection, rapport, engagement and commitment required for the shift from an unconscious to a conscious marriage to occur (Hendrix, 2005).

3.7 Social constructionism in theory and in practice

The design and implementation of my investigation of couples' expectations of therapy was guided by a social constructionist view of reality, placing the contextual and subjective reality of participants as a meaningful contributor to understanding what couples expect from couple therapy.

Social constructionism acknowledges diversity and promotes a richer understanding of the realities of the social world (Weinberg, 2014). Researchers interested in issues of diversity, such as disability (Kabuto, 2016), sexuality (Lesch, 2000) and gender (Andermann, 2010) amongst others, have realised the benefit of social constructionism in dealing with the social realities of diversity. In my study, I place priority on the substance of the diversity this particular group of participants offers to the topic of expectations.

In this study I am concerned with the content and detail of expectations that couples bring to the therapeutic process. As therapists understand and engage with the clients' expectations, they are able to collaborate with the clients towards re-authoring their stories (White, 2017), authoring solutions (Corey, 2009), and revisiting their thinking about their reality (Seligman, 2006). This then has a direct bearing and influence on the therapeutic process, setting clients up for change, hope and well-being (Bannink, 2007).

I have highlighted the synergy of postmodern approaches to couple therapy and social constructionism to demonstrate the relevance of the theoretical to the practical reality of couple therapy at the family therapy centre. In addition, it is relevant for therapists from several therapeutic modalities to find confirmation of the diversity of expectations, linked to a diversity of the realities of their clients (Tambling, 2012) as they tailor therapy to couple needs. The choice of social constructionism as a theoretical framework to articulate and understand the expectations of couples presenting for therapy at this family therapy centre in this study enhances the practical applicability of research findings to the field of couple therapy.

3.8 Conclusion

Qualitative methods, postmodern theory and a social constructionist approach are linked together in therapy and research (Jankowski et al., 2000). I have described the social constructionist approach here in theory and as a framework for my study. My use of social constructionism is continued in my approach to the methodology (Chapter 4) and the analysis of the expectations shared (Chapter 5). In this study, where a the context is different from the context of previous research, social constructionism adds significant value by creating a platform for setting aside previous knowledge and creating a safe and collaborative space for participants to share their expectations. In the next chapter, I describe in detail the design and methods utilised in my investigation of the expectations participants have of couple therapy.

CHAPTER 4

RESEARCH METHODOLOGY

My study aimed to answer the following question: What expectations do couples have when they start couple therapy? To gain an in-depth understanding of the expectations of presenting couples, and to create a platform for participants to voice these expectations authentically, a qualitative approach was chosen.

4.1 Research design

Qualitative research methods were chosen to retrieve rich descriptions (Strauss & Corbin, 1990) about the expectations of couples presenting for therapy. Limited research is available in the area of couples' expectations of couple therapy (Tambling, 2012). However, no research has been done regarding expectations of couple therapy in the South African context. The lack of research in the South African context, combined with the particular gap in the research with respect to cultural diversity (Tambling, 2012), motivated the approach in my study to be closely reflective and give voice to the expectations of the couples participating in this study. An exploratory method warranted close adherence to the participants' contributions regarding the expectations of couples presenting for therapy in the Western Cape province of South Africa.

The specific focus of my study was to obtain an understanding of the subjective expectations of couples presenting for therapy at a family therapy centre in the Western Cape. A biographical questionnaire and semi-structured interview were the measures used for data collection. The ATLAS.ti 8.0 (2017) software package was used to capture and analyse the data, using the noticing, collecting and thinking (NCT) data-driven approach outlined by Friese (2014). This chapter provides details of the participants, the measures used and the procedures employed to

collect the data for this research. I will begin the unpacking of this detail with a description of the context for data collection.

4.2 The family therapy centre

The family therapy centre, which focuses on family matters, provided an ideal sampling frame for this study, as it is a facility providing services to couples requesting therapy. The centre is within the greater Cape Town Metropolitan Municipality. In order to protect the confidentiality of the participants, the name of the family therapy centre is not given. Further on, I refer to the family therapy centre as the centre.

The Cape Town Municipality was home to 3 740 0026 people in 2016 (Statistics SA, 2016), making it the second largest city in South Africa. In 2016, more than 5 440 family members accessed the family support services offered at the centre and its satellite offices. As a non-profit organisation, the centre specialises in services such as counselling and training that support family relationships in communities in the greater Cape Town area. Conflict, abuse and relational challenges are among the prominent reasons for couples and families seeking support at the centre.

The centre embraces diversity and provides services in three main languages of the region, namely Afrikaans, IsiXhosa and English. Clients of the centre are diverse in terms of religion, socio-economic situation, educational background, culture and sexual orientation. Services are offered by professional and lay counsellors, trainers and an administrative support team. Clients are charged a fee for counselling services that is calculated on a sliding scale, based on income. As therapeutic resources in the public mental health structures are limited (Kagee, 2014), the centre supports clients who may not be able to access therapeutic resources by any other means.

Due to the focus on relationship services, the diverse client base and the interest in research to promote service excellence, the centre provided an ideal environment to study the expectations of couples presenting for therapy. The head of clinical services at the centre gave written permission for the collection of data at the centre (see Appendix E). The team on site provided invaluable support in the planning and execution of the study.

4.3 Participants

A convenience sample of ten couples (20 adult individuals) were interviewed on the basis of their willingness and availability to participate in this study. Only couples contacting the centre requesting couple therapy were invited to participate. In addition, it was a prerequisite that the partners be willing to attend therapy as a couple, be able to communicate effectively in English, and be willing to participate in this research voluntarily. Since the research relied on volunteers from a difficult-to-reach target group within a limited time frame, a non-probability, convenience sample based on the availability of participants was chosen for my study (Terre Blanche, Durrheim, & Painter, 2006). The diversity represented in the sample was valuable in providing contributions on expectations from different perspectives. However, due to the voluntary nature of this study, the sample is not representative of the full spectrum of possibilities that exist within the concept of couple.

The focus of the centre is on the family and relationships. Services are accessed by families of different structures, cultures and religions. Whilst all clients are welcomed at the centre, the rates of the centre are structured to be financially accessible for clients who have low financial resources. Whilst this represents a diverse group of people, my study required couples to be able to communicate in English, be willing to attend the interview as a couple, and have an hour available to participate in the study. The availability of time was the main reason cited by couples electing not to participate in this study. It was difficult for couples to find time to attend

couple therapy, and it was therefore not possible for couples to find an additional hour to participate in research. No couples mention that language was a barrier to participating in this study; I am aware couples unable to communicate in English are, however, excluded from this study. These exclusions are discussed in greater detail in the interpretation of the data.

Recruitment of participants

The recruitment of participants was a difficult task. The focus of couples contacting the centre is on the life challenges they find themselves in. Given this vulnerability, the process of inviting couples to participate was designed to emphasise the voluntary nature of participation and ensure the provision of sufficient information for couples to make an informed decision regarding their participation.

Couples contacting the therapy centre to make an appointment with a couple therapist were invited telephonically by the intake officer at the centre to participate in the study. Couples were required to be willing to attend therapy as a couple and be comfortable with communicating in English. It was made clear that participation in the research was voluntary. Couples who indicated that they would be interested in participating in the study were e-mailed an information pack, including an outline of the proposed research (see Appendix A) and a copy of the informed consent form (see Appendix B) for their perusal. In each instance, the partner making contact with the centre was advised that the information could be mailed to both partners. Whilst this was generally an acceptable approach, some participants indicated that one or both of them did not have e-mail facilities. If participants were unable or unwilling to receive an e-mail, they were invited to arrive earlier on the day of their appointment to give them time to peruse the information pack (Appendix A and Appendix B).

Appointments for participation in this study were made at the participants' convenience directly before the appointment for couple therapy with a professional therapist. On completion of the research interview, couples were introduced to their therapist by the researcher. With the couples' consent, a brief summary of their expectations, agreed in consultation with the couple, was shared with their therapist.

In one instance, the couple indicated on completion of the research interview that the interview had been useful in clarifying their relational concerns. After consultation with each other, they both shared the view that they would prefer individual therapy before proceeding to couple therapy.

Description of participants

The ten couples who volunteered to participate in this study were different in the nature of their relationships on a number of fronts. The duration of the couples' relationships varied from a minimum of two years to 28 years. Fewer than half of the couples were married. Half of the sample indicated that they had previously had children that were brought into the relationship context in some way.

The participant group was predominantly heterosexual, with two same-sex couples. In terms of religion, the couple members were predominantly Christian, with a few individuals indicating that they were not religious. The religious orientation of the members of the couples was not necessarily the same. Only a small number of participants indicated that one member of the couple had previously received therapy, was living with a chronic illness or had a history of addiction.

At least one member of the relationship was employed or receiving an income, and the joint monthly income of the couples was within the lower range of R1 400 to R10 000, defined as the socio-economic middle class in South Africa (Southern Africa Labour and Development Research Unit, 2017). Educational achievements ranged from the completion of schooling at Grade 5 to being awarded a diploma in a specialised area of study.

Couples contacting the centre for therapy who did not wish to participate in this research were booked for an appointment as per the normal protocols of the centre. Couples who chose not to participate in this study indicated time constraints as the leading reason.

4.4 Data collection instruments

A biographical questionnaire and a semi-structured interview were used to collect data for this study. All interviews were conducted by me as the researcher.

Biographical questionnaire

The biographical questionnaire (see Appendix C) provided information regarding relationship status, number of years the couple had been married or in a committed relationship, age, family composition, highest level of education, income bracket and religion.

Semi-structured interview

Semi-structured interviews (see Appendix D) were conducted with the couples to share their subjective expectations of therapy. A semi-structured interview presented a flexible way of compiling meaningful qualitative data (Welman, Kruger, & Mitchell, 2005).

The focus of the questions utilised during the interview was based on the foundational research of Tambling and associates (Tambling & Johnson, 2010; Tambling et al., 2014). This

foundational research indicates that couples form expectations prior to coming to therapy (Tambling & Johnson, 2010). In my study, and based on these findings, couples were interviewed regarding their expectations prior to their first therapy session.

Expectations formed by couples prior to therapy include expectations regarding the process of therapy (Tambling et al., 2014). Participants in my research interviews were asked what they expected would happen in therapy, what they expected the role and qualities of the therapist would be, what they expected they would do, as well as their expectations of the role of their partner.

Tambling et al. (2014) also reported that couples form expectations regarding the outcome of therapy. In this regard, the participants in my study were asked what brought them to therapy and what they expected to change as a result of therapy. Open-ended questions, as detailed above, were initially directed to each member of the couple to establish their expectations. The initial open-ended questions were supported by probing or prompting questions to gather as much detail as possible about the expectations of the couples.

The researcher

I am registered with the Health Professions Council of South Africa as a Registered Counsellor (Crisis and Trauma). I have also completed IMAGO Clinical Training, which provides a relational framework for therapy with couples based on the IMAGO relationship theory (Hendrix, 2005). During and after completion of the IMAGO couple therapy training, I offered couple therapy under the supervision of a registered IMAGO therapist in a process of continuous development of skills in the field of couple therapy. As I continued to immerse myself in growing my understanding and skills as a therapist alongside couples facing challenges in their relationships, I looked for research pertaining to the relevance and efficacy

of therapeutic approaches, tools and methods applied by therapists in the South African context. My curiosity in this regard led to the beginning of a research journey, which brought me to a therapy centre in the Western Cape which is committed to investing in research regarding couple therapy in South Africa.

To facilitate an in-depth understanding of the therapy centre, I made myself available to provide voluntary counselling services for five hours per week. Over and above participating in the counselling services, I endeavoured to understand the vision and values of the organisation by connecting with relevant role players in the organisation, including administrative staff, therapists and management. I attended training and meetings pertinent to developing an understanding of the organisational history, structure, functioning and services offered.

4.5 Procedure

Once ethical clearance for this study had been granted, by the Research Ethics Committee, Human Research (Humanities) at Stellenbosch University, and the participants identified, data collection could begin and the following procedures were consistently adhered to.

Introductions, welcome and informed consent

I welcomed couples at the centre on their first visit and thanked them for their willingness to take part in the study. My role as researcher and interest in the research was explained. I obtained written permission from the participants before proceeding with the interview, and consent included permission to audio-record the interview. I invited the participants to ask questions to clarify the details of their participation. I emphasised that there were no right or wrong answers, and that their perspective and input were valuable and welcomed. I reminded the couples that they could refuse to answer any question or choose to withdraw from the study at any stage.

Research interview

All participants were interviewed using the biographical questionnaire (see Appendix C) and semi-structured interview schedule (see Appendix D). Each member of the couple was afforded the opportunity to share his or her expectations in detail. As the couples' expectations were the focus of this study, both partners were in the room during the interview. Each partner was given an opportunity to add any additional comments on his or her expectations before the end of the interview. Couples were encouraged to comment on their experience of the interview. Approximately an hour was allocated to the research interview, at no cost to the clients. I then introduced the participants to their therapist for couple therapy.

Preparation of data for analysis

Interviews were transcribed on a weekly basis until sufficient information was obtained to the point of theoretical saturation (Terre Blanche et al., 2006). As interviewing progressed, the data was reviewed for recurring themes and theoretical saturation. Theoretical saturation is achieved when collecting additional data no longer contributes new knowledge or understanding to the analysis of the data (Terre Blanche et al., 2006). An Excel spreadsheet was used to monitor emerging themes. In consultation with my research supervisor, it was noted that the same dominant themes were represented by the data after eight interviews. An additional two interviews were done to confirm this finding.

Names were removed from the data to ensure the confidentiality of the couples. Transcripts were carefully checked against audio-recordings for accuracy. Audio-recordings were transferred to my password-protected computer to further contribute to confidentiality. All recordings were erased from the recording device.

4.6 Data analysis

Data was uploaded to the ATLAS.ti 8.0 (2017) software programme and coded to allow for accurate organising and processing. Noticing, collecting and thinking (NCT) computer-assisted qualitative data analysis (Friese, 2014) was used in the coding and analysis of the data. This method is compared to the kind of conceptual thinking required by grounded theory described by Strauss and Corbin (1990). Grounded theory has been providing qualitative researchers with flexible conceptual guidelines for gathering and analysing data since it was first formally described by Glaser and Strauss in 1967 (Charmaz, 2014). NCT uses a similarly recursive process of “noticing things, collecting things and thinking about things” (Friese, 2014, chapter 1, para. 1).

Noticing and coding

Noticing is similar to what Terre Blanche et al. (2006) describe as an initial familiarisation with and immersion in the data – it requires reading and rereading of the data until the researcher has a good sense of what sort of interpretation could reasonably be promoted by it. When this had been achieved satisfactorily, I initially coded the data using the wording of the participants, resulting in more than 200 codes within ATLAS.ti 8.0 (2017). These codes formed the first code list that I could access for ongoing coding of the data. New codes continued to develop in the early stages of my analysis, but as the analysis progressed I noticed a replication of codes and the beginnings of emerging themes.

Emerging themes

I continuously reviewed codes as I continued with my analysis, collecting or grouping together key issues, emerging themes and concepts. Codes were grouped, renamed and merged to produce themes. This process was guided by the data and required me to be very familiar with

the content of the data. The coded information was examined for emerging relationships. Information was recorded until a good representation of the data was achieved. This step is referred to by Friese (2014) as thinking, and formed an integral and ongoing part of my analysis of the data.

The NCT method, together with the ATLAS.ti 8.0 (2017) software package, assisted with the organisation and retrieval of the data being analysed. Once satisfied that no further compelling insights were emerging (Terre Blanche et al., 2006), I started with the final interpretation of the data.

4.7 Ethical issues

I am aware that couples in distress are vulnerable. Care was taken in the design of this study to ensure that the participants were treated with respect and benevolence. The protection of the confidentiality of the participants was critical to this study, and every effort was made to ensure their confidentiality.

In recognition of the “power relationships” (Kuper, Lingard, & Levinson, 2008) that potentially exist in this study’s research setting, my role was clarified at the time of the initial interview. I clearly emphasised that there was no obligation to participate in the study and that non-participation would not prejudice the couples in any way.

At the therapy centre it is an accepted practice that presenting clients be asked about their expectations when presenting for therapy. My study, however, required more information than what would normally be requested during a client’s initial therapy session. Interviews regarding expectations were undertaken with care and sensitivity for the participants. Couples expressed that they found the interview process comfortable and all participants indicated that the

interview was helpful in clarifying their thoughts and concerns. A few individuals indicated that they felt less anxious about therapy after the research interview. All Couples completed the full interview process. To facilitate an introduction to the therapy session couples all consented to sharing of a brief summary of their key expectations with their therapist. This summary was kept brief and shared with the therapist with the couple present. The couple were encouraged to modify or further elaborate on details shared in this confidential context.

Trustworthiness

In this study I have focused on providing a credible and authentic account of the expectations of couples presenting for therapy, an account that can be trusted by other researchers. The concept of trustworthiness in qualitative research can be described as the value of research work for the phenomenon being studied and from a scientific perspective. Guiding criteria established for the assessment of trustworthiness are “credibility, transferability, dependability and confirmability” (Lincoln & Guba, 1988, p. 5).

Credibility

Credibility is providing the reader with an authentic picture of the phenomenon being studied by staying close to the available data (Shenton, 2004). I paid careful attention to the methodology, drawing on my familiarity with the family therapy centre, as well as my familiarity with couple therapy. The participants were encouraged to answer honestly and openly, with a clear reminder that each is the expert in his/her reality and that there is no right or wrong response. Based on the research data, emerging patterns and themes were reviewed regularly and verified in conjunction with my academic supervisor.

Transferability

The second criterion proposed by Shenton (2004) is transferability and refers to the provision of sufficient detail of the context within which the phenomenon was studied. Shenton (2004) suggests that future researchers and readers should have a clear understanding of the context and boundaries of a completed study. I was intentional in my familiarisation with the organisation and I provided a detailed description of the context of the study, which was used as a tool to build maximum transferability into the study. All feasible factors affecting the final research process were incorporated to add to this description.

Dependability

Whilst transferability refers to context, dependability refers to the details regarding the research process. This third criterion of trustworthiness is concerned with details of the design, implementation and operationalisation of qualitative research (Shenton, 2004). I have described in detail the research practices used in this study and noted the specifics of data collection. Processes relating to the design and implementation were evaluated carefully with a view to ensuring the integrity of the data.

Confirmability

Confirmability is the fourth criterion of trustworthiness and refers to the researcher's intention to provide a real reflection of the data, whilst reflecting on the role played by the researcher in the interpretation of the data (Shenton, 2004). This study was "data-oriented" (Shenton, 2004, p. 72) and I was guided directly by the participants' contributions. I have included professional details relating to my role as researcher and reflected on the impact of my role in the analysis and interpretation of the data. Peer review and the supervisory evaluation of these reflections were an integral part of managing confirmability.

My focus in the design and implementation of my investigation of the expectations of couples presenting for therapy was on my obligation to ensure adherence to “the shared principles psychology, respect, justice, autonomy, non-maleficence, beneficence, veracity, fidelity and responsibility” (Allan, 2008, p 46) regarding participants. Also central to the design and implementation was the selection of and adherence to methods that give integrity, rigor and structure to the valuable contribution of the participants.

CHAPTER 5

FINDINGS AND DISCUSSION

5.1 Introduction

Ten couples were interviewed at the family therapy centre in Cape Town, in the Western Cape province of South Africa. All of these couples lived in the greater Cape Town metropolitan area. Couples were asked seven open-ended questions regarding their expectations of therapy as a couple. Each partner was given the opportunity to answer the question without interruption, with the clear understanding that there were no right or wrong answers, while the value of authentic responses was emphasised. The questions asked were based on previous research findings that couples have expectations about therapy, the role they will play in therapy, the role of the therapist, and the therapeutic relationship.

5.1.1 Couples were asked seven questions relating to their expectations of couple therapy

Firstly, couples were asked what brought them to therapy and, secondly, what they expected would change as a result of therapy. The third question was regarding what the role couples expected their therapist to play in therapy. Question four addressed what couples expected their own role in therapy to be. The focus of question five was on the therapeutic relationship and what would be important about the relationship with the therapist. Question six asked couples what they expected from their partner in therapy. The final question was a repetition of the question about what couples expected to change, with different wording to give couples an opportunity to add any thoughts that may have come up as they reflected on their expectations. In response to these questions, the couples described communication as an eminent reason bringing them to therapy. By communicating in a safe environment provided by an experienced professional, the couples expected that they would change, learn about themselves, as well as

learn skills that will influence their relationship. The members of the couple expected themselves to be active in the therapy process, but were less verbal about their partner's role in therapy. Most expected from their partners to be open and honest, and from the therapists to be professional, experienced and neutral. The final question posed to the couples in the interview led to an unintentional shift in the couples' responses. What was noted in some couples' responses, was a shift towards language that expressed hopefulness.

This unexpected shift is discussed in detail later in this chapter (see section 5.8), when considering responses to what couples *hope* will change as a result of therapy. It is postulated that the use of the word "hope", instead of the word "expect", may to some extent have contributed to this shift and the apparent mobilisation of hopefulness. The couples, as described later in this chapter (see section 5.8), generally were inclined to use positive language to describe what they hoped for, and they did so with greater certainty.

I also noted that there was a substantial overlap in the couples' responses to different questions. For example, when asked what brought them to therapy, some couples provided their expectations of what they expected to change, what they expected to do (role), or what they expected from the therapeutic relationship. This overlap was seen in general across questions. Each question was initially analysed with specific reference to the responses to the question asked. As categories and subcategories emerged, these responses were then integrated into the seven discussion topics directly relating to each question asked.

5.1.2 Management of research interviews and data

Interviews were audio-recorded and then transcribed. These transcribed interviews were uploaded into the Atlas.ti 8.0 (2017) software package for analysis. The noticing, collecting and thinking (NCT) method for qualitative data analysis, as described by Friese (2014), was

used to code the couples' responses and organise codes into main categories and subcategories. Adhering to the NCT method, codes derived from the words of couples were grouped together and labelled, evaluated and relabelled in a recursive manner, so as to ultimately create the categories and subcategories that are described in the findings and discussion of my research findings.

5.1.3 Presentation of findings, discussion and comparison with previous findings

I will begin by presenting and discussing the findings in response to each question. I will then compare the findings of this study with findings reported by international researchers, commenting on both differences and similarities. Many of my research findings match expectations described in previously published research. I do the reporting and discussion as indicated in Table 5.1.

Table 5.1

Structure of Findings and Discussion in Relation to the Interview Questions

Interview question	Discussion heading
Question one: Can you give the main reason you are here today?	Reasons given by couples for attending therapy (section 5.2).
Question two: What changes do you expect as a result of therapy?	Outcome expectations, what couples expect to change as a result of therapy (section 5.3).
Question three: What would you say the role of the therapist will be?	Role couples expect the therapist to play in therapy.
Question four: What do you expect to do when you meet with your therapist here at family therapy centre? What will be your role?	What couples expect to do in therapy (in-therapy behaviour).
Question five: What would be important to you about your relationship with your therapist?	Expectations of the therapist and therapeutic relationship.
Question six: What do you expect from your partner during your meetings at the Family Therapy Centre? What will your partner do?	Expectations about in-therapy behaviour of partner.
Question seven: What do you most hope for? What do you hope will change? What do you hope will be different?	Outcome expectations, what couples hope for.

5.1.4 Discussion of emerging categories and subcategories of the expectations couples have of couple therapy

I will begin by providing an outline of the main categories (sections 5.2 to 5.8) and the subcategories identified in the couples' responses. Each category and subcategory is described

in terms of the meaning emerging from the responses of the couples. This meaning may be different from the way in which these concepts are traditionally defined, as I adhere closely to the words of the participating couples.

Direct quotations are used in the reporting of the findings, with careful adherence to confidentiality. Quotations are allocated numbers based on a couple number (01 to 10) and partner number (01 or 02). For example, a quotation by couple number one and the second couple member is referenced 01:02. Quotation numbers may be used more than once where the quotation has been coded as representative of more than one category or subcategory. Once an outline of categories and subcategories has been provided, I will go on to describe in detail each category (of responses) to build an understanding of what this particular group of couples expected of therapy at the family therapy centre.

Further on in this chapter I will examine detailed responses from the couples, exploring the reasons couples present for therapy, what they expect to change as a result of therapy, as well as what they expect to do in therapy. I will also examine the role expectations the couple members have of themselves, their partner and the therapist. Emerging categories and subcategories are described as each of these aspects of couple expectations is examined.

5.2 Reasons given by couples for attending therapy

Outcome expectations are related to the concerns or reasons that bring couples to therapy (Tambling et al., 2014). Published research does not, however, prominently feature the reasons couples give for accessing therapy. In my research, I selected to provide the reasons given by the couples for attending therapy, firstly on the strength of the link between the reasons why couples attend therapy and their outcome expectations, as described by Tambling et al. (2014),

but also to deepen the understanding of this specific group of couples in the Western Cape. An overview of reasons given by couples for attending therapy is provided in Table 5.2.

Table 5.2

Summary of Categories and Subcategories of Reasons Given by Couples for Attending Therapy

Category	Subcategory
To improve communication	Expressing emotions
	Speaking
	Listening
	Clarity
	Insight
	Understanding
To improve connection	Emotional
	Sexual
To get professional help	Advice
	Guidance
Commitment	Love their partner
	Commitment to their relationship
	Commitment to therapy
Stuck in their differences	Contain emotional reactivity
	Improved understanding
External influences	Friends and family
	Ex-partners
	Stepchildren
	Finances
To move forward	Save the relationship
	Clarity to make decisions on a way forward

5.2.1 Couples sought therapy to help them with communication challenges

Couples identified communication as one of the main reasons bringing them to therapy. The emphasis for couples regarding communication was on expressing emotions, speaking and

listening to each other in a way that will provide them as individuals and as a couple with clarity, insight and understanding. Couples acknowledged that, in most instances, it was difficult for them to communicate with each other. Couples described how emotions, reactivity, lack of personal insight and difficulty putting thoughts and feelings into words constrained their attempts to communicate. Every couple in my study identified communication challenges as a reason bringing them to therapy. Communication was the first presenting concern given for attending therapy – by six of the ten couples. Some couples described communication as the main reason bringing them to therapy. One couple said that communication was their only problem. Examples of responses are:

A main point will be communication. Including communication skills. [02:01]

Mainly communication. [10:02]

I feel like it's about communication when it comes to the two of us. We don't have problems. Do we? There's no (pause) it's communication. It's the only problem. I can't think of anything else. [10:02]

One or both of the partners felt that they need to “*communicate better*” [05:02]. Some partners indicated that they found it difficult to express themselves, that it was hard to find the words to express their thoughts and feelings. Emotions were specified as contributing to the difficulty in finding words to express themselves. Some couples did not specify the feelings that made expressing themselves difficult, but just indicated that translating feelings into words comes out “*wrong*” [08:01]. Anger was specifically identified as one of the emotions that made communication difficult. Couples spoke of feelings and emotions influencing their relational dynamic and communication. Heightened emotions, such as anger in some instances, led to withdrawal patterns and isolating silences.

I do get angry. The way I notice how I deal with situations, I just go into silent treatment mode. I don't easily express myself immediately, because most of the time what I feel, and what is inside me, that I might say something I regret. [02:01]

Anger is also described as influencing the couple's ability to listen to and understand their partner. Instead of emotionally charged communication, couples came to therapy to be able to communicate in a calm way, specifying their desire to be able to talk to each other in a "reasonable" [08:01] way. It was recognised and acknowledged by one of the members of a couple early on in the interview that his emotional reactivity influenced his ability to listen to and understand his partner. He shared that he wished to contain himself in order to listen to, understand and support his partner better.

In one instance, a member of a couple indicated that she wanted more communication. She hoped that her partner would be more open and feel comfortable to talk to her in therapy. Lack of communication and keeping things secret from one of the partners was also indicated as contributing to distress in the relationship. Many couples indicated that they wished for more honest and open communication with their partner.

In general, the dominant concern that brought couples to therapy was that they wanted to "communicate better" [05:02], find relief from emotional distress, such as "arguments" and "disagreement" [10:01], and avoid the consequences of negative relational patterns.

External influences were identified by some couples as contributing to their communication challenges. External influence is the next category representing couple responses regarding the reasons couples gave for attending therapy.

5.2.2 Couples sought therapy when they needed help with negotiating external influences

The couples referred to external influences such as friends, family, ex-partners, children of previous marriages, as well as social media as sources of tension bringing them to therapy. Couples in blended families in particular shared this as a presenting problem.

Four of the ten participating couples constituted blended families. In three of these families, relationships with their partner's children or ex-partner were considered a source of distress and cited as a reason for engaging in therapy. Some of the distress was linked to financial arrangements and pressures related to providing for two families. In other instances, relationships with ex-partners and stepchildren were indicated as a source of insecurity within the couple's relationship.

Besides both of us coming out of a previous marriage, I don't think my issues are as bad as his, cause he's got a lot of baggage. Um, I've got my children staying with me, well staying with us. Um, his eldest son is also staying with us. Um, which also just impacted on more problems, because they don't see eye to eye with him. Him being not their father so, he has rules in the house and I have to be a referee, all the time trying to, keep the peace. [04:02]

Um so, insecurity, firstly, um ja (becomes tearful) (sighs). OK, the one situation that we brought up again that we should definitely go for couples counselling, with him, um, how should I call it, his ex-girlfriend, but at the same time the mother of his child. Like, when they perhaps like have to meet up, or something to do with the child. I just find, yes, it's a natural thing, it has to happen, but you know, it, feelings inside. Especially the fact that I am not there and stuff, so stuff like that, um. [02:01]

Another external influence described as impacting the couple relationship included financial responsibility for the extended family. This places an additional strain on the couple relationship. One partner described the impact of relationships with family and friends on his relationship with his partner. The challenges represented by tension between partners and family/friends make it difficult to maintain a balance between their own relationship and family/friends, and caused distress for both partners.

(T)here's problems with my siblings, and running of the house, and money issues with them. [01:01]

*So, we know already, I need to lie to her about my friends, that's a no, no. So, what do I have left. I have a family that I, that I can fall back to. So, we take the friends part out of the equation and we go to the family and I just want to ask her and I want her relationship and her vision about **my** (emphasis) family. She don't gel with them. She don't hardly communicate with them, and it's difficult for me, also to balance that out with doing her, and the family, and the two of them combined. She can't combine with that. [09:02]*

Three couples made reference to social media platforms as a source of anxiety and stress within their relationship. These social media influences include text communications with a person of another gender, which are perceived as a threat to their relationship. In addition, reference was made to distressing text communications within the relationship. For each of these three couples, social media communication was a prominent source of discomfort within their relationship.

Say, like him for instance, in the situation where with her, um, I think it was about last year, I think it was about in last year, I think it was in last year when it caused strife

with females texting him, still thinking he is available, I guess. The way they texted, in some cases it would just be co-incidental that I found out, these females, that they are having conversations with him on WhatsApp. Whereas I would expect, as I personally do that, if a guy was texting me, like let's say he got my number on Facebook or something, a complete stranger and he's like, I want to get to know you, or something. I'm not in that, I am not in the space where I want to get to know other guys and stuff, you know, I am in a relationship. If we know each other personally, as friends, that's fine. To have you as a contact in my phone but, my point is that I, I, I (sounding tearful), I would have had these like protection, like look, I don't want to chat to you. [02:01]

It is interesting to note that only one participating couple did not refer to external influences as placing pressure on their relationship and contributing to the reason for seeking therapy. There were limited references to socio-economic pressures in the couples' responses, such as violence, crime and the constrained access to resources that are characteristic of the South African context (Kagee, 2014). Finances were mentioned as contributing to relational tension by three couples, with a fourth couple indicating that if they were in a better financial position *they may have attended therapy sooner.*

Shifting from external influences influencing reasons for therapy to internal motivations for attending therapy, I will now report on and discuss responses that demonstrate love and commitment as a reason given by couples for attending therapy.

5.2.3 Couples sought therapy because they loved their partner

In response to what brought them to therapy, a few couples indicated that they chose to attend therapy because they loved their partner. The reasoning was that, because they loved their partner, they were committed to therapy. In these instances, couples had been with their

partners for what they interpreted as a long time and they did not want to walk away from what they had together.

I love her with all my heart and soul, I am not going to throw our years together away.

[01:02]

This expression of love as a reason for attending therapy was well received by the partners in the interview context, as well as the accompanying commitment to “*do anything it takes*” [04:02] to “*fix*” [01:02] mistakes and resolve differences and disagreements that effect their relationship. Couples proposed these disagreements and differences as another reason for attending therapy.

5.2.4 Couples attended therapy when they got stuck in their differences

Differences in terms of “*family backgrounds*” [05:02] were given as a reason for initiating therapy. The differences highlighted by couples as contributing to seeking therapy include “*different*” ways of relating in their families of origin [03:01], being very different in their “*understanding*” [03:02] of relationships, and differences in the ways that “*conflict*” [05:02] is dealt with, either as an individual or as a couple.

I am very easily upset. Um, (name withheld) is more likely to anger and you know, we come from very different family backgrounds, where we are very passive aggressive to each other. That's how we deal with conflict, there is no shouting. It's all sneaking behind the back stuff. She can shout at me without meaning anything by it. But, it's completely unfamiliar to me. [05:02]

From a different perspective, some couples indicated that they wanted more separateness from their partner, to be more themselves in the relationship context.

I am not saying that the relationship doesn't fulfil happiness. I am saying there is other stuff. [09:02]

Tension was expressed in some instances when members of a couple had different needs for separateness and connection. This tension was associated with wounded relational dynamics. Connection and intimacy were also given as a reason for couples seeking therapy or relational support.

5.2.5 Couples sought therapy because they want more connection and intimacy

Couples spoke of the distress associated with isolation and barriers to connection. A lack of emotional and sexual intimacy in their relationship were highlighted as reasons for seeking therapy. Couples held an expectation that professional input would help them to create a change with respect to their connection as a couple. Following from this, couples also indicated that they needed outside help for their relationship.

We are best friends and I think this has overtaken, like, with everything going on. I think the pain comes from figuring out that we are more friends than we are in a relationship, lovers or, we've got everything other than that other connection, that's ... (did not complete the sentence)[01:02]

5.2.6 Couples sought therapy for professional help

The need for professional input is expressed as “*needing advice*” [04:02], “*guidance*” [02:01] and an objective “*third person*” [03:01] who can help the couple to communicate better. Having tried to establish an improved relational context and failed, the couples wanted support from a trained and experienced professional. A few couples regarded professional help as the last hope to rescue their relationship and move forward.

Aaah, I think to kind of understand, have an outsiders view, kind of, of what we personally need to like work on as individuals. [07:01]

5.2.7 Couples sought therapy to move forward in their relationship

The couples wanted to do something differently to move forward through communication, and understanding and containing their emotions. For some couples this meant “*saving*” [04:02] their relationship or marriage. For a few, moving forward did not necessarily mean preserving the relationship, but rather achieving “*clarity*” [02:02] to empower them to decide on a “*way forward*” [04:02].

5.2.8 Summary of reasons for attending therapy

The couples conveyed multiple reasons for attending therapy. The most prevalent reason given was that they wanted to improve the way in which they communicated with each other. External influences and differences resulted in distress and, for this reason, couples sought professional help to alleviate the unwanted distress. Love and a wish for improved connection were also given as reasons by couples for attending therapy. Finally, couples indicated that they attended therapy to move forward in their relationship.

5.2.9 Previous findings regarding reasons given by couples for attending therapy

Published research regarding couples’ expectations of therapy does not prominently feature the presenting problems of couples. However, a link is suggested in the literature (Tambling, 2012) between the presenting concerns of couples and their outcome expectations. With an understanding of reasons why the couples participating in this study presented for therapy, I will move on to the findings and discussion of the second question answered by the participants regarding what they expected to change as a result of therapy.

5.3 What couples expected to change as a result of therapy

The couples generally expected that therapy would be a catalyst for change for them as individuals and as a couple. The few individuals who did indicate that they were not sure what to expect from therapy proceeded to share their expectations about change, which they might not have reflected on previously.

Positive expectations include insight, understanding, personal growth, improved communication and an improved relational context. Couples expected to learn about themselves and how to be better in a relationship. Those couples who indicated that they were uncertain about their future together generally expected honesty and openness. Couples anticipated that this openness and honesty would facilitate clarity, and also better position them to make relationship decisions. Some couples expected relief from relational distress as a result of therapy. Couple members acknowledged their own personal responsibility for change when asked what they expected would change as a result of therapy.

The couples' responses regarding outcome expectations are organised into *four main categories*, relating to expectations *for themselves as an individual couple member, for the couple relationship, for improved communication, and to learn*. These categories share, as a common thread, a looking forward to some form of change for them, either as individuals, as a couple or both. Table 5.3 provides an overview of what couples expected to change as a result of couple therapy.

Table 5.3

Overview of What Couples Expected to Change as a Result of Therapy

Category	Subcategory
To change as an individual	To take personal responsibility for change To grow as individuals To be committed
Couples expect a relational change	Relief from distress To have more stability as they move into a new level of relational commitment To change behaviours and attitudes within the relationship
That relational communication will improve	To be able to communicate differently To be open and honest To gain new understanding, insight and clarity
To learn	About themselves and their partner Skills, especially communication skills To be exposed to positive information that would help them change their behaviour
Outcome expectations not included in a specific category	Therapy will bring hope Not certain of outcome expectations Personal change will influence relational change

In each of the following sections, the elements in this overview (see Table 5.3) are presented as a basis for the structure of the findings presented.

5.3.1 Couples expected that they would change as individuals

From an *individual* perspective, the members of the couples indicated that they expected to take responsibility for becoming a better partner through personal growth and perseverance. The emerging subcategories, namely (i) *taking personal responsibility for change*, (ii) *to grow as individuals* and (iii) *to be committed*, are described in my exploration of the individual expectations of couple members.

In general, when asked about expected change, the couples indicated that they were responsible for some of the change that they expected to see, and that they would expect to *take responsibility* for their contributions to the relational tensions.

(W)hat I have been reading through these past few weeks, is the only thing I can change, is me. So, I need to look at my side of the street. And clean that. [07:02]

Couples expected that this change would require active involvement on their part. Couple members expected that this would require actively seeing where they could improve themselves to improve their relationship. There was also an expectation that they would need to give their best during the process, to do their share and be committed.

Try and actively see where I could improve myself to better this. [07:02]

All I can do is give my best to whatever the process is. Obviously it's couple therapy. So I would to give my part in it, also committing to the relationship. [01:01]

Couple members expected that they would change and grow as individuals and become better people as a result of therapy. Part of this growth as individuals was an expectation of improved self-awareness. Couples expected to gain a better understanding of themselves, their reactions and their feelings. By learning about themselves, the couples expected to understand the change they needed to make, they expected to grow and contribute in a more positive way to their relationship.

Building on the expectation of growth, an expectation was shared that, if individuals become better people, this would impact positively on their relationship. If personal issues were dealt with, the couples felt they would be better as a couple. Along with personal growth, it was

expected that each individual would be able to treat their partner with more respect, that communication would improve and that honesty and trust within the relationship would shift.

I think being a better person as a whole and just, you know, dealing with my issues as a person no matter what it is, so that I can, so that, I think we can be better as one. Our communication, our level of respect for each other. Trust, um, honesty, um (pause) I think just everything that goes with your marriage, you know, that, that's my expectation. I don't expect to be perfect, but just worked on so that you have the best respect and understanding for each other, ja. And the best open communication possible. [10:02]

It was also anticipated that changing as an individual would not necessarily be easy, but that couple members wanted to try to change their “*attitude*” [06:02] and “*mindset*” [03:02]. It was acknowledged by one participant that this would require practice on his behalf and that he would need to keep trying. Couples specifically mentioned wanting to improve within the relationship, to be more supportive of their partner and more equal within the relational context.

With one exception, the couples indicated that they were committed to a process of change. Couple members indicated that they did not intend to give up. There was a commitment to persisting with therapy, because, as indicated by some couple members, they were not the kind of people that would give up on someone they loved if there was an opportunity to “*fix*” [01:02] or “*save*” [06:02] the relationship. Others indicated that, while they might not be able to determine what change would take place, they are committed to the process because they loved their partner.

Yes, and I wouldn't give up, because I know we can do it. Because, that's the type of person I am. I don't just give up. If I know that I am loved, that I still love that person,

and if I know that there is still room for improvement and growth, then clearly you don't just give it up. You try to fix it. [03:02]

The exception to commitment to therapy, as discussed above, was expressed by one couple member only. This individual agreed that change was required, but he questioned the couple's future together. He indicated that he expected that some personal change might take place as part of the therapeutic process for both himself and his partner.

Well ... I don't know about, I really don't know about the relationship ... but us, as individuals within the relationship or out of the relationship, I just want growth. [09:01]

International research highlights the outcome expectation couples have for an increase in self-awareness as a result of therapy (Tambling & Johnson, 2010; Tambling et al., 2014). This was similarly expressed by participants in this study as they reflected on their own contributions to the relationship and wanted to understand how to make helpful contributions going forward, to grow as individuals or to improve their relationship.

What emerged from the outcome expectations of the couples in this study and what was not emphasised in previous research findings is the accountability couple members expressed for their own contributions to the relational tensions. There was a sense of personal agency in the couples' responses and an interpretation that, if the individual makes changes, it will give rise to change in the relationship. This was accompanied (for a few couples) by reasoning that individuals can change themselves, but that they cannot make their partner change, or change their partner.

In general, expectations were for the therapy to be helpful. Even the individual who expressed uncertainty about the future of the relationship indicated that he expected personal growth as a

result of therapy. Accompanying the expectations that they would change and grow as individuals as a result of couple therapy, the couples also had relational expectations. In the following section I present and discuss the outcome expectations couples had for their relationship.

5.3.2 Couples expected that their relationship would benefit from therapy

The next main category described is the expectations these couples had for their relationships. The subcategories emerging from this category include (i) relief from distress, (ii) to have more stability as they enter into a new level of relational commitment, and (iii) for a change in behaviours and attitudes that influence the way in which couple members relate to each other.

Couples expected that therapy would contribute to reducing the hurt, pain, negative emotions and conflict in their relationships (first subcategory). Reference was also made to jealousy and possessiveness, as well as to stored-up anger, contributing to the distress experienced within their relationships. When sharing their expectation for reduced distress, the couples spoke of being prepared to face up to “*the truth*” [03:01] about the discomfort present in their relationship. It was expected that exposing the truth would help couples make decisions and come up with solutions. With a reduction in distress, couples expected to have “*peace*” [05:02], “*improve feelings*” [06:02] towards each other and “*to live a better life*” [06:02].

When considering the expectation of having more stability (the second subcategory) as they entered into a new level of relational commitment, it is interesting to note that two couples specifically mentioned contemplating or wanting a significant change in their relationship. One couple shared their plan of “*buying a house together*” [10:02] and that this brought into focus their need for improving their relationship. One couple referred to wanting to be sure of their

relationship, because they were considering “*starting a family*” and moving away from the family home with the intention of “*starting a separate life together*” [01:01].

We are interested in buying a house together (pause), so I really want us to have the best understanding and communication as possible, before going into something so major. [10:02]

I think we both have underlying personal issues. Aaa as well as together, obviously couple issues, um, I mean, I am (age), whether I should invest more in this relationship. Because, obviously I want to start a family, there's a lot of, you know, we want to start our own life together. [01:01]

As the couples were not specifically asked about significant changes currently taking place in their lives (or having recently taken place in their lives), it would retrospectively have been of interest to have information regarding current or significant life changes, or challenges for each couple. As I was interested in the couples' expectations of therapy, I was curious about the potential impact of significant life changes and “stress or adversity” (Henry, Sheffield Morris, & Harrist, 2015), as well as the stage in “the family life cycle” (Walsh, 2012), on the expectations couples have in respect of couple therapy. This is highlighted again in Chapter 6, when I consider recommendations for future research.

Regarding outcome expectations for relational changes, the next subcategory is the expectation that the individual will benefit from a change in behaviours and attitudes that influence the way in which members of the couple relate to each other (third subcategory). Couples discussed the expectation that therapy would assist them with problem solving so that they do not get overcome by their problems. The couples mentioned a few specific behaviours and associated attitudes in their responses to the question regarding expected change.

Where disagreements occurred in the couple relationship, some couples expected that there would be less defensiveness in their interactions. Reduced defensiveness was expected to promote honest communication and understanding within the relationship. It was also expected that, as a couple, they would be more able to get to the bottom of, or sort out, problems conclusively as a result of therapy. Where disagreements did lead to a breakdown in connection, the couple expected they would be able to “*shorten the period*” [02:01] that they are angry with each other.

Ja, just to get that problem, just to sort that problem out that is there, and make sure it won't happen again. Just get rid of it, once and for all. [05:02]

The couples expect that, as a result of therapy, their partner would implement change. As partners implement changes it will influence their decision-making and problem-solving and result in changed behaviours. One couple member spoke of being less involved in their partner's decision-making, while another answered that they expected to make more of the important decisions together. One couple suggested temporary separation as a possible change that might assist with decision-making.

Well ... I won't try to ... to ... to indulge in ... I mean in her decisions. You see. [06:01]

How he deals with things, or how he sees things. Like he was saying, it's not a matter of He knows if things are done this way, or his way, it's going to get done. Just that there's other people as well, that's included in the decision-making. And the communication about the decision-making. Not just doing it on your own or deciding on your own, and that's ... (doesn't complete this sentence). [10:01]

Finally, whilst acknowledging the need for personal growth, it was suggested that growth as a couple was also an expectation.

I think, just us as individuals and us as a whole. Would just like to see us better and the best, because I really love him and we have been through so much, you know. I just want us to grow and just be great. As individuals and together. [10:02]

My research data made evident a number of outcome expectations coinciding with the outcome expectations reported in the international literature. As I continue I will specify expectations raised by couples interviewed in my research that are also documented in previous research findings. The first of these coinciding expectations is that couples expected relief from their distress. According to several international studies, couples expected that the severity of distress, distressing behaviours and frequency of problems would be reduced (D’Aniello & Tambling, 2017; Tambling & Johnson, 2010; Tambling et al., 2014). In my study, couples expected that an improved ability to problem solve would help them change their behaviours and attitudes, and this is also documented in previous research (e.g. D’Aniello & Tambling, 2017; Heafner et al., 2016; Tambling et al., 2014).

With reference to the dominant presentation of communication as a *reason for therapy*, it is germane that improved communication was an *outcome expectation* of couples. International studies also report improved communication as an outcome expectation of couples presenting for therapy (Tambling et al., 2014). My research findings regarding communication hence coincide with previous research. I will now present and discuss the expectation that therapy will result in improved communication for couples, as the third category of outcome expectations.

5.3.3 Couples expected that their communication would improve

Couples highlighted difficulties with communication as a reason for therapy. It is appropriate then that couples see improved communication as an expected change resulting from therapy. The subcategories that describe what couples' expectations are regarding communication include (i) improved communication, (ii) for communication to be open and honest, which will facilitate (iii) gaining new understanding, insight and clarity in terms of their relationship. By improved communication, couples indicated that they would expect an improved or changed relationship, as well as be better placed to make decisions regarding the way forward for them as a couple.

In essence, the expectation regarding improved communication (first subcategory) pertains to couples looking forward to different ways of communicating, as well as more time spent communicating. Improved communication was expected to lead to an improved understanding of each other. Couples expected to be able to talk about topics that were difficult for them to talk about. Feelings were also expressed as being difficult to share with partners, and it was expected that it would be easier to discuss feelings with partners during therapy sessions. The less communicative partner expected to be able to talk more freely in therapy. Couples expected that, not only would they be able to talk more in therapy, but also that they would gain skills to communicate more effectively. Couples expected communication to be reciprocal – talking, listening and understanding.

So, I wish we could just talk about things like that, you know, without us being defensive about it. Just to say how I feel. And for my partner to say that's absolute crap. This is how I see it. And then, for us to find our way to a point in the middle where we actually understand where each other is coming from. [05:02]

Communication and honesty (second subcategory) were closely linked by the couples participating in my research. Most couples indicated that they were looking for the kind of clarity that can only be achieved by “*honesty*” [04:01] and “*openness*” [02:02]. A number of couples mentioned “*clarity*” [08:01] as an important goal of improved communication. Being open and honest was associated with “*relief*” [01:02] for a partner who had issues of concern but did not feel confident to discuss these concerns with the partner. More of a priority in terms of communication, however, was the clarity that open and honest communication would bring.

(Sigh) I'm not hoping for change. I just wanted clarity, whether it's gonna change for the better or the worse, that's not in my hands, cause I tried and it looks as if it's not gonna go anywhere. [08:02]

If they had clarity, the couples felt they would be better able to make decisions regarding a “*way forward*” [04:02] for their relationship. Couples observed that, whilst honesty and openness may be uncomfortable or “*hurt*” [01:02], it is important.

Whether it hurts or not. Just admitting it. Cause, it also brings relief. Some things that you think about, all the time. I tend to over think a lot of things. So, it is like a release. [01:02]

Couples indicated that, even if the way forward was not the outcome they necessarily wanted, clarity would help them make choices. “*Insight and understanding*” [04:01] (third subcategory) were determined as a priority outcome for most couples. Many couples communicated the importance of gaining new understanding of and insight into their relationship. In this context, couples spoke of “*clearing the air*” [01:02] and “*clearing the fog and the clutter*” [05:01] to enable a clearer perception of their circumstances. One couple member expected both clarity and a bigger vision beyond the problems experienced as a couple.

It's clarity and also a bigger vision. Because, I mean, you can't live your life living your problems, day after day. [09:02]

I like to clear the air, put your feelings out, put everything on the table. Then, just decide whether we can work on it or (pause), or (pause), just (pause) and that is what I am expecting from, sort of talking about this. [01:01]

For some, this meant developing an understanding of their own reactions and feelings. For other couples it was about a mutual understanding of each other as an outcome of therapy. Couples wanted to “figure out” [01:01], “find out” [01:02], “understand” [05:02] and be “understood” [10:01]. One couple member indicated she wanted to make sense of whether the relationship was ending, and what it was that brought them to this ending.

I'm not forcing him to stay in the marriage. I just want to understand. Because, if we are going to exit this marriage I want to know, yes this is why. [08:01]

Allied to insight and clarity, a further outcome of the therapy expected by the couples was learning. Couples expected to learn from the therapist, from new personal insights and from their partner. I will briefly focus on learning as an outcome expectation of couple therapy below.

5.3.4 Couples expected to learn in therapy

Couples expected to learn more about themselves and how they as individuals contribute to the relational challenges they experienced as a couple. Not only did couples expect to learn more about themselves as individuals, they also expected to learn new skills and discover or learn more about their partners. The couples expected that therapy would offer them positive information from which they could learn what they should change in their relationship.

The couples expected to learn what they could change about themselves, and that their partner would learn about things they needed to change to improve their relationship. Specific skills referred to by couples included communication skills and how to resolve conflict. Couples indicated an openness to learn and grow when they presented for therapy, and shared this as an expectation of therapy.

Learn how to be better in a relationship. [07:02]

Learning and hopefully growing in some way. [07:02]

(T)o learn (pause), like I've reflected a lot. But, I still need to learn what the big things are that I need to change. [07:01]

The openness to learning expressed by the couples is also recorded as an expectation of couples in previous research. Examples of this openness to learn are how to cope, and how to gain problem-solving skills and communication techniques (Tambling & Johnson, 2010; Tambling et al., 2014). More recent research mentions the expectation of gaining tools as an outcome of therapy (D'Aniello & Tambling, 2017). As the body of knowledge regarding expectations grows, learning skills, techniques and tools become more prevalent in the expectations of couples presenting for therapy (D'Aniello & Tambling, 2017; Tambling, 2012; Tambling & Johnson, 2010).

5.3.5 Outcome expectations not included in a specific category

One couple specifically indicated that they felt that therapy would give them hope for their relationship. It is also worth mentioning that, when asked about their expectations, some couples began their response with “*I hope*” [05:02] or “*hopefully*” [07:01]. Couples used the words hope and expect interchangeably. One couple indicated that they did not have hope. This

particular couple also indicated that they did not expect change as an outcome of the therapy, but just that they would get clarity about issues.

(Sigh) I'm not hoping for change. I just wanted clarity, whether it's gonna change for the better or for the worse, that's not in my hands, cause I tried and it looks as if it's not gonna go anywhere. [08:01]

Some participants began their response regarding their outcome expectations with an indication that they were not certain what to expect. These participants, however, proceeded to share expectations and, in some instances, add to their expectations once their partner had indicated what they expected from therapy.

When presenting for therapy, the couples who took part in this study expected that they would change as individuals, that their relationship would change in some way, and also that their couple communication would improve. Couple members expected that they would develop insight into themselves, learn about their partners, and learn new communication and problem-solving skills that would facilitate a relational shift for better or for worse.

5.3.6 Outcome expectations concur with international research findings

As was found in previous studies (Tambling & Johnson, 2010; Tambling et al., 2014), the couples in my study presented for therapy with expectations regarding the outcome of the process. In general, expectations were that therapy would be helpful for them, either as individuals, as couples or as both individuals and couples. Many of these outcome expectations coincide with the findings of research with couples in studies undertaken in the United States of America (D'Aniello & Tambling, 2017; Heafner et al., 2016; Tambling, 2012; Tambling & Johnson, 2010; Tambling et al., 2014, 2016).

Expectations that were found in my study and in previously published studies relate to problem-solving (D’Aniello & Tambling, 2017), improved communication (Heafner et al., 2016), an alleviation of relational distress (Tambling & Johnson, 2010), learning new skills (Tambling et al., 2014), increased self awareness (Tambling & Johnson, 2010), and a better understanding of their partner (Tambling et al., 2014). Whilst couples in my research expected therapy to be helpful, this did not mean that they expected complete resolution of their relational challenges. This corresponds to international research findings from D’Aniello and Tambling (2017).

In contrast to the international literature, the couples in my study did not refer to “normalising” (Tambling & Johnson, 2010, p. 7) of their experience as a therapeutic expectation. The term “normalising” is used in the international literature as an expectation couples have of therapy (Tambling & Johnson, 2010, p. 7). Although not defined in the Tambling and Johnson (2010) article, this is interpreted to mean that the therapist will give the couple a sense that it is normal for couples to experience relational challenges and seek therapy.

Some couples in my study had the expectation that therapy would be helpful to them, specifically as they moved into or anticipated significant changes in their relationships – such as buying a house, getting married and starting with a family. Significant relational changes, or “non-normative” relational stressors, were not mentioned as influencing couple expectations in the international literature (Walsh, 2012, p. 8).

Also distinct from the international findings is an emphasis on personal responsibility and change as an individual, which are both pronounced in my findings. In the international literature, personal responsibility and changing as an individual were not reported with the same prominence. This emphasis on what couples expected to contribute during the therapeutic

process will be discussed in the next section, where we consider process expectations or, put differently, expectations of in-therapy behaviour.

What couples expect to do in the therapy session is not described using the same terminology across different studies. The literature refers to role expectations (Tambling, 2012), process expectations (Tambling et al., 2014) or in-therapy tasks (D’Aniello & Tambling, 2017) to describe couple behaviour during therapy. What the couples expected to do in therapy was described by the participants in my study in terms of both behaviours and attitudes. It was difficult to settle on a term that encompasses the breadth of what couples expect to do in therapy. For the purposes of this thesis, I have settled for in-therapy behaviour to present what couples expected they would do in therapy.

5.4 Couple expectations of own in-therapy behaviour

The participants in my study expressed detailed expectations of their own contributions to therapy. In general, the responses outlined that couples viewed their own contribution as important to the therapeutic process. The four categories that emerged from the data are that couple members expected (i) to commit to the therapeutic process, (ii) to take responsibility for their contribution to the relational challenges, (iii) to play an active role in communication, and (iv) to demonstrate caring and respectful behaviour towards their partner in the therapeutic context. These four categories are summarised in Table 5.4.

Table 5.4

Couple Expectations of In-therapy Behaviour

Category	Subcategory
To commit to therapy	To give therapy their best effort Commitment to the relationship Commitment to relational clarity
To take responsibility	Admit to their faults Develop personal insight To learn and change
To communicate actively	Contain their emotions To be open and honest To take responsibility for expressing themselves To ask questions To listen
To be considerate towards their partner	Respectful

5.4.1 Couple members expected to commit to the therapeutic process

Before commencing therapy, the couples communicated that they expected to commit to the therapeutic process. This expectation of commitment included couples who were not sure about, or were having doubts, regarding the future of their relationship together. The subcategories that relate to the commitment that couples described included the expectation that they (i) would give the therapeutic process their “*best*” [02:02] effort. For some couples, this commitment to the process was predicated by their (ii) commitment to the relationship, and for others it was their commitment to achieve clarity to make decisions about a way forward.

Couple members expected that they would give therapy their best effort (first subcategory). Attending therapy was seen as an investment in their relationship, and couple members expected to put an effort into the therapy process. This effort includes “*being as involved as*

possible” [02:01], staying focused and being co-operative. Aside from trying their best, another expectation was that their commitment would include persisting with therapy and not giving up on their relationship.

Give 100%. I wouldn't suggest therapy if I wasn't investing in this relationship, committing. [02:01]

I hope that we will come back and come back, so um (pause), I can learn how to do that and then start dealing with (pause), with you know(pause), with us. [05:01]

In part, this commitment to the process is expressed as a commitment to the relationship (second subcategory). Some couple members expressed their love for and commitment to their partner. The couple members who directly expressed their love for and commitment to their partner expected that, because of the value they placed on their relationship, they would actively contribute to the success of therapy and the implied contribution to positive change in the relationship.

*I love her. And, I would really like her as my partner. So, I am actually willing to do **anything** (emphasis) to make this relationship work.* [01:02]

With an understanding that therapy is a process, the members of the couples indicated that they expected to “accept” [06:02] their “own faults” [01:01] and “contributions” [01:01] in the process. Couple members indicated that they expected to face the truth regarding their faults as part of their commitment to relational clarity (third subcategory).

The second subcategory of responses outlining couple expectations of in-therapy behaviour is that of assuming responsibility for their contribution to the relational challenges. I will

elaborate on responses regarding the responsibilities couple members expected to take on in the therapeutic process.

5.4.2 Couple members expected to take responsibility for their own contributions to relational challenges

The second category of expectations was that couple members took responsibility for their contribution to the relational challenges. In taking responsibility, the couples indicated that they expected to (i) admit to their faults, (ii) develop insight into their own mindset and behaviour, and (iii) learn and change. These three subcategories describe the responsibility that couples indicated they expected to take as they engaged in therapy.

Mostly couple members communicated that they were aware of the fact that they had faults (first subcategory). Some members indicated that they expected therapy would help clarify what they are doing wrong in the relationship. Others named the faults that they believed contributed to their relational challenges.

I have to take responsibility for what I am doing wrong, my part in it. [05:01]

It's just for me, it's, I am strong headed. I always know what's better. I always know what's right and so, that's where the conflict comes in. Because I have always been an independent person and I have always made decisions on my own and that's where it comes in for me. [10:01]

I don't think before I say things, I don't think before I do things, so that's where the problem comes in. [10:01]

Being able to admit that it is your fault or develop personal insight into your own contribution to conflict (second subcategory) was acknowledged as difficult, but nevertheless an essential part of the therapeutic process. One participant took full responsibility for their relational circumstances.

*She is perfect. I can't say one thing bad about her. She is an amazing mother, she's a perfect wife, no (pause), there is not a male or a husband that can differ. She is **perfect** (emphasis), **perfect** (emphasis), in every single way. But from my side. I am the obstacle. The fault is mine, I know that. [08:01]*

Couple members consistently expected that they would learn and change. This learning was expected to affect their thinking, growth and actions outside of therapy. Learning was seen as contributing to self-awareness (also subcategory two). In fact, couple members expected that they would learn “*a lot about themselves*” [01:01]. They expected that they would understand that they were not always right, how their own behaviour affected their partner, and how to correct this. Couple members hoped to learn what they were doing wrong and that, as part of the therapeutic process, they will take the lessons learnt in therapy and integrate these into their lives (subcategory three).

I want to learn something. I am hoping to learn a lot about myself in this process. And about my partner. [01:01]

Hopefully there will come a point where I realise what I am doing to make her feel that her opinions aren't valued in our relationship. You know, that whatever I am doing there, I can correct that, understand that. [05:02]

Learning was seen as a way to “*move forward*” [05:02] in their relationship. An openness to learn was expressed as an aspect of in-therapy behaviour.

Another key part of what couples expected to do when they met at the family therapy centre was to communicate actively. This expectation is reported and discussed in the next section.

5.4.3 Couple members expected their own role in therapy to be to communicate actively

Couples expected that they would take an active role with respect to communication. The subcategories regarding communication include (i) containing their emotions, (ii) being open and honest, (iii) taking responsibility for expressing themselves (with support from the therapist), (iv) asking questions, and (v) listening. As a common thread related to previous responses in this research, it makes sense that that couples expected to communicate actively in therapy.

The couples mentioned emotions such as fear and anxiety as affecting their ability to communicate constructively. Part of their expectations was that they would be able to contain their feelings and tendencies to be upset (first subcategory). As opposed to communicating from a place of fear and anxiety, the couples indicated that they expected to be patient, calm and civil in therapy.

Ja, (sigh), you know, if I am tired or upset about something and (partner's name) raises her voice or gets cross with me, it makes me feel incredibly um (pause) afraid. [05:02]

Calm. Ja. In a calm way. Sometimes I can't be calm. [03:01]

And to be as civil, it's to do with, I mean, um, both parties in the sense of handling the situation in an adult way. [03:01]

Consistent with self-containment, the couples also expected to “*be really brave*” [05:01] in the way they communicated in therapy. Couple members expected that being “*open and honest*” (second subcategory) [06:02] might be “*scary*” [01:02]. Despite the “*anxiety*” associated with being open and honest, the couples acknowledged that they do, however, expect to be open and honest in therapy. The words open and honest were used regularly in the couples’ responses. By being open, honest and “*authentic*” [05:01], the couples felt that they could be helped. This was proposed in the responses as the only way couples could expect to benefit or get “*help*” [06:02].

One couple member expected that she would need to actively express (third subcategory) herself with the support of the therapist. This was because she felt that what she had to say was “*not important enough*” [05:01] to share with her partner. Others indicated that “*talking*” [09:02] would be the most important role they would play in therapy. Difficulty in “*articulating*” [05:01] feelings was associated with “*frustration*” [05:01]. So, the couple members expected that taking responsibility for expressing themselves, although challenging, would be part of their role in therapy.

I think, aaa, for me. I really have to be brave. I have to be strong and I have to get through. I want to be able to talk about all the things that are bothering me. I want to be able to see it through. And not get flustered and suffocating and I need air and I need, you know. Cause I am already starting to have those feelings like (big sigh) reaching down somewhere inside me and pulling these things up is aaa, difficult. I don't particularly want to talk about my feelings, you know. But, I think that I have to be, use

this opportunity to just, um, say what I want to say and not let the words get stuck in my mouth. So, um, depending on how many sessions we have, I'm, that is going to be what I concentrate on. Getting the words out. And staying in it. [05:01]

One couple member indicated that he expected to answer and ask questions (subcategory four). Other couples expected to respond to questions and get feedback in therapy. Asking questions and responding to questions was seen as part of the process explaining their circumstances.

Ja, maybe respond to questions. Or if I am the one asking the question when, like earlier on I said if I am the one over-reacting and like asking (pause) certain questions in the process, of you know, getting certain information, just getting feedback. [02:01]

Fundamental to the process of communicating, couple members also expected that they would be required to listen (subcategory five). The task of listening included listening to themselves, to their partner and to the therapist. Listening to their partner was, however, what most couple members expected of themselves. Couple members indicated that, as they listened to their partner, they would learn more about their partner. Linked to listening was the expectation that couple members actually would do something about or implement what they heard. One couple member indicated that he felt that he was not good at “*really listening*” [10:02]. Listening attentively, accepting what he heard and applying it was seen as the main role he would play in therapy.

... and, by, someone telling me, in a, in myself and (partner's name) is in a argument. Then I'm not gonna listen to how she's feeling. I get my back up. Instead of actually listening to her and I don't come from this part, I want to achieve these. I will be able to, irrespective of what comes up in the future, I want to understand and listen and be supportive, instead of getting my back up and making, that's what I want. [07:01]

I think, firstly co-operation, which covers actually broadly everything. Co-operating in the sense of listening to what, what all three of us are saying. Listening to yourself, what you saying, listening to what your partner is saying, trying to saying, yes he has been very responsive with everything that you have been asking, that's what I expected, like. Trying to be as involved as possible and as simple and honest as possible. Just trying your best. [02:02]

Listening was also associated with understanding and learning more about themselves and their partner. Couples expected that they would “*learn about (partner)*” [01:02] and, with understanding, be able to be more aware of their own behaviour in the relationship. Although not emphasised, couples also expected that they would be show more “*... understanding and respect*” [10:01] towards their partner.

5.4.4 Couple members to be considerate towards their partner

The final category regarding in-therapy behaviour highlighted by the participants was to demonstrate caring and respectful behaviour toward their partners. The behaviours that are explored in this category include patience, consideration, understanding and an acknowledgement of their partner's efforts.

Firstly, learn how to be better in a relationship. Obviously I haven't. I see some of my actions as bad, in a sense. I must just understand somebody. What I want to do is improve, you know, in a relationship. I think that's the main, for me that's the main concern. For me, if you have understanding and respect for each other and (thinks), something else. Then I think everything else just falls into place. [10:01]

Acknowledging their partner's responsiveness was an in-therapy behaviour expectation. Couple members also expected to be more considerate of their partner's feelings. One couple

member felt that he did not always take into account the impact of his words, or what he “says” [10:01], on his partner. There was, in addition, an expectation that couple members would attempt to see their partner’s perspective as they “listen and learn” [01:02] more about their partner.

Actually, listening and being really attentive and actually taking it in, and really applying it to your life. I think that’s what important for him, but also for me. Cause, I think where most of our issues come from, not listening and giving each other a chance, or giving each other an actual hearing, or actual understanding, how do you feel or understanding, how do I feel. So I think that’s the main thing, listening and really understanding, and just being attentive and allowing each other to feel, and allowing each other to have emotions. And not only thinking of ourselves, all the time. Allowing each other to be, have emotions, have feelings and also have a say. [10:01]

5.4.5 International studies on expectations of in-therapy behaviour

Tambling (2012) highlights many aspects of in-therapy behaviours that were also expressed by the couples participating in my study. Activities reported in previous studies include talking, communicating about feelings and asking questions (Tambling, 2012). Couples in the international literature were specifically asked by researchers about topics they expected to talk about in therapy (Heafner et al., 2016). The topics they expected to talk about included reasons for attending therapy (Tambling & Johnson, 2010), individual as well as couple history (D’Aniello & Tambling, 2017), and how previous life experiences affected the challenges currently being experienced by the couple (D’Aniello & Tambling, 2017). Talking about interventions before implementing change, as well as deciding on what topics were open for dialogue (Tambling, 2012), were not addressed in my research.

Worth mentioning is a comment by one of the couple members regarding his role being “*to look forward*” [01:01]. This links well to the focus on hope, which I will explore in more detail later in the thesis, where I discuss how the couples shared what their hopes were relating to the therapeutic outcome.

Couples participating in my study were very clear that they expected to play an active role in the therapeutic process. This finding is confirmed by D’Aniello and Tambling (2017), who found that clients expected to put in a substantial effort to achieve their desired outcomes. It is noteworthy that couples spoke more about their own in-therapy behaviour than that of their partner. This aspect is reported next, in Section 5.5.

5.5 Expectations about in-therapy behaviour of partner

Notwithstanding that the participants in my research had more to say about their own than their partner’s contribution to in-therapy behaviour, three categories still emerged from the data. Couples expected their partner (i) to stay in the process, (ii) to communicate openly and honestly, and (iii) to listen and be understanding. In Table 5.5 I provide a summary of the in-therapy behaviour that couples expected from their partners. Details about these expectations are discussed further on.

Table 5.5

Expectations of Partner’s In-therapy Behaviour

Category	Subcategory
To stay in the process	No subcategory
To communicate openly and honestly	No subcategory
To listen and understand	No subcategory
Additional mentions	To admit when they are wrong
	To understand that not everything can be fixed

5.5.1 Couple members expected their partner to stay in the process

The first category of expectations couples had of partner's in-therapy behaviour was to stay in the process. It seems that the participants felt that staying in the process might be more difficult for their partner than for themselves. However, they retained and expressed hope that their partners would be prepared to also make the effort, or be committed, to being actively engaged in therapy as well as to continue with therapy sessions.

Putting an effort into therapy and being committed to the process is what the couples expected most from their partners. Not only did couples expect that their partners would put an effort into the therapeutic process, but also that they would persist with the process. Boredom and exposing their vulnerability as a couple to a third party were mentioned as obstacles or barriers to *not* persisting with therapy. Couples also expected that their partner would have faith or believe in the process, as well as be prepared to take one day at a time and see progress in terms of "*baby steps*" [03:01].

I am hoping that she is going to stay in it with me and, you know, gets boring, not want to give up and say, well I am busy at work and I can't go. I need her to stay in it with me, you know. I don't want her to get bored and go, I'm not going to sit with a stranger and have him work out our issues. I don't want her to get to that point. I want her to remember that there's value here. [05:01]

Communication is the next category emerging from the couple expectations of their partner and, along with responses to previous interview questions, continues the thread relating to expectations of open and honest communication. Couples in this study placed an emphasis on honesty. This emphasis is reported and discussed as I continue with the findings regarding what couples expected from their partners in therapy.

5.5.2 Couple members expected their partners to communicate openly and honestly

Couples made it very clear in their responses that what they expected as a priority from their partners was open and honest communication. There was an acknowledgement that this might be difficult, but that it was important if the couple hoped to resolve their problems. Some couples indicated that they expected communication to be constructive, and many indicated that they hoped their partners would be honest, even if the truth was painful to hear.

Honest communication was considered the “*best policy*” [03:01], even when partners might not like what they heard. This honesty referred to communication about feelings, unspoken truths and plans for the future. Only by being honest did couples feel they could fix their relationship. The emphasis on honesty came across during the interviews as an invitation to the partners to be authentic in the therapy process.

Just to be open and saying, what is going on because no one is judging. Just the truth and to be open. Not to worry about anything, just tell the truth. The thing he has been struggling with. This is the time for truth. [08:01]

Linked to honest communication was the expectation that the participants’ partners would listen to them. Couples accepted that their partner may not agree with them. However, they expressed that they wanted their partner to understand their perspective.

5.5.3 Couple members expected their partner to listen and understand

Couple members expected their partners to listen and to be understanding (third category). Couples also expect that, allied to listening, their partner would respond in some way to what

they heard. Listening and understanding should be accompanied by a change in behaviour, indicating that there is "... *really understanding*". [10:01]

Couples expected that their partners would be attentive in therapy, just as they were expected to contribute to therapy. Not listening to each other was indicated as a major contributor to most relational "*issues*" [01:01] or problems. According to the participants, listening was associated with understanding and respect. There was also an expectation that, as their partners listened and understood, there would be changes in attitudes and behaviour. Couples expected their own perspective to be heard and respected.

Actually, listening and being really attentive, and actually taking it in, and really applying it to your life. I think that is important for him, but also for me. I think most of our issues come from not listening and giving each other a chance, or giving each other an actual hearing or actual understanding how do you feel, or understanding how do I feel. So, I think the main thing, listening and really understanding, and just being attentive. [10:01]

5.5.4 Additional remarks regarding partner's in-therapy behaviour

Two individuals contributed responses that did not fit into the categories emerging regarding expectations couples have of their partners. These two individual responses are included here separately, as I endeavoured to present the participants' contributions comprehensively. The *first* of these was the expectation held by one participant that her partner would admit when he was wrong. The *second* comment was the expectation (expressed by one individual) that his partner should understand that not everything can be fixed.

Well, it's like basically for her to acknowledge, or accept that some things can't be fixed.

Because there are things in life that can't be fixed. [09:02]

5.5.5 Expectations about own versus partner's in-therapy behaviours

I briefly note my observations regarding the contrast between what couples indicated they expected *themselves* to do and what they expected from their *partner*. Couples had less to contribute or say about what they expected from their partner than what they expected from their own in-therapy behaviour. What was most expected of their partner was to commit to the process, to be honest and to listen. The expectations of own in-therapy behaviour compared with expectations of the partner's in-therapy behaviour are compared in Table 5.5.5.

Table 5.5.5

Comparing Expectations of In-therapy Behaviours of Self and Partner

Self	Partner
To commit to therapy	To stay in the process
To take responsibility	
To communicate actively	To communicate openly and honestly To listen and understand
To be considerate towards partner	
To look forward	To admit when they are wrong To understand that not everything can be fixed

Of interest is the acknowledgement of personal agency that is expressed by the couples as they reflect on their expectations of their own in-therapy behaviour. The international literature does not specifically position couples' expectations of themselves beside the expectations couple members have of their partner. I have chosen to present my findings in this way, as it reflects

a strong emphasis on personal responsibility and willingness to contribute to the therapeutic process.

I do, however, present this information with caution, as the relational context may influence how comfortable individual couple members are to say what they expect of their partner. It possibly is easier for couple members to specify what they expect of themselves in therapy than to say what they expect from their partner in the presence of their partner. I would like to tentatively comment that, as interviewer (and researcher), I noticed a responsiveness of participants to their partner's acknowledgement of their commitment to, and sense of responsibility for, participating in therapy. This, although noted, is not directly related to my research question and will not be developed any further in this thesis.

5.5.6 Previous research about in-therapy behaviour and partner expectations

The international literature has reported on couples' in-therapy behaviour or role expectations (Tambling, 2012), as well as what couples expect from their partners (Tambling et al., 2014). Tambling et al. (2014) documented role expectations of therapy that relate well to the findings of my study. The role expectations referred to by Tambling et al. (2014) include being open or opening up, communicating, as well as listening and understanding.

Reported in the international literature on the topic of partner expectations is that a particular partner would do most of the talking (Tambling et al., 2014). This was not raised by couples in my study. Also documented as an expectation was that partners who do not usually participate much will contribute more comfortably in a therapeutic setting (Tambling et al., 2014). Although this is alluded to in a few instances in my study, it was not stated directly.

Whilst couples in my research expected commitment, communication, being actively responsible for their contributions, and being caring towards their partner, what they expected of their partner was to stay in the process, to communicate openly and honestly, as well as to listen and understand. Furthermore, couples had expectations of the therapist's contribution to therapy. I report and discuss these expectations of the role of the therapist in the next section.

5.6 The role couples expected the therapist to play in therapy

The couples' responses regarding the therapist's role were clear, direct and articulated with ease. There was correspondence between the couples' responses, resulting in only three main categories regarding the role of the therapist. In general, couples expected the therapist to be (i) a professional with experience, (ii) client focused and to (iii) help the couple communicate better. The categories mentioned above were defined based on the couples' responses and are described using subcategories where applicable in Table 5.6.

Table 5.6

Expectations of Therapist's Role in Therapy

Category	Subcategory
To be an experienced professional	To be skilled and to use these skills To maintain confidentiality To have experience specific to couple therapy
To be client focused	To understand the couple relationship To identify patterns in the way couples relate To see the bigger picture as a third party
To help the couple communicate better	To mediate or facilitate
Expectations of the therapist not included in a specific category	One participant answered that he was unsure One participant enquired about after hours availability during couple conflict

5.6.1 Couples expected their therapist to be an experienced professional

Aspects of the role expectations of the therapist are associated with the trust that couples attribute to therapists because they are professionals with experience. This was the first category relating to the role of the therapist and, linked to this, are the following subcategories: (i) utilise professional skills, (ii) maintain confidentiality, and have (iii) experience in the field of couple therapy.

The professional skills (first subcategory) emphasised by the couples in the research interview included the ability to listen, to ask good questions and to make sense of the challenges in which couples felt stuck. The questions needed were those guiding couples towards seeing what they may not have seen before, as well as helping them to understand themselves better.

Ask questions I have not answered. Ask myself and find these answers. Clearly that's what it boils down to. Clearly I am doing something wrong, and I am missing it somewhere.
[01:02]

To ask questions that I have never even thought of. [03:02]

Maintaining confidentiality (second subcategory) was mentioned as a self-evident expectation couples had of the therapist as a professional person.

Definitely an honest person, cause I would take it as confidential. [03:01]

To have experience of life, as well experience as a therapist, was the third subcategory relating to the therapist's role as a professional. It was expected that the therapist would give advice or make recommendations to the benefit of the couple relationship by drawing on their "experience" [02:02]. It was anticipated that the therapist would "analyse" [02:02] what the

couple shared to be able to give “*advice*” [02:02]. Areas of advice expected from the therapist included “*how to steer*” [05:01] the relationship, how to maintain a “*healthy*” [02:02] relationship and how to deal with “*relationship problems*” [01:02]. It was also expected that the therapist would be able to offer advice in a helpful and understandable way. “*Guidance*” [07:01], “*help*” [06:01] and “*give advice*” [02:01] were the words most commonly used by the couples to describe the expected role of the therapist.

(G)et proper help from someone that knows what you are talking about. [08:02]

Some couples expected the therapist to give answers, support and direction. Couples indicated that they had tried to find solutions but had not been successful in their efforts, and now needed help. The help received was expected to be based on “*professional*” [08:01] experience, but focused on the “*situation*” [06:02] of the couple.

5.6.2 Couples expected their therapist to be client focused

It was emphasised that the couples’ expected that their therapist would be client focused. By being client focused it was expected that the therapist would understand the couple relationship, identify patterns in the way the couple related and see the bigger picture as a third party interested in but not immersed in the relational context.

A specific expectation was that the support given would be directly relevant to the couple’s circumstances and would be based on an understanding of the relational dynamic. One couple member referred to a previous negative experience with individual therapy. He stressed that he did not experience therapy as helpful as it did not prioritise what was most relevant for him.

At the end of the day I think for us to receive the help we need, it needs to be about us.

That’s what it needs to be about, us. [10:02]

It was expected that the therapist will make sense of the couple relationship. Couples expected that the therapist would have the expertise to analyse their situation and “*issues*” [10:01], and in doing so identify patterns that they were unable to see because they were “*locked into*” [05:02] these patterns. By recognising these patterns, it was expected that the therapist would point them out to the couple. Insight into the dynamic or pattern was expected to assist couples to manage their interactions differently.

Analyse a few situations and a few issues we bring up, and discuss in some depth and to kind of point out some patterns maybe. You know, that we are kind of locked into, that we don't recognise. If we knew what we were doing then, you know, we could like see it coming, maybe. So to have another person you look at the both of us and say this is absolutely crazy. Just help us identify patterns. [05:02]

In order to create this insight into the relational dynamic, it was expected that the therapist would mediate conversation between the couple. The therapist was expected facilitate communication.

5.6.3 Couples expected their therapist to help them communicate better

It was also an expectation that therapists would help the couple communicate better by mediating or facilitating conversations. Mediate and facilitate are words used frequently and interchangeably by couples to say what they expected the therapist would do. Mediating or facilitating is described as ensuring turn-taking, constructive conversations and putting on the brakes when needed.

I don't know if facilitate is the right word but definitely as a mediator between the two of us meeting each other halfway and stuff like that. [02:01]

Couples in general spoke of the presence of a third person with an outside perspective, providing an opportunity for both members of the couple to put forward their point of view constructively. As an outsider it was expected that the therapist would see what they could not see and share this perspective to help direct the couple. It was expected that the presence of the therapist would enable the partner who finds it difficult to talk to be more open. The couple member having difficulty communicating with their partner expected that the therapist would help them to be “*open, honest and straight*” [06:01].

I think maybe to allow us, just to talk about our issues. [09:01]

Well for me I want to get help from the therapist just to be open, honest and straight.
[06:01]

In general, the couples looked forward to being able to communicate in a different way with the assistance of the therapist. They expected that the therapist’s outside perspective would be helpful in making sense of their relationship. However, two couple members’ answers did not fall into this response category. These responses are detailed next.

5.6.4 Responses not falling into specific categories

Comments that fell outside these three categories regarding the therapist’s role were made by two individual couple members. One couple member indicated that he was not sure what the therapist’s role would be. The second person asked if the therapist could be available after hours to talk them through conflict situations. These additional responses are included for the sake of completeness.

5.6.5 Expectations of the therapist's role in couple therapy: international research findings

Listening, asking questions, analysing or evaluating, giving advice and guiding are role expectations also documented in the international literature (e.g., D'Aniello & Tambling, 2017; Tambling, 2012). Also coinciding with international findings are the expectations shared by the couples in my study of a therapist with experience who is directive (Tambling & Johnson, 2010) and focused on the couples' concerns (Tambling, 2012). The terms mediate and facilitate are not commonly used in the international literature when describing couples' expectations of their therapist. The words mediate and facilitate are commonly used in my study outlining in part the expected directive nature of the therapist's role in couple therapy.

References to therapists guiding interventions, equipping couples with tools (D'Aniello & Tambling, 2017), creating a favourable environment, and being task and problem focused (Tambling, 2012) were not specified by couples in my study. Also notably absent from my study is the expectation that therapists will collaborate with couples regarding therapeutic tasks and goals (Tambling, 2012).

The therapist's role and relationship with the couple are closely associated with each other. This was a question the couples found more difficult to respond to. Much of the focus of responses was on the therapeutic qualities of the therapist.

5.7 Expectations of the therapist and the therapeutic relationship

This question did not elicit as much data as the question regarding the role of the therapist. In part, this was related to couples not having considered the therapist from a relational perspective but rather more as a professional giving direction. Some couples were unable to respond to this question, saying that it was "*hard to answer*" [06:01]. One couple member said that his expectations were related to the "*process*" [01:01] that would be followed, rather than

being about the relationship with the therapist or the therapist's qualities. One couple member specifically indicated that his expectations were influenced by the media.

So used I set my alarm especially for Dr Phil. And then (pause) there's certain information I have heard and listen to, really learnt a lot. Because when there are couples on his show (pause) and (pause) it's almost like it reflects onto our lives. On our lives. [03:01]

Four emerging categories regarding therapeutic qualities are presented to describe the couples' responses. These categories and related subcategories are summarised in Table 5.7. The couples expected that (i) they would feel comfortable and safe in therapy. They had expectations regarding the (ii) kind of person the therapist would be, and also mentioned (iii) the level of autonomy they expect in the relationship. The final category regarding the therapeutic relationship was an expectation that there would be (iv) reciprocal honesty in the therapeutic relationship.

Table 5.7

Couple Expectations of the Therapist and Therapeutic Relationship

Category	Subcategory
Expect to feel safe	Therapist to create a calm, comfortable environment Facilitated by a warm, honest and comfortable therapist Facilitated by the skill and experience of the therapist
Expect therapist to have certain qualities	Genuine and benevolent Neutral Non-judgemental Additional remarks: cultural and gender preferences
Varying levels of autonomy expected	No subcategories
Expect honesty	Therapist to facilitate honesty for individuals and the couple Therapist to be direct and honest

5.7.1 Couples hoped to feel safe

The first of the categories introduced by the couples was the requirement to “*feel safe*” [05:02]. Safety was described as being necessary to expose vulnerability. Couples expected a “*calm*” [01:02] and “*comfortable*” [08:02] environment (first subcategory) and anticipated that these elements would come from the qualities of the therapist. They expected that they would be safe to expose their vulnerability to a therapist who is *honest* [04:02], *warm* [05:02] and *comfortable to talk to* [03:02] (second subcategory).

Mostly the kind of warmth that makes us both feel safe, so we can talk. [05:02]

Because you are vulnerable, each vulnerable and feel exposed so, I really need to feel comfortable in expressing issues or, with somebody. [01:01]

The couples in my study generally viewed safety as being related to the therapeutic qualities of the therapist. The responses indicate that only when couples felt safe would they be comfortable to talk. Trust and safety were allied in the couples’ responses. Couples also expected that they would be able to trust the therapist’s skills and experience (third subcategory).

Yeah, ah, just experience I think. Got the experience to know how to approach the situation and say look out of my experience I think that this or as I, see the situation.
[05:02]

Trusting the skills that they have. [06:02]

Couples held expectations of the kind of person the therapist would be. For the main part, the responses were similar between couples and consistent across the couples who participated in my research.

5.7.2 Couples held expectations regarding the kind of person the therapist would be

The couples' responses were generally in agreement that therapists are expected to be (i) genuine, benevolent, in addition to being both (ii) neutral and (iii) non-judgemental. One couple member responded that she expected the therapist to be (iv) culturally similar to her, and another couple member referred to gender. Other expectations about the kind of person a therapist should be included kind, rational, intelligent, educated, calm and patient.

Couples held the expectation that their therapist would be genuine and benevolent. A genuine (first subcategory) therapist was described by the couples as an individual who would be prepared to be “*straightforward*” [02:02] and not “*beat around the bush*” [02:02]. It was also expected that it would be helpful to have a “*genuine*” [10:02] therapist who had the couple's best interests at heart and was not just doing a job. One couple member said that she expected a therapist who genuinely felt the experience of both herself and her partner.

I think just really genuine, not someone that's going to say what we want to hear. Do things that we want them to do. It's just someone that's going to pay a real interest and want to help. Not just be there for the sake of this is my job, or anything like that. Just wanting to help, wanting to be there. [10:02]

Accompanying benevolence, the couples expected a therapist to be a good listener. Couples described a good listener as being “*open minded*” [07:02] and able to understand the couple's situation or relational dynamic. Understanding is a word used by a number of couples to describe what they expected from their therapist. One couple member put into words what many couples alluded to when saying that he expected a therapist who would “*just get the situation*” [01:02], helping the couple to make sense of their relationship.

I am hoping the therapist is going to make some sense out of the crazy (pause) that comes out of my mouth. Comes out of us. [05:01]

Neutrality (second subcategory) was emphasised as a valued quality that couples expected of therapists. One couple member indicated that one of the main reasons they had chosen to come to therapy was for a “*neutral*” opinion. Couples described a neutral therapist as one who listened to and understood each partner, not siding with either partner but offering an independent view. In addition to being neutral, therapists were expected to be “*non-judgemental*” [07:02].

A non-judgemental (third subcategory) therapist was described as one who is able to hear the couple’s history without apportioning blame to any individual. Couples expected a therapist who would be open minded about the concerns shared by the couple and not be a person who felt that they “*know better*” [05:01]. One couple member said that, as a good listener, the therapist should be a person who is not judgemental.

Yes. Understanding, or listening to both of us. Where did it start, where did it come from. And not just judging and saying you are the bad person, or saying this is the bad person. Not being judgemental. [08:01]

Age and gender were generally not raised regarding the kind of person the therapist was expected to be. Couples had been given the name of their therapist prior to the interview and generally referred to the correct gender of the person with whom they had the appointment during the research interview. One couple member mentioned that age and gender were specifically *not* of concern to her. Another couple member indicated that, when she thought of therapists she thought of a female individual, although she did not have a preference in terms of gender. One male couple member expressed a preference for a male therapist.

5.7.3 Couples differed with regard to their expected level of autonomy in the therapeutic process

The next category was the functioning of autonomy within the therapeutic relationship. Couples indicated that they welcomed the input of an experienced professional who would offer guidance. They mentioned that, as couples, they would need to be active about implementing the advice and guidance.

The extent of autonomy they expected to have regarding implementing the therapeutic input varied on a continuum. Some couples expected that they would be told what to do, whilst others indicated that they expected to have a choice regarding the implementation of the therapeutic contributions.

Not just, (pause) giving us a choice, what to do with this now. [02:02]

We must take his advice and work on it. [06:01]

Also, if I can just add to be straightforward and to the point not like, beat around the bush and stuff but just be like this is what you should do, shouldn't do.[05:02]

Regardless of how directive the couples expected the therapists to be, honesty was emphasised as a priority by the couples.

5.7.4 Couples expected that their therapist would be honest and direct

Honesty is the final category that arguably could be included as a therapeutic quality of the therapist. Honesty was a dominant thread in my research and, as such, warrants separate discussion.

The couples indicated that they expected the therapist to facilitate honesty for them as individuals and as a couple (first subcategory). The couples also emphasised that they expected that the therapist would be direct and honest with them both as individuals and as a couple. Many couples referred to blind spots in themselves which they hoped would be uncovered by nondefensive, open and honest communication facilitated by the therapist.

Honesty was emphasised by most of the couples. They expected that their therapist would be straightforward and direct with them (second subcategory). The emphasis was on a therapist who would be prepared to point out the behaviours that negatively impact on the relationship, as well as being direct about what the couple should be working on. Couples indicated that, in addition to a therapist who is authentic and empathetic, they expected that the therapist will have the strength, capacity and ability to give them the feedback they needed to hear, whether or not this was comfortable for them.

Um, good listener (of course) and, yes that can that is capable of giving that feedback that I expect. [02:02]

*Somebody that doesn't know me. Somebody that doesn't know me, that's looking in and say you know what, what you doing is wrong. Or what you doing is right. I need **that** (emphasis). [04:02]*

Not to beat around the bush. [10:01]

(I)t's not going to be easy if someone is going to be bull dusting us around. It's just going to make things worse. [10:01]

The couples expected honesty to be reciprocal within the therapeutic context. This openness and honesty was previously described as an expectation couples held of their own role as well

as that of their partner. It was also expected that the therapist would be open and direct with them as a couple. With reference to the therapeutic relationship, the couples expected that they would be both open and honest with their therapist as a prerequisite for making progress in therapy.

You want help. You come to them so you must be open. They can only work with what you give them. [03:02]

The responses recorded in my research reveal that this group of couples did not necessarily all have expectations of the therapeutic relationship. Those that were able to describe their expectations of the therapeutic relationship spoke of safety, the kind of person they expected the therapist to be, and mentioned the level of autonomy they expected to have. As contributed in previous responses, the couples revealed that honesty was valued in the therapeutic relationship.

Some of the responses mentioned above coincide with responses reported in the international literature. Warmth is a therapeutic quality shared across a few of studies (e.g., D’Aniello & Tambling, 2017; Tambling & Johnson, 2010). Other therapeutic qualities that coincide with the feedback from couples in my study are empathy (e.g., D’Aniello & Tambling, 2017), having the ability to create a comfortable environment (e.g. D’Aniello & Tambling, 2017), calm (Tambling et al., 2014), open minded and honest (Tambling & Johnson, 2010). The most recent international studies indicate that expectations regarding the therapeutic qualities of the therapist are influenced by the media (D’Aniello & Tambling, 2017; Tambling et al., 2014). One couple member made reference to media influencing his expectation of how the therapist would relate to them as a couple and the kind of person the therapist would be.

There are expectations recorded in international studies that were not mentioned by the couples in my study. Predominantly recorded in international studies is the expectation of a young therapist (e.g., D’Aniello & Tambling, 2017) and a graduate student (e.g., Tambling & Johnson, 2010). This is reported to be based on information available to the couples at the time (Tambling & Johnson, 2010).

Information not emphasised in the international literature, but contributed by couples in my study with some emphasis, included the expectation that the therapist would be neutral and non-judgemental. Vulnerability and safety were words used by couples describing their expectations of the relationship with their therapist. Honesty was indicated as a reciprocal relationship in the therapeutic context. There was an emphasis on the therapist not only being honest, but also direct.

Although emphasised less, but also notably, was the contribution of one couple member who indicated that they expected their therapist to be middle class and culturally similar to themselves. Finally, couples made reference to the degree of autonomy they expect in the therapeutic relationship, although they differed in their expectations in this regard. Some couples expected to be told what to do by their therapist, whilst others expected to be given a choice regarding the therapeutic input they decided to implement. There was some variation in expectations between these two extremes regarding autonomy.

The final interview question in my study made reference to outcome expectations. This question was asked with a slight variation from the opening question, and also focused on outcome expectations. It was anticipated that it would create an opportunity for couples to contribute any expectations that may have come up during the interview. Only a few minutes

were allocated at the end of the interview to ask what couples hoped for regarding the outcome of couple therapy.

5. 8 Outcome expectations – what couples hoped for

This question focused on outcome expectations and is very similar to the opening question (see Table 5.1) of this thesis. However, there was a slight shift in the way the question was asked, as it used the word hope rather than expect. Although the word hope was used by some couples in their responses to previous questions, this was the first time hope was used as part of the question.

The responses provide only a thin slice of information regarding what couples hoped to achieve through therapy, as limited time was allocated to this question. The responses were interesting in that this thin slice of information coincided with the responses to the opening question (see section 5.3), indicating consistency in the couples' responses.

Two couples either did not answer this question or only partly answered. One couple said they could not say what they hoped for. One member of the other couple indicated what she hoped for and proceeded to summarise her key expectations.

From those couples who did respond to the question, four main categories emerged from the data. Couples hoped that, as a result of therapy, they would (i) communicate better, (ii) learn, (iii) reach their potential as a couple, and (iv) find a way forward. There was a tone of hopefulness in the couples' responses to this question. One couple member specified that he had come to therapy for hope. I report on these categories as summarised below in Table 5.8.

Table 5.8

Summary of What Couples Hope to Gain From Participating in Therapy

Category
Improved communication
To learn about each other
Achieve their full potential as a couple and still maintain their individuality
A way forward

5.8.1 Couples hoped for improved communication

Improved communication was the most prominent response to this question of what couples hoped would change as a result of therapy. This finding corresponds with previous findings in my research. Couples indicated that they hoped for safety in the therapeutic space so that open and constructive communication could take place. The couples specified their hope for emotional calmness to support the communication.

*OK. So I am hoping to say the unpopular things and know that it's going to be OK. If I say this, there's (partner name withheld) is not going to cry, there's not going to be silence. That we can say (emphasis) unpopular things and **get through it** (emphasis). And feel safe doing that. [05:01]*

5.8.2 Couples hoped to learn about each other

Couples also indicated that they “*hope to learn*” [05:01]. The couples hoped that they would specifically learn more about each other and develop an understanding of each other’s needs. Furthermore, they hoped that this learning would be implemented to the benefit of their relationship.

(H)aving a more in-depth and better understanding of each other's needs. [01:02]

5.8.3 Couples hoped to achieve their full potential as a couple

This category gave prominence to the couple relationship. Couples hoped that they would achieve their full potential as a couple and yet still maintain their individuality. I noticed a particularly hopeful tone in this category of responses. Safety, love and trust were words used to describe the relational connection they hoped for. Couples used positive words to describe a better way of being together.

I would like to see us better and the best, because I really love him and we have been through so much, you know. I just want us to grow and just be great. As individuals and together. [10:02]

5.8.4 Couples hoped for a way forward

The couples also hoped that therapy would result in a positive change and that they would see progress, or a way forward for themselves as a couple. For some couples, this meant avoiding the discomfort they experienced in conflict. Some couples spoke of regaining what they had before, whilst others hoped for a healthy relationship, or progress of some kind.

I hope for us to move forward. To address the problems and work on them. And move forward. And if that's not possible, then at least we gave a hundred percent, into this whole process. [02:02]

I am hoping for us to reconnect and become the 'teamo supremeo' that we used to be. [02:02]

The words hope and expectation are used interchangeably in the international literature (e.g. Tambling et al., 2014). Couples in the Tambling and Johnson (2010) study responded to questions regarding their expectations with the words hope or hopefully in a number of instances. In her review of therapeutic expectancy effects, Tambling (2012) refers to expectations that spark hopeful feelings. Hopeful feelings are linked in Tambling's (2012) review to positive expectations or a belief that therapy will be effective.

Previous research on expectations about couple therapy did not separately ask the participants about expectations and hope. However, with regard to this study's findings, it is worth noting that, when couples were asked what they hoped would change, the majority of couples expressed hopefulness, while their responses focused on the couple relationship and not on their presenting problems.

5.9 Conclusion of research findings

The couples participating in my qualitative study, of the expectations couples have of couple therapy when presenting for therapy, reported a wide range of expectations. These expectations coincide with the findings of previous research (e.g., Tambling & Johnson, 2010; Tambling et al., 2016, 2014).

Previous research indicates that, prior to therapy, couples present with expectations of the therapy processes, the therapist and the outcome of therapy (Heafner et al., 2016). Reasons why couples attend therapy are related to outcome expectations couples have of therapy (D'Aniello & Tambling, 2017). Based on the published findings of previous research, the couples participating in my study were asked for their reasons for attending therapy, as well as what their expectations were of the outcomes of therapy, their expectations of in-therapy

behaviour (therapy processes) and their expectations of the therapist. Finally, the couples in my research were asked what they hoped for as a therapeutic outcome.

My findings are largely consistent with the findings in previous research. There are, however, some differences with regard to certain aspects indicated by couples in my study. The voices of the couples in my study converge with those of couples in previous research with regard to the general expectation that therapy will be helpful. Further on I compare my findings with published international findings, beginning with the reasons given by couples for attending therapy, as summarised in Table 5.9.1.

Table 5.9.1

Reasons Couples Give for Attending Therapy – Comparing Research Findings with Previous Research

Findings of this study	Published in international research
To communicate	Couples expect to discuss the problems or concerns that bring them to therapy (Heafner et al., 2016; Tambling et al., 2014)
To improve connection	
To get professional help	
Couples indicate commitment to their relationship as a reason for therapy	
To navigate or understand differences	
To deal with external influences	
To move forward	Couples expect therapy to relate to the concern or problem that brings them to therapy (D’Aniello & Tambling, 2017)

The reasons given by couples in my study for attending therapy varied. Communication challenges were the most prominent reason given for presenting for therapy. In addition, couples in this study indicated that dealing with external pressures on the relationship, feeling stuck, and wanting improved connection and intimacy brought them to therapy.

Couples in this study also indicated that they feel unable to move forward without professional help, and that they wanted to move forward from their current relational position. Couples in my study generally expected that therapy would be helpful in influencing change. Table 5.9.2 presents the change couples expected in both my study and in international studies. *Italic font*

is used to emphasise similarities between findings in this study and international research. I continue to use italics in this way for all comparative tables in this section of my thesis.

Table 5.9.2

What Couples Expect to Change as a Result of Therapy – Comparing Research Findings with Previous Research

Findings of this study	Published international findings
Couples expect a relational change: <i>relief from distress</i> , more stability and relational commitment. Changed behaviours and attitudes.	<i>Relief from distress</i> (D’Aniello & Tambling, 2017; Tambling & Johnson, 2010; Tambling et al., 2014).
That relational <i>communication will improve</i> : communicate differently. To be open and honest. To gain understanding, insight and clarity.	<i>Improved communication</i> (Tambling et al., 2014).
<i>To learn</i> : About themselves and about their partner. To learn skills, especially communication skills. To be exposed to positive information that will assist with behaviour change.	<i>Learning</i> coping and problem-solving skills, techniques and tools (D’Aniello & Tambling, 2017); Improved self-awareness (Tambling & Johnson, 2010); Better understanding of their partner (Tambling et al., 2014).
<i>Expect therapy to be helpful</i> : although not necessarily a positive outcome for the relationship.	<i>Expect therapy to be helpful</i> (D’Aniello & Tambling, 2017).
Expect that they will change as individuals with an <i>emphasis on personal responsibility</i> .	<i>Take responsibility</i> ; not just about partner changing (Tambling et al., 2016).
Therapy will bring <i>hope</i> .	<i>Hopefulness</i> noted in literature as contributing to positive outcome of therapy (Tambling, 2012).
	Normalising of experiences.

Couples who took part in this study expected that the change would be of benefit to them as individuals, as a couple, or as individuals and a couple. The participants in this study

emphasised that they would take responsibility for the role they play in therapy. As couples they also expected relief from distress, to have more stability in their relationship as they contemplated a change in their level of commitment to each other, and that they would relate to each other differently. Improved communication was expected to be a key change in the couple's relationship.

Couples also expected that, as an outcome of therapy, they would learn about themselves and their partner, as well as learn skills that will enable them to be better in relationships. As they presented for therapy, the couples were able to describe what they expected to do in therapy. In-therapy behaviours expected in my study are placed alongside published international research in Table 5.9.3.

Table 5.9.3

In-therapy Behaviour: What Couples Expect to Do in Therapy – Comparing Research Findings with Previous Research

Findings on in-therapy behaviours in this study	In-therapy behaviours published in international research
<i>To commit to therapy:</i> To give of their best. Committed to the relationship. Committed to clarifying relational challenges.	<i>Put in an effort</i> to achieve desired outcome.
<i>To take responsibility:</i> Admit faults. Develop insight. To learn and change.	<i>Take responsibility;</i> not just about partner changing (Tambling et al., 2016).
<i>To actively communicate:</i> Contain emotions. To be open and honest. Take responsibility for expressing themselves. To ask questions, to listen and understand.	Talking, <i>communicating</i> about feelings and asking questions (Tambling, 2012a). Specify topics of conversation: individual and couple history, previous life experiences impacting on challenges. Talking about interventions before initiating these interventions.
To be considerate towards their partner: respectful.	Listening and understanding. (Tambling et al., 2014).
To look forward.	Place value on the relationship
<u>PARTNER EXPECTATIONS</u>	
<i>To communicate</i> openly and honestly.	<i>To communicate</i> openly (Tambling et al., 2014).
<i>To listen and understand.</i>	<i>To listen and understand</i> (Tambling et al., 2014).
To admit when they are wrong.	
To understand that not everything can be fixed.	
To stay in the process.	

Couples who took part in this study were confident regarding what they expected to do in therapy. Commitment, responsibility and active communication, accompanied by a caring and

respectful approach, was what couple members expected of themselves in therapy. I noted the responsiveness of partners as commitment to therapy, and that commitment to the relationship was translated into words in the interviews. However, couple members were more restrained regarding what they expected from their partners in therapy.

According to the couples who took part in this study, they expected their partner to stay in the process, to communicate openly and honestly, as well as to listen and understand. Their responses indicated an emphasis on honesty as the best policy. The couples also expressed a desire to hear the truth, whatever that may be. Furthermore, honest communication was considered as a valued characteristic of the relational context of therapy, including in respect of the role of the therapist. The expected role of the therapist in both my study and the international studies is summarised in Table 5.9.4.

Table 5.9.4

Expectations of the Role of the Therapist in Couple Therapy – Comparing Research Findings with Previous Research

Findings of this study	Published international findings
To be an experienced professional. <i>To listen, to ask good questions, to make sense of the couples' challenges and guide the couple.</i>	<i>Listening, asking questions, analysing or evaluating and guiding couples.</i> (D'Aniello & Tambling, 2017; Tambling, 2012).
To be <i>client focused</i> .	<i>Focused on couples' concerns</i> (Tambling, 2012).
To help the couple communicate better. Used the terms mediate or facilitate commonly.	
Unsure of what to expect of the therapist.	
Is the therapist available to assist with after-hours relational conflict?	Task and problem focused (Tambling, 2012).

According to the findings of this study, therapists are expected to be honest and direct, as well as facilitate honesty in the individual and the couple. Also expected of the therapist was to be professional and client focused, and to act as mediator or facilitator of improved communication. Furthermore, the couples expected to trust the therapist's skills and experience, while confidence in the skills and experience of the therapist would contribute to a sense of safety. The qualities of the therapist were seen as integral to the therapeutic alliance (see Table 5.9.5).

Table 5.9.5

Expectations of Therapist's Qualities and Therapeutic Alliance – Comparing Research Findings with Previous Research

Findings of this study	Published international findings
Couples expect to <i>feel safe</i> . Therapist to create a calm, comfortable environment. Therapist qualities of warmth and honesty, as well skill and experience, will facilitate this.	Therapist is expected to create a <i>favourable environment</i> (D'Aniello & Tambling, 2017; Tambling, 2012).
<i>Expect the therapist to have certain qualities: genuine, benevolent, neutral and non-judgemental.</i> Cultural similarity. Gender preferences or expectations shared by two individuals. One individual indicated that his expectation of the therapist was influenced by the media.	<i>Therapist is expected to be warm.</i> (D'Aniello & Tambling, 2017; Tambling & Johnson, 2010); have empathy (D'Aniello & Tambling, 2017), be calm (Tambling et al., 2014); Young therapist (D'Aniello & Tambling, 2017) or a graduate student (Tambling & Johnson, 2010). Couples' expectations influenced by media (D'Aniello & Tambling, 2017)
Expect <i>varying levels of autonomy</i> , from limited choice to freedom of choice, based on personal autonomy or preference.	<i>The therapist will collaborate with couples</i> regarding therapeutic tasks and goals (Tambling, 2012), suggesting an expectation of autonomy based on couple/personal preference.
Expect therapist to facilitate honesty for the individual and as a couple. Therapist to be direct and <i>honest</i> .	Therapist expected to be open-minded and <i>honest</i> (Tambling & Johnson, 2010).

To feel safe (see Table 5.9.5) is an expectation of the therapeutic relationship. The therapeutic relationship is expected to provide safety for couples to be vulnerable and communicate honestly. The kind of person the therapist is, is seen as contributing to the safety couples hope for. Therapists are expected to be genuine, benevolent, neutral and open-minded. Couples vary in the degree of autonomy they expect in the therapeutic relationship. Table 5.9.6 summarises the responses of couples to the question related to expected change, using the word hope instead of expect.

Table 5.9.6

Expectations Expressed as Hope – Comparing Research Findings with Previous Research

Findings of this study	Published international findings
Improved communication Couples expect to learn about each other. Achieve their full potential as a couple and still maintain their individuality.	Not specifically reported on in the international research; however, hope is linked to positive expectations in the literature (Tambling, 2012).

Some of the couples' responses to the last interview question seemed to express or indicate a sense of hopefulness. When specifically asked what they hoped for, the couples used positive language to describe their hopes for improved communication, the opportunity to learn more about each other and to achieve their full potential as a couple. This shift in hopefulness is noted tentatively and with interest.

The couples who took part in this study are from a different geographical and socio-economic context to the couples participating in previously published research on expectations of couple therapy. Notwithstanding the different contexts, confirmation was found for some of the findings of international studies. These include, amongst others, expectations for improved communication (Tambling et al., 2014), that therapy would be helpful (D'Aniello & Tambling, 2017), that the therapist would create a favourable therapeutic environment, and that there would be a focus on the couple's concerns (Tambling, 2012).

In addition, new contributions to the understanding of expectations of couple therapy are made by my study. These new contributions or emphases include the highlighting of personal responsibility (see section 5.5), honesty (see sections 5.5 and 5.6), a different perspective

regarding autonomy in the therapeutic context (see section 5.6), and an apparent shift in hopefulness observed during the research interviews (see section 5.8).

The voices of this group of participating couples contribute to a gap identified by previous researchers, namely that research is needed about the expectations of couple therapy in more diverse settings. This is the first study of this nature in South Africa, and it makes a contribution to the existing knowledge of couple therapy in the South African context. My findings serve to confirm many of the previous international findings, as well as bring up new findings that relate to personal responsibility, honesty, autonomy and an apparent shift in hopefulness noted during the interview process. I will consider these findings in Chapter 6, where I address the significance and limitations of my study.

CHAPTER 6

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

6.1 Introduction

In response to a gap in research regarding the expectations couples have when presenting for couple therapy, I interviewed ten couples in Cape Town, South Africa about their expectations of couple therapy. Previously published research on the expectations of couples presenting for therapy recommend additional research in the field in more diverse settings. The ten couples who participate in this study differ from previous USA participants in terms of location, socio-economic status, education and cultural influences. Despite substantial differences between the couples participating in my study and couples that participated in previous studies, noticeable similarities were found regarding many aspects of their expectations of couple therapy. Some expectations found in this study, which were not reported in previous studies, may warrant further investigation.

In this study I reviewed the expectations of couples presenting for therapy at a family therapy centre in Cape Town, South Africa and reflect on these findings in the context of previously published research. The agreement between the findings of this study and previous findings will be of interest to researchers working on developing measures or tools to enhance the experience of couples in therapy, based on the expectations that clients may have. Although the expectations that were found in this study may be unique to the specific context of my research, they present opportunities for further studies in the pursuit of responding to context-specific expectations of couples attending therapy.

6.2 Conclusions of this study's findings

The couples who participated in this study made a valuable contribution to existing knowledge and understanding about what couples expect from therapy. Couples expected a safe environment in which to communicate and learn. It was expected that they would play an active role in the therapeutic process and that their partners would be open and honest and would commit to staying in therapy. In general, the couples had positive expectations of therapy, along with the expectation of finding a way forward for their relationship. The way forward for couples was not predetermined, with couples expecting to achieve clarity to assist them with making decisions regarding their relationships. However, not all couples participating in this study expected to remain in their current relationship.

There is a notable overlap in the expectations of couples in my research and those of couples who previously contributed to research in the domain of couples' expectations. This overlap exists despite substantial geographic, socio-economic, educational and cultural differences between the participating couples. The areas of overlap between this study and previous studies are with respect to key issues such as communication, problem-solving, self-awareness, listening, understanding and greater acceptance of the partner's perspective. In general, couples expect therapy to be helpful. This overlap in key areas is valuable for the future development of effective measures or processes to clarify couples' expectations prior to therapy. It is beneficial to both couples and therapists to clarify expectations as it enables the therapist to tailor therapy to meet the needs of clients, thereby enhancing the potential positive outcomes of therapy.

It was noted during the research interviews that the process of clarifying expectations created a shift in relational tension for the couples. In some instances, this shift went beyond a reduction in tension to an improved and more positive feeling within the relational space. Furthermore,

for most participating couples there was a notable mobilisation of hope, with couples being able to express positive hopes for their relationship towards the end of the research interview.

Some of this shift was noted specifically as couple members indicated commitment to the therapy process and to the relationship, and as couples recognised that their expectations coincided with those of their partner. Without exception, all couples indicated that they experienced the process of exploring their expectations as helpful. Although the research interview was not intended as a therapeutic intervention, some participants indicated feeling much better about the way forward after the interview.

6.3 Addressing limitations identified in previous research

In this study I have responded to most, but not all, limitations recognised in previous studies. The motivation for this study was based predominantly on the recommendations of previous researchers, who have highlighted the expectations of couple therapy as an “understudied” (Heafner et al., 2016, p.261) research topic. In addition, Tambling (2012) indicates in a review of the existing literature that little is known about differences in expectations in different communities and in different treatment settings. This limitation was identified as a gap in the literature (Tambling et al., 2014). My study’s design was based on this limitation. This study makes a specific contribution to the understanding of couples’ expectations of therapy at a family therapy centre in the Western Cape province, South Africa. No previously published South African research on expectations of couple therapy was found in the literature.

In previous studies, three to five trained interviewers conducted the research interviews, introducing the possibility of variation in interview style (Tambling & Johnson, 2010; Tambling et al., 2014). In this study I personally conducted all of the interviews to ensure a consistent approach and interview style. All couples were presented with the same semi-

structured open-ended questions and prompts, when needed. Whilst a single interviewer enhances consistency in interview approach, it also enhances the importance of reflexivity.

The recursive process of “noticing, collecting and thinking or NCT – computer assisted qualitative data analysis” (Frieze, 2014, p. 568) was implemented at many levels as I engaged with the research data provided by the participants. Regular meetings were held with my research supervisor to discuss progress with the interviews and data analysis. The initial transcript was reviewed by my research supervisor, and an independent, experienced qualitative researcher reviewed the analysis and coding of the research findings. As a registered counsellor with some exposure to couple counselling, the lens through which I view couple therapy is that of creating a neutral environment in which couples feel safe enough to openly share their thoughts and feelings. Although not an expert in the field of couple therapy, I acknowledge that I am influenced by postmodern approaches to therapy.

Previous research considering couples’ expectations of therapy has been led by experts in the field of *expectations of couple therapy*. These researchers acknowledge that their familiarity with this aspect of research holds the possibility of influencing the analysis of the data (Tambling & Johnson, 2010; Tambling et al., 2014). Although I am interested in the expectations of couples as clients, I am not an expert in the field of expectations of couple therapy. In addition, I have no association with or link to previous contributors in the domain of expectations research.

6.4 Limitations of this study

Although the couples’ contributions are greatly valued, the sample is not representative of all cultural groups in South Africa. South Africa has eleven official languages and associated cultures and subcultures. To achieve a representative sample would require a larger and more

resourced study. To achieve a representative sample in the South African context would, however, contribute substantially to the issue of diversity in research samples. Therefore, such a study is recommended for future research.

Due to the limited time frame and limited resources, all interviews were conducted in English. Furthermore, although not required to read and write in English, only couples able to communicate effectively in English were invited to participate in this study. This places a further limitation on the generalisability of findings.

An additional limitation of this study is that I only explored expectations prior to couples commencing therapy. In previous research, following up on expectations over the course of therapy was accompanied by attrition of participating couples. The generalisability of that research was affected by this attrition, (Tambling & Johnson, 2010). This aspect is of particular significance in constrained-resource settings, where transport to a therapy centre is not within the budget of many couples. It was anticipated that a lack of resources would increase the risk of attrition. In order to counter the effect of attrition among participants, I decided to interview couples prior to attending therapy as an avenue to a smaller study, but with meaningful research outcomes.

Despite these limitations, this study does make a contribution to an identified gap in research relating to couples' expectations of couple therapy. The most notable contribution of this study is the creation of a platform for a group of couples distinct from previous voices (e.g., in terms of socio-geographical, socio-economic, culture and educational status) to share their expectations of couple therapy. However, it is interesting to note a significant overlap of expectations, despite the differences between this study's sample and samples in previous research.

6.5 Recommendations for future research

Future studies in South Africa hold the potential to make a contribution to a further understanding of expectations from diverse perspectives. South Africa is rich in cultural, educational and socio-economic diversity. This richness of diversity may present an interesting opportunity for researchers who want to develop instruments to facilitate the clarification and implementation of expectations in couple therapy. The disparity between the resourced and under-resourced sectors of society in South Africa makes it important to maximise the effectiveness of any therapeutic interventions. An understanding of couple expectations may be a useful tool for therapists to tailor treatment approaches to couples' most immediate needs.

Expectations can be a useful therapeutic tool, regardless of the psychotherapeutic orientation. If consistent tools to enhance therapists' and couples' understanding of what they are expecting from therapy are developed, these may be implemented across treatment approaches in couple therapy. The clarification of expectations presents the possibility for the therapist to collaborate with couples to mobilise hope, and maximise persistence in therapy and therapeutic outcomes.

Not only does the South African context have the potential to make a contribution to the understanding of expectations, but therapists and couples may benefit from further research on expectations. There is limited South African research on couple therapy. As a lower middle-income country with resource challenges in the field of mental health, findings that could be applied in various therapeutic approaches would make a contribution to the available resources, with more therapeutic benefits for couples and families. This could be achieved by tailor-made interventions, co-authored by couples and focused on meeting the needs prioritised as being relevant and of importance to couples.

Finally, I recommend future research on the relationship between expectations and hope. The mobilisation of hope (in the participants) during the research interviews in this study is noted with interest. This was not an intentional outcome of this study, but a shift in the feeling of hopefulness was noted in eight of the ten participating couples. Furthermore, investigating the role of hope in couple therapy, across therapeutic approaches, may be valuable to therapists as they work towards supporting couples in distress.

Despite the limitations of this study, the voices of the ten participating couples have made a contribution to a better understanding of what a group of South African couples expect from couple therapy. Not only have the findings added to our knowledge of couple therapy, but they have also raised some points of interest for further exploration – recognising personal responsibility, couples actively asking for truth and safety, and the relational impact of understanding a partner's commitment and expectations. The potential combined effect of the process of sharing expectations, and its possible impact on hopefulness, may also be of value to future researchers and therapists – not only in the South African context.

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APPENDIX A

October 2016

Thank you for contacting the family therapy centre.

Cindy Aberdein, a registered Psychology Masters Student at Stellenbosch University, is conducting a research at our offices in XXXX.

Her research title:

Expectations of Couples Presenting for Couple Therapy

She would like to interview you about what you expect from therapy. The interview will take 45 minutes. Cindy will then introduce you to your therapist who will be given the information relevant to supporting you as you take steps towards your relationship goals.

Please see below on page 2 information about the research.

By participating in this research, you will help the family therapy centre to continue to strengthen relationships, improve understanding of what couples hope to achieve when they attend for therapy and assist the researcher with completion of a Masters Degree at Stellenbosch University.

If you are willing to participate, please e-mail the researcher directly on cindy.aberdein@gmail.com for further details.

Thank-you so much for helping us to understand what you expect from therapy. We trust that you will benefit from your help in this study. Your contribution is greatly valued.

Yours faithfully

APPENDIX A (continued)**Expectations of Couples Presenting
for Couples Therapy**

You are invited to help us understand what South African couples expect from therapy.

We would greatly value your honest and open contribution to better understanding the expectations of couples who request couple therapy. It is hoped that an improved understanding of these expectations will make a contribution towards improving the standards of excellence every relationship therapist would hope to offer their clients.

If you are interested in helping with this study:

You will be requested to come in one hour before your therapy session. In this hour you will meet with the researcher who will conduct an interview to give you an opportunity to share your expectations of therapy. This interview will take approximately 45 minutes. Cindy will then introduce you to your therapist who, with your permission, will be given the information relevant to supporting you as you take steps towards your relationship goals. The family therapy centre charges will apply for your one hour therapy session, following the research interview. Any information that is obtained in connection with this study and that can be identified with you will remain confidential.

Further details about the study can be mailed to you directly or accessed on the family therapy website (details supplied). Any questions you may have will be answered before your interview starts. Thank you so much for helping us to understand what you expect from therapy. We look forward to meeting with you.

Please feel free to submit any questions you may have regarding this study directly to Cindy Aberdein at cindy.aberdein@gmail.com.

APPENDIX B

Stellenbosch University Consent to Participate in Research

Expectations of Couples Presenting for Couples Therapy

You are asked to participate in a study conducted by Cindy Aberdein, a registered counsellor. The findings of this study will contribute towards the completion of a Master's degree at Stellenbosch University. You were selected as possible participants in this study because you have requested relationship therapy at a family therapy centre.

1. PURPOSE OF THE STUDY

The study aims to produce an understanding of the expectations couples may have when presenting for therapy support. By better understanding the expectations of couples it is hoped to continue improving the services offered at the family therapy centre, as well as support positive changes in relationships.

2. PROCEDURES

If you volunteer to participate in this study, we will ask you to do the following things:

- Participate, along with your partner, in an interview before you start therapy.
- You will both have the opportunity to share your expectations.

This interview will take 30 to 45 minutes. We will request your permission to record this interview.

3. POTENTIAL RISKS AND DISCOMFORTS

We require your valuable time to better understand your expectations as a client. This is a normal part of therapy at this centre but we would like to take a little more time to better understand what you are expecting from therapy. This is the first study of this nature in South Africa. Your help in better understanding the expectations of South African couples will be greatly valued.

It may be difficult when you are feeling worried or upset to share your expectations. I will be there to guide you through the process and to help you with questions you may have. Information that you share will be treated confidentially. You may refuse to answer any question you are not happy to answer. If, at any stage, you find the interview too difficult for whatever reason, you have the freedom to ask me to stop the interview.

Your name will not be attached to information you provide, and the information will be stored with the utmost care.

4. POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

The information you offer will help us to improve our understanding of the expectations couples have. We hope to learn from the information you share to help others in the future. We hope this will tell us something about the problems people experience in their relationships, help resolve these problems and contribute to happier family relationships. Understanding couple's expectations can help us to maintain and improve standards of excellence offered in therapy.

5. CONFIDENTIALITY

Any information that is obtained in this study will remain confidential and will be disclosed only with your permission, or as required by law.

6. PARTICIPATION AND WITHDRAWAL

You can choose whether to be part of this study or not. If you volunteer to be part of this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer and still remain in the study. The researcher may withdraw you from this research if circumstances arise that warrant doing so.

7. IDENTIFICATION OF RESEARCHERS

If you have any questions or concerns about the research, please feel free to contact Cindy Aberdein (082 363 5542) or Professor Greeff (021 808 3464) during working hours.

8. RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time. You are not waiving any rights because of your participation in this study. If you have questions regarding your rights as a research participant, contact Ms Maléne Fouché (mfouche@sun.ac.za; 021 808 4622) at the Division for Research Development, Stellenbosch University.

SIGNATURE OF PARTICIPANTS**Partner A & Partner B**

The information above was described to _____ by _____ in English. I _____ am in command of this language or it was satisfactorily translated to me. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

Name of participant A

Name of participant B

Signature of participant A

Signature of participant B

Date

SIGNATURE OF RESEARCHER

I declare that I explained the information given in this document to _____ [*name of the participants*]. [He/she] was encouraged and given ample time to ask me any questions. This conversation was conducted in English by _____

Signature of Researcher

Date

APPENDIX C

Biographical Information

Therapist		Date	
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	Partner A	Partner B
Code		
Occupation		
Income brackets	<input type="checkbox"/> Less than R515 pm <input type="checkbox"/> R515 – R1 399 pm <input type="checkbox"/> R1 400 – R10 000 pm <input type="checkbox"/> More R10 000 pm	<input type="checkbox"/> Less than R515 pm <input type="checkbox"/> R515 – R1 399pm <input type="checkbox"/> R1 400 – R10 000 pm <input type="checkbox"/> More than R10 000 pm
Highest qualification		
Date of birth		
Age		
Marital status	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married	
Living	<input type="checkbox"/> Together <input type="checkbox"/> Apart	
Number of years living together. Number of years married.		
Previous marriages		
Religion		

Children (gender, age and any disabilities)		
Relationship with children		
Referred by		
Previous therapy		
Addictions		
Medication(s)		
Prescribed by		
Notes (official use)		

APPENDIX D
EXPECTATIONS OF COUPLE THERAPY
SEMI-STRUCTURED INTERVIEW

1. Presenting concern:

Can you briefly say what you feel is the main reason you are here today?

Prompts: Say in short what brings you here? What are the main concerns that bring you to therapy?

2. Outcome expectations:

Reflecting on this /these reasons, what do you expect to change?

*Prompt: What changes do you expect as a result of therapy?
How do you think therapy will help you?*

3. Role expectations – Therapist:

What are your expectations of the therapist?

Prompts: What do you think your therapist will do during the therapy meeting?

4. Role expectations – Self:

What role do you expect to play in the process?

Prompts: What do you expect to do when you meet here at the family therapy centre with your therapist?

5. Therapeutic alliance

What do you expect from your relationship with the therapist?

Prompts: How will your therapist be / behave towards you? How will you be / behave towards the therapist?

What do you expect from the connection you make with your therapist?

What do you expect from the link between you and the therapist?

6. Role expectations – partner

What do you expect from your partner during your meetings at the family therapy centre?

Prompts: What do you think your partner will do during the meeting?

What do you think your partner will contribute to the therapy process?

7. Outcome expectations

What do you most hope to achieve through your therapy meetings at family therapy centre?

Prompts: What do you hope will change?

How do you expect things in your relationship will change?

What do you hope will be different for your relationship as a result of your therapy?

How do you hope that your relationship with your partner will improve?

Additional notes and observations *Prompts: Do you have anything else that you would like to add with regard to expectations that you have?*

APPENDIX E

25 August 2016

Dear Prof Awie Greeff

RE: RESEARCH AT FAMILY THERAPY CENTRE

This is to confirm that, Cindy Aberdein (student Number: 19 607059), a registered master's student at the Department of Psychology at the University of Stellenbosch, has been granted permission (with the understanding that an electronic copy of the dissertation will be made available to the family therapy centre) to undertake the following research with couples presenting for counselling for the first time at the family therapy centre:

Title:

Expectations of Couples Presenting for Couples Therapy

The interviews with the clients may be conducted at the XXXX premises during office hours, given the availability of vacant offices.

Yours faithfully

APPENDIX F

The [REDACTED] intake officer [REDACTED] makes appointments for couples requesting therapy at [REDACTED]. On initial contact with couples the intake officer will indicate that Cindy Aberdein is researching expectations of couples coming for therapy. Would they be willing for the researcher to be in contact with them regarding assisting with this research?

INTAKE REQUEST FOR COUPLES:

If couples indicate that they are willing for the researcher to be in contact, Cindy will contact them with an explanation of the study and invitation to participate.

I am interested in what couples expect when they come for therapy at the facility. This information will help improve understanding of what couples hope to achieve when they attend for therapy and assist the researcher with the completion of a Master's degree at Stellenbosch University. Would you be willing to participate?

If yes:

I am a Master's student at Stellenbosch University and I would like to interview you about what you expect from therapy. The interview will take 30 - 45 minutes. I will then introduce you to your therapist, who will be given the information relevant to supporting you as you take steps towards your relationship goals. You will be booked for a two-hour appointment for your first session, the first hour will be allocated to the research interview. You will then (after the research interview) have an hour of therapy at the agreed rate. Cindy will answer any questions you may have before your session. Would you like her to e-mail you details about the research in the meantime?

Participants will be referred to the website or e-mailed:

1. An invitation to participate.
2. A confirmation of appointment will be sent followed by a reminder the day before.

Clients who do not have access to e-mails will be requested to arrive a few minutes early will be given their invitation on arrival and any queries dealt with before commencing data collection.

Thank you so much for helping us to understand what you expect from counselling. Your contribution is greatly valued and we look forward to meeting with you.