Couples' Conceptualizations of Problems in Couple Therapy

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Abstract

While a great deal is known about the problems that clients bring to therapy, little is known about the way in which clients conceptualize problems during the course of couple therapy. Understanding clients' conceptualizations of problems is important because it provides the therapist with a client-centered context on how to approach discussions about the problems during the course of treatment. This manuscript provides the results of an exploratory qualitative inquiry concerning how clients conceptualize problems during therapy and across the trajectory of treatment. The sample consisted of 26 individuals comprising 13 couples attending couple therapy. Participants completed a semi-structured interview prior to the first and after the second, third, and fourth therapy session. Analysis included grounded theory and discourse analysis. Results suggested that couples approach problems from an individualistic standpoint, they internalize problems, and they expect to recover from problems. The authors discuss how therapists may challenge dominant discourses around problems during couple therapy.

Keywords

Couple Therapy, Expectations, Therapy Process

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Acknowledgements

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While a great deal is known about the problems that clients bring to therapy, little is known about the way in which clients conceptualize problems during the course of couple therapy. Understanding clients' conceptualizations of problems is important because it provides the therapist with a client-centered context on how to approach discussions about the problems during the course of treatment. This manuscript provides the results of an exploratory qualitative inquiry concerning how clients conceptualize problems during therapy and across the trajectory of treatment. The sample consisted of 26 individuals comprising 13 couples attending couple therapy. Participants completed a semi-structured interview prior to the first and after the second, third, and fourth therapy session. Analysis included grounded theory and discourse analysis. Results suggested that couples approach problems from an individualistic standpoint, they internalize problems, and they expect to recover from problems. The authors discuss how therapists may challenge dominant discourses around problems during couple therapy. Keywords: Couple Therapy, Expectations, Therapy Process

The relationship among client, therapist, and problems is complex. Research predating solution and strengths-based approaches in psychotherapy demonstrates that clients expect the therapist to be problem centered (Tinsley & Harris, 1976; Tinsley, Workman, & Kass, 1980) and for the therapist to require clients to discuss problems (Bordin, 1979; Gladstein, 1969; Glass, Arnkoff, & Shapiro, 2001; Joyce & Piper, 1998). Tambling and Johnson's (2010) qualitative study, which examined couple expectations for therapy, confirmed many of the same findings for couples that researchers discovered for individuals. Couples expected to discuss problems, the events that led up to their problems' development, and the ways in which those problems impacted individual and couple functioning (Tambling & Johnson, 2010). Decades of research send a clear message: Clients want to talk about problems (Tinsley & Harris, 1976; Joyce & Piper, 1998; Biesen & Doss, 2013).

The way in which problems are studied, operationalized, and treated reflects the theoretical orientation of the researcher and clinician. Multiple definitions of problems allow for a variety of ways in which problems are conceptualized in therapy. From a postmodern perspective, problems are socially constructed concerns that reflect the social and political context in which individuals exist (Madigan, 2011; Reynolds, 2010; White, 1994, 1995).

Problems discussed in therapy often reflect an aspect of the couple relationship that diverges from societal standards of normalcy and health (Bird, 2004; White, 2007; White & Epston, 1990). Postmodern theorists argue that the therapist need not know much about the problem and that the problem and solution may not be connected (deShazer, 1991). This challenged the connection between problems and solutions, which questioned the existence and importance of cause and effect relationships between symptoms and problems. Narrative therapy locates the problem outside of the individual. Instead of the problem existing within a person's body, the problem is situated within the broader sociopolitical and relational context in which the person exists (White, 1994, 2007; White & Epston, 1990). These ideas challenge the view that "health," "disorder," and "normalcy" are indisputable, fixed entities.

Theoretical and empirical study has focused on addressing individuals' approaches to problems in a wide array of life contexts (Berg, Strough, Calderone, Sansone, & Weir, 1998; Denney, 1992; Wagner & Sternberg, 1986; Willis & Schaie, 1993). Despite extensive study on how individuals approach problems in their lives, there remains no universal definition for the concept of problem solving. Researchers do agree, though, that problem solving is a complex and multifaceted process (Berg & Klaczynski, 1996; Denney, 1992; Willis & Schaie, 1993).

In the early 1990s, there was a call for researchers to integrate qualitative methods into the family therapy literature (Newfield, Kuehl, Joanning, & Quinn, 1991; Sprenkle, 1990; Wark, 1990). Since that time, researchers have demonstrated the utility of discourse analysis for therapists (e.g., Gale, 1996, 2000). Particularly, research demonstrates the effectiveness of using discourse analysis to analyze various dimensions of the therapy process (Couture & Strong, 2004; Hare-Mustin, 1994; Gale, Odell, & Nagireddy, 1995; Moore & Seu, 2011). There is an increasing interest in utilizing qualitative research approaches to study couples therapy, with researchers studying client dropout (Helmeke, Bischof, & Fordsori, 2002), therapists' actions (Ward & Knudson-Martin, 2012), pivotal moments (Helmeke & Sprenkle, 2000), and the process of therapy (Bowman & Fine, 2000). Regardless of the researcher's interest, discourse analysis is a useful approach to analyzing individuals' momentary constructions of meaning, particularly in systemic therapy practice (Gale, 2010).

The goals that contribute to problem solving are not clear and vary significantly depending on a host of factors, such as life goals (Berg et al., 1998; Brandtstadter, Krampen, & Greve, 1987) and self-concepts (Berg & Upchurch, 2007; Labouvie-Vief, Chiodo, Goguen, & Diehl, 1995). Researchers access the way in which individuals define problems in a variety of ways, including an exploration of how individuals describe problems (Sansone & Berg, 1993). The way in which couples' constructions of problems develop across the course of couple therapy is an understudied process. Understanding this process will provide the field with a richer description of the influences that create and sustain couples' conceptualizations of problems in therapy.

The purpose of this paper is to engage in exploratory qualitative inquiry and describe the ways in which clients conceptualize problems across the course of couple therapy. The following questions informed the research:

1) How do participants (i.e., couples) conceptualize the term, problem,
2) How do participants describe their relationship to problem(s), and
3) What are participants' expectations concerning the relationship between therapy and problems?

Theoretical Rationale

Social constructionist theory underpins this study as the methodology was informed by grounded theory (Charmaz, 2006), discourse analysis (Foucault, 1980; Hare-Mustin, 1994), and narrative theory (Bruner, 1986; Gergen, 1994; Sarbin, 1986). These approaches are distinct methodologies that share salient characteristics, which are complementary to one another in the search for meaning (Starks & Trinidad, 2007). Grounded theory will be utilized to access the themes that are embedded within participants' narratives. Discourse analysis provides the tools to analyze how broader social structures influences individuals' narratives (Kendall & Wickham, 1999).

To attend to the linguistics of individuals' narratives, which, by extension, reflect the larger social discourses, discourse analysis will be utilized. Specifically, we will examine the dominant and subjugated societal discourses that influence couples' conceptualization of

problems discussed in therapy (Foucault, 1972, 1980; White & Epston, 1990). According to Foucault (1972), underlying assumptions about the natural, rational order of something ground every discourse. These taken-for-granted "truths" fail to leave space for alternative explanations of the phenomenon being examined.

Theoretical assumptions that inform this research are:

1) language sheds light on the creation and maintenance of cultural, social, and political interaction (Foucault, 1970, 1975),
2) humans construct reality and experience by listening to and sharing stories with others (Sarbin, 1986; White & Epston, 1990), and
3) meaning is understood through interactions with others and in the social process (Berger & Luckmann, 1996; Charmaz, 2006; Glaser & Strauss, 1967;).

To make visible the dominant narratives prevailing around problems discussed in couple therapy, the authors will present discourse analysis informed by grounded theory. Implications for couple therapy will follow, with particular attention to therapists' agency in challenging dominant discourses during couple therapy.

Data Collection

The second author and four research assistants conducted data collection with approval from the institutional review board at a university in the Southeastern United States (complete information about the parent study can be found in Tambling & Johnson, 2010). The second author developed recruitment flyers and emails and targeted couples from within the community adjacent to the clinic. Potential clients phoned the clinic to request services and completed an intake assessment over the phone. At that time, clinic staff notified potential clients of the opportunity to participate in the project. Clients were informed that participation in the study involved meeting with a researcher for a short interview four times during treatment, before the first session of therapy and after the second, third, and fourth sessions of therapy, and completing questionnaires at four times during the study. Therapy was conducted as usual, without intervention by the research team and by therapists who were not participating in the research and were blind to the purpose of the research.

Participating couples were compensated for their participation in the study. Four times during the intervention, both members of participant couples participated in a short interview about their expectations and therapy experience, as described above. As compensation for participation in the research, each couple received a $5 gift card to a local store for each interview in which they participated. Compensation was provided immediately after each interview by the interviewer. Couples who participated in all four data collection points had the potential to be compensated up to $20 total for participation in the study.

Participants met with a researcher prior to the start of the first session and completed a semi-structured interview about expectations the couple members might have formed about therapy. A copy of the interview protocol is included as Appendix A. Participants also met with a researcher after each of the first four sessions to complete a follow-up interview about the ways in which expectations were confirmed, disconfirmed, modified, or adjusted during the course of therapy. A copy of the interview protocol is included as Appendix B. Trained interviewers supervised by the researcher conducted non-iterative, semi-structured interviews. Interviews were not iterative in nature, as responses in one interview did not prompt questions for future interviews. Each interview was treated as a single experience.

Interview questions before the first session addressed pre-therapy expectations and outcome expectation, such as: "What do you think your therapist will be like?" and "what do you think will happen during therapy?." Subsequent interviews focused on participants' experiences of the therapeutic process, ongoing expectations, changes in expectations, and expectations for the outcome of therapy, such as: "In what ways was your therapist like or not like what you expected?" and "do you have any new expectations for therapy after today's session?" (Tambling & Johnson, 2010).

Data collection resulted in audio recordings of 31 semi-structured interviews, which were subsequently transcribed by a member of the research team. All utterances were captured in the transcript. The interviewers collected 13 first-session interviews, six second-session interview, six third-session interviews, and six fourth-session interviews. It is worth noting that there was a high rate of discontinuance in the study following the first session. This rate of therapy discontinuance was not unusual for the clinic. Two couples elected to complete only one session of therapy as part of a state-level incentive to participate in premarital counseling. Only one session was required to obtain the incentive, so two couples elected to terminate after one session. One couple experienced the discontinuance of the male partner, while the female partner continued treatment. As the protocol was approved for only couple therapy participants, this participating couple was removed from the study. It is unknown why the remaining four couples terminated treatment. The protocol did not include a stipulation for follow up, so little is known about these couples. Unfortunately, dropout rates in the range of 50-70% are not uncommon in the field of family therapy (Wierzbicki & Pekarik, 1992). Thus, clinical research is impacted.

The data, in the form of transcripts, were organized by participant and session number, ranging from one to four session transcripts depending on how many the participant attended.

Sample

The sample was drawn from a university-based therapy clinic in the Southeastern United States. Participants were 26 individuals who comprised 13 couples who presented for couple therapy. Of the couples, eight (61%) were married, one couple (8%) was a committed homosexual couple, and all others identified their relationship type as committed heterosexual. Four couples (31%) had at least one child. Participants were predominantly Caucasian (n=22; 85%). Other ethnic groups represented by the individuals sampled were Hispanic, (n=2; 8%) and Asian, (n=1; 4%). Most participants had achieved at least a Bachelor's degree, (n=18; 69%) and had reported household incomes ranging from less than $5,000 annually, to more than $40,000, with an equal distribution across income groups. Clients were 29.5 years old, on average, with a range in age from 21 to 45.

Procedure

An iterative, inductive analysis began by sorting the transcribed narratives into initial codes (Creswell, 2007) and major themes (Corbin & Strauss, 2008) with a particular focus on process and action by coding with gerunds (Glaser & Strauss, 1967). Initial analyses relied on open coding, which Strauss and Corbin (1990) describe as the process that "fractures the data and allows one to identify some categories, their properties, and dimensional locations" (p. 97).

Data was interpreted via the "decontextualization and recontextualization" process outlined by Tesch (1990, p. 115). Data was decontextualized by separating themes from their original context and recontextualized when units of shared meaning from individual

transcripts were organized into categories. Initial coding resulted in saturation of five broad themes and corresponding categories:

1) therapist as objective, expert outsider,
2) description of problems,
3) depth metaphors,
4) professional jargon, and
5) victims of therapy processes.

To increase the credibility of the procedure field notes were maintained during the process, which were compared with the second author's notes taken on a random sample of participants (Guba, 1981).

The researchers reviewed the transcripts and identified all dialogue discussing "problems," which was the focus of the study (Creswell, 2007). The recontextualized data created a "reduced data set" that reflected shared meaning among all transcripts (Ayres, Kavanaugh, & Knafl, 2003, p. 872). The "reduced data set" was then coded line-by-line (Glaser, 1978) and word-by-word (Charmaz, 2006) with a particular focus on themes related to the central theme, problems (Creswell, 2007). The first author kept field notes, which she used to remember and record language associated with themes and sub-themes.

The goal of this process was to further explore the five themes listed above, identified in the initial coding, in relationship to the idea of problems. While engaging in line-by-line and word-by-word coding, five themes particular to how couples' conceptualized problems were identified:

1) problem types,
2) agency of problems,
3) relationship to problems,
4) location of problem, and
5) effects of problems.

Themes were identified using Boeije's (2002) purposeful approach to the constant comparison method. Comparisons were made within a single interview, among different and same groups (i.e., men, women), in pairs at the level of the couple, and comparing couples (p. 395).

Additional analyses compared and contrasted couples and individuals across the sample. MacQueen, McLellan, Kay, and Milstein's (1998) procedure for developing a codebook was followed as a guide to use during reliability tests. The first author drafted basic components for the codebook. These included definitions of each code as well as a detailed procedure for inclusion and exclusion criteria. Lastly, the first author provided examples for each code with descriptions outlining why each example is reflective of the code. The authors spent an extended period of time critically reading the transcripts, taking field notes, and revising notes based on reflexive conversations (Guba, 1981).

In an effort to enhance the confirmability of the data, the first author randomly chose three interviews for the second author to code according to the codebook. The second author's codebook confirmed prior coding. In line with a critical discourse analysis, data was analyzed for contradictions and patterns concerning problem conceptualizations as well as basic assumptions about problems that underpinned language (Foucault, 1972; Wetherell & Potter, 1988).

Analyses continued until "bounded language units," data that reflected a restricted range of terms and used specific stylistic and grammatical fashion, were identified.

According to Wetherell and Potter (1988), individuals' perspectives on the same phenomenon will vary considerable across time and in different contexts. However, common meanings exist among a group of people discussing the same phenomenon, which the authors call "relatively internally consistent, bounded language units" (Wetherall & Potter, p. 171). This idea compliments Foucault's definition of discourse, a practice that systematically creates the object of which it speaks through language that limits the production of knowledge about the object (Foucault, 1972).

For example, individual couples conceptualizations of problems varied over the course of the interviews. However, an overall theme among the sample of participants was couples' usage of depth metaphors to describe the location of problems. An implication of couples' use of depth metaphors was that they described the problem as located within their or their partner's body. This metaphor and the accompanying language restricted couples' relationship to problems and the methods by which they addressed those problems in therapy. A detailed analysis of depth metaphors will be discussed later.

Results

The prevailing discourses that emerged were those of individualism, internalization, and restitution. Internalization included two sub-themes, depth metaphors and adoption of professional language. A thread that connects these discourses and the premise of this paper is negotiating complexity in a binary world. Narrative examples of how couples advance and confound these dominant discourses are presented.

The Discourse of Individualism

"I was hoping that we could solve things together…"

Studying the grammatical and lexical coherence of the narrative offered an entry point into understanding the entities that relate to couples' conceptualizations of problems in therapy. For example, participants often utilized the possessive forms of the personal pronoun when describing problems. Problems were described as being possessed by: "My," "her/his," and "our." Not one participant discussed a problem as being possessed by a system larger than the individual, couple, or family.

During a discussion about the effects of therapy on the problem, one female participant labeled the problem, "my self-destructive issues." Later in the interview, her partner noted, "well that's her self-destructiveness." The male and female's descriptions further confuse the problem itself. The female partner uses "self-destructive" as an adjective to describe "issues." Therefore, she, herself, possesses "issues" when she describes, "my…issues." This stands in contrast to her partner, who describes, "her self-destructiveness." The male partner clearly describes his partner as possessing "self-destructiveness" rather than "issues." The female partner's usage of the pronoun, "my," followed by her partner's usage of the pronoun, "her," to describe possession of the problem, albeit defined differently by each, clearly situates the problem within the body of the female partner.

Another participant made a similar distinction between individual and couple problems but also noted their relationship. He explained, "our issues as a couple spawn off our individual issues." Here, the participant recognizes that both individuals, "our," possess the current problem. However, he explains that the present "issue" was "spawned," or, engendered from, "individual issues." The participant retains usage of the pronoun, "our," in relationship to "individual issues." Another participant speaks similarly during a description of the problem: "We both have a problem individually." In each case, the participant relies on

the "we" to describe possession of a problem. However, the participant adds "individually," which is used for emphasis since the meaning of the sentence is retained without it. Couples engage in a linguistic dance to negotiate the liminal space between "my" and "our," self and self-in-relation.

Female participants spoke to a sense of responsibility concerning problems that they perceived as possessing. For example, when asked what the participant expects will happen during therapy, a female partner responded: "I mean, just figuring out, you know, what the problems are, how we're each responsible for what part of it, and how we can work on it." The female participant not only wanted to identify the problems, she also wanted to explore "how we're each responsible" for certain aspects of the problems. In the above example, individualism is utilized to remove burden from her partner and place it onto herself. What remains unclear is what the "we" is "work[ing] on" in the last part of the sentence. Regardless, the participant acknowledges that the collective, "we," is another way of relating to problems.

The collective, "we," stops at the couple rather than extending to broader systems like extended family, friends, or community. Some participants spoke about family of origin. Yet, they spoke of how family of origin impacts the problem rather than family of origin's responsibility for the problem. A male participant said that he wanted to talk about "issues we bring to the table before we ever got married, you know, things that impact us individually." The female partner added, "like the way we were raised, things like that…um, yeah personal, personal issues that kind of contribute to our communication problems." Similar to the participant who retained usage of the pronoun, "our," for emphasis, the female partner repeated the word "personal" twice to emphasize the individual nature of the "issues." She follows this repetition by speaking to the effects of the "personal issues" as "contribut[ors]" to the shared "communication problems."

The Discourse of Internalization

"Unless we fix ourselves we can't fix the relationship."

Each approach to therapy locates the "problem" in a different place, which is reflective of the theoretical rational and worldview held by the approach. Given the predominance of modernist ideas both in society and in the psychological literature, it is not surprising that participants utilized modernistic language to describe themselves, their relationships, and problems. Discourses of internalization may be divided into two subcategories:

1) narratives employing depth metaphors and
2) participants' adoption of professional language.

Depth

According to the tenets of depth psychology (DP), "depth" refers to the intrapsychic processes that occur below the visible surface of behavior, cognition, and relations (Breger, 2000; Ellenberg, 1970). DP shares many of the values found in post-structural and narrative frameworks because language is the vehicle by which unconscious meaning is constructed (Breger, 2000; Kirsch, 2000; Shamdasani, 2003). Participants frequently described their problems using depth metaphors, including "get[ting] at the root," "digging deeply," and moving toward the "crust" and "center."

Digging deeply

For example, when asked about expectations for therapy, one participant said, "we're gonna get more into like the root of the communication." Here, the root implies an origin. The participant expects that during therapy, the collective, "we're," is going to "get more into" the "root," or, origin of, "communication." While this participant describes the ultimate therapy expectation ("getting into the root"), another couple describes expectations about the therapeutic process. They described therapy as a process of "dig[ing]."

The female participants explained, "I mean it's kind, it's hard to put into words because I knew we'd have to talk about how we feel about things, but [the therapist] is really pushing us to dig." The male partner quickly added, "deeply." The female partner agreed, "Deeply and think about like, I'm really having to think about how I feel about things and, you know, that's hard to describe."

This couple describes the therapist "pushing" them to "dig" "deeply." Unlike the first example that described the "root" as a place to where one journeys, or, "get[s] more into," this couple used a depth metaphor to describe the arduous task, "dig[ing]," to "talk about how we feel." The male partner adds, "deeply," to highlight the challenge presented by the therapist. The wife agrees, "deeply," and qualifies the depth through a description of "having to think about how I feel about things." She then enrolls the interviewer in her struggle by saying, "you know," which was followed by, "that's hard to describe." It is unclear what exactly the participant finds "hard to describe." Is it the "thinking about" how she feels that is hard to describe? Or, is it the feelings and "things" themselves that are "hard to describe" in therapy? Another alternative may be that any one of the above are "hard to describe" to the interviewer. Regardless, this couple described a process of "dig[ing]," implying an origin similar to the other participant, who sought the "core." Yet, the first participant sought the core whereas the second couple required "pushing" by the therapist. Perhaps the origin is not a place to which every couple can travel without support.

The above participants described the journey to the origin as a process of gentle exploration, "get into," and difficult work, "dig[ing]." By contrast, a male participant described the process as being more forceful: "…this has seemed more like honing down to a problem and now we'll drive into that more." This description describes the couple in a power position as compared to the problem. The participant described a process where the couple has "hon[ed] down," or, advanced toward, the problem and is now ready to "drive into [the problem]." This description invited the questions: *What are the couple's hopes for "driv[ing] into" the problem? What does "driv[ing] into" look like during therapy?*

The center

Another participant used similar depth language to describe the couple's relationship to problems. When asked about expectations for future therapy sessions, the male partner responded, "I think we're on the outer crust." The female partner added, "and we're gonna start getting ready to delve into that stuff a little more in depth." Here, the male participant identifies their location, "outer crust," in relationship to the center, or, origin. The female participant used the word "delve" to describe the action that they're "getting ready" to take in relationship to "that stuff." The word "delve" echoes the "dig[ing]" metaphor previously used by another participant. The word, "into," explains the process by which the couple will "delve," meaning to dig and search for information. The participant's goal is to delve "a little more in depth" into the "stuff." *How do clients decide how far to travel into the "stuff"? What is the "stuff" to which clients are traveling?*

One participant described the "stuff" that exists below the surface. After a session that included an exploration of each partner's sexual history, the male participant said that the conversation, "kind of resurfaced some of that stuff." In this case, "stuff" was below the surface, possibly close to the "core." The discussion of sexual histories, analogous to the "dig[ing]" described by the previous couple, "resurfaced" some of that "stuff." In the above and present example, both participants relied on the words "stuff" and "things" to reference hard to discuss topics. Unlike the previous participants who described the difficult task of "dig[ing]" and "delv[ing]" to reach an origin, this participant describes "stuff" from the origin "resurface[ing]" and coming to him.

For one participant, there was a therapeutic prerequisite for traveling to the depths. The participant described his "need to establish a base" prior to "progress[ing] toward like, a little bit, um, deeper investigation of where these issues are coming from." This participant's response sparked the question: *What does it take for clients to feel safe during the "progression" into "deeper investigation" during therapy?* According to this participant, "progress," which other participants described as "dig[ing]," "describ[ing]," "delv[ing]," "getting into," "honing down," "driv[ing] into," and "narrow[ing] in," required a "base." Although the participant does not elaborate on the details of the "base," we might speculate that a "base" is something fixed and stable to which the client may return.

Core

Participants are navigating the "core" to gain "insight" and revelation. A female partner observed, "[the therapist] actually like right toward the end, said something that I thought was really insightful." Insight was something participants sought but did not always obtain. When asked how the therapist was and was not in line with the participant's expectations, the male partner responded, "I don't know, [the therapist] didn't have a lot of the insight that I think that being married offers." The participant's female partner found the therapist "to have more insight than I would have thought." She added, "even though [the therapist] is not married, she does have a lot of insight into how relationships and stuff work even if it is by the book." Later, the woman described the therapist "help[ing]" the couple "draw out the cycle of our arguments." She identified the process of drawing out the cycle as being a "very useful tool" that also "prove[d] to be insightful." Another participant discussed his expectation that therapy provide "a new identification of things…and maybe a newer realization." Perhaps, the hard work of traveling to the center, core, and origin is in service of "insight" in the form of "a newer realization." This begs the question, *what are couples expecting from insight in relationship to problems?*

Adoption of Professional Language

Depth metaphors are one example of professional language that remains invisible, perhaps due to its prevalence in the field and society at large. However, there are other examples of professional discourse that are rendered invisible, which serve to subjugate marginalized discourses. Participants adopted professional language in their descriptions of themselves, each other, their relationship, and problems.

For example, the concept, personality, appeared in participants responses to therapy. Another idea rooted in modernistic theory, personality theories were developed primarily in psychoanalytic, behavioral, and humanist approaches to therapy and research (Hall & Lindzey, 1957). Specifically, participants spoke to "personality traits," which is a term derived from a particular area in the study of personality (Allport, 1937). Unlike the psychoanalytic and humanistic approaches to personality, trait theories sought to identify

differences among people. A "trait" may be defined as a characteristic that remains fixed and stable across time that causes certain behavior (Hall & Lindzey, 1957).

One female participant explained, "Well I mean, well the talking and you know watching our behaviors and how we act and, you know, stuff like that. I mean, you can, being around somebody, you can kind of get personality traits by behavior alone, times two." This participant speaks to the connection between "talking," "watching our behaviors," "being around somebody," and "get[ting] personality traits." Compared to "talking" and "being around somebody," this participant argued that the "get[ing]" of "personality traits" is doubled, "times two," when one accounts for behavior.

However, it is difficult to determine the meaning of the word, "get," in this context. In one sense, "get" may be defined as "obtained," which means that the participant is explaining the process by which she obtains certain "personality traits." However, she may have used the word, "get," to mean "understand," which means that "personality traits" are understood through "talking" and "being around someone," but they are doubly understood through "watching our behaviors."

Other participants were concerned with the "cycles" and "mechanisms" that "underlie" visible behavior. A female participant explained, "…the underlying mechanisms, and, like we learned today, the primary emotions that are underneath like our reactions and our secondary emotions. And how they come out in our sort of repetitive cycles and things that perpetuate the cycles." The participant's focus on "underlying mechanisms" echoes the depth metaphors presented above as well as a psychodynamic focus on intrapsychic process (Breger, 2000). Likely, the participant's therapist was influenced by psychodynamic approaches to therapy. The participant's words, "we learned today," implies that the therapist was teaching about "primary emotions," which the participants describes as "underneath" "reactions and our secondary emotions." Here, the client adopted the therapist's professional language, which resembles modernist ideologies. This sentence alone illustrates the indoctrination of both client and therapist into a modernist framework of approaching human relationships.

A male participant, currently in a psychology program, also discussed the presence of theory not only in terms of theoretical development but also in terms of the therapist's development. He says, "I'm guessing you're coming from like a family systems model in your therapy…So there'll probably be more linking of sort of the way family relationships and our inverse relationships and our roles in the family could play into kind of where we are currently."

In this example, the participant is both a client of therapy and student of therapy, which is evident in his language. For example, he "guesses" that "you're," meaning the interviewer and those associated with the interviewer, "come from" a "family systems model." The phrasal verb, "come from," implies that the universal "you" was produced by the "family systems model." Therefore, the entire identity of the therapist and her colleagues, "you," was born from a theory. He then predicts the therapeutic process based on the "family systems model," which will consist of "more linking." It is unclear to what "more" is in relationship. Does the participant believe that "linking" occurs "more" in "family systems theory" than other theories? Or, does "more linking" occur in therapy when the therapist "comes from" a family systems model? "More" may also speak to the additional "linking" that the participant foresees from himself when operating from a "family systems model" framework.

The Discourse of Restitution

"I would like to resolve as many [problems] as possible…Without having them invading and messing things up."

Participants' discussions about problems dominated their responses to interview questions. Rather than problems being one part of their overall therapy experience, discussion about problems permeated most parts of the therapy process. Couples sought treatment to rid themselves and their relationships of problems, which was analogous to curing discourses often found in illness narratives. Arthur Frank's book, *The Wounded Storyteller: Body, Illness, and Ethics* (Frank, 1995)*,* discussed the modernist conceptualization of illness as a form of colonization. Frank provides schemata of three types of illness narratives. Rather than create "yet another general unifying view" (p. 75), the narratives provide an entry point into a "gift relation" rather than an invitation for analysis (p. 200). He identified three predominate illness narratives shared by patients: Restitution, quest, and chaos. Restitution narratives tell the story, "yesterday I was healthy, today I'm sick, but tomorrow I'll be healthy again" (Frank, 1995, p. 77). This narrative invites individuals to construct illness as a barrier that they need to overcome in order to regain health.

Participants in couples' therapy relied on restitution narratives to describe their expectations for and description of therapy. Therapeutic restitution narratives both diverged from and converged with the restitution narratives shared by patients with physical illness. Therapeutic discourses of restitution may be understood through participants' embodiment of a "not knowing" identity concerning how to "make progress" toward "solving" or "fixing" the problem. Additionally, participants proliferated the dominant discourse that the therapist will and should lead the conversation with an objective, third-party, expert stance.

Participants spoke extensively about ways to relate to the problem. Primarily, ideas and therapy were the vehicles to which problems were related. Ideas were defined as concepts that participants employed to interact with the problem, usually with the intent of changing it. Concepts included, "strategies," "deal with," "figuring out," "resolve," "problem solving," "approach," "improve," "address," "understanding of," "identifying," "draw out," "form some sort of way," and "get some strategies." The most common idea in relationship to the problem was "figure out," which was followed by "deal with." Similar to the restitution narratives that Frank (1995) described, couples discussed their process as a reflection of a "natural" desire to rid problems from their lives. Couples took responsibility for "deal[ing] with" problems, which usually was a process that involved a combination of hard work (i.e. problem solving), logic (i.e. figure out), and insight (i.e. understanding).

Therapy was often the entity that facilitated the "dealing with" process about which couples spoke. For example, therapy provided several participants with a space. Participants described therapy as a place to "just talk about our problems and issues," "focus on problems," "bring things to talk about," and "argue productively." Therapy was also described as a vehicle by which problems would be eradicated through "tools" and "strategies." For example, one participant was "hoping that [my partner and I will] get some strategies." Another participant shared that the therapist, "help[s] us distinguish between [problems and facts]." And yet another participant understood the therapist as someone who "should know how to get rid of [problems]."

Participants focused on "get[ing] rid" of problems vis-à-vis a "figuring out" process. Frank (1995) described the modernist position that turns "mysteries into puzzles" (p. 80), which is reflected in participants hope to develop "strategies" and "tools" to "figure out" problems. A recent book on diagnostic interviewing for mental health professionals perpetuates the puzzle story: "The job of the interviewer may be likened to that of a detective trying to collect enough data and organize the clues to 'solve the mystery,' in this example, the problem of the client" (Segel & Hersen, 2010, p. 14). Here, the therapist is privileged as the "detective," which reflects modernistic discourses that therapist is the "expert" person who guides the "figuring out" process.

Segal and Hersen's (2010) method for diagnostic interviewing begs the question: *How do clients reach "detective status" in their lives?* Not surprisingly, participants' opinions mirrored the narrative that expert knowledge is more valuable than local knowledge. One participant discredited her friends' local knowledge through a description of the therapist's expert knowledge. While discussing this difference, the participant explained, "I don't know if you can really call talking to your friends about your problems therapy, but it's very, you know, different. [The therapist] looks at things from different aspects." She later adds, "Instead of just talking to your friends you actually feel like you're getting some good advice." The male partner agrees, "yeah, I mean, [the therapist] is trained."

The couple above made points concerning the value of certain knowledge over others and the power of "train[ing]." For example, the female participant first acknowledges the "very different" experience between "talking to your friends" and "therapy." She notes that the difference lies with the therapist "look[ing] at things from different angles." A previously discussed male participant assumed that the therapist, "coming from like a family systems model of therapy" would only examine problems through connecting "the way family relationships and our inverse relationships and our roles in the family could play into kind of where we are currently." Herein lies a contradiction concerning participants' expectations of therapists' flexibility concerning how the problem is conceptualized and, perhaps, "dealt with." The male participant expected the therapist to operate from a narrow framework that reflected the predominate theory of the field. Whereas, the female participant expected the therapist to operate from a framework that invites "look[ing] from different angles."

A salient distinction between these two participants is that the former is a student of therapy himself and the second participant is only a client. After discussing the difference between "talking to friends" and therapy, the female participant added: "Instead of just talking to your friends you actually feel like you're getting some good advice." Here, the participant undermines her friends' local knowledge with the word "just," implying inferiority compared to the "good advice" provided by the therapist. The reasons why the "advice" is "good" are left unsaid. Therefore, we are unsure of the influences that shape the participants perception of "good advice."

Perhaps, the participant perceives "talking to friends" as subpar because of interpersonal dynamics. However, the participant may perceive "talking to friends" as less helpful due to dominant narratives about "expertise" as being superior to local knowledge. Her male partner takes the latter position when he says, "yeah, I mean, she's trained." Perhaps he does not elaborate perhaps because of taken-for-granted assumption that "trained" is more highly valued than untrained. His words do not need elaboration because of the implicit understanding informed by dominant discourses of expertise and professionalism. In this case, the couple hands over their narratives and relationship to "experts" in lieu of their local support networks.

When couples use therapy as a modality to address problems in their lives, the prevailing discourses that undergird their relationship to problems can inform treatment. Couples mere recognition of these discourses might begin a discussion on the history and maintenance of the discourses across time. Interrogating these taken-for-granted discourses will include discussing how they have constrained the couple's relationship to each other and to the problems in their lives. Within the context of these reflective conversations, there will be opportunities for the couple and therapist to co-construct alternative discourses that empower the couple in the face of problems.

Implications for Practice

Dominant discourses are pervasive in the mental health field. Therapists are as constrained by these discourses as the clients with whom we work. Even the guiding idea of systemic therapy models, cybernetics, perpetuates a dominant narrative about the role of therapist, client, and the therapeutic relationship.

Findings from this study demonstrate the importance of therapists attending to clients' language regarding problems and remaining curious about the origins of their language. Because research on client conceptualizations of problems is in the fledgling state, we do not know the implications of clients' narratives about problems on their relationship or self-efficacy. However, therapists can begin inquiring about the connection between clients' descriptions of problems and individual and couple identity. Additionally, therapists should assess whether couples' conceptualizations are helpful or deleterious to their goals for the relationship.

An additional finding of this study that has clinical utility was participants privileging expert over local knowledge. Several participants discussed their preference to talk with therapists over friends in their lives. The reasons for this preference varied, but therapists' training was a reason. Although therapists have valuable training experiences that allow for a qualitatively different conversations than one might share with a family member or friend, dialogues in therapy are no more significant than those found in relationships with friends and family. Rather, therapy relationships provide one of many perspectives regarding a given relationship and set of problems. Therapists might integrate local knowledge into the therapy room by inviting close others to physically join the conversation. Or, therapists could inquire about clients' local knowledge bases and integrate those perspectives into the clinical dialogue.

Freedman and Combs (1996) explore the effects of "fix" and "cure" metaphors in the mental health field. They explain, "People may begin to feel better, but they could think less of themselves" (p. 21). When therapists only look to the dominant narratives to explain relationships, subordinate narratives are subjugated and silenced, which produces "limited outcomes, destinations or narratives (Bird, 2004, p. 54). Discourses of individualism internalization, and restitution are examples of the "limited outcomes" of which Bird speaks. However, therapists have a choice in the discourses that we embody and proliferate. When taken-for-granted discourses are deconstructed, there is space for therapists to decide how to be in relationship to the discourse.

Limitations and Future Research

Though this study provides some preliminary understanding of how couples conceptualize problems in outpatient therapy, there were several areas of concern. First, only six of 13 couples who began therapy completed the course of treatment, which impacted the scope with which the data may be transferable to and consistent with other couples in therapy (Guba, 1981). Additionally, Tambling and Lee (2010) suggested that couples who discontinued treatment represent clients whose therapy experiences diverged from their expectations. Future studies may consider examining problems that clients experience within the therapeutic relationship. An examination of problems occurring between the client and therapist is a critical area of study that requires further attention.

Second, the analysis was influenced by the researchers' worldviews and experiences. In an article describing the eight "big ten" criteria for high quality qualitative research, Tracy (2010) identifies sincerity as an essential criterion alongside others such as topic choice, credibility, ethics, and more. According to the author, sincerity is defined as research that is

"marked by honesty and transparency about the researcher's biases, goals, and foibles as well as about how these played a role in the methods, joys, and mistakes of the research" (p. 841).

I (Cameron Kiely Froude, first author) am a practicing marriage and family therapist and doctoral student in human development and family studies. My interest in conceptualizations of the problems in therapy began two years ago during a group supervision course I attended in the second year of a master's program in marriage and family therapy. I observed myself on a clinical video recording with a couple referring to problems in terms of depth metaphors. Since that time I have tracked the language that clients and therapists utilize when describing problems in therapy.

During my training, I gravitated toward postmodern approaches to therapy, namely narrative and solution-focused. My current clinical practice remains anchored in values of mutual respect, client as expert, and collaboration. In the context of those values, I draw from all models of therapy and tailor therapeutic conversations to the needs of the people with whom I am working. Certainly, my curiosity in problems, which predated this project, as well as my values as a therapist, influenced the approach to data analysis. Specifically, I hold the belief that therapists' awareness of societal discourses is directly connected to our agency in opting in or out of those discourses. Certainly, this belief was the fuel that drove my commitment to writing the current paper.

I (Rachel Tambling, the second author) am a marriage and family therapist, trainer, supervisor, and researcher. My primary research interests are in the area of therapy initiation and continuance in early therapy. I have conducted a number of studies that have explored clients' experiences in early treatment. One of the aspects of early therapy sessions that couples highlight in interviews is their experiences of problems and the ways in which those problems impact the course of therapy. Thus, I became interested in gaining a better understanding of how problems are conceptualized and discussed in therapy and have offered my support to the first author, who developed the idea for this study. I am a strategic therapist and as such have a commitment to understanding the problems clients bring to therapy from their unique perspectives. My commitment to understanding problems, and the way in which they are conceptualized, undoubtedly both drove my interest in this project and impacted the way this research was conducted.

Future studies may consider gathering data via interviewing and diary methods. Accessing the way in which participants' conceptualizations of problems change across time is valuable information to add to the body of literature. Utilizing the constant comparative method longitudinally would provide important data concerning how a sample of couples change their relationship to problems across time.

The present study highlights the complexity embedded within a seemingly straightforward therapy expectation. When therapist and client sit together and talk about couples' problems, we are sitting at the intersection of philosophy, psychology, sociology, anthropology, and medicine. History, temporality, and politics are taken-for-granted factors that also influence therapeutic discussions about problems. Given the abstract, multifaceted nature of problems discussed in therapy, future research may begin to explore the meanings held by both clients and therapists about the role of problems across the therapeutic trajectory.

Findings from the present study can inform future research questions regarding clients' experiences in therapy. This study demonstrated that clients adopt professional language that is produced and sustained by societal discourses. As evidenced by participants' use of clinical terms and ideas in the interview, we can assume that therapists are using professional language in therapy sessions and possibly teaching clients clinical concepts. Interdisciplinary research is needed to understand how societal discourses about problems influence how problems are narrated during the therapeutic process. Additionally, research toward this goal

should examine how couples' conceptualizations of problems changes based on gender, race, socioeconomic status, and sexual orientation.

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Appendix A
Expectations Interview Session 1

The following are questions about any expectations you may have prior to therapy. You may not have thought about some of these questions and if that is the case, you may leave that question blank. Please think about the therapy you are about to begin when you answer the questions.

1. What do you think your therapist will be like (anything from age, to appearance, to education, to personality and anything else)?

2. What do you think will happen during therapy?

3. What do you think you will talk about with your therapist?

4. Think about the problems that brought you to therapy. What do you expect will change about these problems as a result of therapy?

Appendix B
Expectations Interview Session 2, 3, 4

1. In what ways was your therapist like or not like what you expected?

2. In terms of what happened during therapy today, how did this fit or not fit with what you expected?

3. Were you surprised by anything in therapy that you did not expect?

4. Do you have any new expectations for therapy after today's session?

5. Think about the problems that brought you to therapy. What do you expect will change about these problems as a result of therapy? Why?

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Article Citation

Froude, C. K., & Tambling, R. B. (2014). Couples' conceptulizations of problems in couple therapy. *The Qualitative Report, 19*(26), 1-19. Retrieved from http://www.nova.edu/ssss/QR/QR19/froude26.pdf