What Can We Learn About Therapeutic Change From Case History Data? The Research Jury Method with the Couple Case of "Carl" and "Sandra"

ARTHUR C. BOHART, [a,b] **LINDSAY SHENEFIEL**, [a] & **MARCO ALEJANDRO** [a]

[a] Santa Clara University

[b] Correspondence regarding this article should be sent to: Arthur Bohart, School of Education & Counseling Psychology, Santa Clara university, 455 Guadalupe Hall, Santa Clara, CA 95053
Email: arthurbohart@gmail.com

ABSTRACT

The purpose of this study was to explore the usefulness of using case history data to assess change in psychotherapy. This was a follow up to previous investigations utilizing a "research jury method" to evaluate psychotherapy outcome. Three judges studied the critical first five sessions of a ten session video of emotionally focused therapy with a couple, Carl and Sandra. They took intensive notes and then functioned as a "jury" to evaluate the evidence. They concluded that the evidence from within the case history is strong that the couple changed for the better. The evidence also supported the conclusion that therapy contributed to the change, although, by their judgment, at the "preponderance of evidence" level. Finally, the evidence was used to evaluate how therapy contributed to change. It was concluded that the most likely factors contributed by the therapist were her helping the couple see that each other's underlying intentions were positive, and by fostering their hope. Evidence also supported the contributions the clients themselves made through their taking responsibility for themselves, through their exploring their past experiences, and through their creativity. Limitations are discussed and conclusions for the evaluation of psychotherapy are drawn.

Keywords: research jury; Emotion-Focused Couple Therapy; psychotherapy process; psychotherapy outcome; qualitative research; case study; clinical case study

---

INTRODUCTION

The purpose of this study was to explore the usefulness of using case history data to assess change in psychotherapy. It is a follow-up to previous investigations utilizing the research jury method (Bohart & Humphreys, 2000; Bohart, Berry, & Wicks, 2011; Bohart, Tallman, et al., 2011).

The traditional method of assessing whether a psychotherapy approach works has been the use of the randomized controlled clinical trial (RCT). This is based on the concept of the experiment. An independent variable is manipulated to ascertain its effects on a dependent variable. The "independent variable" in the case of the randomized trial is the psychotherapy approach under investigation. The "dependent variable" is some measure of change in the client. The randomized

trial does not look at individuals, but rather groups of individuals, and uses statistical methods to draw conclusions as to whether the group of individuals who underwent the psychotherapy approach changed more on average than some comparison group of individuals---traditionally a control group of individuals who did not receive the therapy, or often today, a "treatment as usual" group.

Such an approach has been criticized. It has been noted that psychotherapy is not a simple linear process of input-output. Rather, it is a complex interactional process. There is no true "independent variable" (Krause & Lutz, 2009; Stiles, 2009). Therapists continually adjust what they do in real time to what emerges within the interaction between themselves and their clients. Similarly, the "dependent variable," the client, is an active generative being who contributes to the process (Bohart & Tallman, 1999; Bohart & Tallman, 2010).

Furthermore, RCTs can only give us causal information in the most general sense. That is, they only tell us that the therapy under investigation is effective--on average (as defined by the measures used). They tell us virtually nothing about how change actually occurs. Even dismantling studies have not proven useful in identifying specific change components of therapy because most of them result in the Dodo bird verdict, that is, there is usually no difference between the therapy in question and various dismantled versions of it (Wampold & Imel, 2015).

In the 1990s the first author became interested in developing a qualitative alternative to the use of randomized trials. He originally got the idea from Ronald Miller at an American Psychological Association convention in the late 1990s (Miller, 1999). The idea was based on the metaphor of a jury trial. Juries make judgments about cause and effect relationships, to the point where they literally make life and death decisions. They do so, not by conducting experiments, but by evaluating a body of evidence and drawing conclusions based on identifying a pattern in the evidence. This involves using the evidence to rule out alternative explanations. Although in some cases there is a clear smoking gun, in other cases, the jurors infer a causal pattern from the circumstantial evidence at hand. No one piece of evidence may be definitive in its own right, but pieced together, the evidence may clearly point in a given direction--"beyond a reasonable doubt." Jurors have to decide a) did the outcome occur (i.e., was it murder), and b) how did it occur (the process leading up to the outcome). This is similar to what researchers are interested in in studying psychotherapy.

In essence, how that happens in a jury trial is that a plausible narrative is built up using converging facts. Even if the evidence is clear and convincing that a person committed the crime, i.e., "caught red-handed," jurors may need to take other factors into account in developing a plausible narrative that helps them make decisions such as, "was the murder first degree, second degree, or voluntary or involuntary manslaughter?"

In typical civil cases, the narrative has to reach the level of being supported by a preponderance of evidence. In a criminal trial it must reach the level of "beyond a reasonable doubt." Jurors base their decisions on an extensive record of evidence. It is thus evidence-based. Although there are cases where the jury system has failed, overall it is reliable (Burns, 2001).

The importance of using *converging evidence* must be stressed. That is, jurors often draw conclusions on the basis of a convergence of evidence. This highlights the importance of human judgment in the process. Humans must weigh and interpret evidence to draw a conclusion. This is true in science as well. Rozin (2000), an experimental social psychologist with a background in biology, pointed out that many conclusions are reached in other sciences, not on the basis of experiments, but on the basis of a convergence of evidence. To quote him on evolutionary theory:

> On the one hand, the theory of evolution is as basic, general, and certain as anything in the life and behavioral sciences. On the other hand, the evidence for this theory can be described as a truly massive amount of real-world observations (and very few experiments), all of which are individually subject to other interpretations. In short, it is a very large amount of convergent evidence, each piece of which is pretty questionable…It is not clear that any of the pieces of convergent evidence for the theory of evolution would have ever passed the criteria for publication in the *Journal of Personality and Social Psychology* (p. 7).

Applying the jury method to psychotherapy, Bohart, Tallman, et al. (2011) say,

> The [research jury method] is based on the argument that with a sufficiently rich case record, observers can plausibly draw conclusions as to whether a person changed in psychotherapy and if so whether therapy contributed to that change. In addition, a sufficiently rich case record will allow inferences to be drawn about what processes in therapy plausibly seemed to have helped, and what the complexities of the change process look like. Over time, with a sufficient number of cases, generalizations could be drawn about what is helpful in psychotherapy" (p. 104).

These ideas have been buttressed by demonstrations by other researchers using similar methods (Elliott et al., 2009; Miller, 2011).

I will not review the studies we did (see Bohart, Tallman, et al., 2011) which support the idea that such inferences can plausibly be made. However, I do want to mention the list of criteria we developed, derived from some of our attempts to do this, that can be used to help make plausible inferences that the client had changed, and that therapy had something to do with it (Bohart, Berry, & Wicks, 2011). One set of criteria for assessing whether change occurred focuses on what clients say. However, it is not a matter of merely taking their word for whether change has occurred, or whether therapy has contributed. It is also a matter of *how* they say it. Do they, for instance, make a "spontaneous utterance?" Spontaneous utterances carry more weight than if someone says that they found therapy useful in response to a question from the therapist (or from an interviewer after therapy is completed). Second: Do they give concrete examples of change? Third: Is there a *pattern* over time that implies a change? Fourth: Might they still report problematic aspects of their behavior or experience that have not changed (reporting this helps guard against the halo effect)?

Another set of criteria has to do with in-therapy behavior: appearing less anxious or depressed, dressing better, showing more energy, showing better decision-making, exhibiting clearer thinking, exhibiting greater ability to handle emotion, exhibiting better problem solving, and so on.

In the current study the first author wanted to take a fresh look at the process of exploring how case history data can be used to explore change in therapy. This was based on experiences he had had in teaching an advanced class in couples therapy over the course of two summers. In these classes he had shown most of a ten-session video of emotionally focused therapy for a couple, Carl and Sandra, with Rebecca Jorgensen (undated) doing Sue Johnson's (2004) version of emotion-focused therapy. Over two classes, with 35 students, what was interesting to him was how the two classes had spontaneously converged in agreeing that the couple had changed for the better over the ten sessions. It interested him how both he and the students in the class could be so sure change had occurred.

The logical step was to go through key sessions of the ten-session video afresh and examine the evidence in a systematic way in regard to the idea as to whether the conclusion that the couple had changed was justified, and if so, what the evidence was as to how the change had occurred. That is what we have done in this paper. This report is thus a case study of examining a case history to learn what can be learned from studying a case history about change in psychotherapy.

We used a kind of exploratory/phenomenological/narrative-analytic approach. We went in with three questions: did the couple change, and if so, what was the evidence of that? If they did change, did therapy contribute, and what was the evidence of that? If they did change, what specifically helped, including: what components of the therapy helped? In essence, we did a kind of narrative analysis where-in we looked for evidence as to whether change occurred or not, and then evidence for or against the idea of why the change occurred (if it occurred).

The first author recruited two students who had been in the class (the co-authors) and had seen most of the video. We used the jury method. The three of us watched the first five sessions. Our method was to take notes on what we saw, as if we were jurors trying to make a decision. Two of us then watched samples from the remaining five sessions (the third juror did not rewatch parts of the remaining five sessions, but had previously seen them and was able to join in our discussions about them).

As in a jury trial, different perspectives were valued. In fact, the strength of a unanimous jury decision comes from a jury made of diverse people coming from different points of view who converge. Accordingly, the first author did not want to train the two other observers to a reliability criterion. He was more interested in spontaneous convergence. This is like how a jury operates. The validity of the integrated summary is greater than the validity of our individual analysis. Using several researchers provides a variety of opinions and perspectives. We used multiple observers with the idea that the value of the sum of their observations—with discussion towards consensus (not reliability)—will be greater than the value any one of the three observers separately. In fact, in this case, there was naturally-occurring convergence in our points of view.

In regard to this, our method is similar to that of consensual qualitative research (CQR; Hill et al., 1997), and indeed could possibly be thought of as a variation on it. We quote Hill et al.'s (1997) description of CQR:

> We ….use a primary team of three to five people to conduct the analyses and one to two auditors to review and provide feedback on the analyses. Team members first examine the data independently and then come together to present and discuss their ideas until they reach a single unified version that all team members endorse as the best representation of the data. Using several researchers provides a variety of opinions and perspectives, helps to circumvent the biases of any one person, and is helpful for capturing the complexity of the data. Individual researchers could easily miss crucial nuances of the data because their biases or expectations might influence their understanding of the data. Groupthink is minimized because team members independently examine the data prior to discussions with the team and an outside auditor serves as an additional check of the team's judgments. The consensus process relies on mutual respect, equal involvement, and shared power. (p. 523).

One other similarity between the research jury method and CQR is that in CQR specific parts of the experience being studied are understood within the context of the whole case. This is similar to our method, in that we had three questions we were trying to answer in this study: Did change happen? If so, to what extent was it due to therapy? If it was at least partially due to therapy, what were elements of the change process? These questions refer to the whole context of the case.

Although our method overlaps with CQR, there are some difference. First, we do not use auditors. As in a jury trial, the "jury" decides. In the CQR method, data are primarily gathered through interviews utilizing using open-ended questionnaires. This differs from the research jury method in that the fundamental metaphor for us is the case record. This may include interview data, but it goes beyond interview data to consider other kinds of data if available, such as observational data. In some cases, participants are not interviewed, for instance if we are studying a case record that consists of a detailed writeup of a case (Bohart, Tallman, et al., 2011), or, as in this paper, the videos of therapy sessions.

METHOD

Materials

The ten-session video to be evaluated was of Rebecca Jorgensen (undated) doing Emotion Focused Couples Therapy (Johnson, 2004) with the couple, Carl and Sandra. Emotion-Focused Couple therapy is based on the idea that couples are caught in dysfunctional interaction cycles, or patterns, which cause their problems. These dysfunctional interaction cycles are based on underlying attachment needs that are being frustrated or denied. The goal of the therapist is to empathically support the couple while helping them become aware of the pattern and of their underlying attachment needs.

Researchers and Procedure

The three co-authors were the jurors who observed and analyzed the case. Each had seen it previously and had informally come to the conclusion that the couple had changed. The method was to go through the case to see if a more formal evaluation of the evidence did or did not support that conclusion. A further task was to try to identify evidence that either supported or did not support the conclusion that therapy had played a role in the couple changing. Finally we were interested in

exploring how therapy helped, if it did help. We focused on the first five sessions because it was clear from our prior viewing of the videos that that was where the important change events, if indeed they had happened, appeared to take place.

Each of us watched the first five sessions and took notes. We then held meetings where we discussed our observations. To guard against having the first author influence the results, either Marco or Lindsay went first to present their observations. Then the other co-author would go. Finally, the first author would present his observations. Next, the three discussed and drew conclusions. Then the researchers watched selected samples of the last five sessions to check that there was evidence that the change had continued. Only the first author watched all ten sessions. The difference between how the three of us had watched it previously and this time was that this time we were systematic, taking notes, and then discussing each session.

The first author then wrote up a description and analysis of our findings, and then ran it by his two co-authors to make sure that he had accurately represented everyone's views. The final, integrated version of this case study write-up is contained in the section below titled, "Report of Our Findings."

A question could be raised as to how much the Report of Our Findings was a product of the consensus of the "jury" and how much that consensus might have been influenced by the first author. He is a professor and an experienced clinician. The other two jurors were graduate students who had been in his classes. Could they have simply followed along with his views? Although this cannot be ruled out entirely, the evidence against this is as follows. First, the first author, as a person-centered therapist, was used to "following" and drawing out the thoughts of others. He tried to make sure that each of the other two jurors was heard before he presented his observations. Our method (with one exception) was similar to that utilized by consensual qualitative researchers. As we have previously quoted, they say:

> Groupthink is minimized because team members independently examine the data prior to discussions with the team and an outside auditor serves as an additional check of the team's judgments. The consensus process relies on mutual respect, equal involvement, and shared power. (Hill, et al., 1997, p. 523).

The exception to their method is that we did not have an outside auditor.

Second, although the other two jurors had been students in the first author's class, neither was in one of his classes any longer. In fact, one of the jurors had already graduated.

Third, as further evidence that the process was a collegial, consensual one, many of the major observations and conclusions we came to were initially based on observations by the two junior authors. Below are examples of this process.

Observations Initially Identified by Lindsay: The Therapist's Facilitation of Hope

The description of how the therapist contributed to facilitating hope is largely lifted from the notes of Lindsay. She was the one who made the observation that the therapist's facilitation of hope

was important. Here is a relevant quote from our final integrated Report of Our Findings: "The therapist instilled hope. She explained why their dynamic could change and she was confident she could help them change" (p. 226).

Lindsay also noted particular examples. Here is another quote from the final, integrated Report of Our Findings of an example in session two:

> Both Carl and Sandra express and exhibit a sense of hopelessness that things can change. For instance, Carl expresses skepticism that he can ever meet Sandra's expectations. Later in the session the therapist instills hope that they can change as a couple by encouraging them and explaining why things can change. She also facilitates their sharing in such a way that they have a positive moment where they reach out to one another. The therapist emphasizes how much they care for one another. (p. 226).

Lindsay further noted that in her discussion of why she thought that therapy had contributed to the change between sessions four and five, namely, that the therapist had facilitated hope during session four, when all looked hopeless. Lindsay even brought in a chapter she had found on the role of hope in therapy to enhance our understanding of how the therapist's facilitation of hope might be playing a role (Snyder et al., 1999). Here is the relevant quote from the final, integrated Report of Our Findings:

> [The couple had] a "hitting bottom" experience, [which] … had started before session four and was already manifesting itself in that session. Sandra basically says that she has had it. Carl is also discontent. The therapist then works to help them cope with their despair over hitting bottom. First, the therapist does not give up. She does not seem intimidated by their despair. She appears to instill hope by her demeanor and faith in the process. And second, she keeps with the plan of finding the underlying pain and vulnerability behind their mutual dissatisfaction. She does this in such a way that they experience a moment of closeness at the end of the session. If anything, it could be argued that if the hitting bottom experience played a role, so did the therapist's working with it to restore hope (p. 223).

<u>Observations Initially Identified by Lindsay: The Importance of Therapy Providing New Experiences for the Couple</u>

Lindsay also was the one who noted that the therapy environment, as facilitated by the therapist, provided new experiences for the couple. She observed that repeatedly the therapist coached the clients into moments of closeness where they directly experienced moments of caring for one another. An example of her observations from the final integrated Report of Our Findings is is as follows:

> By helping them through conflicts, the therapist showed the couple that things could be different and very good between them. The therapist stuck with the couple when things got rough, did not get discouraged, and helped them get to a better place. This happened in each of the first four sessions (p. 226).

Observations Initially Identified by Marco: The Role of Nonverbal Communication

Marco was the first to point out the importance of the couple's nonverbal communication in his notes and observations on the first session. He particularly noted how Sandra avoided looking at Carl. Lindsay and I concurred with this. He subsequently tracked this throughout the sessions, as did we. An example from the final integrated Report of Our Findings is as follows: "The couple sits on the opposite ends of the sofa. When Sandra talks Carl looks at her. When Carl talks Sandra does not look at him" (p. 219).

Observations Initially Identified by Marco: The Role of The Couple's Recovery Program, e.g., Their Learning the Principle That "Feelings Aren't Facts"

In discussing his observations on session five, Marco noted that if he had been the therapist he would have dealt differently with the difficulties injected into the therapy by the "feelings aren't facts" idea the couple had learned from their recovery program. Marco noted that had he been the therapist, he would have attacked that more directly than did the therapist in the video, attacking it with psychoeducation. Lindsay and Art concurred that this had presented an obstacle to the therapist's methods and goals. Here is a relevant quote from the final integrated Report of Our Findings:

> On the negative side, the recovery philosophy Carl and Sandra follow includes tenets that get in the way of the therapy. The first is the dictum that "feelings aren't facts." The problem with this dictum is that it interferes with the therapist's focus on helping the clients access and take their feelings seriously (a key part of emotion-focused therapy) (p. 231).

Observations Initially Identified by Marco: The Couple Learning How to "Understand Each Other and Where They Were Coming From."

Finally, it was Marco in his report on session five who said that he believed that what the couple had learned was, "Therapy helped them understand each other and where they were coming from." Lindsay and I both agreed with this and in our discussion we came to the conclusion that this was a major component of the change process. Here is the relevant quote from the final integrated Report of Our Findings:

> We were unanimous in our inference that the major change mechanism, to quote Marco, was, "Therapy helped them understand each other and where they were coming from." As we have noted, there is evidence to support that this is one of the changes that occurred. This links up with the thing the therapist most constantly did, which was to continually reframe each other's underlying motives as positive. The outcome was that the couple came to the point of viewing one another's motives more benevolently, and as a result, being more willing to negotiate when there was a conflict (p. 225).

In conclusion, the jury's conclusions were a joint product of the three of us. As one final bit of evidence for this, after the first author wrote the conclusions up, he ran them by the other two jurors for feedback. In his draft he had inadvertently left out the role of the therapist's facilitation of hope as an important component. Lindsay pointed this out and it was added in.

REPORT OF OUR FINDINGS

The Case

The couple is Carl and Sandra. One of the major issues as presented by them in sessions one through four is where they live. They are currently living in a recreational vehicle (RV) in an area where they do not feel safe. Sandra, in particular, hates this. Sandra owns an inn in Arkansas. She says she is not attached to it, but has had no luck selling it. In the meantime, she tries to manage it from afar. It is barely breaking even. Carl does not want anything to do with the inn. Sandra does not want anything to do with Carl's house in St. Louis.

The second major issue is that Sandra does not feel that Carl sufficiently takes her wishes, needs, and safety into account.

The third issue is that, from Carl's point of view, he feels criticized, misunderstood, and that he cannot win.

The underlying issues, as they become clear over the first four sessions, are: Sandra is feeling hurt and not taken care of, not noticed, her wishes not recognized, her fears not recognized. In response, she attacks and criticizes. She sees Carl as unengaged, unforthcoming, and not caring about her. He copes by tiptoeing around her, either hovering over her and trying too hard to take care of her, not giving her enough space, or by withdrawing and acting like he is ignoring her, and subsequently appearing disengaged. Both feel hurt and misunderstood. Both misperceive one another's intentions.

One last note about the case: Both members of the couple are in an alcoholism recovery program. This both contributes and interferes with therapy, as we discuss later. Additionally, both have previously been in therapy.

The Findings

We were unanimous in our conclusions that (a) there was clear evidence of change, (b) there was evidence that therapy contributed to the change, and (c) we could identify factors that were plausibly related to facilitating the change. Below we present a brief summary of the first five sessions, focusing on the evidence for change. This includes the initial downward trajectory, the pivotal fifth session, and then evidence from the remaining six sessions that indicted that the change observed at session five not only maintained itself, but grew.

I: Evidence That The Couple Changed.

The first question to be answered is: Did the couple change? This does not imply that therapy necessarily led to the change. It has to do with the question of whether there is plausible evidence of change. It would be analogous in a jury trial to the preliminary hearing question of whether a murder was committed or not, and whether there was sufficient reason to bind a suspect over for trial. With regard to this question, below is a brief summary of what happens in the first five sessions. In the first four sessions we highlight evidence showing that the change trajectory was

downward at first. This does not say that there were not positive events in these sessions. As we indicate, there were.[1] We follow the notes on the first five sessions by a brief summary of evidence relevant to change in the last five.

First session. The couple comes into the first session after a fight over a boat that Carl wanted to buy, but that now seems to be an albatross around their necks. Sandra is also unhappy with their living arrangements. She feels trapped in the RV. She says she even feels suicidal. Both report they are thinking of getting out of the relationship. They report that it has been a downward trajectory in the relationship for the last several months. Their nonverbal behavior mirrors their problems. The couple sits on the opposite ends of the sofa. When Sandra talks Carl looks at her. When Carl talks Sandra does not look at him.

Towards the end of the session, the therapist gets Sandra to talk about the fear underneath her anger towards Carl and her distress. Carl spontaneously reaches out and touches her. He reports that he didn't realize she felt that way. He reports that he has now become aware of her loneliness. He admits he feels lonely too underneath his defensiveness. Both realize that each was not aware the other felt that way. The session ends with a moment of closeness and connection. It looks like a significant moment of change, the kind researchers often focus on.

Sessions 2 and 3. However, sessions 2 and 3 find them in a bad place. Sandra says, "It's going up in smoke. I want to bolt." They are snapping at one another. Carl snaps at the therapist. Sandra says she doesn't want to make Carl feel miserable--maybe they should part. Carl says this is getting very tiring. This is silly. In both sessions two and three they both repeatedly mention that the marriage is not working, that they are hurting one another, and that it may not be worth it to continue.

They continue to disagree about where to live. Sandra owns an inn in Arkansas. Carl does not want to live there. She does not want to live in Carl's house in St. Louis. In session three they fight over Sandra's cooking a hamburger for Carl, which she wanted to do as a surprise. However, from her point of view, he kept barging into the little kitchen in the RV and ruined the surprise. Sandra feels hurt and not taken care of. She also feels patronized by Carl. She sees Carl as unengaged and not forthcoming. Carl copes by tiptoeing around her, withdrawing, or by becoming overly solicitous and helpful. Both misunderstand one another's intentions in the conflict situations reported. Their cyclical pattern is one of Sandra criticizing Carl, and Carl either trying to please Sandra, or withdrawing, which leaves Sandra feeling alone and not taken into account, which then leads to her criticism.

Sandra says she cannot look at Carl. In both sessions 1 and 2, for the most part, she doesn't look at him. She looks at the therapist. Carl looks at her. In session 3 the therapist gets Carl to turn and talk directly to Sandra. They end up relating to one another and Sandra looks at Carl a little, although the pattern of not-looking continues in the next session.

[1] If any reader wishes more information we can provide notes taken by Lindsay, who took the most extensive notes, on these five sessions.

Both sessions 2 and 3 have good moments where the therapist is able to create conditions where the couple feels close. An example is the previously mentioned incident from session 3 where the therapist gets Carl to talk directly to Sandra. The therapist helps them stay in a conversation and solve the particular issue they are discussing. They end the session feeling close. There are other mini-moments of change throughout these sessions, even though the overall trajectory of the relationship is downwards.

Session 4. This is the worst session in terms of the negativity expressed about the relationship. Despite moments of seeming closeness and resolution in the previous three sessions, Sandra starts out the session by saying there is no joy in the relationship anymore. Therapy is not helping. Later on in the session she says, "I want out. I can't do this anymore." Sandra says she has lost respect for Carl. Carl says that Sandra is the angriest person he's ever met. She disagrees with that.

To illustrate how bad this session looks, the first author notes that in the one of the classes where he showed the video, the students wanted to stop watching the video in order to discuss the issue of when it was appropriate for a couple therapist to recommend divorce.

However, the therapist does not get discouraged. She keeps working to bring them together. In one co-author's view, Lindsay, this is a particularly important session. The therapist is able to get Carl to express his desire to be with Sandra. Both of them acknowledge that they are negatively contributing to the relationship. The therapist is able to bring them into a conversation where Sandra, in particular, does not feel the urge to run from the relationship. Oddly enough, they have a moment of connection when both say that they are hurting one another. Once again the therapist is able to bring a moment of closeness towards the end of the session. Both acknowledge that they want the relationship to work. Nevertheless, it does not look hopeful, especially given that each of the three previous sessions had ended on a positive note, yet the trajectory had continued downward.

Session 5. This is the pivotal session. After four sessions of a downward trajectory, there is clear evidence of change. However, it appears that the change has come *between* session four and five, not in session five itself.

Sandra starts out by saying that she realizes that she has no power over her criticism. She has used the Alcoholics Anonymous idea of acknowledging that she has no power over alcohol, and has generalized it to her criticism. She has decided to try to abstain from it. She also says she has taken a step back and has looked at what she could do to change. She reports she is learning to trust Carl. When the therapist asks Carl how it is to hear this, he says, "It's been amazing!" This is a spontaneous utterance that there has been a change.

There is behavioral evidence of change. There is joking around between Carl and Sandra at the start of the session for the first time. Carl shows evidence he understands where Sandra is coming from based on previous sessions, instead of reacting defensively. This indicates he has learned something from previous sessions. They are looking at one another more. They joke around throughout the session. Carl discloses positive feelings to Sandra without guidance from the

therapist. Sandra says she has never had the companionship she has with Carl--- a spontaneous utterance.

Finally, the most significant evidence of change: Carl has shifted. He is willing to go back to Arkansas. Given the vehemence with which he had rejected the idea of going back to Arkansas previously, we saw this as particularly strong evidence of change. Overall, they never fall back into their negative pattern. contrary to previous sessions.

Sessions 6-10. Sessions six through ten build on the change in session five. We briefly summarize the signs of positive change that show up in these sessions to show that the change evidenced in session five continues.

Session 6. Carl and Sandra report a sailing trip together and say it was a good week. They act behaviorally different with one another. They converse more easily. They ask questions of one another. Sandra is able to tell Carl when she doesn't understand what he is saying or doing, or doesn't agree with him, and give him space to clarify his thoughts. Carl says he feels he can share with her. Sandra spontaneously explains that Carl seems more like a partner. Carl spontaneously says Sandra is less critical. They high five one another and joke around. Carl says she is still critical sometimes but he sees it differently now. Carl says, "The fact we are together has become important again."

Session 7. Sandra has been criticizing less. Carl has gotten involved in the inn business. Sandra says he is brilliant. He's been doing research on marketing and advertising. They are going to go to an inn conference together. Carl cannot explain how he went from hating the inn to now being involved. He thanks the therapist for that. There is much laughing.

Session 8. They report that they had a fight but that they handled it. They have a disagreement in the session also, but they handle that too.

Session 9. Sandra comes in looking different. She has cut her hair and colored it. She says she wants to look nice for Carl. She feels the relationship has changed. She notes that Carl has learned to deflect her bark and her anger and not take it personally. Sandra is in physical pain with a foot problem and Carl shows empathy. They say that even with all the pain and stress they're under, they're still responding differently to one another. Both say they feel more connected. Carl spontaneously brings up things he enjoys about Sandra and their relationship. Sandra says that what they have is what she's been wanting for so long. Carl seconds this. Carl says he is feeling more himself. Sandra says Carl is expressing his feelings more and she loves it. They are holding hands, laughing and joking around, complimenting one another. They say that when things go wrong they are better at getting things back on track. They've had disagreements but were able to come back together.

Session 10. Carl says that they have marriage back. Sandra says she cannot put her finger on how it's getting better. They are going back to Arkansas. Sandra says that when they have an argument they take turns approaching each other and ask if they can start over. Do-overs are now possible because they better understand one another's true intentions.

Our Summary: Concerning our first question, there is substantial evidence of change. The first four sessions show a downward trajectory. By session five there is a significant change, although it appears to have happened between sessions four and five. The change is sustained over the next six sessions. There is a variety of evidence---things they spontaneously say and report, as well as how they behave in the sessions, that support this.

Here are the changes we observed: First, the couple relates more positively to one another from session five onwards. They look at one another more, laugh together more, express more positive affection, and work out conflicts better. Second, they report seeing one another in more positive ways. Third, Sandra is willing to modify her hair style to please Carl. Fourth, a strong behavioral sign of change is that Carl is now not only willing to go back to Arkansas, he is embracing it. Fifth, they report that they handle conflicts better at home, and when they have an argument, they approach one another and ask if they can start over.

In conclusion, we believe that an intensive examination of the session videos leads to the conclusion that the couple has changed. We would say that the evidence is clear-cut enough that, for each of us, it is "beyond a reasonable doubt."

II. Evidence That Psychotherapy Contributed to the Change.

Given that change occurred, can we identify what contributed to the change? In particular, did psychotherapy contribute? Before discussing this we want to note that we emphasize the word "*contribute*" rather than "cause." We discovered that, to ask: "Did therapy *cause* the changes that occurred in this couple and in their relationship?" was simplistic. That is because there are multiple plausible causes and it is their complex interaction that may have "caused" the change. It is easier to identify what *contributed* to the change process.

The first part of this question of what contributes is the general question of whether psychotherapy contributed to change. The randomized clinical trial's method of answering this is to compare change in a group receiving therapy to some kind of comparison group, typically a control group not receiving therapy or a treatment-as-usual group. This is done to control for certain kinds of threats to validity. Following Campbell and Stanley (Campbell, Stanley, & Gage, 1963), two of the most important threats to validity have to do with history and maturation. We will first consider history, that is, that there was one or more positive external events that led to the change.

As an example, in one of the research jury studies (Bohart & Humphreys, 2000) there was evidence that one of the clients had changed, but the jurors found that the evidence suggested that the change was primarily due to an external event: The client, whose despair had been partly over a room mate situation, had had a change in that situation.

Was there any evidence of any major external event that we could attribute the change in Carl and Sandra and their relationship to? The answer was no, at least based on what the couple said in therapy. There was no evidence of any event that could have caused the change. In fact, if anything, based on their reports, the stress of their circumstances continued unabated. They were still living in the RV and Sandra was still having a variety of physical problems. The only positive external events reported by Carl and Sandra that could have contributed to the change were ones

that occurred after what appeared to be the change observed at session five, and were initiated by the couple themselves. These external events seemed to be a *result* of a change in their relationship rather than a cause (e.g., going for a sail on the boat, planning to go to an inn conference, planning to move back to Arkansas).

Second, considering maturation, the issue is: could the couple simply have "matured out" of their problems? A typical strategy in case history research is to establish a baseline before therapy starts and to see if, after therapy starts, the trajectory changes in an upwards direction. Considering the trajectory of their marriage, they report that it was downwards for months before they entered therapy. Furthermore, it is downwards over the first four sessions of therapy. There is a sudden positive change at session five, which is then sustained and built upon through sessions 6-10. This suggests that therapy had something to do with the change, especially since there was no apparent external event that could have contributed.

There is one alternative possibility. As we have noted, there is reason to believe that the positive change happened *between* sessions four and five. Carl and Sandra come in in session five and are already different from where they were in session four. This change *appears* to be due to a creative effort on the part of Sandra to change her critical behavior. Could this have happened spontaneously without therapy? It seems unlikely, given the level of distrust, misinterpretation, and discord in the first four session. However, one possibility is the idea of "hitting bottom." Perhaps the change is a result of their hitting bottom, since they had come to what sounded like a hopeless place in session four. Perhaps the experience of hitting bottom "shocked" them into change. There is no absolute way to rule out this possibility.

However, if there was a "hitting bottom" experience, it had started before session four and was already manifesting itself in that session. Sandra basically says that she has had it. Carl is also discontent. The therapist then works to help them cope with their despair over hitting bottom. First, the therapist does not give up. She does not seem intimidated by their despair. She appears to instill hope by her demeanor and faith in the process. And second, she keeps with the plan of finding the underlying pain and vulnerability behind their mutual dissatisfaction. She does this in such a way that they experience a moment of closeness at the end of the session. If anything, it could be argued that if the hitting bottom experience played a role, so did the therapist's working with it to restore hope.

What about the apparent change event itself that happened between sessions four and five? By Sandra and Carl's report it was that Sandra made a decision to creatively generalize her recovery philosophy to her tendency to criticize—to see herself as having no power over her criticism, and thus to try to abstain from it. In the couple's eyes, this is a major change event. Carl says that the change has been amazing.

However, do we know for sure that this was *the* change event? We cannot say for sure, although from Carl and Sandra's report it seems to have played a significant role. Carl says that the change has been amazing, and it appears to be linked to Sandra's attempt to take responsibility for her criticism and to change it. It may not be the only change that occurred. Perhaps Carl has changed to be more receptive and open to Sandra. Perhaps Sandra has changed to see Carl's

motives and intentions more benignly (see below for a discussion of what change processes we think were involved in this case). Perhaps, then, Sandra's creative idea is an emergent from other changes that have occurred and finally have coalesced in the interim between sessions four and five. Nonetheless, by Carl and Sandra's account, this creative change on Sandra's part has played a transformative role.

In conclusion, could we attribute the changes that have occurred between sessions four and five at least in part to what had happened in therapy in the first four sessions? For all three of us the evidence was persuasive that therapy had something to do with the change. Although the changes apparently happened after session four, it is likely that they are the result of cumulative experiences that were occurring during sessions one through four. As we note later, we believe that one of the things the therapist did that most helped the couple was to repeatedly demonstrate to them that underlying the behavior each was dissatisfied with in the other were underlying positive intentions on both parts. Some evidence that this may have contributed to the change between sessions four and five is that Carl shows evidence of understanding where Sandra is coming from in session five.

Additionally, it may be the result of the therapist's helping them through their most difficult moments in session four to find a moment of closeness and meeting at the end of that session. Perhaps this instilled hope. Thus, perhaps the results of the first four sessions all coalesced in the interim between sessions four and five. The changes between sessions four and five, including Sandra's creative idea, may be the result of what happened in the first four sessions.

Next, there is evidence of experiences in session four that plausibly link to Sandra's creative idea between sessions four and five. Both Carl and Sandra acknowledge taking responsibility for playing a role in their problems. It is Sandra's decision to try to change herself between the sessions that leads to her creative intervention.

Finally, there is one additional bit of evidence about something that happens in session four that plausibly links up with Sandra's creative decision to recognize she has no power over her criticism and to thus try to abstain from it. That is that Carl says that Sandra is the most angry person he's ever met. She seems surprised by this. Perhaps his disclosing that contributes to triggering her decision to work on her tendency to be critical. However, it is unlikely that that would have happened if there had not also been other changes. If things were still on a downward trend it seems likely that Carl's statement would have led to more defensiveness on Sandra's part. Instead, she responds by wanting to change her tendencies to criticize. This suggests a) that she must have regained some hope that the relationship can work, b) some sense of good will towards Carl, and c) some recognition that perhaps her criticism was contributing to their problems. Fitting in with this, session four ends with the couple expressing their desire to be together. This could have plausibly motivated Sandra to make a change.

Thus, given the downward trajectory of sessions one through four, it seemed to us likely that therapy had contributed to, or set the stage for, the positive changes that occurred between sessions four and five. While we did not believe we could conclude this "beyond a reasonable doubt," we believe that this conclusion is supported by a preponderance of evidence. It is unlikely that the downward trajectory would have been altered without the therapy.

In addition to the above analysis, there is supporting evidence that comes from spontaneous statements by the couple at various points that therapy has helped. One example of this is that in session seven, Carl says he does not understand how he changed from resisting going back to Arkansas to not only being willing to go, but to embracing it. He attributes this to the therapy and explicitly thanks the therapist.

In conclusion, the evidence in favor of the idea that therapy contributed to the change is: a) the nature of the trajectory of change---downwards for months before entering therapy, downwards during the first four sessions, and then upwards for the next six sessions, b) a plausible link between the events in session four, as well as previous events in sessions 1-3, with the change that happened between sessions four and five, and c) the clients' spontaneous self-reports that therapy had helped.

III: Factors That Possibly Contributed to the Therapeutic Change

Given that change occurred, and given that we have concluded that therapy plausibly contributed to change, can we identify specific factors that contributed to the change process?

Here we found that things got more complicated. We had to be more interpretive in weaving a plausible story of how therapy concretely contributed to change. We found that we couldn't identify a simple correlation between an event in therapy and change, or between some intervention and change. In fact, it was not clear at all, as we have already discussed, *how* change took place, if we are to assume that the pivotal change point was somewhere between sessions four and five. It seems safe to say that, at least in the case of this couple, there was a complex interaction between what was happening in therapy, and the couple, that resulted in change, at least from what we could observe. It is a complex relationship between how events in therapy are assimilated or "crossed" (to use Eugene Gendlin's concept, see Ikemi, 2017) with the couple's own efforts, interactions, background, and current experiences, that determined change in this case.

There are plausible possibilities. Let us first identify what the three of us concluded was the most significant change process for the clients. We were unanimous in our inference that the major change mechanism, to quote Marco, was, "Therapy helped them understand each other and where they were coming from." As we have noted, there is evidence to support that this is one of the changes that occurred. This links up with the thing the therapist most constantly did, which was to continually reframe each other's underlying motives as positive. The outcome was that the couple came to the point of viewing one another's motives more benevolently, and as a result, being more willing to negotiate when there was a conflict. Before we go into that in more detail, first, we briefly identify the things the therapist did.

Overall, the therapist played the role of referee and explorer. Therapy provided a different experience that allowed space for new experiences to take place. In particular, the therapist identified a pattern and externalized it by making the pattern the enemy. By doing this, she repeatedly interrupted the tendency of the partners to blame one another.

Further, the therapist repeatedly helped the couple see how their attachment needs and underlying hurts and vulnerabilites underlay their overt problems. She positively reinforced their

desire to be with one another, and "saw the best" in each partner. After helping them unpack a conflict, she explained the pattern the couple was stuck in, and pointed out that the pattern was the enemy.

By helping them through conflicts, the therapist showed the couple that things could be different and very good between them. The therapist stuck with the couple when things got rough, did not get discouraged, and helped them get to a better place. This happened in each of the first four sessions. The therapist didn't get sucked into the content of the arguments. She highlighted the patterns within each partner and within the relationship. The therapist instilled hope. She explained why their dynamic could change and she was confident she could help them change (and she demonstrated it!). She reframed their negative interaction as coming from a deep place of love and care. She motivated the couple.

For instance, in session two, both Carl and Sandra express and exhibit a sense of hopelessness that things can change. Carl expresses skepticism that he can ever meet Sandra's expectations. Later in the session the therapist instills hope that they can change as a couple by encouraging them and explaining why things can change. She also facilitates their sharing in such a way that they have a positive moment where they reach out to one another. The therapist emphasizes how much they care for one another.

Even as things appeared to be going south in sessions two through four, the therapist brought them through tough moments to moments of feeling close with one another. In general, she constantly reframed what was going on between them in terms of underlying feelings, and helped each partner see the positive, understandable intent behind the other's actions. Furthermore, she helped each voice their underlying feelings. She also emphasized over and over how much the problem came out of their desire for connection and how much they loved one another. She particularly reinforced moments of connection and how loving they could be with one another. In so doing she was reinforcing change.

Overall, it appeared that change occurred through the therapist's repeatedly helping Sandra and Carl to voice their sensible and vulnerable feelings underlying their overt anger, hurt, and disappointment in the first four sessions, along with the therapist's repeated ability to create moments of tenderness between them in the midst of their negative downward spiral, as well as her ability to inspire hope, that helped them see one another's intentions in a positive light. Lindsay particularly focused on how the therapist repeatedly provided hope by pointing out to the couple how much their problem came out of their desire for connection and how much they loved one another. She saw that as increasing and sustaining their motivation.

These things plausibly link up to change because one of the changes they report is seeing the positive in each other more and not misunderstanding one another as much. Many of the other changes they report relate to this as well. For instance, Carl is better able to let criticism roll off his back. When they have a conflict they are able to stand back and to ask if they can start over.

One other therapy factor that appeared to contribute to change was each partner's exploration of their past experiences and their insight that some of the problems were based on

tendencies to behave in certain ways and to interpret things in certain ways based on their past. It appeared that each partner used this as a way of normalizing their behavior to the other, such that in effect it was a way of saying, "I'm responsible for behaving in this way due to my past---It is not your fault." This too had the effect of increasing each partner's seeing the other's intentions in a less negative light.

IV: Another Contributing Factor to The Change Process

Therapy was not the only factor that contributed to change. The clients themselves appeared to be major contributors. The first author has previously argued that ultimately, it is clients that make therapy work (Bohart & Tallman, 1999; Bohart & Tallman, 2010).

There is evidence from this study to support the active role of the clients themselves. This occurs through: the couple's creative efforts between sessions, their interest in making the relationship work in the first sessions, their general good will towards one another despite their problems, their taking responsibility for their own roles in the problems, and their spontaneously bringing up their histories and examining them in terms of how they contribute to the problems between them.

First, Marco pointed out in his analysis of the case that the couple is motivated to be together. Over and over, throughout the first four sessions, even with the negativity, they express liking for one another. Perhaps the only time there is a failure in this is in session four when Sandra says she has lost respect for Carl. Even then she expresses a desire not to hurt him. Over and over they both express admiration for one another. Carl admires Sandra's talent. Sandra admires Carl's brilliance (he is a former professor). The couple repeatedly expresses positive regard towards one another through the first four sessions, even as they feel things are not working. Furthermore, they express the desire to have it work. They are motivated to have it work, even when both are feeling pessimistic that it can work.

Second, both partners, especially Carl at first, are adept at taking responsibility for themselves. We have seen how Sandra's taking responsibility for her criticism in the interim between sessions four and five, appears to have been a significant change event. Lindsay noted that even in the first session neither partner expects the therapist to fix the other partner, as is often the case. Instead, they want the therapist to fix *them.* In session two, Carl rebuts the therapist's attempt to attribute a problem to the pattern. Carl insists that he is going to take responsibility for it.

Third, their creativity shows up repeatedly as well. First, the major change appears to happen between sessions 4 and 5. This appears to be associated, at least in part, with when Sandra decides she has no power over her criticism and is going to try to abstain from it, and when she decides to take a step back. She creatively generalizes her experience from her recovery program to her criticism. Although we believe that this creative effort by her itself is linked to their therapy experience, still this is a creative emergent on Sandra's part. It is a creative idea of her own, not suggested by the therapist.

Furthermore, as change happens, they build on the change. Their spontaneously doing things together then furthers the change. They go boating together. They are going to an inn conference together. Doing positive things together is something therapists often suggest. They initiate them themselves. Additionally, they find ways of dealing with the "down" times. It is they who come up with the idea of when they get stuck in an argument, asking one another if they can start over.

Finally, an extensive amount of time, particularly in sessions 6-10 is spent on examining their histories and how their histories contribute to the problem. We see this as one of the major change mechanisms. This is primarily initiated by the couple themselves, although the therapist willingly goes along with it and facilitates their work, all the while using it to help normalize their experiences in each other's eyes. The work on the past further helps each partner better understand where the other is coming from, and helps them see the other as not *deliberately* trying to hurt the other. It further helps each partner handle things better when the other partner is does something that hurts them. Finally, in the last few sessions of therapy, a good deal of work is done on Sandra's past experience, helping her to become more open to and accepting of love and closeness.

V. Further Observations on the Nature of the Change Process.

In watching published therapy films by major publishers like the American Psychological Association, the first author has often noted how the films frequently end with a "big" moment of change. We never know what happens thereafter. Does that significant moment of change lead to major lasting change by itself?

From observing this film, change did not appear to be a matter of "significant moments" per se. Although we cannot rule out the impact of significant moments, and indeed, it is likely they contributed, it does not appear that change was solely or primarily a matter of significant moments. There is a significant moment of change at the end of the first session. Yet the couple is worse at the second session. There are several significant moments of change in sessions two and three as well, yet by session four the couple is ready to call it quits. This does not mean that these significant moments had no positive impact on the change process, but it does mean that by themselves they do not necessarily, magically, result in change. Rather, it would have to be the *accumulation* of such moments that had an impact. This feeds into what we have to say later about the change process.

Similarly, change did not necessarily result from the kinds of factors that therapists' theories say are important. For emotionally-focused couple therapy, for instance, helping clients become aware of the pattern is supposed to be a major change mechanism. That is, becoming aware of the pattern is supposed to help them use that knowledge to manage problems when they occur. However, as of the start of the fifth session, despite the pattern being identified repeatedly, Sandra has no idea what the pattern is, and change has already occurred. This is not to say that identifying the pattern has had no effects. It is possible that it has been understood at an intuitive, unconscious level. Futhermore, it may not be the explicit identification of the pattern per se which is helpful, but rather the implied learning that it is not each partner's fault for what is going on. Finally, in general, based on their reports, both partners cannot identify what has led to change, although both believe they have changed.

So what does the change process appear to be if the partners cannot identify what led to change, if significant moments are not necessarily directly correlated with change, and if at least one purported mechanism of change does not necessarily seem to be involved? It seemed to be the slow and steady *accumulation* of change over time that did it. Halvorsen, Benum, Haavind, & McLeod (2016) suggest, in a case study of a client named Cora, that change occurs through *procedural learning*. That is the explanation that fits best with what happens in this case. It is the slow, steady accumulation of having the therapist repeatedly demonstrate positive, understandable feelings underlying the angry criticism of Sandra and the avoidance of Carl, that does it, where she repeatedly unpacks their misunderstandings of one another. It is having their misunderstandings unpacked over and over again that appeared to make the change occur, especially since there was a shift in how they were perceiving and understanding one another, and it did not appear to be a conscious shift.

This goes along with the repeated demonstrations that they can be close again through the significant moments of closeness that emerge in each of the first four sessions. Finally, as Lindsay has noted, it is the therapist's repeatedly being able to keep hope alive through her optimism, as well as through her ability to demonstrate to the couple that underlying their problems is good will towards one another. It is not going to far to suggest that repeated experiences of living through negativity, only to come to a point of closeness, could reinforce or "build" a sense of hopefulness, a sense of resilience, and a sense that problems can be resolved, and more importantly, that each of the two of them makes sense and is well-intentioned.

VI. Change Mechanisms From Different Theories That Can Be Seen in the Therapy Process

It would not be difficult for theorists from different points of view to see change mechanisms from their theories in this case. We briefly identify some of the change mechanisms we observed from different points of view.

Common factors. There are four common factors that appear in the video. The first is the therapeutic relationship. The therapist works to sustain a warm, empathic, and supportive relationship. She admits mistakes, and when Carl criticizes her, she apologizes. She rarely self-discloses personal information, but does use descriptions of her own process one or two times to help clarify what is going on with the couple. The second common factor, as we have previously noted, is the therapist's ability to facilitate hope (see Wampold & Imel, 2015). Third, the therapist helps the clients clarify what is going on between them and develop explanations that normalize their problems and facilitate hope (Snyder et al., 1999; Wampold & Imel, 2015). Fourth is learning through experience (see Bohart, 1994; Goldfried, 1980; Grawe, 1997). In effect, they have repeated mastery experiences of unpacking an issue and finding a commonality they can bond on lying underneath.

Psychodynamic psychotherapy. A major change mechanism in this case is the exploration of the past and its relation to the present for both partners. Furthermore, the process could be seen as one of each partner coming to see the other more clearly as they learn to stop projecting their hopes, fears, and past experiences on one another.

Person-centered therapy. Given the couple's creative contributions to the therapy process, therapy could be seen as the process of fostering the clients' potential for relational actualization through the therapist's empathic responding, positive regard, and careful listening. Furthermore, the therapist works with the evolving here-and-now process, staying with what emerges, and working with what is "alive" and present in the moment.

Existential therapy. A major tenet of existential therapy is to help clients take personal responsibility. Carl and Sandra were already prone to do this. Their ability to take responsibility made a substantial contribution. Another goal of existential therapy is to facilitate open and honest communication between the partners. This is also a goal of emotion-focused therapy and was facilitated by the therapist. Finally, the avoidance of anxiety is seen as a contributing factor to change. Helping clients accept and acknowledge their anxiety is a key change factor. Reframed slightly, the emotion-focused therapist helped the partners acknowledge and express their underlying fears and feelings of vulnerability.

Systems and narrative therapy. The therapist repeatedly defines the problem as a systemic one in terms of the pattern. She further externalizes the pattern, a la narrative therapy, as a way of helping the clients deal with it.

Behavior therapy. In keeping with behavior therapy, one could argue that the major learning in this case is through procedural learning, i.e., repeated practice, along with both coaching of new behavior by the therapist, as well as through reinforcement of change.

Cognitive therapy. Possibly the only major approach we could not clearly include is cognitive therapy. Sandra does talk about dysfunctional expectations. There is occasional talk of dysfunctional thoughts, but overall that is less emphasized than all the other factors we have noted. The therapist does not, for instance, directly challenge Sandra's "dysfunctional" expectations.

However, it could be argued that cognitive change is being facilitated nonetheless. One example is that each partner is learning to not attribute problems to the other partner's lack of consideration, insensitivity, or other negative motives. This occurs through a) the therapist attributing their problems to a pattern, b) her unpacking moments of conflict in such a way that each partner sees the other's underlying position in a more positive light, and c) through each partner's attributing some of their own blindness to their past experiences, implying that it is not the partner's fault. Through this they learn, we suspect, to not zero in and overfocus on a negative intention when the partner disappoints them. This allows their attentional field to open up and to see other opportunities for relating. We suspect this is how Carl is able to experience a shift in his perception of going back to Arkansas. He no longer has to see it in terms of his protecting himself and his autonomy from Sandra. When he is able to do this, he is able to discovery positive aspects in it and becomes interested in the inn business. We also suspect that cognitive therapy operates in a similar fashion. When clients are learning to challenge their dysfunctional cognitions, they are also, at the same time, learning to widen their attentional fields from an overfocus on the negative. This allows them to discover new possibilities in life.

VII. The Influence of an Alcoholism Recovery Program

Finally, in terms of factors that influenced the change process, we comment on the role played by the fact that both partners are in an alcoholism recovery program. While they never say, it sounds like they are in the same program. The recovery program makes its own independent contribution, while at the same time being a problem that the therapist has to deal with.

On the negative side, the recovery philosophy Carl and Sandra follow includes tenets that get in the way of the therapy. The first is the dictum that "feelings aren't facts." The problem with this dictum is that it interferes with the therapist's focus on helping the clients access and take their feelings seriously (a key part of emotion-focused therapy). Second, both a strength and a weakness of the recovery philosophy is the idea that you cannot be co-dependent. This is interfering in that both partners, especially Sandra, take it to mean that one is not supposed to help the other person when the other is feeling bad. They cannot be responsible for another person's feelings. This interferes with the idea of supporting and taking care of one another.

On the other hand, a strength of the program, and something that does add to the therapy, is that it leads both to take responsibility for themselves, and this is a major contributor to the change process. Finally, it is the idea of acknowledging that one is powerless over something that Sandra uses to help her deal with her tendency to criticize.

CONCLUSION AND DISCUSSION

In conclusion, our examination of what we were able to learn from studying a detailed case record about change in psychotherapy suggested that, through a careful consideration of a sufficiently rich case record, we were able to make inferences about whether change came about with a high degree of confidence.

Secondly, while we believed the evidence pointed towards the conclusion that psychotherapy contributed to the change, we were unable to draw that conclusion at as high a level of confidence, primarily because of the fact that the apparent change appeared to occur between two sessions, and possibly because the change was primarily due to the creative contribution of one of the clients themselves. Nonetheless, even there the preponderance of evidence supported the proposition that therapy had contributed to the change.

Finally, we were able to identify plausible change mechanisms that we believed best fit what had happened. However, we were unable to say for sure that these were the things that *caused* change. To the contrary, it appeared that change was a complex blending of what the therapist did and what the clients brought to the process. In this regard, one conclusion from our study is how much more complex the change process looks from the point of view of this kind of analysis than from what you get from looking at change through the lens of a randomized trial.

What might have helped us draw more definitive conclusions on some of the issues we have raised? This therapy was a video. It was not a part of a research study. Had it been part of a randomized trial, for instance, perhaps we could have gathered other data that would have helped us draw more firm conclusions about what facilitated change. Elliott's (Elliott, 2002; Elliott et al.,

2009) hermeneutic single case efficacy design, for instance, includes quantitative measures of change, client self-reports on significant events in each session, and post-client interviews. Perhaps had we had interviewers interview the couple we could have gotten more evidence on, say, what happened between sessions four and five.

Post-therapy interviews could also have given us more information about what was happening outside of therapy in the couple's life. Perhaps also we would have had some quantitative data to include in our analysis (see, for instance, the case histories in Fishman et al., 2017), although it is not clear that the conclusions we reached on change would necessarily have been supported or buttressed by quantitative data. In one case history using a similar method, Elliott et al. (2009) found that the quantitative data did not line up with other indices of change. While there was strong behavioral evidence that the client had changed positively, on some quantitative indices it looked like the client was getting worse. However, three expert judges in that study concluded that the data, overall, supported that positive change had taken place.

There are other caveats and limitations to our conclusions. First, there was no long-term follow up data in this case. Therefore, we do not know how long the change lasted. It lasted at least from sessions five through ten. Second, the three of us had previously seen the video and had already informally drawn conclusions as to whether change had occurred and whether therapy had helped. What we did in this study was to more systematically study the case. We tried to be alert to disconfirming evidence. Nonetheless, it would be interesting to replicate a study like this with a more objective "jury," with no preconceptions to see if they, too, would draw conclusions similar to ours.

Finally, we would like to reiterate what we said in the introductory section. It would be through a series of case histories, not from one case history alone, that we would be able to draw more definitive conclusions as to how therapy contributes. For instance, in this case, we believe that the primary change mechanism from the therapist's side of the coin was that the therapist helped the couple to understand one another more and to see one another's motives and intentions in a more benign light. Another important change mechanism was the creativity of the clients themselves, particularly the creative leap by Sandra in applying her recovery experience to her tendency to criticize. A series of case histories would help us sort out more about how, and if, these are factors that contribute to therapeutic change.

REFERENCES

Bohart, A. C., Berry, M., & Wicks, C. (2011). Developing a systematic framework for utilizing discrete types of qualitative data as therapy research evidence**.** *Pragmatic Case Studies in Psychotherapy*, *7* (1), Article 9, 145-155. Available: https://pcsp.libraries.rutgers.edu/

Bohart, A. C., & Humphreys, C. (2000, June). *A qualitative "adjudicational" model for assessing psychotherapy outcome.* Paper presented at the meeting of the International Society for Psychotherapy Research, Chicago, Illinois.

Bohart, A. C., & Tallman, K. (1999). *How clients make therapy work: The process of active self-healing*. Washington, DC: American Psychological Association.

Bohart, A. C., & Tallman, K. (2010). Clients as active self-healers: Implications for the person-centered approach. In M. Cooper, J. C.Watson, & D. Hölldampf (Eds.), *Person-centered and experiential therapy work: A review of the research on counseling, psychotherapy and related practices* (pp. 91-133). Ross-on-Wye: PCCS Books.

Bohart, A. C., Tallman, K., Byock, G., & Mackrill, T. (2011). The "Research Jury Method": The application of the jury trial model to evaluating the validity of descriptive and causal statements about psychotherapy process and outcome. *Pragmatic Case Studies in Psychotherapy, 7* (1), Article 8, 101-144. Available: https://pcsp.libraries.rutgers.edu/

Burns, R. P. (2001). *A theory of the trial.* Princeton, NJ: Princeton University Press.

Campbell, D. T., & Stanley, J. C. (1967). *Experimental and quasi-experimental designs for research.* New York: Rand McNally.

Elliott, R. (2002). Hermeneutic Single Case Efficacy Design. *Psychotherapy Research, 12*, 1-21.

Elliott, R., Partyka, R., Alperin, R., Dobrenski, R., Wagner, J., Messer, S., Watson, J.C., & Castonguay, L.J. (2009). An adjudicated hermeneutic single-case efficacy design study of experiential therapy for panic/phobia. *Psychotherapy Research, 19*, 543-557.

Fishman, D. B., Messer, S. B., Edwards, D. J. A., & Dattilio, F. M. (Eds.). (2017). *Case studies within psychotherapy trials: Integrating qualitative and quantitative methods*. New York: Oxford University Press.

Goldfried, M. R. (1980). Toward the delineation of therapeutic change principles. *American Psychologist*, *35(11),* 991–999.

Grawe, K. (1997). Research-informed psychotherapy. *Psychotherapy Research, 7(1)*, 1-19.

Halvorsen, M. S., Benum, K., Haavind, H., & McLeod, J. (2016). A life-saving therapy: The theory-building case of Cora. *Pragmatic Case Studies in Psychotherapy, 12(3).* 158-193. https://doi.org/10.14713/pcsp.v12i3.1975

Ikemi, A. (2017). The radical impact of experiencing on psychotherapy theory: an examination of two kinds of crossings. *Person-Centered & Experiential Psychotherapies, 16*(2), 159-172.

Johnson, S. (2004). *The practice of emotionally focused couple therapy: Creating connection.* New York: Routledge.

Jorgensen, R. (undated). *Emotionally focused therapy: A complete treatment* (3-video set). Available from Psychotherapy.net. http://www.psychotherapy.net/video/emotionally-focused-therapy-training.

Krause, M. S., & Lutz, W. (2009). Process transforms inputs to determine outcomes: Therapists are responsible for managing process. *Clinical Psychology: Science and Practice, 16(1),*73-81.

Miller, R. B. (1999, August). Doing justice to the case study method. In R. Miller (Chair), Case study standards and the knowledge base of professional psychology. Symposium conducted at the 107th Annual Convention of the American Psychological Association, Boston.

Miller, R.B. (2011). Real Clinical Trials (RCT^1) – Panels of Psychological Inquiry for transforming anecdotal data into clinical facts and validated judgments: Introduction to a pilot test with the case of "Anna." *Pragmatic Case Studies in Psychotherapy, 7*(1), Article 2, 6-36. Available: https://pcsp.libraries.rutgers.edu/

Rozin, P. (2001). Social psychology and science: Some lessons from Solomon Asch. *Personality and Social Psychology Review, 5,* 2-14.

Snyder, C. R., Mitchell, S. T., & Cheavens, J. S. (1999). Hope as a psychotherapeutic common factor of common factors, placebos, and expectations. In M.A. Hubble, B. L. Duncan, & S.

D. Miller (Eds.), *The heart and soul of change (1st ed., pp. 179-200).* Washington, DC: American Psychological Association.

Stiles, W. B. (2009). Responsiveness as an obstacle for psychotherapy outcome research: It's Worse than you think. *Clinical Psychology: Science and Practice, 16(1).* 86-91.

Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work (2nd ed.).* New York, NY: Routledge/Taylor & Francis Group.