THE EFFECT OF A DVD COUNSELLING PROGRAMME IN PREVENTING THE BREAKDOWN OF PARTNER RELATIONSHIPS OF MASTER'S STUDENTS IN CLINICAL PSYCHOLOGY

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ERIKA NELL

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ABSTRACT

The Clinical Psychology training program at the University of Limpopo (Medunsa Campus) is based on the theoretical paradigm of General Systems Theory. The functioning of systems in terms of patterns, structure, organization and relationships can therefore also be applied to the trainee and his/her partner relationship system which is characterized by circular patterns of interaction. Ernst (2008) states that within the context of General Systems theory it became evident that the trainee does not function in isolation but as part of a system. The trainee undergoes significant changes throughout the training year if training is effective and this in turn may also impact on the trainee's partner relationship.

This investigation was done to establish the effect of a DVD Counselling Programme on the partner-relationship of the trainee in Clinical Psychology with his/her partner/spouse. This is done in order to provide feedback to the trainers of the Clinical Psychology training at Medunsa. This may also possibly assist in establishing a more scientifically founded aid for the trainees in Msc. Clinical Psychology and their partners/spouses. It was a qualitative research project, in which person centered interviews were held with participants and thematically analyzed by three independent clinicians. The entire research project and findings are contextualized in accordance with General Systems Theory.

The results indicated that the DVD had a moderate effect on 4/6 of the sample population that reported that their relationship improved in respect of the nature and quality based on mutual understanding, emotional closeness, obtaining of relational skills, effective communication and awareness regarding the impact of the training year on their relationship. The impact of the DVD was somewhat limited in that not all the participants watched it and the manner in which some of the trainees approached their partners/spouses, which may have had an effect on how the DVD is received and experienced.

DECLARATION

I, Erika Nell, hereby declare that the work on which this dissertation is based, is original (except where acknowledgements indicate otherwise) and that neither the whole work nor any part of it has been, is being, or shall be submitted for another degree at this or any other university, institution for tertiary education or examining body.

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Erika Nell

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CONTENTS

CHAPTER ONE
INTRODUCTION

In the 1950s Gregory Bateson introduced General Systems Theory into the field of psychology when he applied cybernetics and General Systems Theory to human interaction in order to better understand communication (Hanson, 1995). He moved away from the content of relationships towards the pattern of relationships, making it inter-psychic (Hanson, 1995).

Bateson (1980) founded the Palo Alto group to focus on communication processes. It was during this period that Jay Hayley and John Weakland applied these principles to communication within family systems (Hanson, 1995). Through this cybernetic approach of self-governing systems, they rejected linear causality of behaviour and incorporated circularity into family systems, which led to the discovery that change impacts on the entire system and not only on an isolated part (Hanson, 1995).

Circularity shows how an individual functions as part of a much larger system. This system is a circle in which change in one part of the circle can be seen as the cause of change at a later time in any variable anywhere in the circle (Vorster, 2003). By definition, all relationships and families function systemically and the members of these systems regulate the balance of sameness or consistency and change within their system. The focus is on circularity, meaning that the components of a system influence each other in a circular fashion which entails being equally responsible for the cause and effect of one another's behaviour.

Within the context of the trainee in Clinical Psychology the focus is on assisting the trainee in becoming a more effective therapist by using himself/herself as a 'tool' in the therapeutic relationship drawing from various schools of thought. The trainee is expected to undergo significant personal changes which will inevitably affect his/her interactional style and the systems he/she interacts in (Vorster in Ernst, 2008). During the Master's training year there is input from an outside source which in turn changes the trainee and his/her system; this effects system homeostasis or balance. It is evident from the literature that trainees in Clinical Psychology undergo personal changes in their process of becoming more effective therapists (Ernst, 2008).

According to General Systems theory, an individual does not function in isolation, rather as part of various systems that are characterised by particular circular patterns of interaction (Vorster, 2003). Relatively constant patterns of interaction develop over time within a particular relationship and system as relationship rules are established which deem certain behaviours acceptable or unacceptable. Therefore a system should be understood as a whole interactive, interdependent unit, where the notion of the family/system is greater than the sum

of its parts (Bosman, 2004). Members of a system are thus part of an integrated whole and change in one aspect will affect the whole system (Corey, 2005). From this it is evident that within the training context changes will occur not only within the trainee in isolation, but also within the trainee's entire system. Bosman (2004) states that it therefore follows logically that an epistemologically consistent training programme, based on General Systems theory, would also take the family systems of trainees into account.

The implications of change in the trainee's system are that the trainee undergoes a process of change in which his/her style and way of interacting changes accordingly. Thus the previous rules of interaction change, as well as what is held to be acceptable and unacceptable behaviour. This may result in the trainee experiencing some instability and uncertainty. At the University of Limpopo (Medunsa Campus) trainees are, due to ethical considerations, warned at the beginning of the Master's training programme in Clinical Psychology that a period of significant change lies ahead. They may not be able to fully understand this initially and some trainees discover too late that it has, in fact, happened and that they have developed serious interpersonal problems in their personal relationships.

Previous studies have brought increasing awareness of the impact of training and the implications thereof. Bosman (2004) conducted the first study at the University of Limpopo on the impact of training in Clinical Psychology on families. However, according to Bosman (2004), research on the effects of psychotherapy training on trainees appears to have been based only on trainees' accounts of their personal experiences, with little reference to family members. Bosman's (2004) preliminary study attempted to fill this gap in the field by focusing on the effect that psychotherapy training has on the family system of trainees. The results of this study motivated an attempt at developing a comprehensive and scientifically founded programme for trainees in order to prevent possible destructive effects on their family systems by enhancing their personal relationships.

In this respect Ernst (2008) conducted a preliminary intervention research study focusing on the effects of a *Training Manual and Guide* for trainees and their partners/spouses to prevent relationship breakdown. This intervention (the manual) resulted in significant improvements in some trainee-partner relationships. However, in a number of instances use of the manual resulted in some resistance on the part of the trainee's partner in that partners resented the implied threat to their relationship as well as the fact that they had been placed under pressure to change as individuals.

Furthermore, the fact that trainees tended to urge their partners to read and study the manual also resulted in a symmetrical element in some relationships. Whereas the manual thus proved to be potentially valuable in preventing the breakdown of trainee-partner relationships, it seems clear that an optimal answer to this problem has as yet not been found. With the above in mind, one possible intervention that could perhaps sidestep some of the ineffective results of the manual could be a carefully put-together preventative counselling programme through the medium of a DVD. It was thought that inviting the trainee with his or her partner to come and watch a DVD programme within the context of the total Master's training programme might be a way of sidestepping the interactive dynamics that stemmed from the manual as described above. It was therefore decided to investigate such a possibility in the present study.

1.1 CONTENTS OF THE DISSERTATION

In Chapter Two the appropriate literature is discussed and the theoretical foundations of the study are established.

Chapter Three provides an operational link by outlining the appropriate research methodology.

Chapter Four presents and discusses the research findings.

Chapter Five concludes with the final discussion on a second-order level and makes recommendations.

CHAPTER TWO
LITERATURE SURVEY

2.1 INTRODUCTION

The aim of this chapter is to provide a context and theoretical background for the investigation that will be pursued.

The investigation was done with trainees enrolled for the degree of MSc in Clinical Psychology and their partners/spouses during the first year of Master's training at the University of Limpopo (Medunsa Campus). The focus was on changes that occur within the partner/spousal relationship during the course of the first training year, as well as on how these changes can be dealt with effectively and constructively.

For the purposes of this study, General Systems Theory was found to be most suitable for describing the processes underlying the impact of change in one member of a system on the partner/spousal system as a whole. It was deemed unnecessary to provide in this dissertation an overview of basic General Systems Theory as this has been done repeatedly in so many dissertations over the past decade that it is readily available in many publications and would thus be redundant.

Therefore this investigation is on a specific system, namely the trainee in Clinical Psychology's partner/spousal system and thus more specifically it should be noted how General Systems Theory applies to the couple as a system. It should be noted that the term *partner/spousal system* may be used interchangeably with the concept *family system*. It is important to be aware of how a system functions and of the impact of changes on the system, specifically the first- and second-order changes that occur, in order to appreciate the phenomenon being studied.

In order to gain an understanding of the impact of change on the partner/spousal relationship of a trainee in Clinical Psychology, training in psychotherapy/Clinical Psychology also needs to be examined.

2.2 APPLICATION OF GENERAL SYSTEMS THEORY TO THE PARTNER RELATIONSHIP

If you want to understand a phenomenon, you must consider that phenomenon within the context of all completed circuits which are relevant to it …

(Bateson, as cited in Meyer, Moore & Viljoen, 1997)

The General Systems Theory will be used as the foundation for this study. The focus of this theory is on the interactions of individuals within a system. In order to contextualise this more explicitly, the definition, functioning and changes in a system will be discussed next.

2.2.1   Definition of a System

The term system comes from the Greek, meaning *organised whole* (Reber & Reber, 2001). It is a particular arrangement of interconnected phenomena. Systems consist of parts interconnected in a non-linear way, where all that exists within a system is defined as part of a complex whole in which everything is connected to everything else directly or indirectly (Hanson, 1995). Thus any parts that form an interconnected whole by relating to one another can be viewed as a system, whether the part is an individual, a partner relationship, a family structure or a training environment (Ernst, 2008).

These interconnected parts continually influence one another to maintain their activity and the existence of the system (*Definition of a System,* 2010*)*. Therefore it is clear that systems like the partner relationship depend on interaction for survival. All systems have inputs, outputs and feedback mechanisms that maintain this interaction (*Definition of a System, 2010).*

Bor (1984, p. 7) defines a system as "objects in relation to one another or as a set of mutually independent units". This definition makes it evident that these units are individual parts that make up a whole. Such systems also have boundaries which are usually defined by the system observer in order to differentiate themselves from other systems (Visser, 2006). Minuchin (1974) states that these system boundaries are indicative of the preferred relationship with other subsystems. Systems are divided into two categories which are dependent on the nature of these boundaries (Visser, 2006). The first category is the closed system which has solid and rigid boundaries. The components of such a system are assumed to exist in a self-sufficient state (*Definition of a System,* 2010). This type of system is often self-destructive because it inhibits the input of new information, thereby inhibiting its own growth via isolation. The second category is the open system which has permeable boundaries through which it constantly exchanges energy and information with the larger system in which it exists (*Definition of a System, 2010*).

Another determinant of a system is homeostasis, whereby the interconnected parts within this system maintain an internal steady state or balance (*Definition of a System, 2010*). Homeostasis in a system is sustained by rule governing (Vorster, 2003). The homeostatic operation of rules dictates the range of behaviour deemed to be appropriate or inappropriate within the system (Gurman & Kniskern, 1997). Vorster (2003) states that these rules direct the actions of members within the system and keep members within the particular roles they hold within the system. Thus when the rules are disrupted in one area of the system, this impacts on the entire system to undergo change, since the parts of a system are interrelated and change in any one part changes all parts (Hanson, 1995). From this it is clear that relationships are circular and do not have a single cause and effect, in that change in one part changes all parts (Ernst, 2008). Any action or inaction will ricochet through the system with unpredictable outcomes (Hanson, 1995).

Within the context of the trainee there are various systems of which he/she forms a part (Ernst, 2008). For the purposes of this investigation, however, only two of these systems will be taken into account. The first is the training system, in which the trainee interacts with trainers. According to the above definitions, this constitutes a system. The second system is the trainee's relationship with his or her spouse/partner. This interaction constitutes the partner/spousal system or family system.

Since the systems applicable to the study have now been defined, we will next discuss the partner/spousal relationship, taking the training context into consideration.

2.2.2   The Partner/Spousal Relationship as a System

A (family) system is "a word that means to place together, not at random but in a particular order" (Capra, 1997), "any two or more parts that are related, such that change in any one part changes all parts" (Hanson, 1995); "an organized whole that consists of parts that are interdependent and form a whole" (Duffy & Wong, 1996); and "an integrated whole whose essential properties arise from the relationship between its parts" (Capra, 1997).

It is evident from the above quotes that the partner/spousal system consists of two individuals who came together in a particular manner that defined them as partners or spouses, and this constitutes them as a specifically defined system. These two individuals are interdependent units that form part of an organised whole in which any action or inaction impacts on the entire system. Thus when one of the individuals in the system acts in areas he/she previously

would not have acted in, or remains passive in other areas where he/she previously would have acted, this impacts on the partner or spouse as well. These actions or inactions structure the manner of relating and interacting with one another and this forms the roles and properties of the specific system. Therefore in the context of individuals in MSc Clinical Psychology training, the manner of relating may change and thus the manner of interaction changes which, by default, changes the properties and roles of the partner/spousal system.

We will now consider the functioning of this specific system.

2.2.3   Functioning of the Partner/Spousal System

All systems are situated within a larger system, called the supra-system, and the same system is also made up of smaller subsystems (Visser, 2006). In the partner/spousal system the supra-system may be that of the larger extended or nuclear family system and the subsystems may be those of the two individuals in relative isolation within the partner relationship.

Systems such as the partner/spousal system include two individuals (partner A and partner B) who also function as systems on their own. Yet the entire partner/spousal system as a unit cannot be seen merely as the summative product of these two individuals. This concept is known as *non-summativity* where, in its most basic form, the whole is greater than the sum of its parts (Visser, 2006). Non-summativity refers to the suggestion that when components are examined separately, the findings cannot merely be added in order to determine and comprehend the complete system (Bosman, 2004). Therefore a system should be observed and inspected as a whole instead of as separate elements.

An example of this is when one adds a flat rectangular wooden object and a steel handle placed in a space in a wall. It cannot merely be seen as those parts put together since in combination they form a door and the various ways in which such a door can be put together will determine how one would use this door. The partner/spousal system should therefore not be understood only by the summation of the characteristics of the individual members, but also within the patterns of interaction formed.

When individuals from one system, such as the family system, interact with someone from another system, such as the trainee from the family system in interaction with other individuals in the training context, there are patterns of behaviour that become apparent in the interaction that would not be evident in the individual (Ernst, 2008). The specific patterns of interaction not only constitute a system, but these systems are also defined by means of the

specific patterns of interaction that take place within this system; this interaction constitutes the definition of a system. Jackson stated that the characteristic behaviour patterns of members in a relationship are moulded according to the definition of the relationship (in Ray, 1992).

The partner/spousal system will therefore be characterised by specific patterns of interaction that will define the system as such (Ernst, 2008). For instance, within the partner/spousal system an outside viewer will be able to identify the system as such by viewing patterns of interaction such as going out for coffee, holding hands and consistent close proximity. This pattern of interaction will, under appropriate circumstances, not be pertinent within and characteristic of a professional relationship.

There are three definitions of a relationship, namely symmetrical, complementary and parallel (Watzlawick, Beavin & Jackson, 1967). A relationship defined as symmetrical is characterised by participants mirroring each other's behaviour in order to attain an equal position of control in the relationship; this is often a struggle and inhibits optimal functioning of the relationship (Watzlawick et al, 1967). In the complementary relationship, individuals complement each other by one individual being in the one-down (following) position and the other in the one-up (leading position), with an accepted unequal distribution of control (Watzlawick et. al., 1967). The parallel relationship is where both individuals take turns in taking the leading or following positions which, in practical terms, translates into treating each other as equals in the relationship (Lederer & Jackson, 1968). Lederer and Jackson (1968) regard this form of relationship as the desired or optimal one, thereby falling into the trap of categorising or pigeon-holing relationships in accordance with the traditional medical model. Pure application of General Systems Theory dictates that no specific definition of a relationship could be regarded as the 'ideal one' since the definition that may be satisfactory for one couple may be totally unacceptable for another couple. The early phases of a relationship are typically characterised by behaviour that signifies attempts at defining the system (Vorster, 2003). Extreme and exaggerated behaviour (symptomatic behaviour) often occurs as a specific attempt to define the relationship and gain control over it (Vorster, 2003). Therefore symptomatic behaviour may be viewed as a way of handling a relationship and simultaneously is indicative of relationship difficulties (Jackson, 1984). Such behaviour occurs in a reciprocal manner.

Within the development of General Systems Theory, individuals are seen in the context of mutual interaction and mutual influence (Bosman, 2004). This is known as circularity. By contrast, traditional natural science maintains a reductionist approach, which is characterised by stimulus-response explanation of phenomena, that is A leads to B and B leads to C, in a linear causal manner. However, it became evident that the reductive approach is not appropriate or applicable in the analysis of all phenomena (Nichols & Everett, 1986).

The systemic approach maintains a focus on reciprocity, which is the circular influence of individuals in a relationship where both equally cause and are affected by one another's behaviour. Vorster (2003) states that circular causality implies that change in any part of the system could be seen as cause for change at a later time in any variable in the system. Therefore it is clear that within the partner/spousal system the interactions between the partners/spouses impact on the behaviour of both of them in a circular fashion, so that each one can influence the other's behaviour. The focus is therefore fixed on the patterns of interaction that occur between individuals rather than within individuals (Hanson, 1995). The interactional focus entails a change from a linear standpoint towards a circular standpoint where the focus is reciprocity, recursion and shared responsibility (Becvar & Becvar, 1996).

The circular interaction within the partner/spousal relationship is often referred to as a characteristic 'dance' that develops over time (Ernst, 2008). Vorster (2003) states that the reciprocal influence that occurs leads to self-perpetuating behaviour and the development of rigid interactional patterns of behaviour, and that this pattern or style of interaction goes hand in hand with relationship rules and norms. In order to clarify the above, it should be noted that when Vorster (2003) uses the phrase "rigid patterns of interaction", this should not be seen as inflexibility but rather as a way of interaction that individuals have negotiated in order to be comfortable and acceptable in the system, and that these interactions will most probably be observed repeatedly, since they form the norms and rules of that particular system.

Interaction determines the norms and rules of a relationship, and simultaneously the norms and rules of a relationship circularly determine the interaction of that relationship in order to deem certain behaviour in that relationship to be allowable or appropriate (Ernst, 2008). When behaviour is allowed, it is not necessarily appropriate. For instance, the partner or spouse of the trainee may allow the trainee to use his/her skills in order to maintain control over the relationship, but this behaviour is not necessarily appropriate since it may inhibit

optimal functioning of the relationship and result in the relationship becoming symmetrical. Over time these rules and norms become crystallised and the end-result becomes an observable pattern of interaction (Vorster, 2003). This observable pattern, according to Jackson, forms the focus of Psychotherapy (in Ray, 1992). However, in this argument the variable of context has not yet been taken into account, and therefore this needs to be addressed.

Relationship rules and norms are negotiated and acted out by means of communication. Communication includes verbal and non-verbal behaviour (Ernst, 2008). It may not always occur when it is intentional, conscious or successful (Bosman, 2004). Therefore Watzlawick et al. (1967) state "one cannot not communicate". This is because not responding may be a form of conversation in itself and constitute a level of communication equal to verbal communication (Ernst, 2008).

Communication between individuals never happens in a vacuum, rather in a setting or place. This setting or place is known as 'context'. Bateson highlighted the significance of context in considering the meaning of communication (in Wilder-Mott & Weakland, 1981). Although he accounted for the meaning of various types of interaction within a specific context, he did not explicitly state that context not only determines the meaning, but will also determine specific types of interaction. It is thus important to note the context in which interaction and communication take place, since this communication may change its meaning when observed in different contexts and may also determine the type of behaviour exhibited within that specific context. In the case of the partner/spousal relationship, the colleagues of the trainee may experience strategic manoeuvring, in the context of training, as amusing or playful, yet the same strategic manoeuvre acted out by the trainee in the context of the partner/spousal relationship may be experienced by the partner or spouse as manipulative or controlling.

From this it is clear that every context also dictates what would be deemed appropriate behaviour for that context. Simultaneously, the nature of the conversation or interaction gives us a clue about the context, in that when an individual playfully manoeuvres strategically, this is more likely to occur in a training context than in a partner/spousal context. The various contexts that one functions in therefore also determine the various rules and norms of that context.

Rules and norms differentiate one system from the next and can therefore be viewed as forming system boundaries (Becvar & Becvar, 1996). Ernst (2008) states that the boundaries

of a system express the values of the system as well as the roles appropriate to behaviour within the system. Boundaries determine the respective members allowed within the system as well as the quality of the interactive process that occurs with other related systems (Bosman, 2004). These boundaries therefore function as a filter for any input or output of information to and from the system – this is known as feedback (Ernst, 2008).

In order to conserve the identity of the partner/spousal system of the trainee and his/her partner/spouse, there is thus a process in which the boundaries sift through information from external systems like the training context in order to monitor whether external information or feedback is compatible with the values and norms of partner/spousal system (Becvar & Becvar, 1996).

As previously mentioned, the boundaries of a system relate directly to whether the system is closed or open. The permeability of the boundaries will determine whether the system will take or reject information or feedback (Hanson, 1995). If a system's boundaries are closed, they will negate input and if a system's boundaries are open, they will accept input from external sources (Hanson, 1995). However, a system must maintain healthy levels of openness and closeness for optimal functioning, since constant negation of information results in a rigid system that inhibits growth and optimal functioning, and constant acceptance of input makes boundaries vulnerable and may lead to confusion. Information relay may occur within the system or to and from outside the system (Ernst, 2008).

The present investigation focuses on possible changes in the partner/spousal subsystem (relationship) resulting from it being exposed to input from another system, namely the training in Clinical Psychology, and these changes and their impact will be addressed in the following section.

2.2.4 The Impact of Change on the Partner/Spousal System

It has already been established that depending on the permeability of its boundaries, a system receives input from external systems and provides output to external systems, as well as providing information within the system itself. This input and output of information is known as "feedback loops" (Hanson, 1995). There are two types of feedback, namely positive and negative feedback (Visser, 2006). Positive feedback leads to change, whereas negative feedback leads to no change (Hanson, 1995). The determination of whether feedback is

positive or negative lies solely in the outcome, i.e. whether change occurs as a result of the feedback or whether stability is maintained.

Feedback loops that provide information and input into the system operate so as to promote both stability and change in the system (Bosman, 2004). Systems maintain a balance between change and stability by alternating between positive and negative feedback (Nichols & Everett, 1986). The partner/spousal system is therefore a self-regulating system in that any feedback that impacts on one member is adapted during the process of feedback (Ernst, 2008). Stability is maintained by means of negative feedback mechanisms and change is brought about by means of positive feedback (Bosman, 2004). Change may at some times be dramatic but generally advances gradually (Nichols & Everett, 1986).

When change occurs, it is not the autonomy of a system (e.g. partner/spousal system) that changes as a whole, since this will result in an undistinguishable unity and no recognisable whole, causing the end of the system, but rather the structure or the way of maintaining its organisation that changes (Keeney, 1983). In order for the partner/spousal system to remain whole, the system must therefore enforce negative feedback loops and through this withstand overwhelming stressors and input imposed by the environment (Ernst, 2008). This is important in order for the partner/spousal system to maintain homeostasis.

Within the training context, change and growth are not only prerequisites for training, but they are also inevitable since the trainee receives large volumes of new input that impact on the manner in which he/she views the world. By default, the trainee therefore undergoes changes. Specific changes occur that it is important to consider and these will be investigated comprehensively later in this chapter.

These changes unavoidably spill over to the partner/spousal system since, based on the principle of non-summativity, change in one part of the system may lead to change in any other part of the system at any time (Vorster, 2003). On the one hand, the partner/spousal system is balanced by means of homeostasis, but simultaneously factors of change are in operation from another angle (Bosman, 2004). From this it is clear that the partner/spousal system will safeguard itself by integrating these factors in order to grow and guard the system from dissolution (Ernst, 2008).

Change and stability are closely related to the concepts 'morphogenesis' and 'morphostasis'. Morphogenesis is when a system undergoes redefinition and morphostasis is when a system

maintains constancy (Hoffman, 1981). It is evident that systems undergo various transformations during their lifespan and development (Bosman, 2004). Morphogenesis and morphostasis are facts of system life, since change and adaptation are necessary for the system's survival (Hoffman, 1981). The concepts of first- and second-order change explain the different changes more clearly to give a greater understanding of how change within the partner/spousal system may occur. These two principles will now be discussed .

2.2.4.1 First- and second-order change

First-order change refers to bringing about corrective changes with the aim of returning the system to a balanced or homeostatic level of functioning (Bosman, 2004). Bosman uses the metaphor of a household thermostat that maintains the temperature within a prescribed range. This entails a process of change that compensates for deviations and maintains balance and equilibrium. Guttman (in Bosman, 2004) states that there is therefore some change in the interrelationship of different elements of the system, but the rules and basic equilibrium are maintained. First-order change is often the most obvious and logical solution to problems, as in the example of a household thermostat – if the temperature is too hot, the solution is to set it cooler or if it is too cold, the temperature is altered to a hotter setting. This implementation of change is often characterised by doing the opposite of the unwanted phenomenon in order to obtain the desired phenomenon (Ernst, 2008). In certain contexts it is effective to use the opposite to solve a problem where there is deviation from the norm; this is referred to as negative feedback and is the means by which a system regains its internal equilibrium (Bosman, 2004). A system's structure therefore remains unchanged when first-order change occurs (Watzlawick et al., 1974).

However, in the context of a problem arising due to the structure and rules of a system, first-order change is not sufficient to solve the problem (Bosman, 2004). In order to bring about change within the structure of a system, change on a second-order level is required (Bosman, 2004). When a second-order change is required and a first-order change is implemented, this will either contribute to the problem or become the problem (Watzlawick et. al., 1974).

Second-order change thus involves altering the nature of the system and the structure of the system in order to achieve new levels of functioning (Ernst, 2008). This is a drastic change in that the outcome is definitive, which changes the rules about the rules that govern the system, as well as the interrelationships among elements constituting the system (Guttman, 1991).

Watzlawick et. al. (1967) state that second-order change implies change in the rules of the relationship.

These concepts are highly relevant to the trainee and his/her partner/spousal system in that training in Clinical Psychology, as previously mentioned, brings about rather radical changes in the trainee's manner of relating and frame of reference. Therefore it is clear that the changes required, in order for the trainee to become an effective psychotherapist, are on a second-order level (Ernst, 2008). The changes apply to the structure and rules of the trainee's interaction, so that it is second-order change that occurs. Training in psychotherapy requires the trainee to become a more differentiated individual (Ernst, 2008).

On the basis of non-summativity, this change and alteration ricochets through the partner/spousal system and thus requires the system to undergo second-order change, thereby posing a second-order problem to the partner/spousal system. This problem necessitates a second-order solution that implies a change of relationship rules and therefore any attempt at solving this on a first-order basis will be ineffective (Ernst, 2008). The system may make efforts to implement first-order changes in order to maintain homeostasis and balance by attempting to push the trainee back into his/her familiar way of interacting and relating. Yet these solutions may themselves become the problem and the possibility then arises that the system (relationship) may experience distress and disintegrate.

Ernst (2008) states that it is therefore vital for the partner/spousal system to undergo structural (second-order change) in order to survive, thereby changing the rules of the system. This may be perceived as threatening, but it may also be an opportunity for the individual members of a system to grow together.

The question that arises is: How can the trainee and the system of which he/she is part deal effectively with the changes in a constructive way? However, before this question can be answered comprehensively, the context of training in psychotherapy/Clinical Psychology has to be addressed.

2.3   TRAINING IN PSYCHOTHERAPY/CLINICAL PSYCHOLOGY

As mentioned earlier, the phenomenon being studied can only be fully comprehended once the context of that phenomenon is understood (Ernst, 2008). The aim of this section is to provide a context by defining training, and more specifically the requirements for training, and thereafter describing training in psychotherapy in general. Subsequently, training will be

discussed within the context of the University of Limpopo (Medunsa Campus), as well as the implications of change during training for the trainee and his/her partner/spousal relationship.

Psychotherapists integrate diverse areas of knowledge and skilled observation in order to optimise functioning (Groth-Marnat, 2009). Put another way, a psychotherapist is required to use himself/herself as a tool in order to conduct therapy (Vorster, 2004).

Just as a surgeon uses a scalpel to perform precise incisions during a life-altering operation, a psychotherapist uses his/her own behaviour to change the behaviour of the client. If the surgeon's scalpel is not sharp enough or the incision is not made in the correct area, the consequences may be detrimental. In a similar fashion, if a psychotherapist is not keenly aware of his/her own behaviour and the impact thereof on the client, the consequences can be just as detrimental. For this reason thorough training in psychotherapy is of the utmost importance.

According to Dlamini (2005), the field of Clinical Psychology became increasingly popular after World War II and has since gained greater acknowledgment. The recognition of the profession in recent years resulted in the development of psychotherapy as a highly specialised field and therefore effectively trained psychotherapists were deemed to be necessary (Ernst, 2008). Dlamini (2005) also states that psychotherapy is an exceptional field in which practitioners facilitate and assist individuals who are experiencing distress and overwhelming challenges, and therefore the practitioner's training in psychotherapy is an integral part of dealing with an individual's struggle (Ernst, 2008).

2.3.1 Definition of Training

Plug, Louw, Gouws and Meyer (1997) define training as a systematic series of activities that individuals are exposed to in order to gain new knowledge and skills, or where the individual undergoes behavioural changes which may include instructions, exercises, revision, practical work and exams. Reber and Reber (2001, p. 785) define training as "any specific instructional programme or set of procedures designed to yield as an end product an organism capable of making some specific response(s) or engaging in some complex skilled activity."

Regarding the application of these definitions to the present study, training can be placed within an educational context. Within this context there is the trainee (MSc Clinical Psychology student) who undergoes learning and, on the other hand, the trainer who imparts knowledge and skills to the trainee in a logical and systematic manner. This is done by means

of exercises, practical work and deliberate exposure to input, all of which result in experiential learning. This process of training broadens the trainee's frame of reference or knowledge, as well as bringing about behavioural changes which are necessary for the trainee to become competent in the skilled activity of conducting psychotherapy.

Bosman (2004) states that the training system may also be viewed as an evolving relational system. This implies that the system undergoes constant change and development.

2.3.1.1 Requirements of Psychotherapy Training

Swart and Wiehahn (1979) state that the delicate facets of a therapeutic relationship need a highly skilled and sensitive therapist, who will have the ability to take control of the therapeutic process and, in addition, will have the required knowledge to evaluate and plan his/her strategies in combination with the skills needed to implement them. For this reason it is clear that effective training is essential and significant in order to obtain an effective therapist. In order to achieve this Oomkes (in Swart & Wiehahn, 1979) suggest a training programme that includes the following:

- The therapist becoming aware of how he/she is experienced by others and how he/she influences them

- Experiential learning

- Personal involvement on the part of the therapist

- Lectures, including theoretical background

- Discussion groups on theory

- Demonstrations

- Individual study

- Observation

- Psychotherapy skills analysis

- Tape analysis

- Role playing

- Case study discussion

- Practising skills and techniques with group feedback

- Role changing

- Video recordings

Clearly the trainee should be subjected to various forms of input and this happens within a limited period of one year during the Master's training year. This input should be provided by highly skilled trainers since the process of producing skilled therapists also relies on the trainer. Trainers in psychotherapy are responsible for creating an optimal learning context and environment in which training activities facilitate the acquisition of the three interrelated sets of skills that are required for an effective therapist (Tomm & Wright, 1979). These skills or levels of input are: firstly, perceptual skills, which refer to the therapist's ability to make relevant and accurate observations; secondly, conceptual skills, which involve attributing meanings to and deducing meanings from these observations; and lastly, executive skills, which refer to the effective application of previously acquired learning experiences to current therapeutic contexts (Tomm & Wright, 1979).

As new input is given and skills are learnt and practised, the trainee is presented with significant challenges while at the same time being evaluated, all in order to become an effective therapist through appropriate training, which will be discussed next.

2.3.2   Training in Psychotherapy in General

No matter how he may think himself accomplished, when he sets out to learn a new language, science or the bicycle, he has entered a new realm as truly as if he were a child newly born into the world. (Frances Willard)

To describe training in psychotherapy is a difficult task since it is such a diverse notion (Ernst, 2008). A wide variety of training methods are used and this depends predominantly on the preference of the trainer and where he/she chooses to punctuate from (Swart & Wiehahn, 1979). Therefore there is no single method for training psychotherapists, making training as wide as the field of psychology itself (Ernst, 2008). The literature emphasises, however, that the focal point of training is the personal development of the psychotherapist himself/herself, which takes priority over obtaining knowledge and skills (Freedheim & Overholser, as cited

in Ernst, 2008, p. 20), although this is not always the case as Freedheim and Overholser state. Even though the approach of assisting a trainee to become a therapist instead of conducting therapy is more advantageous, not all schools of thought necessarily view this as the main priority and rather place the emphasis on various techniques, skills and knowledge. A good example of this is the behaviourist school which focuses more on techniques and how to learn and unlearn certain behaviour.

Brems (2001) states that in order to produce a competent therapist, training needs to involve a combination of self-awareness (understanding of one's impact), knowledge and the application of skills with confidence. He also suggests that all three skills need to be addressed in the trainee in order for effective therapy to take place.

The therapist utilises himself as a tool in therapy and in order to do this he/she must be keenly aware of his/her impact and have knowledge about the self (Ernst, 2008). It is for this reason that Meese (2006) recommends openness to self-exploration for therapists in training. Meese's study indicates that the assignment of self-discovery and study involves emotional experiences such as feeling protective, isolated, judged, rejected, contained, vulnerable, liberated and exposed. Trainees in Clinical Psychology are continuously subjected to evaluation and commentary on themselves which brings about this understanding of one's impact, provided that the evaluation and commentary are communicated to them in the form of constructive feedback, since a lack of verbal communication may result in apprehension or an experience of threat which may sabotage optimal awareness of one's impact and understanding of the self (Prentice, 2001).

Awareness and understanding can be attained not only through feedback but, as recommended by Helmeke and Prouty (in Meese, 2006), more effectively through experiential training since it provides trainees with the opportunity to discover a deeper level of awareness of their own prejudices, biases and assumptions while simultaneously developing their therapeutic skills. In experiential learning there is a shift from mere academic material that is provided, towards a focus on the individual in a facilitative environment comparable to the client-therapist relationship (Meese, 2006).

Usually the processes of understanding oneself and gaining new knowledge are combined during the course of training via experiential learning in which the trainee attains important skills such as keen observation, empathy and strategy which will be used in therapy. Obtaining new knowledge and skills broadens the trainee's frame of reference and role

repertoire (Ernst, 2008). This is significant for psychotherapists since adaptability provides the opportunity for a psychotherapist to utilise the multifaceted self in gaining a wider therapeutic role repertoire. Small (2003) states that there is a close link between effective therapy and the qualities and skills of a psychotherapist. Ernst (2008) states that this indicates a need for the therapist to be versatile in order to be able to deal with the fine nuances of human behaviour and accompanying psychological complaints. A wide role repertoire not only equips a therapist with the ability to deal with various presenting complaints, but it also promotes differentiation in clients, which is required for a system to function effectively (Small, 2003).

It is therefore logical that the training of psychotherapists should include exposure to and practice of various activities in order to broaden the trainee's role repertoire (Dlamini, 2005). This indicates that trainees continuously test new ways and forms of behaviour, which also entails preparation to be flexible across cultural contexts (Dlamini, 2005). Vorster (2003) emphasises that training is a process that includes increasing effectiveness in relation to a particular skill or exercise. Therefore, as the trainee becomes increasingly acquainted with the self, knowledgeable about new inputs and broadens his/her role repertoire, he/she moves towards becoming an effective therapist.

Even though the trainee is expected to attain certain skills and knowledge, he/she is not expected to blindly accept all inputs. On the contrary, trainees are encouraged to use critical thinking that challenges theories and practices (Fox & Prilleltensky, 2001). This involves developing the ability to evaluate both existing and new views and methods, as well as their utility in the development of psychotherapy (Dlamini, 2005). Critical thinking should not, however, be applied only to external inputs, but also to the self in terms of personal views, attitudes and frame of reference.

The process of learning to think critically may be experienced as threatening and turbulent. Prentice (2001) confirmed in his qualitative investigation of training in Clinical Psychology that trainees feel confused and at times unsafe and exposed. He further emphasised that trainees often feel that their personal life orientation and belief system is subject to construction and criticism, since many theories promote scrutiny of existing beliefs. According to Ernst (2008), unavoidable tension occurs between retaining and altering or evolving the self as a result of training, since the trainee's personal life orientation is exposed to evaluation as he/she is exposed to new ways of thinking (Meese, 2006). Therefore, in a

circular fashion, trainees endeavour to obtain knowledge of the self while undergoing change. Simultaneously, trainees are attempting to preserve those parts that they view as the inherent self (Meese, 2006).

Dryden and Thorne (in Meese, 2006) are of the opinion that trainees are likely to experience periods of distress or bewilderment and may become subject to immobilising anxiety or depression at some stage of their training. This experience is amplified when training requires an epistemological shift (Keeny, 1983). Bateson (in Vorster, 2003) states that epistemology is a set of analytical and critical techniques that define boundaries for the process of knowing. The training context at the University of Limpopo (Medunsa Campus) requires and entails a shift in epistemology, and therefore this will be addressed next.

2.3.3 Training in Clinical Psychology in the Context of the University of Limpopo (Medunsa Campus)

Vorster, the course coordinator of the MSc Clinical Psychology students, states that:

> *The aim of the psychotherapy training programme is basically to facilitate the trainees within the limited period of one year, to achieve minimum standards of therapeutic expertise. So that at the end of one year of training, as far as psychotherapy is concerned, the trainees could proceed with basic psychotherapy, preferably under ongoing supervision for at least another two years (Vorster in Bosman, 2004).*

He further states that "the aims are not to produce a completely rounded-off psychotherapist after one year, which is not possible, but only to set the ball rolling and to achieve a minimum standard" (Vorster in Bosman, 2004).

Training at the University of Limpopo (Medunsa Campus) falls within the context of General Systems Theory. This framework requires an epistemological shift (Keeny in Clarke, 2002).

The question that arises is: What does an epistemological shift entail? Bateson (1980, p. 242) defines epistemology as: "A branch of science combined with a branch of philosophy. As science, epistemology is the study of how particular organisms or aggregates of organisms know, think and decide. As philosophy, epistemology is the study of the necessary limits and other characteristics of the processes of knowing, thinking and deciding". Plainly put, it is

how we come to know what we know. Therefore an epistemological shift is changing the manner in which you come to know what you know.

Training in the General Systems Theory framework requires this shift in terms of a move away from viewing the world, and more specifically interaction, in a linear cause-and-effect way towards viewing the world in a circular, mutually impacting manner (Ernst, 2008). The linear world view is the Cartesian-Newtonian way of making sense of the world and has its roots in Western scientific tradition (Clarke, 2002). The Cartesian-Newtonian paradigm states that causality is linear and that forces act, with no specific direction, upon things (Bateson, 1980). This view is firmly situated within concepts such as certainty and objectivity (Clarke, 2002). Therefore the Cartesian-Newtonian paradigm assumes and makes absolute statements to the effect that there is such a thing as an objective truth. This is known to be an either/or view where objects are mutually exclusive (Ernst, 2008).

Sluzki (1974) expresses concern that trainees are usually already well schooled in concepts derived from a traditional medical model or an intra-personal model, which are both situated within the either/or paradigm. It would therefore be appropriate to state that systems-oriented training institutions attempt to change the epistemological framework of their trainees (Bosman, 2004). The circular or systemic view places the focus on reciprocity, recursion and shared responsibility and not on a linear causality of A causing B (Becvar & Becvar, 1996).

General Systems Theory states that it is possible to punctuate on a linear sequence with the larger circular patterns in mind. Therefore the theory includes an either/and view of the world acknowledging various realities, i.e. that there is no absolute truth (Theron, 2008) and, as Clarke (2002) states, that reality is co-created. In the context of the trainee, when this paradigm shift occurs he/she may start questioning his/her own values, beliefs and secure absolutes through which he/she understood the world (Ernst, 2008). This may be quite immobilising and distressing since certain ways of making sense of the world and the self are suddenly scrutinised. This process impacts on the trainee in such a way that it creates high levels of uncertainty, insecurity, confusion and self-doubt (Meese, 2006).

Ernst (2008) states that the trainee's foundation is shaken, which leads to inner turmoil, conflict and bewilderment on cognitive, spiritual and emotional levels. It is therefore inevitable that trainees will undergo change just by questioning certain views that they have not questioned before, even if they do not alter their world views. As mentioned earlier, this change within the trainee impacts on and ricochets through the trainee's entire family; this is

based on the principal of non-summativity. Trainees thus inevitably undergo changes in their relationships with their families and friends while undergoing training (Meese, 2006). These changes may become apparent in how trainees define their own roles, how they communicate and how they interact with others.

Family members, friends or partners may become confused since the person they have known is changing or no longer there. Meese (in Ernst, 2008) states that this may create uncertainty and result in isolation as the family members and friends withdraw. Although this statement by Meese is significant, the change may also result in confrontation and symmetry as family members and friends demand or require clarity and an explanation for this change. Added to this dilemma is the short period of time provided to adjust and that uncertainty increases, which often leads to the trainee experiencing isolation.

Training in Clinical Psychology clearly throws up various emotional, cognitive, spiritual and interpersonal obstacles for the trainee, since his/her way of viewing the world changes and, by default, the trainee changes as well (Ernst, 2008). The trainee changes in terms of how he/she observes the world during the process of becoming a therapist and not just conducting therapy, thus using himself/herself as a tool. Becoming a tool or a psychotherapist therefore involves a way of being and this has implications not only for the trainee, but also for the trainee's partner/spousal relationship (Ernst, 2008). This will be dealt with next.

2.3.4   Implications of Change during Training

2.3.4.1   Implications of change for the trainee individually

From the above it is clear that change for a trainee in Clinical Psychology is unavoidable. The trainee's manner of interaction, behaviour, way of thinking and world views start to change (Ernst, 2008). The principles in General Systems Theory suggest that no one person functions in isolation, but rather as part of a system with which he/she interacts in a circular fashion. Due to this circular interaction that takes place, change in one part of the system (i.e. the trainee) leads to change in other parts of the system and thus in the entire system (i.e. the partner/spousal relationship). This is confirmed by the research done by Bosman (2004) and Ernst (2008). As the trainee acquires new skills and knowledge, and undergoes a paradigm shift, he/she starts viewing the world differently. The trainee thus starts observing things that he/she used to be completely oblivious to.

When the trainee starts training, he/she is perceived as 'blind' and as training progresses the trainee is able to 'see' more. It is much like going through life wearing blue-coloured lenses and suddenly finding that these lenses have started to become transparent. The world is viewed very differently and all that you used to know is scrutinised, so that you come to doubt whether those were accurate observations or not. Being trained in clinical observation has the same impact. Initially, all the intricate observations of behaviour may be exciting and at the same time overwhelming. Hall (2004) states that the trainee begins to see patterns in relationships that he/she was not previously aware of. The trainee thus becomes aware of the rules, norms, games and dances that people reveal in interaction. Ernst (2008) states that the trainee is now confronted with the knowledge of what has been there all along. There are significant repercussions as far as previously undisputed relationships are concerned, where close relatives and friends are suddenly under observation and a searchlight of awareness. The trainee may therefore also become aware of pathological interactions among his/her friends and family members (Bosman, 2004). The trainee may suddenly become dissatisfied with certain relations in terms of the definition of the relationship, the roles that are assumed or the norms of the relationship.

Once the trainee becomes aware of the intricate dynamics of the relations with his/her significant others, he/she is often faced with the dilemma of keeping them to himself/herself or commenting on them (Hall, 2004). Not only can the trainee now clinically observe his/her relationships, but he/she is also equipped with the skill to change certain ways of relating. The trainee may often decide not to change the manner of interaction between him/her and members of his/her system to function more optimally, since the consequences of these changes may be too threatening. This results in the trainee maintaining the same unhealthy relations which may inhibit his/her growth process of functioning and relating more optimally. Trainees are simultaneously being trained in what is perceived to be appropriate behaviour in various contexts (Ernst, 2008), and therefore the trainee relies heavily on his/her judgment as to whether or not it would be appropriate to comment on what is observed. If the trainee were to comment on the observations made, there is the problematic aspect of he/she using process language or psychological jargon that is foreign to his/her system.

Trainees are taught a new language and may wonder how to 'translate' this new language to other contexts, puzzling over the possibility that they may be 'rigid' in their interactions (Ernst, 2008). Using the analogy of the coloured lenses, the trainee's family and friends are still living in a world where everything observed has altered and there is no concept of red or

yellow; this makes it is extremely difficult for the trainee to describe and explain his/her new world which is now observed so differently from those around him/her.

These observations apply not only to others, but to the self as well. Throughout training trainees are constantly made aware of and receive feedback on their own interactional style (Ernst, 2008). This causes the trainee to re-evaluate his/her manner of relating to others and his/her way of being. This entire process has a great impact on the trainee's spontaneity, whereas previously the trainee would react without even thinking about it (Ernst, 2008). This is confirmed by Hall (2004) who states that, once the trainee becomes aware of his/her patterns of interaction, he/she becomes vigilant, in a consistent state of observing the self and regularly unable to 'just be' in a situation where he/she would previously have responded spontaneously.

The act of constantly observing means that the trainee is faced with a dilemma in that he/she starts to juggle and manage various roles simultaneously (Ernst, 2008). These roles may be those of observer, clinician, trainee, partner/spouse, friend and family member. This dilemma is further complicated by the constant pressure of an increasing amount of work during the training year which may lead to the trainee feeling increasingly isolated (Bosman, 2004). Clinical observation in itself may isolate the trainee from his/her family system, since the trainee views the world very differently. The workload may begin to take up a lot of the time that the trainee used to spend with his/her partner/spouse or family members, which further isolates the him/her.

Isolation is one of the biggest challenges that the trainee faces during training in Clinical Psychology (Ernst, 2008). The trainee has to deal effectively with the feelings of isolation and alienation and the implication of these feelings on the systems in which he/she functions (Ernst, 2008). The training broadens the trainee's frame of reference and thus also expands his/her role repertoire and this subsequently changes the interaction with his/her environment (Ernst, 2008). Often the trainee's frame of reference becomes broader than those of the members of his/her family system. This broadened frame of reference implies changes in the rules of how the trainee interacts with his/her primary system, as well as in the boundaries that the trainee draws during interaction (Ernst, 2008). The trainee now operates according to different rules from those used in the previous manner of interaction. Ernst (2008) states that this operation from another set of rules results in a communication gap within the family system. If there is a lack of meta-communication, in that the system does not communicate

about the changing dynamics, then this gap increases. As the gap and distance in the relationships increase, the system may eventually disintegrate (Ernst, 2008).

2.3.4.2   Implications of change within the trainee's partner/spousal relationship

> "Trainee: *It probably helped to break up my first marriage by continuing a process that was already happening. In training you open up to others and if you start to demand that of people who aren't used to that way of relating it can be a huge strain for them. The constant demand for communication from someone who isn't into communication is tough. It can also be a big strain on family, friends and children, mainly because of the demands on time and money. There are huge sacrifices to be made.' "*

(Karter, 2002, p 31)

The partner/spousal relationship, as any other relationship, undergoes a process of defining the relationship, setting rules, norms and boundaries during its initial stages. Karter (2002) describes this as a relationship that is based on particular manners of relating that have been tacitly agreed upon, negotiated and acted on over time. In the context of the trainee and his/her partner/spousal relationship, the trainee becomes more aware of his/her manner of relating and may choose to change this manner. If the trainee consequently changes, this also changes the manner of relating and therefore holds significant and serious implications for the relationship in terms of definition of the relationship, rules, norms and boundaries.

As mentioned earlier, the trainee undergoes a paradigm shift which changes his/her world view, way of observing, manner of communication and relating. Not only does this have major implications for the trainee's relationships, but added strain is placed on the relationship during this process (Ernst, 2008). Clarke (2002) and Bosman (2004) mention certain structural changes that may take place in the trainee. For example, a trainee may become more dependent during training due to emotional turmoil: he/she may have been quite independent before training but now becomes excessively dependent on his/her partner/spouse and may thus be experienced as needy, bringing about confusion to the partner/spouse. This is so since training is often described as an 'emotional rollercoaster ride' (Ernst, 2008). Bosman (2004) also gives the example of a trainee who used to be relatively submissive in his/her interaction who may now become more assertive, resulting in the partner/spouse feeling threatened and uncertain.

The trainee simultaneously often feels emotionally drained and overwhelmed by the workload, which may impact on the partner/spousal relationship in terms of there being less time available to spend together. The time that is spent together may be less satisfying since the trainee is drained and invests less energy in the attention provided to his/her partner/spouse. Hall (2004) confirms this by stating that the process of becoming a psychotherapist is so taxing and demanding that the trainee has little energy left with which to meet the needs of those with who he/she is in a relationship outside of therapy. Partners/spouses may experience the trainee as stepping into the role of therapist with them and may become frustrated with being treated like a 'client' or observed on a continuous basis. This is a typical consequence of the trainee obtaining a broader frame of reference, becoming more clinically aware of his/her own circular interactional pattern in his/her relationship and then viewing the manner of relating from a second-order perspective (Ernst, 2008).

As the trainee's frame of reference broadens, the couple can easily experience isolation within their relationship with each other, since the partner/spouse is not growing as rapidly as the trainee, so that there may be a high risk of the partner/spouse being 'left behind' (Ernst, 2008). As mentioned earlier, the broadening of the trainee's frame of reference as a result of training can have the consequence of increased distance in relationships, especially in the partner/spousal relationship. Vorster (in Bosman, 2004) states that the netto effect of training and personal change is that the trainee becomes more and more isolated in his/her personal relationships. The partner/spousal relationship often breaks down due to the increased communication gap (Bosman, 2004).

It becomes evident from the above that the partner/spousal relationship is at risk of becoming defined in a more emotionally distanced manner, which may even result in the couple functioning as two separate systems or in eventual system disintegration. The partner/spouse and the trainee are in a position of experiencing extreme distance, or finding themselves in continuous symmetry which may lead to this extreme distance, as a consequence of their frames of reference progressively becoming less and less compatible so that the trainee eventually outgrows his/her partner's frame of reference (Ernst, 2008). If the partner/spouse remains ignorant about the world of psychotherapy, he/she will most likely experience the language and training as foreign to his/her own frame of reference and as a result feel distanced and isolated (Ernst, 2008).

Once the trainee and his/her partner/spouse's frames of reference have become less similar, it becomes difficult for the partner/spouse to empathise with the trainee, since there is no understanding of the trainee's experience or language. This lack of empathy creates a need and expectation for the trainee towards the partner/spouse that is at times unrealistic and unfair, since the partner/spouse will never fully comprehend the impact and experience of the training on the trainee and even more severely so if the partner/spouse does not grow with the trainee or show interest in the field. Therefore the trainee is in a position of limited empathy to begin with and often finds himself/herself in the dilemma of deciding whether the limited (if any) empathy and understanding is mutually beneficial and satisfactory enough to maintain the relationship.

It is therefore clear that one of the biggest challenges for the trainee in Clinical Psychology is to share his/her journey with the partner/spouse, so as to broaden the partner/spouse's frame of reference in order to support, empathise with and understand (to some extent) the process of training and psychotherapy. In this way the trainee will help to narrow the distance with his/her partner to become closer and create shared understanding. A second consideration for the couple to make the process easier is to meta-communicate (communicate about communication) about their relationship and renegotiate the rules of their interactions and the partner/spousal system as they start to interact differently (Hall, 2004). This can be done as the gap between the trainee's frame of reference and his/her partner's/spouse's will be smaller (Ernst, 2008).

If the relationship can withstand the changes and the couple engages in transparency, honesty and self-reflexivity, it can grow stronger (Hall, 2004). Hall (2004) adds that one of the focus points of this honesty is congruent expression of needs. In essence, safeguarding the partner/spousal relationship from the possible detrimental effects of training is seated within mutual understanding, effective communication and effective meta-communication.

It now becomes clearer what needs to be done in order to prevent partner/spousal relationships from disintegrating as a result of training in Clinical Psychology, as will be discussed in the following section.

2.4   PREPARATION OF THE TRAINEE DURING THE INITIAL STAGES OF TRAINING FOR THE IMPLICATIONS OF TRAINING AND ASSISTANCE FOR THE FUTURE

The previous discussions in this chapter emphasised the ramifications of change for the partner/spousal system of trainees in Clinical Psychology and made it clear that training can be demanding and detrimental to this relationship. These implications of change for the trainee have been addressed in different ways at the University of Limpopo (Bosman, 2004). However, according to Vorster (in Bosman, 2004), the assistance provided is limited. The trainee in Clinical Psychology first needs to be prepared for the possible implications of taking the course, and this will be discussed next.

2.4.1   Preparing the Trainee

At the outset, during the selection interviews for Clinical Psychology at the University of Limpopo (Medunsa Campus), some interviewers warn and caution applicants that training may involve personal changes. The trainees who have been selected are first warned by the course co-ordinator and other lecturers about the possible effects of training in order to prepare and sensitise them for the changes that may result from training (Ernst, 2008).

Trainees are explicitly warned not to make major life-changing decisions, i.e. to get married, divorced or fall pregnant, within the next year or two (Bosman, 2004). Vorster (in Bosman, 2004) states that this warning is due to the personal growth that goes hand in hand with a change in training and as the trainee undergoes a paradigm shift, he/she may regret any such decisions made since they come to be viewed differently. Basically, the trainee's frame of reference, views and opinions fluctuate throughout the training year and he/she should therefore wait until there has been a reintegration of himself/herself and a balanced judgment has been achieved. Once the trainee has been prepared, the journey begins. Trainees will require assistance throughout the growth process of training; this assistance will be discussed next.

2.4.2   Assistance for the Future

2.4.2.1   The Department of Clinical Psychology in general

The University of Limpopo (Medunsa Campus) maintains an open-door policy, i.e. trainees are invited and encouraged to go for assistance whenever they realise that they are

experiencing difficulties, friction or disruption in their relationships. Trainees are also encouraged to involve their partners/spouses in such a case. Some trainees have used this opportunity (Vorster in Bosman, 2008), but the majority have not (Bosman, 2008). The difficulty in the beginning stage of training is, however, that the trainee's frame of reference does not yet include the understanding and full comprehension of what training in Clinical Psychology entails and the consequences thereof for his/her personal relations (Vorster in Ernst, 2008). It is for this reason that Vorster recommended assistance to prevent relationship breakdown between the beginning point (when the trainee does not yet have the frame of reference regarding what lies ahead) and when it is too late (when changes in the trainee have resulted in relationship breakdown) (Ernst, 2008). It was on this basis that Ernst (2008) developed a training manual and guide.

2.4.2.2 Manual and Guide

The aim of Ernst's (2008) training manual and guide is to assist trainees to create a frame of reference regarding what training in Clinical Psychology entails so as to recognise possible destructive consequences of changes and get assistance before it is too late. The manual was also developed to act as a guide through the journey of change and growth, and contains suggestions as to how to deal with the process (Ernst, 2008). The rationale was to provide the trainees and their partners with something to refer back to when they experience difficulties in order for the couple to recognise warning signals of relationship problems and then to seek the necessary help (Vorster in Ernst, 2008).

2.4.2.2.1 Contribution

The training manual and guide enabled the development of a more comprehensive and scientifically founded programme for trainees in order to prevent possible destructive effects on their family systems by enhancing personal relationships. The manual also enabled the development of a more comprehensive strategy by providing preventative information to trainees and partners in order to prepare couples for the effects of training on their relationship.

2.4.2.2.2 Criticism

The training manual and guide is a helpful but lengthy document which requires active learning and reading from the trainee and his/her partner/spouse, which is time-consuming. This amount of effort often elicits lack of motivation to read it, especially on the part of the

partner/spouse who may experience the effort as not warranted by his/her level of interest in the field of Clinical Psychology. This is a potential source of conflict between the trainee and the partner/spouse, since the trainee may experience the partner/spouse as not being interested in preparing for possible threats to their relationship. The language used in the training manual is of a high standard and may also be difficult to understand for an individual not familiar with the field of psychology. In her own evaluation of the effect of the training manual, Ernst (2008) found that in some instances the writing style of the training manual was perceived as a threat to the trainee and partner/spouse, which may elicit a defensive reaction instead of being understood as engaged proactive steps for the couple to grow together.

Based on this Vorster (2010) suggested that a DVD counselling programme be produced on the same principles as the training manual and guide, but that it be improved in order to elicit less opposition, require less effort, use language that is easier to understand and serve as motivation for the couple to grow together. This will be discussed next.

2.4.2.3 DVD Counselling Programme

Now that there seems to be more clarity as to what could possibly be done to increase the possibility of preventing relationship breakdown, the difficult part is *how?* The dilemma being faced is that of trainees being in the position to take their partners or spouses along with them on a journey of training by sharing, while simultaneously learning how to process and grasp the information himself or herself.

The partner's/spouse's frame of reference is broadened by him/her having some knowledge and understanding of Clinical Psychology and the training process. Part of this knowledge is the psychological language or jargon with which the partner/spouse can familiarise himself/herself to broaden his/her frame of reference in order to share the journey with the trainee (Karter, 2002). Partners/spouses may feel overwhelmed, threatened and disempowered by this foreign language and practice of training (Karter, 2002). It is for this reason that the process of training, the language and the principles of Clinical Psychology need to be translated into laymen's terms and explained, since the partner/spouse will most likely have no or little knowledge and background in the field of Clinical Psychology.

Even though trainees are encouraged to take their partners/spouses along with them on the journey, they do not yet have the knowledge and skills as to how to go about doing this by

translating and explaining the field and process of Clinical Psychology. As previously mentioned, this points to the trainees not yet having acquired the frame of reference to understand the implications of training (Vorster in Ernst, 2008). Ernst (2008) states that because trainees are not yet aware of the necessity for effective communication and meta-communication which can guard against possible detrimental effects of training, they need assistance from an outside source during the initial stages of training. It is here that the provision of information from an outside source could come in useful, through the medium of a DVD counselling programme.

The aim of the DVD counselling programme would be to provide trainees and their partners/spouses with information to broaden their frame of reference regarding training in Clinical Psychology and with an explanation of the implications thereof in layman's terms. The aim of providing information would be to create a context in which the partner/spousal system can be empowered to change in a beneficial manner. Further aims would be to prepare the couple for changes so that they can recognise them and get assistance before it is too late, as well as to guide the couple through the journey of change and growth with suggestions on how to deal with the process. The rationale would be to provide the trainees and their partners with something to refer back to when they experience difficulties and to help the couple to recognise warning signals of relationship problems and seek the necessary help. For the purposes of this development, the focus would be mainly on broadening the frame of reference of individual members of the partner/spousal system through provision of information on the field of Clinical Psychology, the implications of the training process and how to deal with the changes optimally.

It is important that the information should be provided in layman's terms in order to minimise the counterproductive subjective feelings of being overwhelmed and disempowered (Ernst, 2008). The rationale for this is that understandable language is easier to subjectively comprehend and identify with. Vorster (in Ernst, 2008) suggests that the information provided should include only elementary guidelines, but with the recommendation that if trainees and partners/spouses do experience difficulties, they should contact the supervisors and trainers for further assistance. It is hoped, therefore, that by providing elementary guidelines, the subjective experiences of being overwhelmed that the couple may experience would be minimised. The reason for providing only elementary guidelines seems to be that the functioning and presenting dynamics of each partner/spousal system when undergoing

change are too complex and unique to make it possible to provide the same in-depth assistance to all couples.

A further aim of providing information would be to sensitise the trainee and the partner/spouse towards change in the relationship (Ernst, 2008). Sensitisation is necessary since the process of change during the training in Clinical Psychology occurs over a one-year period. Because this change is gradual, the couple will not be immediately alerted to it. It is more likely that the couple (and their relationship) will start changing without realising it. This holds the danger of their one day suddenly becoming aware of these changes when it is often too late and this can be detrimental to the relationship.

2.5 CONCLUSION

Based on the principles of General Systems Theory, it is clear that an individual does not function in isolation, but rather as part of a circular process of interaction within his/her system. Bosman (2004) and Ernst (2008) have confirmed that training in Clinical Psychology impacts on the trainee to undergo changes, and since the trainee functions as part of a system, it becomes evident that these changes do not occur in isolation but will probably also impact on the system as a whole. Thus change in one part of the system inevitably leads to change in other parts of the system. Evidence of this has been seen by trainers in Clinical Psychology at the University of Limpopo (Medunsa Campus) in the form of broken marriages and relationships at the end of training (Vorster, 2004).

From this it is evident that there is a need for assistance in order to prevent relationship breakdown. Apart from the assistance currently provided to trainees and their partners/spouses, as mentioned earlier, there is room for additional assistance and improvement, given the urgency of the matter. Previous research studies by Ernst (2008) and Bosman (2004) attempted to address this need but, as stated earlier, these studies had certain shortcomings. It is for this reason that the researcher attempted to fill the gap by developing a DVD counselling programme. The research process and methodology will be discussed in Chapter Three.

CHAPTER THREE
THE INVESTIGATION

3.1   INTRODUCTION

The aim of this chapter is to provide information regarding the research approach, design, process and method that were used in this study. These were the practical steps involved in the investigation.

3.2   RESEARCH APPROACH

Approaches to research can be divided into two types: quantitative and qualitative research. Quantitative research focuses on identifying cause-and-effect relationships among variables and provides data in the form of numerical information (Bernard & Whitley, 2001). Qualitative research focuses on understanding how people experience and interpret events in their lives (Bernard & Whitley, 2001). These two approaches will now be defined and described.

3.2.1   Definition and Description of Quantitative Research

Quantitative research can be defined as the use of sampling techniques such as consumer surveys whose findings may be expressed numerically, and are amenable to statistical manipulation which enables the researcher to estimate future events or quantities (Luthra, 2010). Quantitative research is therefore concerned with the tabulation or numerical relevance of various kinds of behaviour and is concerned primarily with the *why* question concerning a phenomenon.

In the social sciences, quantitative research refers to the systematic empirical investigation of quantitative properties and phenomena and their relationships, which are generally viewed and described in a linear cause-and-effect manner (*Definition of Quantitative Research*, 2010). This systematic empirical investigation also divorces the phenomenon being studied from its natural context, like studying behaviour in a research laboratory where the behaviour is often manipulated under a controlled environment, as in the case of experiments (Bernard and Whitley, 2002).

Bernard and Whitley (2002) state that the quantitative approach to research also promotes objectivity in that the researcher maintains a psychological and emotional distance from the research. This raises an important question about the possibility of true objectivity since the researcher remains an individual with his or her own personal history and subjective frame of

reference, which influences the manner in which a phenomenon is viewed. This is where qualitative research fills the gap.

3.2.2   Definition and Description of Qualitative Research

Denzin and Lincoln (1994) define qualitative research as being multi-method in focus, which involves an interpretive, naturalistic approach to its subject matter. This means that the researcher makes meaning of a phenomenon in its natural setting and interprets this phenomenon according to the meanings that individuals bring to it. Qualitative research thus involves the studied use and collection of a variety of empirical materials such as case studies, personal experience, introspective life stories, interviews, observations, and interactional and visual texts, which describe patterns, problematic moments and meaning in individual's lives (Sewpershad, 2003).

In addition, qualitative research is defined as an enquiry process of understanding based on distinct methodological traditions of enquiry, which is aimed at exploring social or human problems from which the researcher builds a complex, holistic picture, analyses words and reports the detailed views of informants (Cresswell, 1998). From this it becomes evident that the qualitative researcher is more concerned with understanding naturalistic observations within a specific context, instead of explaining them by means of controlled measurements.

Now that the qualitative research approach has been defined and some characteristics highlighted, it might have become obvious that certain research questions and problems lend themselves more readily to qualitative research than others. Given the nature of the current investigation, with the focus on circular causality and interaction, the qualitative approach is thus indicated.

The rationale for using the qualitative research approach in this study will be discussed in the next section.

3.2.3   Appropriateness of the Qualitative Research Approach

The rationale for using a qualitative approach is derived from the following premises:

- Qualitative research provides the researcher with in-depth information while simultaneously creating a context in which ethical principles can be adhered to (Baloyi, 2002).

- The fundamental principles of qualitative research are in line with underlying systemic concepts (Trochim, 2001).

- Qualitative research is in line with the exploratory nature of this investigation.

- Qualitative research is consistent with the purposes of this investigation considering the principles of circular causality (Sewpershad, 2003).

- Qualitative research has been described as providing an important link in bridging the gap between research, theory and clinical practice (Moon in Sewpershad, 2003)

In the light of the nature of this study, a qualitative approach is thus indicated. However, there are some criticisms against the qualitative approach which should also be considered. These criticisms involve firstly the concept of introspection, which is subjective, and that the reliability of this subjective description of experience may be questionable since there is no way of verifying the information obtained (Bosman, 2004). The second criticism is that of researcher bias in that the researcher may contaminate data by way of his/her own subjectivity (Bosman, 2004). This criticism, however, is countered by qualitative researchers assuming that it is impossible to eliminate the effect of the researcher completely. Instead they recognise the human element and state that this does not imply that researchers arbitrarily interject personal opinion or select evidence that supports personal prejudice (Ernst, 2008). Qualitative researchers do not hide behind an objective truth; rather they present themselves in a transparent manner, making their values explicit (Bosman, 2004). This is later addressed under Section 3.3.9.1 *Bias*.

Now that the research approach has been verified, we can discuss the research design.

3.3   RESEARCH DESIGN

Qualitative research design involves the entire process of research, beginning with conceptualising a problem to writing a narrative (Cresswell, 1998). This includes the aim and objectives of the study, the research question, research methodology, sample group, data gathering and data analysis (Cresswell, 1998). Before these are discussed, it is important to note the type of research that will be conducted within the qualitative approach. This will be discussed next.

3.3.1 Intervention Research

Intervention research is defined as studies carried out for the purpose of conceiving, creating and testing innovative human services approaches to prevent or ameliorate problems, or to maintain quality of life (De Vos, 2002). Since a need has been identified regarding the impact of training on trainees, an intervention research strategy is deemed appropriate.

3.3.2 Aim of the Study

The aim of this study is to explore the possible effect of a DVD Counselling Programme on the partner relationship of Master's students in Clinical Psychology and this will therefore be investigated.

3.3.3 Objectives of the Study

The objectives of the study are:

1. To discover whether partners/spouses and candidates in training for the degree of MSc in Clinical Psychology have watched the Counselling DVD or not.
2. To determine the effect, if any, of the DVD on the partner/spousal relationship of trainees.

3.3.4 Research Question

What is the effect of a DVD Counselling Programme on the partner relationship of Master's students in Clinical Psychology at the University of Limpopo (Medunsa Campus)?

3.3.5 Procedure

The research was accepted and the necessary research permission granted by the Medunsa Campus Research Ethics Committee (MCREC). Thereafter, based on prior research on the effects of clinical training on the relationship between a candidate in training and his/her partner/spousal system (Ernst, 2004), a short Digital Video Disc (DVD) was created for the individuals in a partner/spousal relationship. The aims of the DVD Counselling Programme are:

- to provide partners/spouses with an understanding of the central concepts that will be dealt with during the year of training in order to broaden their frame of reference

- to inform partners/spouses and trainees about the process and the implications of training

- to pre-empt possible difficulties which they might experience in their relationship

- to provide suggestions on what to do should they as a couple experience difficulties

This under no circumstances means that all relationships will inevitably experience difficulties, simply that the input throughout the year is certain to have an impact on the trainee and his/her way of viewing interaction and that this in turn may impact on a relationship in that the trainee undergoes change because his/her frame of reference will broaden. This may be threatening or strange to the partner and therefore the DVD aims at preparing the partner/spousal couple for this, since it may lead to distance or breakdown in a relationship.

The content of the Information DVD was based on the research of Ernst (2008) and Bosman (2004), as well as on information obtained from an interview with Professor Charl Vorster, course co-coordinator of the MSc Clinical Psychology Training Programme at the University of Limpopo (Medunsa Campus).

Those candidates in the 2010 clinical training course who are married or have long-term partners were requested to volunteer for the project. The researcher scheduled appointments with the first year Master's students and introduced them to the study and the importance of taking care of their relationships, and to the possible implications of change on their relationship as an opportunity for growth as well as a possible threat. This introductory session was intended to serve as motivation for the trainees to watch the Information DVD. The partners and spouses were contacted by the researcher in order to motivate them too, as well as to introduce them to and brief them on the opportunity for growth of their relationship and possible implications. The DVD was given to the trainees with the request that it should be given to the partner/spouse to watch, study and discuss. Towards the end of the training programme, the relationship between candidates and their partners/spouses was evaluated by means of person-centred interviews to determine the impact of exposure to the DVD.

Regarding the issue of a control group, firstly, it was not practically possible to include a control group in the present research due to the fact that the research sample comprised 12 selected students in advanced training, and no suitable control group could be constructed within a reasonable period of time (this may well be possible if done over a period of a few years). Secondly, the present research project was limited in nature since it entailed a mini

dissertation and not a fully fledged Master's research project. Thirdly, the research was exploratory in nature and, depending on the results obtained, it would be more feasible to include a control group in follow-up research, possibly at doctoral level.

Permission was obtained from the trainees and their partners/spouses, and the researcher ensured that each participant signed a consent form before commencing with interviews. The partners and spouses were contacted within a week after the DVD had been provided in order to motivate and encourage them to watch the DVD. The interviews were scheduled according to the availability of the partner/spouse, and conducted at the most convenient location for the family members, e.g. at home. The researcher started the interview by explaining the context to the participants and giving them a short summary of the aim and objectives of the research. Semi-structured and standardised interviews were conducted. Specific questions were asked as outlined in the objectives and probing was used to clarify answers in a person-centred manner. The interviews lasted approximately one hour.

Now that the *how* has been discussed, we can move on to the discussion regarding *who*.

3.3.6   Sampling

Sampling is the process by which individuals or groups are selected from a particular population for inclusion in a research study (Bernard & Whitley, 2001). Qualitative research typically focuses on in-depth information gained from a relatively small sample selected purposefully (Ernst, 2008). In purposive sampling, a particular case is chosen because it illustrates some feature or process that is of interest for a particular study (De Vos in Ernst, 2008). For this study, purposive sampling was used and the sample was drawn from the 2010 candidates undergoing training in the Clinical Psychology Master's Course at the University of Limpopo (Medunsa Campus).

3.3.6.1   Inclusion criteria

- Only candidates who are married or in a relationship were included in the study.
- The candidates had to be able to express themselves in English as this is the language that was used during interviewing.

3.3.6.2   Sample size

Considering the nature of the Clinical Psychology programme, only a limited number of individuals are selected for training each year, the average number being about 10. For 2010

the training programme included 11 trainees (the population). It was estimated that approximately five to eight research subjects would be available to participate in this research study. De Vos (2002) suggests that if a population is relatively small, then the sample obtained should comprise a reasonably large percentage of the population since this will enable the researcher to draw a more representative and accurate conclusion. The current population, however, lent itself to only a small sample size due to practical limitations. It should also be noted that this was a preliminary investigation and the results will not be generalisable to the larger population.

3.3.7 Data Collection

Because of the exploratory nature of the research and the small size of the sample, a qualitative study was indicated in which the emphasis would be on in-depth study of a limited number of cases. Data were collected through the medium of interviews. In the qualitative approach, interviewing is used as the primary mode of data collection (Bernard & Whitley, 2001). The questions posed during data collection should be of such a nature that the question itself does not influence, guide, predetermine or contaminate the response given (Bosman, 2004). For this reason it is very important to use open-ended questions so as to provide the interviewee with the opportunity to respond in his/her own terms (Bosman, 2004). Thereafter probing can be used to deepen and enrich the response of the data (Bosman, 2004).

The researcher followed this procedure and collected the data herself. Since this study is based on the research conducted by Ernst (2008), the same method and analysis were used. This matter was addressed as follows: a combination of closed-ended and open-ended questions (Appendix A) was used to establish whether the DVD had been watched or not, since the outcome to this question determined whether further exploration could be undertaken or not. After having established that the DVD had been watched, an open-ended question was posed; this was done, since the matter first has to be established before an open ended question can be asked so as to exclude biased questions. Subsequent responses were facilitated and further explored by means of a person-centred interview which is a well-established practice. Interviews were held with both the partner and the trainee. Furthermore, interviewees were facilitated to elaborate on their answers by means of probing. The interviews were recorded in order to be able to transcribe them accurately, as well as to minimise the distancing impact of note taking.

3.3.8 Data Analysis

Issues regarding data analysis should be carefully considered when designing a study since the aim of data analysis is to transform information (data) into an answer to the original research question (Terre Blanche & Durrheim, 1999). A careful contemplation of data analysis strategies will ensure that the design is coherent, as the researcher matches the analysis to a specific type of data, to the purposes of the research and to the research paradigm (Sewpershad, 2003). When various perspectives are used to interpret and analyse a single set of raw data, the research findings will be incorporated into a more macro-analytical level of inference (Terre Blanche & Durheim in Ernst, 2008). In the case of the present study, a process of triangulation was followed whereby three independent Clinical Psychologists were informed about the study context and asked to analyse the data (Appendix B). The rationale for this is addressed later under Section 3.3.9 *Validity and Reliability.*

Qualitative techniques begin by identifying themes in the data and relationships between these themes (Sewpershad, 2003). The qualitative data analysis for this study was conducted in accordance with the three steps of qualitative analysis outlined by Miles and Huberman (1994):

1. *Data reduction*

The person-centred interviews with members of the sample group were transcribed and these transcriptions were handed to three independent Clinical Psychologists with a request to identify themes indicative of the possible effect of exposure to the DVD. The three independent Clinical Psychologists did a thematic analysis based on the following question: "*Based on your evaluation of the various interviews, can you observe any effect on the relationship as a result of the impact of the DVD. If so, please describe fully.*"

2. Themes are *highlighted and discussed*

The researcher then compared the themes so identified under the headings: (a) themes identified by all three clinicians; (b) themes identified by two clinicians; and (c) themes identified by only one clinician. These were integrated (most weight attached to themes identified by all three clinicians) and discussed. All of these were then integrated by identifying themes that arose across all the cases. No particular software was used in this process and histograms were used to illustrate visually the themes that emerged.

3. *Conclusions are drawn and verifications made*

The integration and discussion of the themes identified was intended to enable the researcher to establish whether the DVD Counselling Programme did have an effect on the relationship between the training candidate and his/her partner/spouse or not, as well as the nature of this effect.

3.3.9 Validity and Reliability

'Validity' refers to the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration (Babbie, 2005). 'Reliability' suggests that the same data would have been collected each time in repeated observations (Babbie, 2005). The validity and reliability of the qualitative data analysis were safeguarded by means of the process of *triangulation*. "This refers to the use of multiple perspectives to interpret a single set of data, and this also means that the research findings can be incorporated into a more macro analytical level of inference" (Terre Blanche & Durrheim, 1999, p. 431). For the purpose of this study, three experienced independent clinicians were asked to analyse the data after the researcher had gathered, recorded and transcribed the interviews verbatim. This was also done to minimise researcher bias.

3.3.9.1 Bias

To safeguard the study against bias, the researcher used three experienced independent clinicians to analyse the data, as previously discussed. The researcher thus did not interpret the data herself. Bias during the process of selecting participants (sampling bias) was minimised by using voluntary participants. Selection bias was further minimised by using respondents who met the inclusion criteria. Researcher bias, as mentioned earlier during the discussion regarding the rationale for using the qualitative approach, is minimised by the qualitative researcher presenting himself/herself in a transparent manner. During qualitative research and enquiry, the researcher is the instrument. All researchers do, of course, bring their own preconceptions and interpretations to the problem being studied, regardless of the methods used (Patton, 1990). It is therefore important to consider the researcher's personal connections to the people, programme or topic being studied (Patton, 1990). Patton further states that:

The principle is to report any personal and professional information that may have affected data collection, analysis, and interpretation – either negatively or positively – in the minds of users of the findings. (Patton, 1990, p. 472)

For this reason it should be noted that the researcher herself had been exposed to training in Clinical Psychology at the University of Limpopo (Medunsa Campus), and was therefore schooled in the principles of General Systems Theory and its application as a meta-theory, which also forms the theoretical foundation of this study. The researcher also experienced the effects of training on herself in terms of undergoing a paradigm shift, as discussed in Chapter Two, and observed changes in her interaction and personal relationships. The researcher was also married and faced certain challenges regarding relational changes and family system challenges. She was also subsequently divorced after training. She witnessed and experienced the challenges in the relationships of her colleagues and discussed the implications of change with her colleagues. The researcher therefore used to advantage her personal insight, knowledge and training, while simultaneously being as aware as possible of her own values, assumptions and subjectivity.

The three clinicians (Clinical Psychologists) involved in the process of data analysis were selected on a similar foundation in that they were also trained at the University of Limpopo (Medunsa Campus) and thus operate from the same epistemological paradigm as the researcher. They are not, however, involved in the training of Clinical Psychologists at the University of Limpopo (Medunsa Campus), which, if involved, may have contaminated the process of data analysis and may have had implications regarding confidentiality.

3.3.9.2   Ethical considerations

Permission was requested from the Medunsa Campus Research Ethics Committee (MCREC) to undertake this study. Thereafter, the researcher obtained informed consent from the training candidates and their partners/spouses. Participants were not forced to participate, and were permitted to withdraw without supplying a reason. They were informed that no payment was involved. All information provided was and will be kept and treated confidentially. Participants were also informed that psychotherapy would be arranged for them should the need arise due to their participation in the study.

Now that the research design has been outlined and discussed, the next step is a discussion of the research method used.

3.4   METHOD

3.4.1   Research Procedure

The research procedure as set out in Section 3.3 *Research Design* was followed. The Counselling DVD (Appendix C) was created on the basis set out in this section. The DVD was handed out to the trainees in the month of March of their training year. The researcher briefly explained the aim of the research, as well as the function of the DVD, to the trainees. The DVD was provided to the trainees with the request to watch the DVD with their partners or otherwise give it to their partners to watch on their own. The partners/spouses were contacted shortly after the DVD had been handed out in order to brief them about the aim and function of the DVD. This was done to motivate the partners/spouses to watch the DVD.

In conducting the research interviews a few changes were, however, necessary. Due to practical difficulties, such as the partners of trainees living far away, work schedules and time constraints, the interviews had to be conducted telephonically. This is a restriction since valuable information that might have been communicated non-verbally was probably lost during these interviews.

3.4.2   Research Sample

Sampling was done as set out in the research design. Six research subjects and their partners/spouses became available. This sample was considered to be adequately representative.

As set out in the research design, the trainees and their partners/spouses were interviewed independently.

3.4.3   Data Gathering

Data were obtained as planned in the research design. As mentioned in the research design, the personal nature of qualitative interviewing became apparent. It should, however, be noted that most of the interviews were done telephonically due to practical limitations such as time constraints, due to the busy work schedules of the trainees, and partners residing far away. Some important information may have been lost due to lack of information on non-verbal communication, such as facial expressions and body posture.

3.4.4   Data Analysis

The data were analysed as proposed in the research design.

The transcripts of the interviews were presented to three independent Clinical Psychologists during the *data reduction* phase. The three Clinical Psychologists did a thematic analysis based on the following question: "Based on your evaluation of the various interviews, can you observe any effect on the relationship as a result of the impact of the DVD. If so. please describe fully."

The researcher then focused on the themes identified by the analysts. Using these themes, she further *reduced* the data by highlighting the themes that emerged across interviews.

By interpreting the identified themes the researcher was then able to determine whether the DVD Counselling Programme had indeed had an effect on the relationship between the trainee in Clinical Psychology and his/her partner/spouse. In addition to this, the researcher was able to establish the nature of the effect of the DVD Counselling Programme on the relationship. The drawing of conclusions and the verifications were directed by the research questions and the aim of the study. Bosman (2004) states that the researcher's role involves interpreting and explaining observations or data by formulating hypotheses or theories that account for observed patterns and trends in the data. This implies relating the results, outcomes and findings of a study to current existing theoretical frameworks, models and the related hypothesis, and also assessing whether these are confirmed or falsified by the information gained from the new study (Bosman, 2004).

The results and findings are presented and discussed in the next chapter.

CHAPTER FOUR
RESULTS AND DISCUSSION

4.1   INTRODUCTION

In this chapter the results and discussion will be presented. Before this is done, the context will be established by means of stating the aim of the study.

4.2   AIM OF THE STUDY

The aim of this study was to explore the possible effects of a *DVD Counselling Programme on the partner relationships of Master's students in Clinical Psychology* and further to establish the nature of this effect.

4.3   RESEARCH RESULTS

4.3.1   The Qualitative Analysis

The researcher conducted interviews with trainees and their partners/spouses after the trainees had been exposed to the DVD Counselling Programme for a period of three months. The qualitative analysis was based on the thematic analysis done by the three independent clinicians who had identified themes from transcripts of the interviews that were held with the trainees in Clinical Psychology and their partners/spouses. Based on these interviews, the three independent psychologists identified the themes that arose in the relationship as a probable result of exposure to the DVD Counselling Programme. The qualitative analysis consists of six cases.

Due to ethical considerations regarding confidentiality, the transcripts of these interviews are not included in this dissertation since they contain identifying information concerning the respondents and their family systems. Full transcripts of the interviews are available on request from the researcher in respect of *bona fide* research.

The three independent psychologists/clinicians were requested to make comments and observations on the possible effect of the DVD Counselling Programme on the partner relationship between the trainee and his/her partner/spouse. The analyses by each of the psychologists/clinicians are presented separately for each case/relationship (in table format). The researcher then compared the themes so identified under the headings (a) themes identified by all three clinicians, (b) themes identified by two clinicians and (c) themes identified by only one clinician. These themes were integrated (with most weight attached to themes identified by all three clinicians) and are discussed in Section 4.4 *Overall Integration*

of Themes and Discussion. Those themes that are closely related or where the wording differs slightly are discussed together. No particular software was used in this process, but a histogram is used to illustrate the themes that emerged. The themes are numbered in the cases and are defined in Section 4.4.1.1 *Definitions*.

After presentation of the six cases, there is a final discussion of the identified themes (visually illustrated). These themes are then integrated and conclusions regarding the results and findings of the study are drawn. The chapter ends with recommendations for future research.

4.3.1.1 Case 1

Clinician 1	Clinician 2	Clinician 3
A teaching effect occurred with regard to [1]relational skills. The couple felt more equipped and [5]prepared. The couple presented with [13]understanding in the relationship. The DVD created a [6]common context. There was an implication that the relationship was defined as [19]parallel through the use of the DVD. [14]Empathy in the relationship was observed. The DVD facilitated [11]clear communication in the relationship. The DVD seems to have facilitated [17]closeness in the relationship.	In this relationship the [17]closeness, levels of [13]understanding and [3]awareness of the impact of training on the relationship became prominent. One can thus hypothesize that the level of [14]empathy and [15]congruency is also present in this relationship. The most effective relationship definition is [19]parallel which appears to be present after the DVD exposure.	The DVD was experienced as [1]informative in terms of learning skills. The DVD assisted the couple in being more [5]prepared regarding the [3]effects of the training on their relationship and [4]equipped them to deal with the relationship more effectively. The DVD [10]validated the training process as well as the trainee's experiences. The couple presented with mutual [13]understanding and [12]support in the partner relationship. The couple reported and experience of [11]clarity in the partner relationship. The trainee presented to [7]bring his/her partner along after exposure to the DVD. The couple experienced the DVD as [9]beneficial to the partner relationship.

4.3.1.1.1 Integration

a) <u>Themes identified by all three independent clinicians</u>

Overall the *DVD Counseling Program* was experienced by the couple as promoting [13]<u>understanding</u> within the partner spousal relationship.

b) <u>Themes identified by two independent clinicians</u>

It became clear that the *DVD Counselling Program* promoted [1]<u>learning</u> to take place within the relationship. This created an [3]<u>awareness regarding the strenuous demands of the course.</u> The *DVD* [5]<u>pepared the couple for the effects of the Masters Training on their relationship</u> and [11]<u>facilitated effective and clear communication.</u> Exposure to the *DVD* also [14]<u>promoted empathy</u> and [17]<u>closeness within the relationship.</u> The DVD also had the impact of redefining the relationship as [19]<u>parallel.</u>

c) <u>Themes identified by one independent clinician</u>

The DVD [4]<u>provided guidelines</u> on how to effectively deal with possible relationship difficulties. The DVD had a [10]<u>validating impact</u> on the couple's experience of their relationship concerning the training year and aided in creating a [6]<u>common context</u> for the couple to communicate on the same level and [7]<u>grow together.</u> The couple found this as being [9]<u>beneficial</u> for their relationship. The relationship was also characterized by [12]<u>support</u> and [15]<u>congruence.</u>

4.3.1.2 Case 2

Clinician 1	Clinician 2	Clinician 3
The DVD created a [6]<u>common context</u> for the couple to be able to communicate on the same level. A [1]<u>teaching of relational skills</u> occurred. [13]<u>Understanding</u> in the relationship was present regarding one another's experience. Prominent levels of [14]<u>empathy</u> in the relationship	In this relationship the [17]<u>loseness,</u> levels of [13]<u>understanding</u> and [3]<u>awareness of the impact</u> of training was present as reported after exposure to the DVD. One can thus hypothesize that the level of [14]<u>empathy</u> and [15]<u>congruency</u> is also prominent. The most effective relationship definition is [19]<u>parallel</u> which appears to be present after the DVD	The DVD [10]<u>confirmed and validated the trainee and his/her experiences regarding the training process.</u> The DVD made it easier for the trainee [7]<u>to bring his partner along.</u> It contributed towards [13]<u>understanding</u> for both partners about the process and [4]<u>effects of training</u> on their relationship. It assisted the couple in

were observed. The DVD seemed to have assisted the couple to define their relationship as [19]parallel. The DVD equipped the couple with [11]effective communication i.e. checking-in and meta-communication. The DVD seems to have facilitated in [17]closeness in the relationship.	exposure.	creating a [6]common context. The couple experienced more [14]empathy in the partner relationship. It [5]prepared the couple for what to expect in their relationship during the training year. It assisted in foundational skills to [11]meta-communication about the relationship. The DVD was experienced as a [9]supplement to the relationship.

4.3.1.2.1 Integration

a)   Themes identified by all three independent clinicians

Overall the DVD Counselling Programme seems to have promoted [13]understanding within the partner/spousal relationship as well as being able to communicate this understanding which shows to [14]empathy.

b)   Themes identified by two independent clinicians

Exposure to the DVD Counselling Programme created a [6]common context for the couple in which to [11]communicate effectively and clearly. The relationship was also characterized by emotional [17]closeness. The relationship was further characterized by sharing of control and redefined as a [19]parallel.

c)   Themes identified by one independent clinician

The couple presented to have [3]understanding of the effects of training on the partner relationship. The couple found the DVD Counselling Programme as being [9]beneficial for their relationship in that it [5]prepared the couple for the effects of the Masters Training on their relationship. The DVD seemed to have assisted with [4]provision of guidelines on how to effectively deal with these effects and assisted

them to [7]grow together. The DVD had a [10]validating impact regarding the couple's experience of their relationship concerning the training year. The relationship was also characterized by [15]congruence.

4.3.1.3 Case 3

Clinician 1	Clinician 2	Clinician 3
The two individuals within this partnership relationship presented with significantly different and opposing feedback and based on this the relationship as a whole [20]seemed to have had no significant impact regarding the quality of their relationship from the DVD. It appears as if there is a presence of a [22]dismissive attitude regarding the effects of the DVD.	The partners communicated [20]no impact on the nature and quality of their relationship from the DVD, thus their relations before and after watching the DVD remained the same or [21]one party is rigid.	The DVD elicited a need to [2]enquire on more in depth information regarding relational assistance. The clinician was unable to make any further comments on the impact of the DVD as maintained by the opposing statements from the couple. Based on this it can be hypothesized that [20]no relational change occurred regarding the after exposure to the DVD.

4.3.1.3.1 Integration

a) Themes identified by all three independent clinicians

Based on the interview conducted all three clinicians found that the partners/spouses within this relationship presented with significantly opposing and different views. It therefore became clear that [20]no change occurred within the relationship as a whole.

b) Themes identified by two independent clinicians

There were no themes identified by two clinicians simultaneously within this case.

c) Themes identified by one independent clinician

The interviewee presented with a [22]dismissive attitude regarding the effects of the DVD and [21]one party demonstrated a rigid attitude. The DVD elicited a need for the couple to [2]acquire on more in-depth information regarding relational assistance.

4.3.1.4 Case 4

Clinician 1	Clinician 2	Clinician 3
The participant responded with good patient responses/ [24]faking good. Based on the fact that the partner refused to watch the DVD it seems to have resulted in either [20]no effect or a [23]distancing effect on the relationship. I.e. by eliciting prescriptions, blames and threats from the training therapist.	Only the trainee watched the DVD as the partner was not interested. The relationship development [20]therefore shows no significant changes or impacts from exposure to the DVD.	The fact that the interviewee blames his/her partner for not watching the DVD is indicative of [23]distance in the relationship. The interviewee communicates in a contradictory manner. That the interviewee really did find the DVD to be valuable regarding the partner relationship is doubtful. Based on this it became evident that [20]no significant changes or impacts have been observed regarding the effects of the DVD.

4.3.1.4.1 Integration

a) Themes identified by all three independent clinicians

All three of the clinicians stated that, based on the interview and the fact that the partner/spouse did not watch the DVD Counselling Programme, [20]no relational change occurred within the partner relationship.

b) Themes identified by two independent clinicians

In this particular case the partner showed no interest in the DVD Counselling Programme and thus did not watch the DVD. The trainee exhibits blaming behaviour towards his/her partner/spouse, which is indicative of a [23]distancing impact.

c) Themes identified by one independent clinician

One clinician identified that the trainee presented with [24]faking good behaviour based on the manner in which the trainee communicated.

4.3.1.5 Case 5

Clinician 1	Clinician 2	Clinician 3
A [1]learning effect took place (talk and spend more time together) and this also made the couple feel more [5]prepared regarding the [3]effect of training on the relationship. The DVD facilitated the relationship to be defined as [19]parallel. The couple experienced the DVD to create a [6]common context for the couple ("grounded") It appears that [17]closeness in relationship was established after exposure to the DVD. The partners reported being more equipped with skills for [11]effective communication and to assist them to speak the same language. [13]Understanding was experienced in the relationship. The partners presented with [16]flexibility as was visible after exposure to the DVD.	In this relationship the [17]closeness, levels of [13]understanding and [3]awareness of the impact of training was prominent. One can thus hypothesize that the level of [14]empathy and [15]congruency is also present. The most effective relationship definition is [19]parallel which appears to be present after the DVD exposure.	The DVD was experienced as [8]empowering. It was also experienced as providing [1]relational skills. The DVD was found to be informative on what to expect during the training year and helped [5]prepare the couple for that. It contributed toward more [18]meaningful relationships and more self-awareness and [15]congruence. The DVD assisted the couple in [3]realizing the importance of certain key processes in their relationship during the training year. The DVD provided [10]confirmation regarding the training process. The DVD contributed towards [17]closeness and [13]understanding. The DVD further also seemed to facilitate [11]effective communication.

4.3.1.5.1 *Integration*

a) <u>Themes identified by all three independent clinicians</u>

Exposure to the DVD Counselling Programme seemed to have facilitated [17]emotional closeness within the relationship between the trainee and his/her partner/spouse. Simultaneously, the couple presented with [13]understanding within the partnership relationship. The couple also experienced the *DVD* as making them [3]aware regarding the effects of training on their relationship.

b) <u>Themes identified by two independent clinicians</u>

It became clear that the DVD Counselling Programme facilitated [1]learning to take place within the relationship. The couple felt more [5]prepared for the effects of the Masters Training on their relationship. The DVD facilitated the couple to redefine their relationship as a [19]parallel and simultaneously facilitated [11]effective and clear communication. There was also evidence of [15]congruence in the relationship.

c) <u>Themes identified by one independent clinician</u>

The DVD created a [6]common context for the couple in which to communicate. It also [8]empowered and [10]validated the couples experience. The relationship was characterized by escalated levels of [16]flexibility, [14]empathy and was experienced as more [18]meaningful regarding increased quality of relationship.

4.3.1.6 Case 6

Clinician 1	Clinician 2	Clinician 3
The DVD created a [6]common context i.e. speaking the same language, for the couple. [11]Effectiveness of communication became evident. The couple implied that the relationship is defined as [19]parallel. There has been a teaching of [1]skills i.e. meta-communication and feeling	In this relationship the [17]closeness, levels of [13]understanding and [3]awareness of the demands of the course was present. One can thus hypothesize that the level of [14]empathy and [15]congruency is also present. The most effective relationship definition is [19]parallel which appears to be present after exposure to the	The DVD contributed towards increased [3]clarity about the effect of training. It also had a [8]mobilizing effect in terms of [11]clear communication. The DVD seemed to have [6]created a common context in the relationship. The couple experienced their relationship as [18]meaningfull (communication), as well as increased [13]understanding

more [5]equipped to maintain a healthy relationship. [17]Closeness was observed in the relationship. The relationship was characterized by the presence of [14]empathy. [13]Understanding of each other's experience regarding the training year was evident in the relationship. The relationship was also characterized by [16]flexibility and [15]congruence.	DVD.	and [17]closeness. The DVD assisted in the couple's [1]skill to [11]meta-communicate. The DVD provided a foundation from which to [7]grow.

4.3.1.6.1 Integration

a) <u>Themes identified by all three independent clinicians</u>

Overall, it appears that after exposure to the DVD Counselling Programme the relationship was characterized by [17]closeness. The DVD also promoted [13]understanding within the relationship and facilitated [11]clear communication.

b) <u>Themes identified by two independent clinicians</u>

The DVD Counselling Programme provided the couple with understanding regarding the [3]effects of training on the partner relationship as well as provision of [1]relational skills to be able to maintain their relationship more optimally. The DVD [6]created a common context for the couple. The relationship was [19]redefined as a parallel. The DVD also promoted [14]empathy and [15]congruence within the relationship.

c) <u>Themes identified by one independent clinician</u>

The DVD Counselling Programme seems to have [5]prepared the couple for the effects of training on their relationship. The couple was [8]mobilized via the facilitation of [16]flexibility, which [7]promoted growing together. The relationship was also experienced as more [28]meaningful regarding increased quality of relationship.

4.3.2 Integration of All Six Cases

From the total sample, the themes identified in all six cases by *all three clinicians* were increased understanding within the partner relationship of the trainee's own and his/her partner's experience regarding the training year, as well as the communication of this experience as evidenced by empathy and emotional closeness within the partner relationship, although in other cases there has been no relational change.

The themes identified by *two clinicians* were that the couple defined their relationship as parallel, they presented as aware regarding the impact of training on their relationship and they had acquired relational skills to maintain their relationship more effectively as was evident in more effective communication. The couples also reported that they felt prepared for the effects of training on their relationship, but there was also prominence in other couples that the theme of emotional distance was present.

Themes as identified by *one clinician* were the presence of support and congruence, couples reporting that the DVD had validated their experience regarding the training year, couples experiencing the DVD as having set a common context for them in which to communicate and grow together. In other cases the couple presented with a dismissive attitude regarding the impact of the DVD; there was also rigidity in one of the partners and faking of good behaviour from another.

4.4 OVERALL INTEGRATION OF THEMES AND DISCUSSION

In this section the overall results of the investigation will be presented and discussed. This will be done by presenting the themes as identified by the three clinicians who did a thematic analysis on the transcripts of the interviews held with trainees in the Master's training programme in Clinical Psychology and their partners/spouses in which they reported on the impact of the DVD Counselling Programme on their relationships. The thematic analysis by the three clinicians was done on six cases. These themes will be presented by indicating the frequency with which specific themes were identified in all six cases. Since the analysis was based on six cases, the maximum frequency with which a theme can occur is six times, showing that the theme arose within each of the six cases. Thus if the theme of empathy was identified within cases 1, 3 and 5, then that means that empathy occurred with a frequency of 3 out of a possible 6. From this it becomes clear that the frequency represents the cases. Most weight will be attached to themes with a higher frequency. All of this is presented in the form

of a histogram given below. These results represent the findings and themes identified in all six cases. Twenty-four themes were identified overall.

4.4.1 Histogram

Themes Identified Over all Six Cases
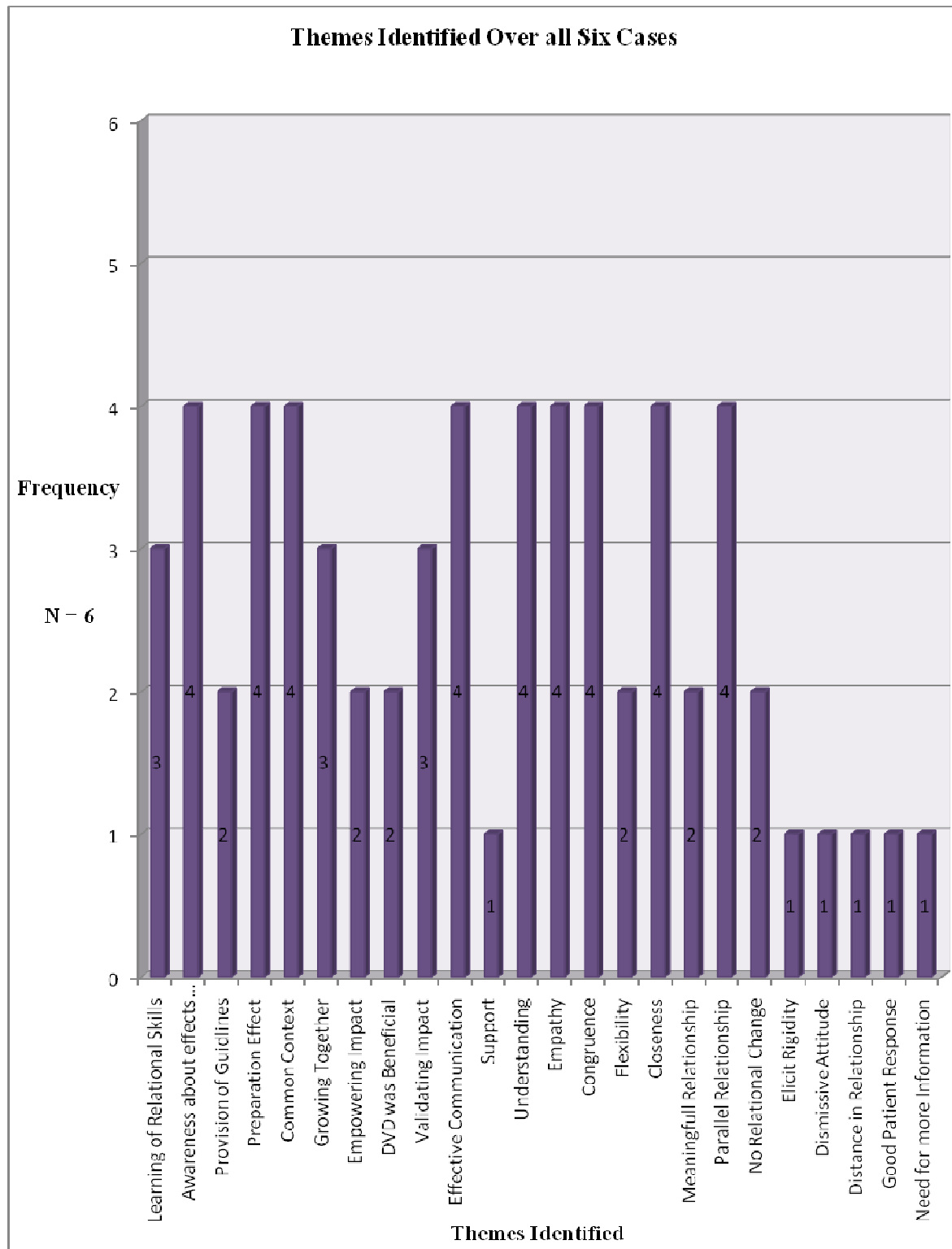
4.4.1.1 Definitions

Learning of relational skills: The DVD Counselling Programme served as a teaching medium for the learning of relational skills within the relationship so as to enable the couple to relate to each other more optimally.

Awareness about effects of training on relationship: There was evidence regarding the awareness of the trainee and his/her partner/spouse of the impact of the training on the partner/spousal relationship.

Provision of guidelines: The couple experienced the DVD as providing them with guidelines on how to maintain a healthy relationship during the training year.

Preparation effect: The DVD appeared to have prepared the partner/spousal system for the effects of training and the changes that may occur in their relationship.

Common context: The DVD seemed to have facilitated a common context for the couple to communicate in.

Growing together: The couple presented with behaviour that promoted overlapping interests and frames of references.

Empowering impact: The couple felt more in control and able to deal with the challenges that training poses for their relationship.

DVD was beneficial: The couple experienced the DVD as being beneficial to their relationship.

Validating impact: The couple experienced the DVD as validating their experience regarding the impact of the training year on their relationship.

Effective communication: The trainee and his/her partner/spouse communicated more effectively and clearly with each other.

Support: There is evidence of a supportive attitude towards each other within the relationship.

Understanding: There is comprehension regarding the trainee's own and his/her partner's experience of the relationship during the training year.

Empathy: The couple presented with understanding of one another's experiences, as well as the communication of this experience with each other.

Congruence: The levels of congruence seemed to have become more prominent after exposure to the DVD, i.e. verbal behaviour and non-verbal behaviour matched.

Flexibility: The willingness of the couple to adapt, grow and change together had become a prominent variable within the partner/spousal relationship as a whole.

Closeness: The trainee and his/her partner/spouse presented with prominent emotional closeness with each other.

Meaningful relationship: The couple experienced their relationship as satisfactory and meaningful.

Parallel relationship: The couple has redefined their relationship as a parallel one, which is characterised by sharing of control within the relationship.

No relational change: There was no significant evidence from the manner of interaction between the couple that a relational change has occurred.

Elicit rigidity: There was evidence of a resistant attitude towards change and adapting.

Dismissive attitude: There was a prominently dismissive attitude regarding the impact of the DVD on the relationship.

Distance in relationship: The couple presented with emotional distance between them.

Good patient response: There is prominence that the couple faked 'good' responses during the interview.

Need for more information: The need for more in-depth information regarding how to maintain their relationship more effectively during the training year was expressed.

4.4.1.2 Discussion

In all, a total of 24 themes were identified across the six cases. As is clear from the above histogram, there were no themes that were identified in all six cases, i.e. no themes with a frequency of six.

Nine of the 24 themes were identified as having the **highest frequency** of 4/6. These themes are: (1) that of the couple experiencing the DVD as providing *awareness about the effects* of the Master's training on their relationship; (2) *feeling more prepared* for this; (3) provision of a *common context* for the couple in which to communicate; (4) they also experienced their relationship as characterised by *understanding* towards themselves and each other; (5) *empathy*, which is the communication of this understanding; (6) *congruence* and (7) *emotional closeness*. The couples also reported (8) that their *communication* is clear and effective, as well as (9) that they had redefined their relationship as *parallel*.

Three of the 24 themes were identified with the **second highest frequency** of 3/6, namely that the couple reported (1) acquiring *relational skills* and (2) *growing together*, as well as (3) experiencing the DVD as *validating* their experience regarding the impact of training on their relationship.

Six of the 24 themes were identified in the **third highest frequency** of 2/6, which included (1) the couple reporting that the DVD provided them with *guidelines* as to how to effectively maintain their relationship during the training year. This was also reported as (2) having an *empowering impact*, and (3 & 4) experiencing their relationship as *flexible* and *meaningful*. The couples also reported (5) experiencing the DVD as *beneficial* to their relationship. However, two of the six cases stated that (6) there had been no relational change after exposure to the DVD and thus no significant impact was observed.

Six of the 24 themes were identified in the **fourth highest frequency** of 1/6. These themes include (1) that a couple experienced their relationship as characterised by *mutual support*. Another couple expressed (2) the *need for more in-depth information* regarding how to maintain their relationship more effectively. Other themes that arose with a frequency of 1 are (3) that the couple presented with *rigidity*, as well as (4) *a dismissive attitude* regarding the effects of the DVD on their relationship. There was also a theme regarding faking *good responses* regarding the impact of the DVD on their relationship, as well as (6) that the couple are *emotionally distanced* from each other.

From the above it becomes apparent that the probable impacts on the partner/spousal system after exposure to the DVD are *understanding* between the trainees and their partners/spouses of their own and the other's experience regarding the impact of the training year, and the communication of this experience as in the case of *empathy*. The couples share control within the relationship by defining it as *parallel* and they present with *awareness* regarding the

effects of training. The couples also experienced their relationship as *emotionally close*, and reported that they felt *empowered* and that they acquired *skills to relate and communicate* more effectively. They reported feeling more prepared due to the *guidelines* provided.

However, there is also prominence in the themes that *no relational change* was observed in two of the six couples and within these two there is also evidence of a *dismissive attitude* regarding the impact of the DVD. Two of the six couples also presented with *rigidity* and emotional *distance in their relationship*. Lastly, there is also prominence regarding the faking of *good patient responses* in one of the six couples and there is a *need for more in-depth information* regarding how to maintain their relationship during the training year.

Promising as this all looks, it should be borne in mind that there is no indication of the strength or depth of the themes identified. An example of this may be the theme identified as emotional closeness. This theme was present in different cases but the depth or exact measure of how emotionally close the couple truly grew may vary between cases, i.e. one couple may have felt significantly close to each other and another may only have experienced moderate emotional closeness. As far as this limitation is concerned, it should be borne in mind that the present study was only a preliminary one and exploratory in nature. Further research in order to investigate not only the variety of themes reported, but also their intensity is thus indicated.

4.5   CONCLUSIONS DRAWN FROM THIS STUDY

The main aim of this investigation was to explore the possible effect of a DVD Counselling Programme on the partner/spousal relationship of Master's students in Clinical Psychology. The objectives of the study were (a) to discover whether partners/spouses and candidates in training had watched the DVD or not, and (b) to determine the impact, if any, of the DVD on the partner/spousal relationship.

The overall picture that emerges from this research is that the DVD Counselling Programme was of value to most (4/6) of the couples and that the DVD did not have any significant impact on the quality of the relationship in two of the six of the cases. The majority of the sample (83%) watched the DVD. Out of the whole sample, the themes as identified by all three clinicians were: understanding; the communication of this understanding as is evident in empathy; emotional closeness; and awareness regarding the impact of training within the partner/spousal relationship.

In addition, there is evidence (in that all three clinicians identified the theme) that in some cases the DVD had no impact on the relationship. The themes as identified by two clinicians were: that the couple defined their relationship as parallel; they reported that they had acquired the relational skills to maintain their relationship effectively, as was evident in more effective communication; and they also experienced the DVD as facilitating a common context in which to communicate. In addition, emotional distance was prevalent in one of the couples. Themes as identified by one clinician were: that the couple presented as being aware regarding the impact of training on their relationship; and that they also felt more empowered, guided and prepared after exposure to the DVD. The couple also reported that the DVD had validated their experience regarding the impact of training on their relationship. In addition, some of the couples also presented with a need for more in-depth information regarding how to maintain their relationship more effectively. One of the couples presented as rigid and had a dismissive attitude regarding the impact of the DVD on their relationship.

Regarding the frequency of themes as identified across all six cases, four of the six couples experienced their relationship as characterised by understanding; the communication of this is prevalent in empathy, emotional closeness, sharing of control, congruence, clear communication and flexibility. Added to this is that the couples reported to be more aware regarding the impact of training on their relationship and felt more prepared for this impact. Three of the six couples reported that they had gained relational skills and were growing together, as well as that they had experienced the DVD as validating their experience regarding the impact of training on their relationship. Two of the six couples reported that the DVD had assisted them with guidelines that empowered them. In addition, there is also prevalence in two of the six couples experiencing the DVD as having had no impact on their relationship and being emotionally distanced from each other. One of the six couples presented with the need for more in-depth information regarding how to maintain their relationship during the training year. In addition, rigidity and a dismissive attitude are present regarding the impact of the DVD, and some responses were characterised as faking good responses.

In the final instance it becomes evident that the objectives of the research investigation have been met. Firstly, the DVD Counselling Programme was watched by all the trainees and most of the partners/spouses. Secondly, the DVD Counselling Programme had a moderate impact and effect on the nature and quality of the relationship between four of the six couples in that it facilitated understanding of the trainee's own and his/her partner's experience regarding the

training year, empathy, awareness regarding the training year and the impacts thereof on the relationship as a whole, as well as providing guidelines on how to deal with these impacts. The DVD facilitated effective and clear communication within the relationship and also contributed to the partner/spousal relationship being characterised by increased levels of emotional closeness.

There is also prominence in two of the six couples presenting with no change regarding the nature and quality of their relationship after exposure to the DVD. As has already been pointed out above, the results yielded no indication of the degree or depth of the themes that emerged after exposure to the DVD. Thus although significant themes in the couples' relationships resulted from exposure to the DVD, some or all of these themes may in fact be indicative of a very weak and limited impact. It should therefore be borne in mind that the present study was only a preliminary one and exploratory in nature. Further research in order to investigate not only the variety of themes reported but also their intensity is thus indicated.

The first impression may be that the results are quite impressive, but it should be noted that the sample was small (N=6), due to lack of availability, and therefore the results may be no more than coincidental. It becomes evident that the DVD on its own is unlikely to provide the solution but it should form part of a larger, more comprehensive programme. Should anyone in future want to build on, repeat or expand this research, what should be attempted/considered is the utilisation of a bigger sample group. Although this would be more ideal, it would be very difficult to do since only a certain number of candidates are selected for the Master's programme each year and within this group there are only a few who are in long-term relationships. Secondly, the researcher should exercise more caution in order to ensure that all the participants watch the DVD, possibly in a group at the beginning of the year.

In conclusion, it is thus clear that the DVD had a moderate effect on four of the six couples in the sample population who reported that the nature and quality of their relationship had improved, based on mutual understanding, emotional closeness, acquisition of relational skills, effective communication and awareness regarding the impact of the training year on their relationship. The impact of DVD was somewhat limited in that not all the participants watched it and by the manner in which some of the trainees approached their partners/spouses, which may have had an effect on how the DVD was received and

experienced. In future this should be kept in mind and follow-up researchers may consider assisting trainees with regard to "how to approach your partner" with the product.

CHAPTER FIVE
OVERALL CONCLUSIONS AND RECOMMENDATIONS

Training in psychotherapy, especially as it is done in the Department of Clinical Psychology at the University of Limpopo (Medunsa Campus), is very intense and impactful. This is so because the trainee is expected to undergo severe changes. These changes occur by means of broadening the trainee's frame of reference and his/her range of interpersonal skills. This is further influenced by the trainee undergoing a paradigm shift from a Newtonian cause-and-effect perspective towards a circular perspective, if training is effective. These changes result in the trainee viewing and dealing with interaction very differently. What further complicates the issue is that the trainee himself/herself is also part of various personal relationships and interactions which means that he/she views and deals with his/her own relationships differently as well.

Training holds relational consequences of momentous proportion with regard to the trainee's personal system. This is in line with General Systems Theory, viz. that change in one part of the system (trainee) leads to change of the entire system (partner/spousal relationship and other family relationships). The literature on the subject omitted on this subject shows that there is a divorce rate among married couples of close to a 100% during this time and frequent breakdown of those relationships otherwise defined such as long-term partner relationships.

This brings about serious concern and massive difficulties regarding the ethical responsibility of the trainers of Master's students in Clinical Psychology. As the situation exists currently, trainees who are married or in a relationship run a high risk of losing this relationship as a result of training. Loss of a relationship can be a significantly traumatising experience and trainees may find themselves becoming progressively isolated due to the broadening of their frame of reference. Their frame of reference becomes increasingly dissimilar to those of the people with whom they are in close relationships, eventually resulting in unexpected complications and often with the threat of the relationship breaking down.

This is further complicated in that at the beginning of the training year the trainee does not yet possess the frame of reference to truly comprehend the impact of training on his/her relationships, in spite of warnings given by the trainers. The trainee therefore does not yet understand the possible loss and trauma that may arise as a consequence of training. Simultaneously, he or she does not yet have the skill to judge and evaluate the situation to be able to make a truly informed decision regarding training or to maintain his/her relationship

during the period of change. This in turn places most of the ethical responsibility on the trainers, since the trainee is unable to provide complete informed consent.

Based on this, serious consideration should be given to who should be selected for Master's training in Clinical Psychology. Some critical thought and consideration may include whether individuals in partner/spousal relationships should even be considered for selection at all. In spite of the various possible interventions, Master's training in Clinical Psychology has a very 'real', sometimes traumatising impact on trainees and their partner/spousal relationships. This begs the question whether anything can truly be done, or if it remains a matter of solely maintaining, guiding and assisting trainees and their partners/spouses throughout the training year as certain changes occur. For this reason it is evident that there is significant need for further investigation to be undertaken.

Research in this area up to the present has only served to highlight the difficulties that training in Clinical Psychology holds for systems, families and the relationships of trainees, but a solution is nowhere near in sight. The present study, which investigated the effects of a DVD Counselling Programme on the partner/spousal relationship of the trainee in Clinical Psychology, as well as the forerunner to this research by Ernst (2008), indicate very tentatively that something could be done about it, but the problem is nowhere near any solution. Therefore further research regarding a practical intervention or series of interventions to assist the trainee during the course of training is needed, whether it is on preventing relationship breakdown or on assisting the trainee on how to deal effectively with the loss of relationships. Consideration could be given to research in the area of including the partner/spouse in the selection process in order to assess whether the aspirant trainee's relationship is flexible enough to withstand, adjust and adapt to change.

Having gone through the Master's training course myself, I (the researcher) found that once I started to engage with the newfound knowledge acquired in the Master's training, it initially appeared harmless and easy to understand. It all made perfect sense and simultaneously fed my curiosity about and fascination with human behaviour. However, it was once this information had come alive, so to speak, and had been truly incorporated into a personal way of seeing the world, reasoning about certain principles and a way of being, as well as having to face the challenge of dealing effectively with the host of formerly unknown interpersonal variables, then only did the impact of this change become evident in my relationships becoming distanced and eventually disintegrating.

I also experienced that while I was still in training I had not yet acquired sufficient skills to reap the benefits and rewards from training, but already I had experienced the full consequences of the impact of training on relationships as was evident in the loss of significant relationships. This somehow seems like an 'unfair trade'.

In my personal experience and with inputs from various trainers and supervisors in the programme, I came to the wisdom that I needed to lessen my personal isolation by forming new effective relationships in order to assist and support me through this experience of loss and to gain new reciprocal relationships. However, I noted that to maintain a truly effective relationship is a skill that I myself am still in the process of mastering.

Therefore it is clear, as mentioned above, that there cannot be enough emphasis placed on the urgency and necessity for further research on and remedial programmes for assisting trainees in Clinical Psychology and their family members to enable them to deal effectively with the effects of training on their changing relationships.

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APPENDIX A

Questions put to the trainee and his/her partner/spouse during the interviews

Before the questions were asked, they were put into context for the participants by providing them with the aims and objectives of the study. The following questions were put to the trainee in Clinical Psychology and his/her partner/spouse:

- Did you watch the DVD Counselling Programme? If Yes, …

- Did watching the DVD have any impact on the nature and quality of your relationship with your partner? If Yes, …

- What impact did it have?

APPENDIX B

Instructions to the Data Analysts

Dear Data Analyst

Thank you for your time and assistance regarding the study at hand. It is much appreciated. Before the instructions are discussed, it is important to note the context, aims, objectives and research question. These will be discussed next.

Subject/title of study/dissertation

The effect of a DVD Counselling Programme in preventing the breakdown of partner relationships of Master's students in Clinical Psychology.

Context

The Master's training programme at the University of Limpopo (Medunsa Campus) is framed within the context of the theoretical framework of General Systems Theory. It is an interactional approach to psychotherapy between and within various systems. The focus of training in Clinical Psychology is therefore on assisting the trainee in becoming a more effective therapist by using himself as a "tool" in the therapeutic relationship. The trainee is expected to undergo significant personal changes which will affect his/her interactional style and the systems he/she interacts in (Vorster in Ernst, 2008). The General Systems approach to training requires a paradigm shift of the trainee from a traditional Newtonian cause-and-effect world-view to an either/and world-view in which emphasis is on circularity of interaction. According to General Systems Theory, an individual does not function in isolation, rather as part of various systems that are characterised by particular circular patterns of interaction (Vorster, 2003). From this it is evident that within the training context changes will occur that will affect not only the trainee in isolation, but also the trainee's entire system.

Bosman (2004) states that research results indicate that trainees in Clinical Psychology underwent changes in their interactional styles and patterns of behaviour. It was further confirmed by Ernst (2004) that training an individual member in Clinical Psychology had a significant effect on the whole family system, especially that of the couple, i.e. on the trainee

and his/her partner/spouse, resulting in family systems and couples undergoing marked changes, since change in one part of a system leads to change of the entire system. Bosman (2004) states that early intervention appears to be the key to effective intervention. Therefore an early intervention in the form of a DVD Counselling Programme is being considered. Based on Ernst's research findings, the effect of a DVD Counselling Programme on the partner relationship of Master's students in Clinical Psychology will be investigated.

Aims of the study

The main aim of this investigation is to explore the possible effect of a DVD Counselling Programme on the partner relationship of Master's students in Clinical Psychology. The specific aims of the present study are to determine:

- the possible impact of watching the Counselling DVD (the couples will be contacted right after watching the DVD to gain information on this aspect)
- the effect, if any, of watching the DVD on the partner relationship. This outcome will be measured by asking both the partner and the trainee the following question:
  Did watching the DVD have any impact on the nature and quality of your relationship with your partner? If Yes, what impact did it have?

Objectives

The objectives of the study are:

1. To discover whether partners/spouses and candidates in training watched the DVD or not.
   Research question: Did the partner/spouse watch the DVD and what was their reaction to it? If they did not watch it, why not? If they did watch it, what was their reaction to it?

2. To determine the effect, if any, of the DVD on the partner/spousal relationship of trainees.
   Research question: What was the effect, if any, of watching the DVD on the nature and quality of the partnership relationship?

Instructions to the analyst

Below you will find transcripts (not included in the appendix due to ethical considerations regarding confidentiality) of the interviews conducted with the participants. The analysis in this study involves the possible impact of the Counselling DVD on the relationships.

- Please evaluate the relationships separately (6 relationships and 11 participants).

- Based on your evaluation of the various interviews, can you observe any effect on the relationships as a result of watching the DVD. If so, please describe fully.

APPENDIX C

DVD