# Couples' Experiences of Vulnerability When Participating in the Reflecting Team Process: A Case Study
# Les expériences de vulnérabilité vécues par des couples participant à une démarche d'équipe réfléchissante : étude de cas

Natasha Ann Egeli
Novjyot Brar
Denise J. Larsen
Sophie Yohani
*University of Alberta*

**ABSTRACT**

Clients' experiences of vulnerability are anticipated to be a normal aspect of couple therapy where people expose personal and relational difficulties to others. However, no research has been conducted exploring clients' experiences of vulnerability during this process. This qualitative case study attends to this gap in the literature. Researchers conducted interpersonal process recall interviews with three couples participating in the reflecting team (RT) process as part of their therapy. Results confirm that clients experience vulnerability in relation to a number of processes that occur during couple therapy and the RT process. Study limitations and future research recommendations are presented.

**RÉSUMÉ**

On s'attend normalement à ce que des clients en thérapie conjugale, au cours de laquelle ils exposent leurs difficultés personnelles et relationnelles à des tiers, vivent des expériences de vulnérabilité. Toutefois, aucune recherche n'a encore été menée pour explorer les expériences de vulnérabilité vécues par les clients durant ce processus. La présente étude de cas qualitative vise à combler cette lacune dans la littérature. Les chercheurs ont mené des entrevues de rappel du processus interpersonnel auprès de trois couples participant à une démarche d'équipe réfléchissante (ÉR) dans le cadre de leur thérapie. Les résultats confirment que les clients vivent une expérience de vulnérabilité en lien avec un certain nombre de processus se déroulant durant la thérapie conjugale et durant la démarche d'ÉR. On présente les limites de la recherche et des recommandations concernant des recherches à venir.

Despite the belief by some researchers that vulnerability has a pivotal role in the therapeutic process and relationship outcomes (Johnson & Greenberg, 1988; Scheinkman & Fishbane, 2004), there are no research studies on clients' experiences of vulnerability when participating in couple therapy. This research aims to begin to address this gap in the literature by exploring clients' experiences of vulnerability when participating in the reflecting team (RT) process as part of

couple therapy. We begin by presenting a brief overview of published literature on vulnerability in couple relationships, therapeutic interventions that attend to vulnerability, and client experiences of RT interventions. This exploration is intended to encourage reflection on clients' experiences of vulnerability when participating in the RT process as part of couple therapy, and contribute to therapy research and practice.

### VULNERABILITY IN COUPLE RELATIONSHIPS

In the context of couple therapy, Scheinkman and Fishbane (2004) defined vulnerability as: "a sensitivity that individuals bring from their histories or current context in their lives to the intimacy of their relationships" (p. 281). Willingness to communicate and respond compassionately to expressions of vulnerability are believed to be hallmarks of healthy intimate relationships (Cordova & Scott, 2001; Johnson & Greenberg, 1988; Scheinkman & Fishbane, 2004). More specifically, communicating vulnerability is associated with humility, trust, safety, and intimacy (Carter & Carter, 2010; Cordova & Scott, 2001; Davis & Piercy, 2007; Stevens & L'abate, 1989), and responding compassionately is essential to building and maintaining secure relationships (Johnson, 1986; Makinen & Johnson, 2006). Alternatively, failure to recognize or respond to expressions of vulnerability can contribute to negative interactional patterns and the eventual dissolution of relationships if these patterns are not interrupted (Johnson, 2005; Johnson & Greenberg, 1988; Johnson & Williams-Keeler, 1998; Scheinkman & Fishbane, 2004).

Though different theories and strategies are employed, the majority of couple therapy approaches target negative interactional patterns, and encourage expressions of vulnerability to strengthen relational bonds (Benson, McGinn, & Christensen, 2012; Davis & Piercy, 2007; Johnson & Williams-Keeler, 1998). Surprisingly, despite identifying expressions and responses to vulnerability as pivotal to therapeutic outcomes (Benson et al., 2012; Johnson & Talitman, 1997), researchers have not explored clients' experiences of vulnerability during the couple therapy process. Research findings support that clients often experience therapeutic interventions differently than anticipated by therapists (Henkelman & Paulson, 2006). Therefore, seeking information on clients' experiences of the therapeutic process is pivotal in guiding therapeutic practice. A better understanding of clients' experiences of vulnerability may enhance therapists' abilities to create therapeutic environments from which couples can heal their relationships (Davis & Piercy, 2007).

According to Carter and Carter (2010), in the context of couple relationships, vulnerability emerges while expressing oneself cognitively, behaviourally, or emotively when the anticipated consequences are either undesirable or uncertain. Couples have reported that feelings of vulnerability can emerge when communicating feelings, perceptions, fears, desires, and needs at a sincere and emotional level (Carter & Carter, 2010). Many therapists believe that when expressions of

vulnerability are met by an emotionally accessible and responsive partner, the self and other are enriched (Johnson, Makinen, & Millikin, 2001) and intimacy is enhanced (Cordova & Scott, 2001; Stevens & L'abate, 1989). Conversely, when sincere expressions of vulnerability are met with negative consequences, future expressions of vulnerability may manifest as depression, aggression (Jenkins, 2006), or disengagement (Carter & Carter, 2010).

Beyond present relationships, barriers to communicating vulnerability are believed to have historical and cultural roots (Carter & Carter, 2010; Jenkins, 2006). For example, in Western society, men may be discouraged or even chastised for exposing their vulnerabilities, and therefore equate vulnerability with weakness (Carter & Carter, 2010). Such negative experiences are likely to diminish one's comfort and willingness to be vulnerable with others (Jenkins, 2006). Alternatively, Cordova and Scott (2001) suggested that when expressions of vulnerability are met with neutral or positive responses, the experience of vulnerability gradually diminishes. In other words, sharing vulnerability with responsive others is anticipated to enhance intimacy and trust, ultimately increasing tolerance (Cordova & Scott, 2001; Johnson & Greenberg, 1988; Makinen & Johnson, 2006) and diminishing vulnerability.

Empirically validated approaches to couple therapy attend to vulnerability by teaching communication skills, modelling empathic responding, enhancing emotional acceptance (Christensen et al., 2004), and/or guiding couples through the process of identifying, communicating, and responding to vulnerability (Johnson & Greenberg, 1988; Makinen & Johnson, 2006). More specifically, traditional behavioural couple therapy supports couples to express vulnerability by providing direct instruction and skills training, and gradually reducing the support provided by the therapist (Christensen et al., 2004). Alternatively, integrative behavioural couple therapy facilitates expressions of vulnerability by modelling acceptance of emotional incompatibilities and empathic responses (Christensen et al., 2004). Lastly, emotion-focused therapy engages with vulnerability by moving couples from defensive positions to sincerely communicating their attachment needs for comfort and reassurance from their partners (Johnson & Greenberg, 1988). Each of these approaches has been demonstrated to be effective in helping couples improve marital relationships (Christensen et al., 2004).

REFLECTING TEAMS

The creation of the RT process is rooted in providing consultation to therapists and couples engaged in the therapeutic process who desire extra support to overcome difficulties (Andersen, 1987). This process involves a team of professional consultants watching a therapy session, after which the couple and therapist listen as the consultants share their thoughts and curiosities regarding what they observed. In contrast, most other consultation models involve feedback and suggestions being filtered through the therapist. Including clients in the consultation process allows them to sort through and select the comments provided by consult-

ants that are most valuable to them. This process can act as an addition to many systemic therapeutic approaches, and provide new questions and insights that expand possibilities and help couples and therapists to overcome barriers limiting progress (Andersen, 1987; Brownlee, Vis, & McKenna, 2009). In the context of therapist training, the RT process is recommended to increase engagement in the learning process, contribute to theoretical competence, orient toward couple's strengths, and encourage collaborative practice (Chang, 2010).

There are a handful of published research studies exploring clients' experiences of participating in the RT process (Fishel, Ablon, McSheffrey, & Buchs, 2005; Hoger, Temme, Reiter, & Steiner, 1994; Sells, Smith, Coe, Yoshioka, & Robbins, 1994; Smith, Yoshioka, & Winton, 1993). These studies support the findings that, for the majority of clients, use of the RT process contributes to positive outcomes and increased satisfaction with treatment (Hoger et al., 1994). Specifically, clients have identified the RT process as beneficial when (a) rapport has been established with the primary therapist, (b) greater objectivity is needed, (c) both male and female RT members participate, and (d) the RT acts as a buffer to existing anger and tension (Sells et al., 1994). Moreover, clients have reported that RT comments are helpful when they offer different perspectives, emphasize something positive, reframe challenges, normalize difficulties, and provide strategies (Egeli, Brar, Larsen, & Yohani, 2013a; Fishel et al., 2005). In contrast, clients have indicated that the RT process may be trying when clients have just begun therapy, have inadequate rapport with the primary therapist, and/or perceive the RT is taking sides (Sells et al., 1994).

Published research on couples' experiences of the RT process has not directly attended to experiences of vulnerability. However, it seems likely that facets of the RT process have the potential to evoke experiences of vulnerability in clients. For example, some clients find it challenging to share difficulties and risk evaluation from unknown others (Egeli, Brar, Larsen, & Yohani, 2013b). However, when others are responsive to one's expressions of vulnerability, positive transformation may occur (Johnson & Greenberg, 1988). Therefore, a better understanding of when and what contributes to clients' experiences of vulnerability during the RT process and couple therapy may enhance therapists' abilities to respond effectively, and ultimately contribute to optimal outcomes.

We have chosen to explore couples' experiences of vulnerability in the context of the RT process because this process can assist in the training of therapists, can be used as an addition to many systemic therapeutic approaches, and may contribute to further understanding clients' experiences of vulnerability. Specifically, the RT process exposes couples having relational difficulties to the opinions and curiosities of unknown others. Couples participating in the process for the first time are unlikely to be aware that this process most often utilizes a strength-based approach and may anticipate receiving negative judgements. Strength-based approaches to therapy normalize challenges, identify strengths, acknowledge growth, and highlight possibilities. Indeed, the RT process is a therapeutic intervention that has the potential to contribute and be responsive to clients' experiences of vulnerability.

<center>METHOD</center>

*Methodological Framework: Case Study*

A constructivist paradigm guided the design and implementation of this study. According to this paradigm, multiple meanings of an experience can emerge, and the goal of the study is not to find an absolute true reality but rather to uncover the complexity of a phenomenon (Guba & Lincoln, 1994; Ponterotto & Grieger, 2007). In order to expand our understanding of the vulnerability associated with the RT process, a qualitative case study was employed. Case studies are often used to answer "why" and "how" questions (Yin, 2009). This aligns with the exploration of how vulnerability is experienced during a RT process. Case studies are also suitable for investigating contemporary phenomena within real-life contexts in which the researcher has little control (Yin, 2009). Furthermore, Yin (2003) asserts that case studies should be considered when contextual conditions are believed to be relevant to the phenomenon under study. Case studies are capable of providing rich descriptions of contextual conditions given that they attend to multiple variables and interactions (Zainal, 2007). In our case, we were interested in how contextual conditions including the actions of the therapist, the RT, and their significant other would impact the client's sense of vulnerability.

*Data Collection*

*Participant selection and recruitment.* A "case" or "unit of analysis" is defined as a bounded system that distinguishes those who are within the case from those who are not (Yin, 2009). A unit of analysis can consist of a person, groups, events, programs, communities, decisions, periods, projects, or policies (Thomas, 2011; Yin, 2009). For the purpose of this study, the "case" was bounded by clients seeking couple therapy from a university-based training clinic in western Canada. Therapists in this program are trained in integrative approaches to therapy generally combining solution-focused, narrative, emotion-focused, and cognitive behavioural approaches in ways anticipated to best meet the needs of the specific couple.

After ethics approval was obtained from the university's ethical review board, researchers began to engage in the recruitment process. Researchers requested that student therapists and the course instructor share an information sheet explaining the RT and research process with their clients when booking a RT session. All clients scheduled to participate in a RT process were invited to participate in this study. Five couples provided their contact information to the research team. Initial contact with the participants was conducted over the phone, in which a brief description of the study was provided and a post-intervention interview was scheduled by the first or second author. Two of the couples declined participation in the interview process due to scheduling conflicts. Thus, our case consisted of 3 heterosexual married couples between the ages of 29 and 47 who self-identified as Caucasian. All couples had children and were married between 3 and 24 years.

Reasons for seeking therapy included re-establishing trust, contemplating divorce, and improving communication.

*Data Generation*

   *Reflecting-team session*. The data generation began with the RT session, which took approximately 65–85 minutes and consisted of three stages. The first stage required the couple to engage in a 40–45 minute therapy session with their primary therapist, while the consultants observed behind a one-way mirror. The RT consisted of the course professor (male), five doctoral students (female, ages 26–40), a teaching assistant (male), and in one case the primary therapist's clinical supervisor (male). The second stage required the participants to switch rooms with the RT. As the participants watched behind the one-way mirror, the consultants delivered their feedback. Guidelines for feedback included providing positive reflections, presenting alternatives, and sharing curiosities. In the final stage, participants and their therapist returned to the counselling room to debrief the comments made by the consultants.

   *Interpersonal process recall interview*. Interpersonal process recall (IPR) is a qualitative interviewing approach that allows researchers to gain a deeper understanding of client experiences as they unfold in session (Larsen, Flesaker, & Stege, 2008). Specifically, this approach taps into the internal experiences that take place during a session (Elliott, 1986). This approach is consistent with the methodology's goal of obtaining in-depth information on how vulnerability is experienced during the RT process in its real-life context (Yin, 2009). A key advantage of IPR interviews is the recorded session, which facilitates recall of experiences that are not readily available to clients (Larsen et al., 2008). In our study, clients often highlighted segments of the session that were significant but had been forgotten. Another advantage of using IPR in our study was that it provided additional space and time for participants to articulate the complexity of their experiences (Larsen et al., 2008).

   The IPR interviews were scheduled during the initial phone call and took place 1, 2, or 5 days after the RT session, based on the earliest availability of the participants. The interviews were approximately 2.5–3 hours in length and were conducted by the first and second author. To ensure confidentiality and anonymity, each couple participated in concurrent and separate interviews from their partner. Pseudonyms have been used in this manuscript. Participants were also made aware their information would not be shared with their primary therapist.

   The results presented are part of a larger study looking at clients' experiences of hope and vulnerability during a couple's therapy session that included use of the RT process. This article focuses on clients' reports of vulnerability. Researchers began the interview by asking clients to recall their experiences of hope and vulnerability prior to the therapy session. To allow for individual differences, researchers did not specify how clients should define experiences of hope or vulnerability; this is consistent with a constructivist paradigm that asserts individuals may have unique and varied understanding of a given phenomenon (Ponterotto & Grieger, 2007). Before starting the recording, clients were reminded to focus

on experiences that took place during the session rather than experiences that emerged while watching the recording. Clients were instructed to pause the recording when they recalled a moment related to hope or vulnerability, and were also informed that the interviewer would stop the recording during moments they were curious about. Standard questions in the interview guide included "Do you recall what you were thinking or feeling during [x]?" and "Was that experience related to hope or vulnerability in any way, and if yes, how?" All interviews were audio-recorded and transcribed immediately. Each couple was reimbursed $30 for transportation and parking costs.

*Data Analysis*

Transcribed interviews were analyzed using thematic analysis as outlined by Braun and Clarke (2006). This particular framework aligns with case study methodology in that it provides a method of describing the data in rich detail (Braun & Clarke, 2006). Furthermore, the framework is compatible with the constructivist method given that it "examines the ways in which events, realities, meanings, experiences and so on are the effects of a range of discourse operating within society" (Braun & Clarke, 2006, p. 81).

The analysis began with the first and second author independently reading through all the transcripts and highlighting segments that were related to vulnerability. During this step the data were openly coded and memos were included in the margin of the transcripts explaining possible questions, patterns, and links between the data and research question. The next step required the first and second author to meet and review their analyses together. Agreement on the labels for subsequent transcripts was made, and differences in interpretation were discussed. When consensus was achieved the transcript was forwarded to the third and fourth authors to ensure the credibility of the codes. The third step of identifying themes was initiated by the first and second author. According to Braun and Clarke (2006), themes are patterns in the data that link back to the research question. The authors used two questions to organize codes into themes: When did vulnerability emerge? What brought it about? Similar to the second step, the existing themes were reviewed to determine if they could be further refined. The fourth step consisted of the first author summarizing the identified themes into a first draft that was later reviewed by the second author. Several drafts were worked on until a good fit between the data and report was achieved. The third and fourth authors reviewed the final draft to ensure trustworthiness of the findings.

RESULTS

This study presents clients' reported experiences of vulnerability when engaging in the RT process as part of couple therapy. Findings have been divided into four sections: anticipating the process, participating in therapy, listening to RT comments, and debriefing. Each section includes a brief description of relevant contextual factors from which clients' experiences of vulnerability emerged.

*Vulnerability in Relation to Anticipating the Process*

All participating couples were engaging in the RT process for the first time. Two of the couples were being seen by doctoral-level student therapists, and one was being seen by the course instructor, a registered clinical psychologist. Relationship difficulties included communication, emotional reactivity, emotional disconnection, and infidelity. All couples reported having good rapport with their primary therapists, who invited them to engage in the RT process. Couples shared that they believed the RT process would be an opportunity to gain new and multiple perspectives on their relationship challenges. Reflecting teams took place in a large therapy room with a one-way mirror and video-recording equipment. The couples were aware that RT members may include student therapists, clinical supervisors, and the course instructor. However, they were not informed of the specific identity of RT members. Typically, couples are offered the opportunity to meet the team before or after the session when concerns about the identity of RT members are expressed. In these three cases, couples did not express interest in the identities of RT members.

When asked about experiences of vulnerability in anticipation of the RT process, three themes emerged: (a) trying something new, (b) loss of anonymity and confidentiality, and (c) fear of judgement. Vulnerability in relation to trying something new reflected clients' doubts that they could participate effectively in the RT process. For instance, Jessica shared, "I was feeling a little bit nervous because she said we're going to come in and reflect on what they said and that to me is hard. Not having something to say; that worry was related to vulnerability."

Clients also shared concerns related to sharing personal information with known and unknown others resulting in loss of anonymity and confidentiality. More specifically, some clients imagined that acquaintances may be on the RT, and as a result their personal information would become public. However, vulnerability in relation to sharing personal information with strangers was a more common concern among participants. When asked, Jessica described vulnerability in relation to loss of confidentiality, stating: "Having strangers there; letting them into the chaos that is our life at the moment, and just having [the RT] aware of what's going on, and not having built up a relationship with them ahead of time."

Prior to participation, clients also reported experiencing vulnerability linked to the possibility that their relationships, their characters, or their lives would be judged harshly by the RT. Matt described feeling vulnerable because negative evaluations of the quality of his relationship could threaten his desired outcome. David described vulnerability related to being negatively evaluated, saying: "I was tentative; thinking, this is going to be awfully weird, hearing people talking about me; maybe they think I'm crazy." Likewise, Jessica shared:

I remember feeling really nervous about what [the RT] was going to say, and what their reactions would be. I really didn't know what to expect. I definitely would think [I was] vulnerable at that point, [having] these others comment on our lives.

*Vulnerability in Relation to Participating in Therapy*

The therapy session is intended to be similar to a typical session where the primary therapist works with the couple while the RT members watch. Couples indicated initially being aware of the presence of the observers. However, they quickly became immersed in the content of their therapy sessions, and described their sessions as otherwise typical. In coding the data, four themes emerged that captured clients' experiences of vulnerability during the therapy session: (a) not knowing how to respond, (b) anticipating the risk of sharing, (c) exposing one's perceived flaws, and (d) feeling stuck.

*Not knowing how to respond.* Clients reported feeling vulnerable when they were uncertain how to respond to the therapist's directives, softer moments, or their partner's hostility. For example, when the therapist directed Matt to explore his underlying thoughts and feelings regarding an unresolved issue with his partner, he recalled, "I wasn't sure what to do. I was [thinking], 'Okay where do I go with this,' and afraid that I would not do it in a proper constructive manner. I just didn't know what to do."

According to clients, expressing hurts and the awareness that their partners were paying attention were associated with vulnerability. For example, when the therapist slowed down the couple's interaction and directed her partner to listen and be responsive to her needs, Michelle shared feeling vulnerable because she recognized this was a pivotal moment. Moreover, David described feeling vulnerable when his partner became tearful, and he sought cues from her and the therapist to guide his actions:

> I started getting uncomfortable, I didn't know if I should touch her. I was waiting for [the therapist] to let me know if it was okay. He would have given me a cue if that was okay for me to do that…. I was kind of watching him and watching her like I wanted to just move over [to her], but that's when I started sensing maybe she doesn't want me over there. Yeah, I'm trying to figure out the room. I was vulnerable. I needed somebody to lead me. I didn't know what to do so I ended up not doing anything.

Lastly, clients described feeling vulnerable when they experienced angry glares, harsh criticism, or rejection from their partners during their sessions. Clients shared that hostility contributed to feelings of helplessness, frustration, and confusion. Moreover, clients often responded with unproductive attempts to explain themselves. For example, Matt recalled:

> I just couldn't straighten it out in my head, and here we are; it's almost like we're kind of rapid fire here and I'm going, "I got to figure this out while we're sitting here," but I can't figure it out; now I'm just confused … [I am] really vulnerable, and that's where I'm doing this self-talk. I'm expressing things inside my head out loud, but not the complete picture, only pieces of it [are] coming out of my mouth, and it looks like I'm just a stammering, bumbling idiot, when really I'm not.

*Anticipating the risks of sharing.* Anticipating the risks of sharing describes moments within the therapy session where clients anticipated that sharing their desires, thoughts, and feelings would result in negative consequences. Clients shared that vulnerability in these incidences was rooted in the fear that their partners would reject them, have an intense emotional reaction, or challenge their values, feelings, perceptions, or wishes. For instance, Samantha described hiding her fears and doubts to prevent an undesired emotional response from her partner:

> When there is doubt from me and fear, and I show it, he [reacts], "Well what does it mean? Are you going to kick me out?" He jumps, it's like swoosh; friggin' 50 billion yards in a second, and [my response is], "I'm just bringing up a situation; I'm not telling you it's a big issue." … I don't want to create a bad feeling for him where he gets anxious and thinks that I'm [ending] the relationship.

A number of clients shared that they concealed thoughts and feelings when they expected their partners would refute their views, thus intensifying feelings of insecurity. For example, Jessica highlighted vulnerability in relation to the possibility of being challenged by her partner:

> I felt a little bit vulnerable sharing that with [my partner], because maybe he wasn't seeing it the same way that I was…. I felt a kind of nervousness, what if he's going to say, "Oh no well you're totally off base," "That's totally not right," "That's not what you're doing."

*Being exposed to evaluation.* Clients also reported experiencing vulnerability when they felt they were exposed to evaluation. For the majority of participants this was in relation to revealing perceived flaws. Such flaws were revealed by oneself or by one's partner, and exposed the client to the judgement of others. Clients in this study reported they were vulnerable when they were unable to hold back tears, and when they were taking responsibility for issues within their relationships. Michelle shared:

> I think allowing myself to have emotions, and just to say that I'm really tired of being so sad. That, to me, is about as vulnerable as you can get. I didn't want to spark pity; maybe empathy, but not pity. But I'm very tired of being so sad.

Jessica shared:

> I think that it's showing a little bit of vulnerability saying, "No I haven't been meeting his needs, even though I'm aware that this is what he needs from me." I think sharing with other people that I haven't been the person that I should have been for him; for me it's hard.

Among participants, it was common that when partners exposed each other's flaws, vulnerability was heightened. Less commonly, having strengths and successes affirmed also contributed to feelings of vulnerability for some clients. For example, when his partner described a strategy he had devised that was effective in helping them cope better with difficulties, Darryl stated, "Maybe [I was] embarrassed. I

don't know why I'm embarrassed when people bring up that analogy, but it's just something that I came up with. Maybe it ties down to vulnerability."

*Feeling stuck*. Clients shared that vulnerability related to perceived futility, conflicting agendas and perspectives, emotional disconnection and exhaustion, and diffuse emotional boundaries contributed to problematic cyclical interactions that impeded progress. Michelle described her and her partner's conflicting agendas:

> You're vulnerable because it's a nonchalant attitude. "Whatever," "Let's just go with the flow." … and [my partner is] dismissing [my] feelings too. He's the one that wants out of the marriage more than I do. But [he's] going to go with the flow; okay, well then set the flow … I'm trying to be guarded, to be tough, and stick up for myself.

Similarly, when her partner brought up a situation she believed had been resolved, Samantha described: "[This is] going to go around in circles; that's what I thought. 'This is not going to end.' [The] vulnerability is that we're not going to get anything accomplished."

### Vulnerability in Relation to Listening to RT Comments

After the 35–45 minute therapy session, the couple and the therapist switched places with RT members. RT members exited the observation room first, and waited down a hallway where they could not be seen by the couple. The couple then entered the observation room. Once the door to the observation room was closed, RT members transitioned to the therapy room where they could be seen by the couple for the first time. Clients' descriptions of vulnerable experiences during the RT process comprised two categories: (a) presenting an imbalanced view and (b) taking a future focus.

*Presenting an imbalanced view* captures client reports of how RT comments that focused on certain themes and neglected others contributed to vulnerability. Presenting an imbalanced view contributed to clients' perceptions that RT members had taken sides, or that they were overemphasizing the positives. Taking sides included comments that placed a greater emphasis on one partner's perspective, and desired outcome, over the other's. More specifically, experiences of vulnerability were linked to perceptions that one's intentions and/or character was being challenged by the RT. For example, David stated, "I was feeling vulnerable believing I was being questioned, or [accused of] just pretending that [I] wanted to be flexible. I'm not like that, and I wanted to defend myself, but [the RT] wouldn't be able to hear me."

Clients shared that comments that overemphasized the positives also enhanced vulnerability. When receiving only positive comments, clients questioned whether they were putting enough effort into their relationships, and whether the RT fully understood their difficulties. After listening to a RT member share her perception that Jessica and her partner were in a positive place and successfully employing strategies, Jessica recalled:

I didn't feel like I was doing as much as she [the RT member] was giving me credit for. So in a sense there I [had] a bit of that vulnerability, because I saw her seeing me as higher up than I see myself. She saw me as doing more than I see myself doing, and that kind of made me feel like maybe I'm not doing enough.

*Taking a future focus* captures clients' reports of vulnerability in relation to RT comments that highlighted the work ahead, and the suggested strategies. For example, when a RT member described Michelle as being in "the eye of the storm," she recalled her underlying experience, stating: "[I'm] being vulnerable because [I am] still weaving, still going through the storm. [I'm] still going to put myself out there…. [I] would have felt vulnerable at that time. I'm thinking, 'Yeah great, more to go through.'" Despite what appeared to be emotional fatigue, it was evident that clients wanted clear directions that would allow them to make changes in their relationships. For example, when a RT member presented the need for more time to heal, Samantha responded, "I know we need time. I know it. But, I don't want that to be the only solution that we get. [It's] not good enough for me." Alternatively, when the RT suggested specific strategies, some clients experienced vulnerability regarding whether their partner would participate.

It seems important to note, though not directly linked to clients' internal experiences of vulnerability, that in one case the RT discussed the necessity of vulnerability to establish and maintain trust. In this case, the couple identified that such comments helped them to appreciate the importance of being vulnerable to enhance the quality of their relationship. For example, Darryl recalled:

I was thinking that [my partner] could do a better job of being more vulnerable because she has a really hard time trusting me now even though I go out of my way to help her trust me, it's still not enough.

## Vulnerability in Relation to Debriefing

After 10–15 minutes of listening to reflections, the course instructor or the teaching assistant brought the reflecting to a close. At this time, the RT exited the therapy room, and returned to the nook in the hallway, and the couple and their therapist transitioned back to the therapy room to debrief their experiences of listening to the RT. No direct contact between the couple and RT was ever made in these cases. Clients' experiences of vulnerability in relation to participating in the debriefing process can be captured by two categories: (a) being put on the spot and (b) shaken confidence.

*Being put on the spot* was experienced in relation to not understanding the debriefing process, having nothing to say, and needing more time to process RT comments. Samantha described her experience:

I'm pretty sure that's where [my partner and I] made eye contact [thinking], "Are you going first, what are you going to say?" I think that's where vulnerability was; I really didn't want to say anything first. I just didn't want to say anything negative, because the thing that stood out for me was that [my partner] wants

to fix it, and he is a fixer, and I just didn't want him to think that was all I got. I needed more time to remember.

*Shaken confidence.* Despite reporting positive outcomes from participation in the RT process, clients also reported vulnerability in relation to doubt regarding whether their partner could be trusted, whether insights would lead to positive changes, and whether positive changes would be maintained. For one client, it was evident that her longstanding experience of disconnection from her partner fuelled vulnerability, making it difficult for her to accept that his efforts were sincere. Others expressed shaken confidence in regards to their ability to independently maintain momentum without the support of their therapists. For example, Darryl commented, "I worry about that kind of stuff, like what's going to happen when we don't have someone to talk to about problems that we're having. So there's some fear; a bit of vulnerability."

<div align="center">DISCUSSION</div>

The study explored clients' experiences of vulnerability when participating in the RT process as part of couple therapy. To ensure that this article does not contribute to negative perceptions regarding the RT process, it is important to note that all clients reported this process was helpful. Specifically, clients reported experiencing hope when consultants identified strengths, normalized difficulties, highlighted possibilities, provided support, and affirmed growth (Egeli et al., 2013a). Moreover, in some cases, experiences of hope and vulnerability were intertwined (Egeli et al., 2013b). Prominent couple therapists have demonstrated that facilitating, and being responsive to, clients' expressions of vulnerability is a pivotal facet of effective therapeutic interventions (Benson et al., 2012; Davis & Piercy, 2007; Johnson & Williams-Keeler, 1998). By exploring clients' experiences of vulnerability, we aimed to enhance awareness of potentially vulnerable moments specific to the RT process and couple therapy so that therapists can respond more effectively. To broaden the utility of our findings we have divided the discussion into clients' experiences of vulnerability relevant to (a) the RT process, specifically, and (b) the therapy process, more generally.

*Clients' Experiences of Vulnerability Relevant to the RT Process*

Unique from other counselling interventions and consultation processes, the RT process involves (a) a group of consultants observing the couple's therapy session, (b) consultants providing their observations and curiosities while clients watch, and (c) the couple and therapist debriefing consultants' comments (Andersen, 1987). Clients in our study described experiences of vulnerability in relation to anticipating the RT process, listening to consultants' comments, and engaging in the debriefing process. In anticipating the process, clients reported that they experienced vulnerability in relation to trying something new, loss of anonymity and confidentiality, and fear of judgement. The experiences

of vulnerabilities described by clients when anticipating the RT process are not surprising. In line with vulnerabilities reported by clients, professional ethical standards require that therapists gain informed consent, and ensure confidentiality and anonymity to protect clients from discrimination (American Psychological Association, 2010). In each case, therapists provided descriptions of the RT process and explained confidentiality; they shared that couples generally find this process very helpful.

Remarkably, despite feeling vulnerable, couples not only agreed to engage in the RT process, but also consented to participating in the research. Good rapport with the primary therapist, the belief that the process could be helpful, and a desire to contribute to the development of practicing therapists were all motives for participating despite vulnerability (Egeli et al., 2013b). Whether therapists were aware of clients' underlying experiences of vulnerability in relation to anticipating the process is unknown. Some therapists may assume that clients who choose to participate have had their underlying concerns adequately addressed. Dialogue that addresses, normalizes, and creates space for underlying experiences of vulnerability may further contribute to the quality of the therapeutic environment.

When listening to the consultants, clients shared that vulnerability was heightened by comments that presented an imbalanced view of the relationship or focused on the work ahead. More specifically, clients reported feeling vulnerable when they perceived that consultants had taken their partner's side or were overemphasizing the positive. Comments that support one partner's view over the other have previously been identified as unhelpful (Sells et al., 1994). In some cases, partners may have desired outcomes that conflict. In such cases, RT comments that can be experienced as equally supportive to both partners may be more difficult to offer. For example, one partner may want to repair, while the other may want to amicably dissolve, the relationship. Surprisingly, some clients felt unworthy, questioned whether they were putting in enough effort, and believed consultants did not have a holistic understanding of their relationships when RT comments were perceived to overemphasize the positive.

Based on our findings, an effective RT will aim to create balance among comments shared in relation to the concerns and desires of both members of the couple. Creating balance may involve validating different perspectives, acknowledging ongoing struggles while witnessing strengths, and acknowledging the hopes of both partners in a nonjudgemental and curious fashion.

Clients also reported that experiences of vulnerability could emerge when consultants took a future focus that pointed to the work ahead, or suggested new strategies to improve their relationships. When reflecting on the work ahead, experiences of vulnerability were connected with the duration of ongoing difficulties and doubts that problems would be resolved. According to Whisman, Dixon, and Johnson (1997), hope is diminished the longer problems continue; this can be problematic because couples often do not access therapy until all other resources have been exhausted (Wolcott, 1986). Moreover, Hof (1993) recommends placing

a time limit on the duration of couple therapy as part of a strategy for instilling hope, and encouraging active attempts to resolve difficulties if improving the relationship is truly desired.

The experience of vulnerability related to new strategies recommended by consultants was further intertwined with believing the suggestion could be helpful, being uncertain about whether one's partner would participate, and not knowing how to employ the strategy. With this in mind, it may be helpful if primary therapists take note of and explore clients' thoughts regarding strategies presented during the RT process. Our findings suggest that some couples have difficulty communicating their underlying vulnerabilities and hopes with their partners; therefore, processing these experiences during therapy may contribute to better outcomes (Greenberg & Johnson, 1986; Makinen & Johnson, 2006).

Clients participated in a 10–15 minute debrief with their primary therapist as part of the RT process. Therapists focus couples on discussion of comments made by the consultants during this phase of the process, without introducing new material. The debriefing process can aid in further empowering and strengthening the resolve of clients (Egeli et al., 2013a). However, clients shared that experiences of vulnerability can also emerge in relation to being put on the spot during the debriefing and shaken confidence. Clients reported not fully understanding the debriefing process, being worried they would have nothing to say, and needing more time to process RT comments. Such concerns speak to the need for therapists to have strong facilitation skills to effectively employ the RT process. Clients may benefit from an explanation of what is involved in debriefing, as part of informed consent and before beginning the debriefing process. Moreover, if clients seem reticent, the therapist may begin by briefly modelling the sharing of his or her thoughts on one of the RT comments. Lastly, the therapists can make it explicit that not all information will be processed in the debriefing session, and they may begin the following session by asking the couple if they had any further thoughts regarding the RT process.

Clients' experiences of vulnerability in relation to shaken confidence appear to be a reflection of the type and duration of relationship difficulties. Despite the benefits of participating in the RT process and acknowledgement of their partner's efforts, some clients reported lingering concerns regarding whether their partners could be trusted and whether positive changes would occur and be maintained. It seemed that couples who believed they both contributed to relationship difficulties felt less vulnerable than those who felt victimized by their partners. For some, shared responsibility for relationship problems may enhance one's sense of control and diminish vulnerability.

*Client Experiences of Vulnerability Relevant to the Therapy Process*

The therapy phase of the RT process consumes the largest portion of the intervention (Andersen, 1987). With the exception of consultants observing from behind a one-way mirror, therapy is intended to follow its usual course. In line with this expectation, clients reported they experienced therapy as "typical." Therapists

in this study employed integrative approaches to couple therapy. However, we suspect that experiences of vulnerability described by clients could have occurred regardless of the therapeutic approach utilized. Specifically, vulnerability may emerge when clients do not know how to respond, associate risks with sharing, have perceived flaws exposed, or feel stuck.

Clients reported being uncertain how to respond to some therapists' directives, to softer moments in the session, and to perceived hostility from their partners. Examples included abstract directives such as "go deeper," partners' tears or increased attentiveness, and harsh criticisms. Clients described responding to these moments by seeking cues from the therapist or one's partner to guide their actions, attempting to explain themselves, or doing nothing. Therapists witnessing such actions as cues of vulnerability may respond by slowing down and by guiding couples through the process of identifying and effectively communicating underlying thoughts and feelings to their partners (Johnson & Greenberg, 1988; Makinen & Johnson, 2006).

Parallel to Carter and Carter's (2010) research on couples' experiences of emotional risk-taking, our study supports the finding that vulnerability involves expressing oneself when the anticipated consequences are either undesirable or uncertain. Our findings suggest that clients may feel vulnerable when they anticipate sharing may result in intense emotional reactions; rejection; or having their values, feelings, perceptions, or wishes challenged. In creating a therapeutic environment where couples can sincerely express themselves, it may be helpful to engage couples in a direct discussion of the anticipated risks of sharing, and how such risks will be managed. Moreover, couples may reflect on the risks and benefits of sharing to determine what actions to take. In some cases, knowing *when* and *how* to share may be as critical as *what*. Exploration of historical experiences of consequences of sharing can enhance understanding and intimacy between partners, and may assist in creating a safe environment where vulnerabilities can be shared (Beavers & Kaslow, 1981).

Clients also reported experiencing vulnerability when they felt they were exposed to evaluation. Perceived flaws could be revealed by oneself or by one's partner, and expose clients to the judgement of others. Exposing oneself included losing control of emotions or taking responsibility for difficulties. Being exposed by one's partner involved sharing information during the session that opened the other to potential criticism. When clients expose themselves, or are exposed, to potential criticism, Cordova and Scott (2001) suggested that neutral or positive responses can gradually reduce vulnerability to tolerable levels. Such experiences may reduce anxiety, promote self-acceptance, and encourage more open communication (Cordova & Scott, 2001).

Similar to the vulnerability cycle described by Scheinkman and Fishbane (2004), clients shared that vulnerability was related to conflicting agendas and perspectives, emotional disconnection and exhaustion, and diffuse emotional boundaries that contributed to problematic cyclical interactions and kept the couple stuck. Problematic interactional cycles are the target of a variety of cou-

ple therapy approaches (Benson et al., 2012; Davis & Piercy, 2007; Johnson & Williams-Keeler, 1998). The sooner couples reach out for support, the more likely they are to effectively modify destructive relational patterns (Whisman et al., 1997). Early signs of relationship difficulties which can cue couples that they may benefit from couple therapy include unsatisfying communication patterns (Markman, 1981), conflicting values, recurrent feelings of disappointment, and rigidity (Larsen & Olson, 1989). Ensuring couples are informed of early signs of difficulties, encouraged to seek support, and prepared to access assistance when needed may greatly improve relationship satisfaction and overall quality of life.

*Limitations*

This study involved in-depth interviews of a small sample of participants, and therefore the extent to which findings are generalizable is unknown. While a generalization to broad populations is not the intention of constructivist case studies, we recognize that case study research can become generalizable after a number of studies confirm existing findings (Jensen & Rodgers, 2001). Therefore, the results of this study are intended to encourage reflection rather than provide definitive conclusions about couples' experience of vulnerability during the RT process. A greater number of studies are needed, and future studies can further explore the influence of culture, gender, and sexual orientation on experiences of vulnerability during the RT process.

It is also important to note that in one case the primary therapist was the course instructor, whereas in the other two cases the therapist was a student. Given the limited number of cases included in this study, we cannot draw conclusions regarding whether the instructor's level of experience contributed to meaningful differences regarding clients' experiences of vulnerability. However, it may be that more experienced clinicians are better able to identify and respond to clients' underlying experiences of vulnerability. Future research on this possibility is also recommended.

Lastly, Larsen et al. (2008) recommend interviewing participants within 48 hours of the recorded therapy session. Unfortunately, due to the participants' availability, one couple participated in interviews 5 days after the recorded session. It is possible that a greater lapse in time may impede participant recall. However, in conducting this study, it appeared the IPR process allowed participants to provide quality, in-depth data regarding their experiences despite the delay. Research on the impact of time on participant recall is needed to better inform research design when using IPR.

CONCLUSION

Findings of this exploratory case study indicated that a variety of experiences within the therapeutic process can elicit vulnerability. Specifically, clients described vulnerability associated with a number of emotions, cognitions, and behaviours. For example, clients reported that feelings of embarrassment, anger, and doubt

were linked to vulnerable moments. Cognitions associated with vulnerability included the perceptions of being stuck, perceiving oneself to lack competence, and being responsible for the other's emotions. Examples of behavioural responses during vulnerable moments were saying nothing, seeking guidance, and attempting to explain oneself.

This study just begins to scratch the surface of clients' experiences of vulnerability in the couple therapy context. Research is needed that explores clients' experiences of vulnerability when participating in various therapeutic interventions. Future research can also examine how therapists identify and respond to clients' expressions of vulnerability. Such research is anticipated to contribute to therapeutic responsiveness and better client outcomes.

*References*

American Psychological Association. (2010). *Ethical principles of psychologists and code of conduct.* Retrieved from http://www.apa.org/ethics/code/index.aspx

Andersen, T. (1987). The reflecting team: Dialogue and meta-dialogue in clinical work. *Family Process, 26*, 415–428. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/3691768

Beavers, W. R., & Kaslow, F. W. (1981). The anatomy of hope. *Journal of Marital Therapy, 7,* 119–126. doi:10.1111/j.1752-0606.1981.tb01361.x

Benson, L. A., McGinn, M. M., & Christensen, A. (2012). Common principles of couple therapy. *Behaviour Therapy, 43*, 25–35. doi:10.1016/j.beth.2010.12.009

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77–101. doi:10.1191/1478088706qp063oa

Brownlee, K., Vis, J., & McKenna, A. (2009). Review of the reflecting team process: Strengths, challenges, and clinical implications. *Family Journal, 17*, 139–145. doi:10.1177/1066480709332713

Carter, P., & Carter, D. (2010). Emotional risk-taking in marital relationships: A phenomenological approach. *Journal of Couple & Relationship Therapy, 9*, 327–343. doi:10.1080/15332691.2010.515533

Chang, J. (2010). The reflecting team: A training method for family counsellors. *Family Journal: Counselling and Therapy for Couples and Families, 18*, 36–44. doi:10.1177/1066480709357731.

Christensen, A., Atkins, D. C., Berns, S., Wheeler, J., Baucom, D. H., & Simpson, L. E. (2004). Traditional versus integrative behavioural couple therapy for significantly and chronically distressed married couples. *Journal of Consulting and Clinical Psychology, 72*, 176–191. doi:10.1037/0022-006X.72.2.176

Cordova, J. V., & Scott, R. L. (2001). Intimacy: A behavioural interpretation. *Behavior Analyst, 24*, 75–86. Retrieved from http://www-ncbi-nlm-nih-gov.login.ezproxy.library.ualberta.ca/pmc/articles/PMC2731357/

Davis, S. D., & Piercy, F. P. (2007). What clients of couple therapy model developers and their former students say about change, part II: Model-independent common factors and an integrative framework. *Journal of Marital and Family Therapy, 33*, 344–363. doi:10.1111/j.1752-0606.2007.00031.x

Egeli, N. A., Brar, N., Larsen, D. J., & Yohani, S. (2013a). Couples' experiences of hope when participating in the reflecting team process: A case study. *Contemporary Family Therapy, 36*, 93–107. doi:10.1007/s10591-013-9280-4.

Egeli, N. A., Brar, N., Larsen, D. J., & Yohani, S. (2013b). Intersections between hope and vulnerability in couples' experiences of the reflecting team process. *Journal of Couple & Relationship Therapy, 13*, 198–219. doi:10.1080/15332691.2013.852494

Elliott, R. (1986). Interpersonal process recall as a psychotherapy process research method. In L. S. Greenberg & W. M. Pinsof (Eds.), *The psychotherapeutic process: A research handbook* (pp. 503–527). New York, NY: Guilford.

Fishel, A. K., Ablon, S., McSheffrey, C., & Buchs, T. (2005). What do couples find most helpful about the reflecting team? *Journal of Couple & Relationships Therapy: Innovations in Clinical and Educational Interventions, 4*, 23–37. doi:10.1300/J398v04n04_02

Greenberg, L. S., & Johnson, S. M. (1986). Affect in marital therapy. *Journal of Marital and Family Therapy, 12*, 1–10. doi:10.1111/j.1752-0606.1986.tb00630.x

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105–117). London, UK: Sage.

Henkelman, J., & Paulson, B. (2006). The client as expert: Researching hindering experiences in counselling. *Counselling Psychology Quarterly, 19*, 139–150. doi:10.1080/09515070600788303

Hof, L. (1993). The elusive elixir of hope. *Family Journal: Counselling and Therapy for Couples and Families, 1*, 220–227. doi:10.1177/1066480793013004

Hoger, C., Temme, M., Reiter, L., & Steiner, E. (1994). The reflecting team approach: Convergent results of two exploratory studies. *Association for Family Therapy, 16*, 427–437. doi:10.1111/j.1467-6427.1994.00807.x

Jenkins, H. (2006). Inside out, or outside in: Meeting with couples. *Journal of Family Therapy, 28*, 113–135. doi:10.1111/j.1467-6427.2006.00342.x

Jensen, J. L., & Rodgers, R. (2001). Cumulating the intellectual gold of case study research. *Public Administration Review, 61*, 235–246. Retrieved from http://www.jstor.org/discover/10.2307/977456?uid=3739392&uid=2129&uid=2&uid=70&uid=3737720&uid=4&sid=21102564307691

Johnson, S. (1986). Bonds or bargains: Relationship paradigms and their significance for marital therapy. *Journal of Marital and Family Therapy, 12*, 259–267. doi:10.1111/j.1752-0606.1986.tb00652.x

Johnson, S. M. (2005). Broken bonds: An emotionally focused approach to infidelity. *Journal of Couple & Relationship Therapy, 4*, 17–29. doi:10.1300/J398v04n02_03

Johnson, S. M., & Greenberg, L. S. (1988). Relating process to outcome in marital therapy. *Journal of Marital and Family Therapy, 14*, 175–183. doi:10.1111/j.1752-0606.1988.tb00733.x

Johnson, S. M., Makinen, J. A., & Millikin, J. W. (2001). Attachment injuries in couple relationships: A new perspective on impasses in couples therapy. *Journal of Marital and Family Therapy, 27*, 145–155. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/11314548

Johnson, S. M., & Talitman, E. (1997). Predictors of success in emotionally focused marital therapy. *Journal of Marital and Family Therapy, 23*, 135–152. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/9134478

Johnson, S. M., & Williams-Keeler, L. (1998). Creating healing relationships for couples dealing with trauma: The use of emotionally focused marital therapy. *Journal of Marital and Family Therapy, 24*, 25–40. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/9474522

Larsen, D., Flesaker, K., & Stege, R. (2008). Qualitative interviewing using interpersonal process recall: Investigating internal experiences during professional-client conversations. *International Journal of Qualitative Methods, 7*, 18–37. Retrieved from https://ejournals.library.ualberta.ca/index.php/IJQM/article/viewArticle/1617

Larsen, A. S., & Olson, D. H. (1989). Predicting marital satisfaction using PREPARE: A replication study. *Journal of Marital and Family Therapy, 15*, 311–322. doi:10.1111/j.1752-0606.1989.tb00812.x

Makinen, J. A, & Johnson, S. M. (2006). Resolving attachment injuries in couples using emotionally focused therapy: Steps toward forgiveness and reconciliation. *Journal of Consulting and Clinical Psychology, 74,* 1055–1063. doi:10.1037/0022-006X.74.6.1055.

Markman, H. J. (1981). Prediction of marital distress: A 5-year follow-up. *Journal of Consulting and Clinical Psychology, 49*, 760–762. doi:10.1037//0022-006X.49.5.760

Ponterotto, J. G., & Grieger, I. (2007). Effectively communicating qualitative research. *Counselling Psychologist, 35*, 404–430. doi:10.1177/0011000006287443

Scheinkman, M., & Fishbane, M. D. (2004). The vulnerability cycle: Working with impasses in couple therapy. *Family Process, 43*, 279–299. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/15386955

Sells, S. P., Smith, T. E., Coe, M. J., Yoshioka, M., & Robbins, J. (1994). An ethnography of couple and therapist experiences in reflecting team practice. *Journal of Marital and Family Therapy, 20*, 247–266. doi:10.1111/j.1752-0606.1994.tb00114.x

Smith, T. E., Yoshioka, M., & Winton, M. (1993). A qualitative understanding of reflecting teams: I. Client perspectives. *Journal of Systemic Therapies, 12*, 28–44.

Stevens, F. E., & L'abate, L. (1989). Validity and reliability of a theory-derived measure of intimacy. *American Journal of Family Therapy, 17*, 359–368. doi:10.1080/01926188908250782

Thomas, G. (2011). A typology for the case study in social science following a review of definition, discourse, and structure. *Qualitative Inquiry, 17*, 511–521. doi:10.1177/1077800411409884

Whisman, M. A., Dixon, A. E., & Johnson, B. (1997). Therapists' perspectives of couple problems and treatment issues in couple therapy. *Journal of Family Psychology, 11*, 361–366. doi:10.1037/0893-3200.11.3.361

Wolcott, I. H. (1986). Seeking help for marital problems before separation. *Australian Journal of Sex, Marriage, and Family, 7*, 154–164.

Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Thousand Oaks, CA: Sage.

Yin, R. K. (2009). *Case study research: Design and methods* (4th ed.). London, UK: Sage.

Zainal, Z. (2007). Case study as a research method. *Jurnal Kemanusiaan, 9*, 1–6. Retrieved from http://eprints.utm.my/8221

*About the Authors*

Natasha Egeli is a doctoral candidate at the University of Alberta. Her research has included doctor-patient, marital, and parent-child relationships.

Novjyot Brar-Josan is also a doctoral candidate at the University of Alberta. Her main interests are multicultural counselling, refugee mental health, and sense of belonging among refugee young adults.

Denise Larsen is a professor and associate dean at the University of Alberta. Her research interest is in the study of hope as it relates to counselling psychology and educational practices.

Sophie Yohani is an associate professor of counselling psychology at the University of Alberta. Her interests are in multicultural counselling and refugee mental health, particularly premigration trauma, adaptation, and program/practice implications in community and educational settings.

Address correspondence to Natasha Egeli, Educational Psychology, University of Alberta, 6-102 Education North, Edmonton, Alberta, Canada, T6G 2G5. E-mail: natasha.egeli@gmail.com