

NARRATIVES OF DEPRESSION IN COUPLE THERAPY

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ABSTRACT

This study describes stories of depression told in couple therapy sessions and the couples' ways of co-constructing these stories. Couple therapy sessions were videotaped, transcribed and analyzed using a narrative approach. The results show that the depressed individuals talked about depression both as an individual experience and as something that had many interactional dimensions. The depressed person's narrative was either supported, contradicted or enriched by the spouse's narrative. Paying attention to ways of co-constructing the narrative of depression can help therapists focus their work with couples.

KEY WORDS: Couple therapy, depression and narrative analysis

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1 INTRODUCTION

Becoming depressed not only affects the depressed individual's inner world but also has many effects on this person's near relationships. On the other hand, difficulties in close relationships can make people depressed. Therefore, marital distress and depression seem to have a bidirectional influence on each other (Mead 2002, Cordova & Gee 2001, Coyne & Benazon 2001, Davila 2001). Partnership can either be a source of strength and can help an individual's recovery or it can be a source of further suffering and a hindrance to the health of both partners (Cordova & Gee 2001). More and more attention has been paid during the last couple of decades to the interpersonal phenomena surrounding depression (e.g. Keitner & Miller 1990, Joyner & Coyne 1999, Beach 2001).

Family therapeutic interventions have been developed in order to take into account the interpersonal nature of depression. There are different theoretical backgrounds to these therapies; behavioral (Beach & O'Leary 1992, Gordova & Gee 2001), communication-focused (Emanuel-Zuurveen & Emmelkamp 1996), interpersonal (Foley, Rounsaville, Weissman, Sholomskas & Chevron 1989), cognitive-systemic (Teichman 1997) and systemic (Jones & Asen 2000). There are research reports indicating that these different couple therapy approaches are as effective as individual therapy in helping depressed people and that couple therapy additionally increases marital satisfaction (Foley et al. 1989, Jacobson, Dobson, Fruzzetti, Schmaling, & Salusky 1991, Beach & O'Leary 1992, Teichman, Bar-el, Shor, Sirota & Elizur 1995 and Emmanuel-Zuurveen & Emmelkamp 1996).

Systemic couple therapy presented by Jones and Asen (2000) is one way of working with depressed individuals and their spouses. In this way of thinking, depression is conceptualized in interactional terms. Close relationships are seen both as influencing

and being influenced by the depressed person and by the symptoms. In their view, present depressive behaviors are mainly maintained by the various contexts in which the depressed person is situated, especially the family and the professional helping system.

According to Jones and Asen (2000) in the first sessions of the couple therapy engagement is central. In the early stages of the therapy the therapist explores the couple's problems as they are defined by the couple and by the couple's significant others from both the behavioral and meaning-associated points of view. In this way the therapist is able to form a picture of the significant relationships of the couple. Attention is also paid to present and past successes. Therapy is co-constructive work done together by the therapist and the couple. The couple's goals for change are explored and the task to be accomplished by the therapy is discussed by the couple together with the therapist. As the therapy proceeds, depression becomes a less central theme in the discussions and the work begins to encompass the couple's life in more general terms.

The narrative approach has influenced both psychotherapy and scientific research. In family therapy, the work of Michael White and David Epston has been of particular importance. In their book *Narrative Means to Therapeutic Ends* (1990) they introduced a framework for using narratives in therapeutic work. The narrative approach to research began in various disciplines in the 1970s. This has been called the "narrative turn" in the social sciences, where narrative is seen as the organizing principle of human action (Riessman 1993, McLeod & Balamoutsou 2000).

The key idea in narrative analysis is that people make sense of their experience and communicate their experience to others in the form of stories (McLeod 2001). In narrative analysis, it is central to study the forms in which experience is narrated, not simply the content which language refers to. Language does more than technically establish meaning: it constitutes reality. (Riessman 1993) Narratives are often parts of

conversations and are thus constructed in social interaction. Narration can involve multiple storytellers so that the co-construction of stories becomes of interest. (Gubrium & Holstein 1997, Holstein & Gubrium 2000).

There has been a lot of discussion and disagreement about the definition of a story or a narrative. (Riessman 1993, McLeod 1997) According to McLeod (1997), when studying narratives in the context of psychotherapy, trying to understand storytelling using strict formal definitions of story grammar or structure, the researcher runs the risk of losing sight of the fragmented storytelling process that is characteristic of much therapy. By the term narrative McLeod (1997) refers to the therapeutic discourse as a whole and by the term story to accounts of specific incidents. This definition is adopted in this study, while remaining aware of the other ways of defining these terms.

A model called the theory of narrative flow, developed by Hänninen (2000), makes a distinction between the different dimensions of narrative and in this way helps to clarify this concept. *Inner narrative*, according to Hänninen, refers to the way a person interprets his or her life or an aspect of it. The inner narrative is not necessarily told to anyone. *Lived narrative* means the real processes in which the person tries to make real the visions created by the inner narrative. *Told narrative* refers to the symbolic, social presentation of past events, which are interpreted in the light of the inner narrative. Social norms and conventions of storytelling in different contexts shape the form and the content of a told narrative. *Conditions of life* refers to the actual circumstances the person lives in and *social stock of narratives* means the socio-cultural stock of stories, from which models for inner narratives are drawn. In this study we are interested in the told narrative, the ways in which people talk about their depression in couple therapy sessions.

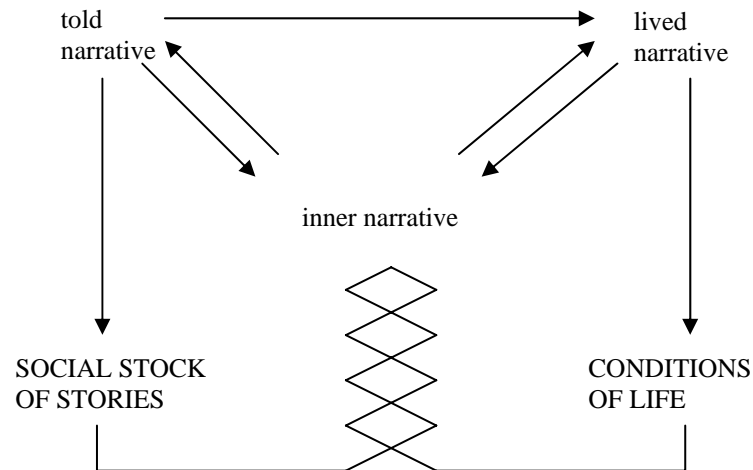


FIGURE 1: The flow of narrativity (Hänninen 2000, 21) Reprinted by permission of V. Hänninen.

There is a need for more psychotherapy research done utilizing qualitative methods in order to obtain more detailed picture of what actually happens in therapy sessions. (Moon, Dillon & Sprenkle 1990) According to Pinsof and Wynne (2000), existing, largely quantitative couple and family therapy research has had very little impact on the practice of most couple and family therapists. They call for research that relates to therapists' experience of doing therapy or provides useful information that can affect their way of working with particular clients over the course of therapy. As mentioned earlier, the effectiveness of couple therapy as a treatment for depression has mainly been studied with quantitative methods. This study is an attempt to meet the need for qualitative information about couple therapy sessions dealing with depression.

This study is one of a number of qualitative studies on psychotherapy processes conducted in the Department of Psychology in the University of Jyväskylä. These studies include e.g. research on narrative ways of understanding psychosis (Holma 1999, Pulkkinen & Aaltonen 1998), the narrative process coding system used in analyzing

family therapeutic processes (Laitila, Aaltonen, Wahlström & Agnus 2001) and discourse analytic studies on family therapeutic conversations (Wahlström 1992).

The aim of the present study was to investigate the ways in which depression is talked about in the early stages of couple therapy processes using narrative analysis. The research questions were:

1. What kinds of narratives concerning depression are told?
2. How do couples co-construct narratives of depression?

In the analysis, depression was understood in an externalized way (White & Epston 1990); as something that had entered the couples' lives and affected and was affected by the couple. The relationship between depression and both spouses was examined.

2 METHOD

2.1 Participants

Three couple therapy processes were chosen for this study. In each case one person had been considered to be depressed and had been referred for outpatient treatment at the Department of Psychiatry in Kuopio University Hospital. Couple therapy was chosen to be the treatment for their depression, mainly on account of the willingness of the their spouses to participate in the treatment. Two of the three depressed persons were diagnosed as having major depression and the third person as having recurrent depression and marital problems. Two of the three depressed persons were also on antidepressive medication. The cases were selected for this study on the grounds of availability. These three couples were the first to begin couple therapy for depression in conjunction with the research project.

The therapy sessions were videotaped. The participants were told about the study and about the fact that the therapy sessions were to be videotaped. All gave their informed consent to participate in the study. The Joint Ethics Committee for Human Research at Kuopio University and Kuopio University Hospital granted permission for the material to be gathered and used in this study.

The therapists working with the couples had specialist level education in family therapy and one of them was in training. In all three cases two family therapists worked as a team. The author of this study worked as a therapist in one of the three cases. The theoretical orientation of the therapy was the systemic couple therapy for depression model presented by Jones and Asen (2000).

2.2 Narrative analysis

Four sessions taken from the early stages of each couple's course of therapy were included in the study. The chosen twelve sessions were transcribed. The texts were imported into Atlas-ti (a registered trademark of Scientific Software Development, Berlin), which is a software package for analyzing qualitative data. The texts were then read carefully several times in order to develop initial ideas about the analysis. Then the texts were divided into meaning units. These meaning units were identified and named according to the area of content, i.e. what the participants were talking about. The meaning units varied in length. Some were quite long discussions on a specific topic, while others were shorter pieces of interaction. The idea was to identify the topic shifts and divide the text into smaller units.

The next step was to choose meaning units on the topic of depression for closer analysis. 44 meaning units were chosen (19 from case one, 6 from case two and 19 from case three) out of a total of 159 meaning units. These meaning units were chosen to represent the ways in which the couple and the therapists talked about depression and things related to it. They can be called stories, following the definition of McLeod (1997), and were mostly accounts of specific incidents or experiences. They might be fragmented and frequently lacked some of the structural elements of narratives described in the literature. As McLeod (1997) points out, this is typical of narratives told in psychotherapy in general. It was especially true of the present sessions, where the storytelling was made all the more complicated by the fact that there were four participants in each (two therapists and the spouses).

The stories were coded with the focus on who initiated the topic shift, who was the main narrator in the story and how the other participants responded to the main

narrator's initiative. After this, summaries of each story were written. This was done using memos written about the text and by going back to the original text. The last step of the analysis was to write reconstructions of the narratives of depression in each case. The term narrative refers here to reconstructed, summarized representations of the stories of depression written by the researcher.

The results will be presented one case at a time. Extracts from the original text are included to give the reader an idea of the original text and the way the analysis was carried out. In each case, the contents of the depression stories are presented first, then the co-construction of the stories is described and finally a summary of each case is presented. The spouses are referred to by pseudonyms. The analysis was done in Finnish and only the extracts presented here were translated into English.¹

¹ The following notation system is used in the transcripts:

- ... = Pause of less than 2 seconds
- (3) = Pause longer than 2 seconds, the number indicating the duration of the pause in seconds
- [] = Speakers talking at the same time
- = breaking of a word
- H: = The husband
- W: = The wife
- Th1: = Therapist 1

3 RESULTS

3.1 Case 1: One person's narrative supported by the other person's narrative

The depressed person in this couple was the wife, Marjatta. Her diagnosis was major depression. The couple therapy took place after her two hospitalizations. She had received both ECT and pharmacotherapy, and was still on medication. She was on sick leave owing to her physical state of health. Her husband Pekka was retired. Both were in their late fifties.

3.1.1 Stories of depression

In the first two sessions, Marjatta mostly talked about the symptoms of her depression, how bad she felt and how she was not able to tolerate being alone. It was fatiguing for her to spend time with their son's family, the little children made her tired. Usually she enjoyed being with them a lot. She also told how restless and anxious she was, not able to begin to do anything or enjoy anything. She was worried that her situation would become as difficult as it had been, when the previous autumn she had to go to the hospital for the first time. She talked about depression as something that she now recognized as depression but hadn't recognized as depression, when it had happened to her for the first time. Pekka added some details to her stories and gave his ideas about the situation, when the therapists asked him. The following extract is from the very beginning of the first session. As can be seen here, the discussion proceeds between the therapists and Marjatta. Pekka adds one detail to the discussion.

W: now I must say that my condition has gotten much worse
 Th1: uhum
 Th2: we were going to talk in the beginning about what the situation is like now and [how things] have been
 W: [yeah]
 Th2: it's good [that you have begun to talk about it]
 W: [yeah now it's really this week] it began in the middle of the week well a lot of anxiety which I haven't had until now so I have been really feeling good and I have done many things at home and so now for couple of days an awful anxiety and I haven't been able to do anything so if we hadn't had had this appointment with you here I would have contacted you soon
 Th2: uhum
 W: so I don't know what might be the reason for this
 H: and likewise she's had to use sleeping [pills]
 W: [now] I've had to take really restless nights so I have had to take two sleeping pills even
 Th1: uhum
 Th2: uhum
 H: the prescription should also [be renewed]
 W: [it should be] renewed there are not too many tablets left
 Th1: okay
 Th2: uhum
 W: we had to when we've been in the summer cottage well we had to come back to town because the loneliness there began to make me so anxious and I wasn't able to
 Th2: uhum
 W: I wasn't able to like I wasn't it didn't feel like anything interested me and [we have] gone for walks until now
 Th1: [yes]
 Th2: [yes]
 W: and we have when it has been nice weather then we've been on the ice [and walking] every morning and other things but
 Th2: [uhum]
 W: it began in the middle of the week [just like]
 Th1: [uhum]
 W: feel like it's definitely going to be like last autumn that the [anxiety]
 Th1: [uhum uhum]

The therapists were interested in how Marjatta's depression affected the couple's relationship. At first, neither Marjatta nor Pekka saw, that Marjatta's depression as having

any influence on their relationship. Together with the therapists they began to notice that her inability to be alone affected his everyday life a lot. Pekka had given up his hobbies and didn't spend time in the couple's summer cottage alone.

Marjatta was talking about and seemed to think a lot about how to find something meaningful to do. This was a future-oriented theme, which was talked about in sessions two and four. She had been on a sick leave for a long time and was not expecting to return to work. Her ability to function was limited due to depression and she was worried about not having anything meaningful to do in the future. She talked about needing to find a hobby.

In session three, Marjatta began to tell stories that had to do with the lessening of her symptoms. She was able to spend time alone more, was not anxious and was able to meet people and so on. The therapists also explored the ways in which Pekka's behavior affected Marjatta's moods. He tried to encourage her to do something, for example to leave the house with him and go somewhere, instead of lying down. In these stories depression became told as something that affected both spouses' daily lives but also as something that did not seem to create or be created by conflicts between the spouses. The way the spouses talked about their life together and about each other was respectful and caring. In the next extract, from session three, Marjatta describes the ways in which Pekka tries to help her.

Th1: so how does it affect you when you talk about your worry to Pekka
 W: (2) well I can't say that much about it but he is the one I tell
 when I say that now again I'm having a difficult day well then he
 begins to say why don't we go this place or... that place he
 tries somehow to pull [a bit like]
 Th1: [aha]
 Th2: uhum
 W: my strings don't go lying down now that let's go or something
 like that
 Th1: how do things go after that

W: well he always says why don't we try to go some place that maybe it helps if we go some place
 Th1: well does it work...
 W: well yes somehow it does work but then it doesn't if things begin to get really difficult then he's not able to make me go anywhere
 Th1: uhum
 Th2: uhum
 W: but it's good it hasn't gotten that bad now
 Th2: uhum... but also then there won't be any arguments there
 W: noo
 Th2: when we talked a while ago about if you had... disagreements
 W: no we don't
 Th2: it is... yes (2) yes
 (9)

In session four the discussion had moved from the symptoms of depression to the future-oriented theme of finding something meaningful to do. It included Marjatta's worry, that if she didn't find new things to do in her life she might become depressed again. Marjatta also talked about the way she had become depressed in the first place and how she didn't understand then that she was depressed. Marjatta's narration moved from the present to the future and back to the past.

3.1.2 The co-construction of stories

The depressed wife was active in initiating the topic changes in the discussions. She began to talk about her symptoms, about her relationship with her son's family and also about finding something meaningful to do. She was the main narrator in most of the stories concerning depression. Her narration was not strongly agentic. In her stories, depression seemed to be something that she didn't have control over. Moreover the

lessening of the symptoms seemed to happen to her; she herself did not have an effect on the change or could not understand it.

The husband, in his turn, supported his wife's narration by adding details or confirming e.g. dates but did not initiate any of the topic changes. He usually agreed with her wife. Frequently the wife would begin to talk and only after being asked by the therapists would the husband join the conversation by answering the question. He was considered to be the main narrator in about one third of the stories.

The therapists also initiated changes of topic. They asked especially about the effects depression was having on couples life and about the relationship between the spouses. They sought to engage the husband in the discussion by asking how he understood the situation, what he had noticed in their everyday life and so forth.

3.1.3 Summary

In this case a narrative of depression as one spouse's problem, which affected the lives of both, was told. The depressed wife narrated her experience without showing a strong sense of agency. Her husband was mainly there to confirm the story she told and to share it. The therapists in this process introduced themes about depression as an interactional phenomenon. The focus of the discussions was first on the wife's inner narrative. The focus then shifted from the wife's individual experience to include more of the couple's lived narrative and the conditions of life. The husband's inner narrative did not emerge to any marked extent; he took part by bringing more material to their lived narrative and conditions of life. Depression was not actively elaborated.

3.2 Case 2: Two conflicting narratives

The depressed person in this couple was the husband Matti. He suffered from recurrent depression and had also a diagnosis of marital problems. He was a professional man of the theatre. He had not been hospitalized and was not on any medication for his depression. His wife Kaisa was also working. The spouses were both around forty and they had two young children.

3.2.1 Stories of depression

This couple talked about their relationship from the very beginning of the therapy. Depression was not the main focus of their talk. The stories that had to do with depression centered mainly around the interactional problems the couple was having. In the first session Kaisa said that Matti accused her of making him feel bad. She found that unreasonable. She felt that there had to be other reasons for Matti's depression, for example too much work. She said she had believed that she was causing Matti's depression but had then realized that it couldn't be her fault. In the following extract Kaisa tells a story about the way Matti behaved when he was very depressed some months ago. In this extract Kaisa's mode of narrating becomes visible: she uses long turns in the discussion, her narrative is often fragmentary and she forcefully states her point of view.

W: somehow I feel good then (4) then last autumn as well what the situation was like then for Matti... where it went when all the from Matti's accusations came at me I was even all it felt so unreasonable... when I had felt good about myself for a longer time and about that work...

Th1: do you have (?) or what

W: all everything Matti's not feeling well the last autumn was like that that... that because I was like that everything was... that he felt so bad and... I thought it was so unreasonable then... and the fact that I knew that Matti had been seriously depressed already before we met... then when Hanna was born... then it was... that dep- depression which went on like last autumn I

thought that now one should begin to realize that the other person is not the reason for everything... there were times when I myself believed that it must have been me that caused it (laughing) so that but something... in my behavior irritates Matti all the time so that Matti feels so bad all the time (3) but well then in the autumn I thought that... I realized myself that it can't just... it can't be only me that I can some of my actions... some possibly can irritate a great deal but something else... there has to be some other mechanism that causes it and then of course in the end something like that irritates so much that... I didn't speak the whole day... but Matti was irritated even if I didn't say anything the whole day so I

Th2: what made you feel or think that... that you... you would cause... Matti's like

W: if I asked for example that like I began a new teaching job I don't usually do teaching work I'm not good at teaching and... well (4) I hadn't spoken the whole morning I left home in that situation... then it was already time for an appointment because of Timo we had to go there to discuss things concerning Timo so in the evening the first word was at nine o'clock I had ret- then I said that... that like... that we got an invitation to this... clinic... CAN'T I HAVE ANY PEACE AT ALL GODDAMNIT.. I hadn't the whole day I had been teaching the whole day... I hadn't yet said anything the whole day the whole day I had thought at work... how am I going to say that thing in the evening at nine the first sentence so... Matti's reaction was that can't he be left alone at all goddamnit that you are all the time pressuring me with some things

(3)

Matti described the situation when his depression was at it's worst the precious fall. He was not able to work even though he had a lot of work to do and he also had a bad backache. He called this burnout and said that he didn't feel depressed, but rather more anxious and nervous. Matti had already recovered from the most difficult part of his depression. Kaisa, especially, wanted to talk about the ways in which they could prevent depression from coming back. She asked, if the depression could be prevented from happening or weather it was something that would come back over and over again and weather they would just have to prepare themselves for it's recurrence. She was

wondering if depression was something that happens in her husband's head or in her head or if it had some other kind of other mechanism.

In session two the couple continued to talk about the previous autumn and how things between them had been really difficult. Kaisa told how Matti had accused her even though he had too much work to do. Matti felt that all the time Kaisa had something to complain about regarding what he was doing. In the next extract Matti talks about how he experiences Kaisa's behavior and how he reacts to her behavior. Matti's mode of narrating is slow, with many long pauses. He repeats words and at times seems to be searching for the right words.

Th1: do you remember Matti... this kind of... situation last autumn or or that you might somehow have had the idea that... that Kaisa... would somehow cause then that... pressure and your feeling bad... is your idea similar or different

(5)

H: umm (19) well I do have that kind of... that kind of a memory about that that (2) that then we like (5) used to fight like a lot about chores at home and (6) and that (4) and about money (5) that in that way it felt like (6) like when you have a lot a lot of work and then there is like (2) that when... in a way like unreasonable unreasonable like... pressure that like... that you should not work (3) because the dishes are not washed

(2)

Th1: uhum... or did it include the pressure that you should be the one to wash the dishes

(4)

H: well there (3) or like in a way I feel that is was about the fights about washing the dishes that... that should we should we wash wash the dishes after every meal or once a day

(5)

Th2: but was it the case that it was difficult for you to talk about these things last autumn I was thinking that this question of guilt where did that idea come from... in a way

W: no we couldn't no we couldn't like talk

Th2: yes

W: it went like that...

Th2: uhum

- W: it went like... it was so chaotic that whole autumn that... and the washing of the dishes and...
- H: that that kind of an experience I had like about last autumn that... that even though... or that there was of course this... stress stress because of the like... real work that was undone... and like then there was this like like (3) feeling that... that like Kaisa has all the time like... something to complain about (5) or I felt that way that about everything (5) and that (3) that I didn't have to energy to (4) like take it
- (3)
- Th1: uhum then what happened
- (12)
- H: well it (?) from this I got a feeling that that if I stay there in my workshop then there in a way I can be like at peace (2) at peace that I don't
- (5)
- Th2: there in the basement
- H: yeah
- Th2: you needed some peace of your own... in that kind of a situation... or last autumn
- (10)
- H: and then there was (3) like something like that... that it somehow piles up that kind of (5) like ah... like that kind of like... expectation of being nagged that it begins to feel like nagging (2) that like when the other one is even near you you begin to... you are sure that like she already has.. she thinks about something that she could start complaining about
- (2)
- Th2: uhum (4) there is already a certain kind of vicious circle ready there that it is not possible to begin to talk like... or this is how I understood it... the idea.. yes
- (2)
- Th1: well when you have that expectation of being nagged in your mind so what then how do you like... behave then
- H: well that you sort of have like... then like that kind of... in a way like... sort of shi- shi- shield... and like sort of like... feeling of (6) rejection that that like I'm definitely not going to get into a sweat now (2) and in a way with that attitude like then... maybe like.. I kind of had that attitude towards everything

In session three the couple repeated the storylines they had presented in session one.

Kaisa talked about how to prevent depression and also told about the incident when Matti

started shouting at her, when she tried to talk about the appointment concerning their son. Kaisa talked about their son not feeling well and not being able to eat. A nurse in a crisis center had connected the son's problems to the problems between the parents. This was one theme in the discussion, connections between the husband's depression, the couple's problems and their son's difficulties. Matti said he was worried about their son and had thought that he may have to leave the family in order to help the child get better. The couple had talked about divorce as a solution for their son's problems.

In session four no stories concerning depression were told. The difficulties the spouses had in understanding one another were discussed and Kaisa, especially, talked about how she was tired of trying to understand Matti. At the end of session four the therapists presented the idea of continuing the work with the aid of a genogram in order to enable the spouses to better understand each other.

3.2.2 The co-construction of stories

In case 2 the wife was the one to initiate the topic changes and was also the main narrator in most of the stories concerning depression. She was active in talking about her experience and the ways in which she saw the situation. She talked about how her husband accused her of causing his depression and in turn accused her husband of being unreasonable.

The depressed husband didn't initiate any topic changes that had to do with depression and did not talk as much as his wife did. He presented his ideas in a slow, contemplative way. In his stories, his feeling bad had connections with his wife's behavior and exhaustion at work.

The therapists, for their part, asked both spouses about their ways of seeing the situation and were interested in both the meanings and behavioral consequences of one spouse's behavior for the other.

3.2.3 Summary

In this case, two conflicting narratives were told: one by the wife and the other by the depressed husband. Those narratives included blame, disagreement and experiencing the situation as difficult. In these narratives the husband's depression was related as something that affected and was affected by the interactional problems of the couple and this, in turn, had connections with the well being of their son. In these discussions the wife's inner narrative was revealed more than the depressed person's inner narrative. The wife also formed a more active relationship with her husband's depression.

3.3 Case 3: Two narratives enriching one another

The wife, Tuula, was the depressed person in the third couple. She had been an in-patient in a psychiatric hospital twice because of her depression, was on antidepressive medication and had been on a sick leave due to depression. Her diagnosis was major depression. She worked as a secretary. Her husband Kari was also working. Both spouses were around fifty. Their two children were young adults.

3.3.1 Stories of depression

As in the first case, the stories of depression were in the early stages of the therapy stories of the wife's symptoms. In these stories Tuula told about how restless she was,

how she felt she did not have anything to do and how she tried to sleep as much as possible, because sleeping was a relief from feeling bad. The following extract is from the beginning of the first session. This extract demonstrates the way the couple narrate things together. Kari begins and Tuula continues the narration.

H: Tuula's situation is wor- worse much more than actually now after midsummer the whole time day after day I- it has become worse so that it yesterday was quite a bad day that the whole day she mostly rested

Th2: uhum

H: was ve-very tired

W: well yes because I don't know what's wrong with me it... in the morning... like until one there is this terrible shaking... it's that kind of trembling and shaking that... that takes an awful lot of energy I don't know what's causing it then and it has not it just doesn't seem to go away

Th1: uhum

W: and yesterday was well the whole day was like that so that I had to go back to sleep and

Th2: yes yes

W: and rest like the whole day so that it is like that... I can't connect it with what it... where it... where to... what's the reason for it but I just makes me shake... it has been going on for months now

Th2: uhum

Th1: have you been able to sleep

W: yes I think so I do sleep but I don't know then that... I sleep long periods but it just then... that trembling and shaking it comes it comes... it is then quite physical

In the first session Tuula began to narrate her way of understanding her depression. She felt that the apartment in which the couple had lived for a year was the reason for her depression. She didn't feel at home and was not interested in how the flat looked. It felt like a hotel or a prison. Kari saw the situation differently. He thought the first symptoms of depression became visible in his wife's reactions to the new flat. He didn't see the flat as a reason for depression. He asked the therapists if Tuula's thinking about the flat could

be obsessive thinking like the jealousy that his wife had felt in the beginning of her depression. Tuula agreed that it was possible that her way of thinking about the flat all the time could be obsessive thinking.

In the first two sessions Tuula also talked about the experience of being depressed. She described her feeling of her life having disappeared, of time having stopped, everything having vanished. She was not able to get hold of her life: "her brain didn't say anything nice". Both Tuula and Kari wanted information about depression; for example they asked the therapists how long the depression was going to last. The therapists asked about how Tuula's depression had changed over the course of time. In the next extract from session one Kari goes through events from the previous fall and talks about Tuula's strong feelings of jealousy that had preceded the depression. Tuula had taught that Kari was having an affair with her best friend. This is an important theme, which is elaborated in session four.

- H: well yes this process went approximately like this that from October from September... the end of September until November we... all night long we talked I mean she would jump (laughing) we went to bed at eleven or ten o'clock and then she she stayed awake and and sitting up and and well then suddenly I notice that my wife is sitting beside me and well then she began to question me and so we had this Gestapo interrogation for two months... she questioned me... she went about it for night- all nights long... all days too... always when we met... I mean that was last autumn... but she had all the normal people's... like emotional scale now she says that she doesn't feel doesn't taste doesn't smell anything it is like... mild water that there is no taste in it but at that time she had all the scales... hatred and... hatred and well all the rest of it
- W: yes and in other ways I then had a hold of my life but I don't any more
- H: and like the cycle became worse so much that there was nothing else than this jealousy everything went on around it this process was then

As the therapy proceeded, more interactional themes came into the discussion. In session three the therapists began to work with couple's genogram and Tuula's family of origin was talked about. Also the couple's relationship with their children and the forthcoming situation where the couple would be living without their children at home was discussed. Tuula expressed her worry that she was too quiet and didn't come up with anything to say to Kari.

In session four Tuula talked more about how the flat made her anxious. She said that she wanted to meet the doctor in order to ask him if it was possible that a flat could cause her depression. Kari talked about his experience of burnout some years ago. Tuula described how at the time she had been worried because Kari was not able to enjoy anything and how her jealousy had then begun. These stories connected Kari's burnout, Tuula's jealousy and her depression. The therapists asked how Kari had coped with Tuula's depression. Kari said that worrying made him anxious and less able to concentrate.

3.3.2 The co-construction of stories

The husband in case 3 was quite active in narrating the stories of depression. He initiated more topic changes than his depressed wife did and was the main narrator in almost as many stories as his wife was. Particularly in the beginning of the therapy he often acted like a spokesman, raising some issues and then letting his wife talk or asking the therapist about things that his wife had been wondering about. He talked about his way of seeing the situation and added his own views to his wife's stories. He also talked about his own life and for example his burnout.

The depressed wife was an active participant in the discussions, too. She described in a lively manner her ways of feeling and experiencing depression. She was

also trying to understand why she had become depressed. She seemed to be quite confused about her depression and felt that she wasn't able to control her own situation. She also hoped that someone could be able to tell her, when the depression would be over and what she should do. Nonetheless, she seemed to be actively searching for agency in the situation.

The therapists listened to both spouses' experience, asked about the meanings the couple gave to different things and were also interested in the other close relationships the couple had (the children and the family of origin).

3.3.3 Summary

In this process both the husband and the depressed wife were active in narrating their experiences concerning depression. Depression was narrated as something that fundamentally affected the way the wife felt about herself and about her being in the world. The husband's burn out and the wife's worry about her husband's well being together with her strong jealousy of her husband had all preceded her depression. There had been conflicts between the spouses but in these sessions no conflicts were visible between them. Parts of both spouses' inner narrative emerged and the narratives also enriched one another. Both spouses formed an active relationship with wife's depression and depression became elaborated.

4 DISCUSSION

The aim of this study was to provide rich descriptions of some of the different ways in which depression is talked about in the couple therapy context. Depression has traditionally been understood as an individual problem, although the interactional nature of depression has also been described (Joiner & Coyne 1999, Beach 2001). It was found in the present study that in the early stages of couple therapy processes the depressed individuals talked about depression as an individual experience that had changed their way of being in the world. But, in addition to that, many interactional dimensions of depression were also talked about. Depression was something that in many practical ways affected the spouses' lives both together and individually and the lives of their children. For example, depression was something that the depressed person's spouse noticed first and of which recurrence the spouse was afraid. Depression was also something that the non-depressed spouse felt she was accused of causing and something that was difficult to understand or enter into.

Researchers on narratives have been interested in co-construction of narratives (e.g. Gubrium & Holstein 1997, Holstein & Gubrium 2000, Neimayer 2002, Eggly 2002). The results of this study show three different ways of co-constructing narratives of depression in couple therapy. The depressed person's own narrative of depression was supported and added to (Case 1), it was challenged and contradicted (Case 2) or it was enriched (Case 3) by the other spouse's narrative. Using the narrative approach in this way proved to be a useful way of studying couple therapy. Paying attention to the different ways in which couples co-construct narratives in therapy can help therapists focus their work.

If the depressed person's narrative is mostly supported and added to by his or her spouse's narrative, the therapist might choose to focus mostly on the depressed person's narrative and depression as an individual problem. The involvement of the other party, however, may still be useful. Going to therapy as a couple can help the non-depressed spouse to cope with the stressful situation he or she is in, can strengthen the relationship between the spouses and can help the therapist see the interactional ways in which depression affects the couple's life. This way of working could be described as spouse-aided therapy for depression (Emanuels-Zuurveen & Emmelkamp 1997) or as the use of healthy relationships to treat depression (Cordova & Gee 2001).

On the other hand, if the depressed person's narrative is challenged and contradicted by his or her spouse's narrative, it seems evident that there are marital and communicational problems between the spouses. In such cases couple therapy is a particularly good choice of treatment because of the connection between depression and interactional problems (Beach 1998). The challenge for the therapists is to help the spouses find ways of co-constructing a more shared narrative of depression.

From the narrative point of view, the best conditions for working with the couple seem to occur, when the spouses' narratives enrich one another. The involvement of the non-depressed partner brings new material to bear on the therapy process. It can also make it possible for the supporting spouse to understand the situation better and for the couple to understand the interactional ways depression affects their lives and their relationship. In therapy, it is possible to co-construct a narrative of depression and elaborate it together with the couple. Both spouses' voices can be heard and the spouses can support one another.

The theoretical orientation of the couple therapy employed in this study was systemic couple therapy as presented by Jones and Asen (2000). In cases one and three

the discussions began with the symptoms of the depressed individual and went on to include more interactional themes. This is also the way Jones and Asen (2000) describe the beginning of the therapy process. Case two was quite different from this model as the discussion began with interactional problems and the depression of the individual only entered the discussion later. The fact that in this case the husband's depression was not in the acute phase and that this couple also had a diagnosis of marital problems can explain this deviation from the model. Jones (2000) also refers to the fact that in work with couples where one individual is depressed it is sometimes the individual's problems that are mostly dealt with and at other times problems in the relationship.

From the viewpoint of the theory of narrative flow (Hänninen 2000) the context of couple therapy is interesting. There two people who share the same conditions of life and lived narrative, co-construct a told narrative of depression. Depression can simultaneously affect both spouses' inner narratives and also their shared lived narratives and conditions of life. Hänninen's theory is individually oriented. To describe the situation in couple therapy, Hänninen's figure (2000) could be modified in the following way presented in Figure 2.

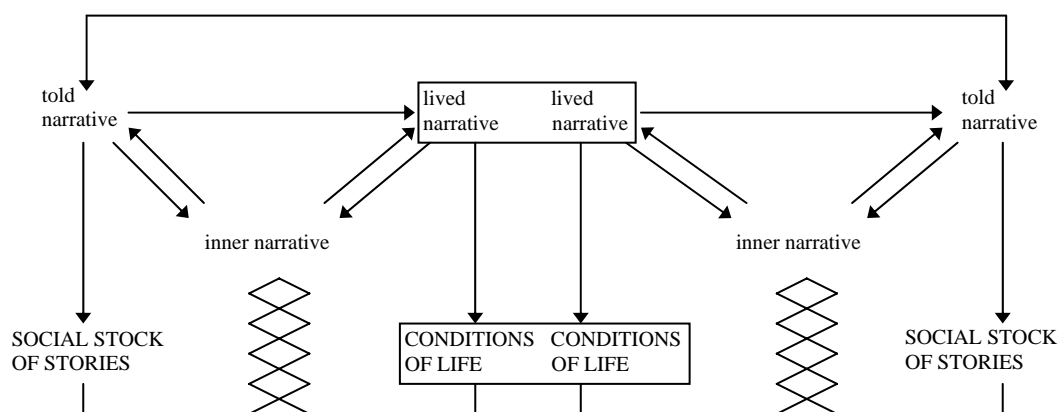


FIGURE 2. A modification of Hänninen's (2000, 21) model of the flow of narrativity.

From a narrative perspective, becoming seriously depressed is a big challenge both to the depressed person and those close to him or her. Depression can be seen as a situation where narrative reorientation has to take place (Hänninen 2000). The old narrative of the self can no longer be used and no new narrative of the self has yet emerged. The aim of couple therapy in case of depression could be to aid both spouses to construct a new narrative in which the depression of one spouse can form a part. In this narrative, ideas of what is still possible despite depression and what might not be possible due to depression could be addressed. Following Hänninen and Valkonen (1998), this narrative could include answers to the following questions: Am I healthy or sick? Why did I become depressed? How have we got to this point? How do we go on? What does depression in our lives mean? Who am I, who are we? What is important? The uniqueness of the couple therapy approach to depression is that the depressed person's spouse takes part in creating this new narrative and in this way the change becomes shared.

Helping to develop a stronger sense of agency in both spouses could also be considered a goal in couple therapy. Depression in one can create feelings of helplessness and hopelessness in both spouses (Cordova & Gee 2000). According to White and Epston (1990, 1995), the objective of therapeutic work is to recruit an audience for a new and preferred self-narrative in the medium of their social world. In the couple therapy situation, one could consider both the therapists and the supportive spouse as an audience for the depressed person's narrative. They could also be considered as people who share and can co-construct the depressed person's narrative. If the depressed person's spouse is present, the description of life can become thicker and more complex, and in this way can help the couple acquire a stronger sense of agency, find new ways of seeing their situation and also new ways of behaving in it.

The research material, which was gathered from actual therapy sessions, can be considered to be one of the strengths of this study. Studying real discussions between clients and therapists brings the research closer to therapists' everyday work (Moon et al 1990, Pinsof & Wynne 2000). The couple therapy approach to depression has been developed during the last two decades and is an issue of current interest. Qualitative information about this particular therapy process is therefore important. This study approaches this topic from a narrative point of view.

This study has its limitations as well. The number of cases studied here was limited and which means that the findings of this study can only be generalized with caution. Three cases were studied and three different ways of co-constructing narratives of depression were found. How many other ways of co-constructing narratives in couple therapy might there be? More research is needed to explore these possibilities; however, the present study serves as a starting point. The stories of depression studied here were from the early sessions of couple therapy. An interesting task for future research would be to study entire couple therapy processes and see how the modes of narration change during them. Alternatively, closer analysis of a more restricted number of stories would also be of interest. The present purpose was to study the ways in which couples co-constructed narratives of depression in couple therapy. Although the therapists' participation in the co-construction process was noticed here, an important task for the future research would be to study the work done by the therapist more intensively.

Evaluating the validity of narrative analysis is not an easy task. Analyzing people's narratives is always to interpret them. Who is to say if the interpretation is valid or not? The quality criteria that are used in quantitative research cannot be used in qualitative research in a straightforward manner (McLeod 2001). According to Riessman

(1993) there are four ways of approaching validation in narrative work: correspondence, coherence, persuasiveness and pragmatic use.

The researcher has discussed the results with the therapists involved in the therapy processes described here in order to see how far the results of the study corresponded with the experience of the participants in the therapy processes. The therapists reported that the interpretations were understandable and also contributed some new insights for them. Extracts from the original text have been included in the article, so that the readers can evaluate the persuasiveness and coherence of the analysis. Pragmatic use is, according to Riessman, a future-oriented criterion for validation and answers the question whether the study will be used in future studies. This, of course, remains to be seen in the future. Citing McLeod (2001, 189) "It is inevitable that whatever we find will be partial, open to reinterpretation by others and both culturally and historically constructed."

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