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A Pilot Implementation of the Emotionally Focused Couple Therapy Group Psychoeducation Program in a South African Setting

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ABSTRACT



Although emotionally focused couple therapy (EFT) is one of the few relationship models with a substantial evidence base, these effectiveness studies have mostly been conducted with White middle-class participants living in North American and European contexts. There is, therefore, a need to investigate if couples from different contexts are able to relate to this model that foregrounds the verbal expression of emotion and responsiveness to a partner's expression of emotion. The objective of this qualitative pilot study was to explore how a group of 10 Black South African couples related to and experienced the Hold Me Tight (HMT) relationship psychoeducation program intervention that is based on the principles of EFT. The data consisted of couple interviews with each couple before and after implementation of the program. Thematic analysis of the data indicated that all the couples related very well to the program and reported that it deepened their relationships. We conclude by highlighting a number of factors that program facilitators need to be mindful of when they implement the HMT in similar settings to ours: (i) the need to have a team of cofacilitators to assist couple conversations, (ii) power differentials between facilitators and participants in cases where there are many demographic differences between facilitators and participants, and (iii) implicit constructions of emotions that prevail in a specific social context.

KEYWORDS

Emotionally focused therapy (EFT); gender and ethnic issues in couples therapy; low-income couples; relationship enhancement

Introduction

Adult love or romantic relationships have been found to play a crucial role in people's general resilience and their ability to overcome physical and mental difficulties (World Health Organization (WHO), 2006; Yoon & Zinbarg, 2007). Conversely, problematic or unsupportive adult romantic relationships can be a source of severe psychological distress (Umberson & Montex, 2010), and it is, therefore, not surprising that relationship distress has been found to be the single most frequent

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presenting problem in people seeking counseling and psychotherapy (Johnson, 2007). Furthermore, unsatisfactory adult love relationships are often linked to common mental disorders such as depression (Hook, Gerstein, Detterich, & Grindley, 2003). Due to the evidence of both the enhancing and impeding impacts of these relationships on general health, it is argued that a health and social policy focus on such relationships is likely to be a “cost-effective strategy for enhancing health and well-being at the population level” and can even be viewed as “preventative medicine” (Umberson & Montez, 2010, p. S60). It is, therefore, important, especially in a developing country like South Africa with a strained government health budget, to provide cost-effective relationship enhancement interventions that has the potential to reach large numbers of people (House, Schoeni, Kaplan, & Pollack, 2008). Subsequently, it would be helpful to mental health service providers to determine which existing evidence-based, group relationship interventions translate effectively in the South African diverse and low mental health–resourced context. The objective of this pilot study was to address this knowledge gap by exploring South African couples’ experience of the Hold Me Tight (HMT) program, a relationship psychoeducation intervention that is based on the principles of emotionally focused couple therapy (EFT). This is one of the few relationship models with a substantial evidence base (Johnson, 2012; Lebow, Chambers, Christensen, & Johnson, 2012; Wiebe & Johnson, 2017). This evidence base, however, consists mostly of studies that have been conducted with White, middle-class participants living in North American and Northern European contexts. Next to providing local knowledge about effective group relationship interventions, our study, therefore, also contributes to addressing this general EFT research gap by providing knowledge about the generalizability of the HMT to a multicultural context in South Africa.

Literature Review

Despite the importance of adult love relationships in global human well-being, most academic knowledge about relationship dynamics and processes is still based on research conducted with Western, middle-class people living in the global Northern Hemisphere (Greenman & Johnson, 2013). Although the need for close relationships has been shown to be a universal need, constructions of close relationships and caregiving vary across different social contexts. This means that relationship expectations, scripts, and practices may differ from context to context (Adams, Anderson, and Adonu (2004); Duca, 2010; Spjeldnaes, Moland, Harris, & Sam, 2011) and that knowledge and interventions developed in the Northern Hemisphere may not necessarily apply to other contexts.

Limited research, however, exists about adult love relationship ideas and practices in South Africa, and available studies have mostly been conducted with the view to generate knowledge about risky sexual behavior and/or intimate partner violence. This problematic focus has resulted in limited knowledge about the positive functions and meanings of romantic relationships in the daily lives of South Africans (Erlank, 2008). Furthermore, South Africa has a diverse population

consisting of various ethnic and cultural groups, which makes it impossible to generalize about relationship ideas and practices within and across these diverse groups. As an acknowledgment of the population diversity, 11 languages have official language status in South Africa, although English is most commonly used to communicate across different first languages. Increasingly, during the past 15 years, immigrants, economic migrants, and refugees from other African countries have added to the multiculturalism and complexity of the demographics in South Africa (Kaliyandi & Visser, 2010). It is also important to keep in mind that, as a lingering legacy of the Apartheid era, social structures and life in South Africa are to a large extent still underpinned by notions of race. Although contentious, the racial categories that were used under the Apartheid government to separate the South African population into Black African, Colored, Indian, and White groups are, therefore, still salient and are commonly used to self-identify in contemporary South Africa. Each of these categories, however, includes diverse groups of people who hold a diversity of relationship ideas and practices. This diversity entails, among others, that people occupy different positions on a continuum of relationship beliefs and practices, with traditional cultural beliefs on one end and mainstream Western ideas on the other end. Given that the participants in this study self-identified as Black and Colored and that these terms have specific meanings in the South African context that may be unfamiliar to overseas readers, a brief overview is provided here to make the South African use of these terms clear for the purposes of this article.

The term “Black African” includes a variety of South African and African cultural groups. Among some people in these groups, especially in rural areas, traditional cultural ideas related to intimate relationships are still maintained and transmitted through rituals of initiation that aim to prepare and educate young people for the responsibilities associated with sex, marriage, and child rearing (e.g., Malisha, Maharaj, & Rogan, 2008; Mavundla, Netswera, Toth, Bottoman, & Tenge, 2010). Among Black urban people, however, such traditional customs and the core values espoused within these regarding marriage and families have merged in intricate ways with Western norms so that no one particular set of norms is adhered to. Wedding ceremonies and daily living of intimate relationships in urban communities, therefore, often combine African and Western traditions (Rudwick & Posel 2014). Furthermore, although marriage is still an ideal in contemporary Black communities (Frahm-Arp, 2012; Hunter, 2010), marriage rates have been declining over the past years in these communities (StatsSA, 2016). Women’s educational and employment empowerment, as well as Black men’s inability or unwillingness to pay high bride prices or dowries, among other reasons, have been offered to explain the decline of marriages in Black communities (Hunter, 2010).

The use of the term “Colored” is contentious and has long been used to refer to South African people of mixed racial origins. Colored people are purportedly the descendants of European settlers, indigenous Khoisan people, Cape slaves, as well as other indigenous Black African people who lived in the Cape Colony in South Africa in the nineteenth century. Similar to Black Africans, Colored South

African people share a history that includes slavery, subjugation, servitude, legalized racial discrimination during the Apartheid regime, and consistent marginalization (Adhikari, 2005; Erasmus, 2001). Historically, this group of people have been burdened with associations of sinful and promiscuous sexuality (Erasmus, 2001). It is argued (e.g., Adhikari, 2005) that to contest such negative associations, Colored people have aspired to prove that they could live according to the same norms and values as White people. Christian values, specifically, became a means for Colored people to attain a sense of respectability and social acceptability and this association between respectability aspirations and Christian ideology continues in contemporary Colored communities (e.g., Salo, Ribas, Lopes, & Zamboni, 2010). Marriage is, therefore, still an important institution in Colored communities and tends to be strongly informed by Christian ideas (Lesch & Adams, 2016).

South Africa has been undergoing immense transformational shifts since 1990, from an authoritarian Apartheid system that divided and isolated its population from social changes in the rest of the world to a liberal democracy (Landau, 2014) that brought with it increasing exposure and access to mainstream North American and European ideas. It is, therefore, not surprising that research shows that contemporary young South Africans from diverse groups now identify with Western romantic relationship ideas and highly value long-term committed romantic relationships that could lead to marriage. In line with these Western ideas, they believe that such relationships will provide ultimate emotional fulfilment and a sense of connection (Hassim, 2014; Radebe, 2012; Tofts & Collins, 2013). Studies, however, indicate that traditional notions of masculinity and femininity continue to prevail and strongly inform romantic heterosexual relationships across the various cultural groups in South Africa. Men are still commonly perceived as the head of households, disciplinarians, relationship initiators, and rational decision makers, while women are positioned as supporting husbands/men, responding to men's relationship initiatives, and emotional nurturers and caretakers. Men are, therefore, not expected to be able to emotionally relate in close relationships in the same way as do women, and research suggests that women still do most of the emotional caring work in South African heterosexual romantic relationships (e.g. Harrison, O'Sullivan, Hoffman, Dolezal, & Morrell, 2006; Mantell et al., 2009; Ratele, Shefer, & Clowes, 2012; Shefer, 2014; Van den Berg et al., 2013).

Although we could not locate any local research that has specifically investigated the prevalence of relationship distress in South Africa, various studies (e.g., Jewkes & Morrell, 2010; Richter & Morrell, 2006; Shefer et al., 2008) suggest high rates of relationship distress. These are often linked to the dominance of traditional gender ideas across population groups and the resulting power inequalities between men and women (Jewkes & Morrell, 2010; Shefer, 2014; Wilmot & Naidoo, 2014). For example, poor Black African women are often dependent on the income of men, and this phenomenon merges with cultural practices of respect for husbands to encourage women to see obedience and passivity as an integral part of appropriate behavior in the role of wife or partner to a man (Jewkes & Morrell, 2010).

Furthermore, the high rates of common mental health disorders (depression, anxiety, and substance abuse) in South Africa (Lund, Kleintjes, Petersen, & Bhana, 2012; Williams et al., 2008) could be argued to indicate the likelihood of high rates of relationship distress – given the association between relationship distress and common mental health disorders (Hook et al., 2003). Last, although reliable figures for marriage and divorce rates in South Africa are not available, the past decade has seen an increase in the number of formal divorces within the different population groups in South Africa, with an increase of nearly 5% from 2012 to 2015 reported by Statistics South Africa. A total number of 25 260 divorces were processed in 2015, an increase of 3.4% on the previous year, and 45.4% of these divorces were from marriages that lasted less than 10 years (Statistics South Africa, 2016).

Currently, research conducted on the implementation, uptake, and effectiveness of couple interventions in South Africa is almost nonexistent. Similar to Pettifor et al. (2014), we could not find any published research on assessment of couple-based interventions in South Africa. Although the high rates of heterosexual transmission of HIV in South Africa has foregrounded the importance of couple-based, rather than individual-based interventions, to reduce the high prevalence of HIV infections (Darbes et al., 2014; Medley et al., 2013), we could only locate two published studies that report on the implementation of such couple interventions (Darbes et al., 2014; Pettifor et al., 2014).

Emotionally Focused Couple Therapy

This systemic and experiential model draws from attachment theory to conceptualize adult love relationships. In adult attachment theory, adult close bonds are seen to be mainly enabled by the attachment figure's/partners' consistent availability and sensitive responsiveness to the psychosocial needs of the individual adult (Johnson, 2012; Schofield & Beek, 2009; Tucker & MacKenzie, 2012). The attachment system is activated when an adult encounters any threat, including a potential threat to the attachment relationship. Once the attachment system is activated, the availability and responsiveness of the attachment figure to the needs presented in the situation are appraised by the individual experiencing the threat. The mental representation of attachment security and consolidation of security-based strategies of affect regulation within the individual will be reinforced if the attachment figure is sufficiently available and responsive. These security-based strategies of affect regulations are meant to alleviate distress and ultimately enhance personal adjustment (Mennen & O'Keefe, 2005; Mikulincer & Shaver, 2006).

The use of the attachment bond in affect regulation is the primary focus of the EFT model. This model views the negative interaction cycles of demand/withdraw and the accompanying negative emotions typical of relationship distress as attachment phenomena. It sees partners as managing the heightened negative affect due to the threat of emotional disconnection from their partner by engaging insecure attachment strategies. Change and distress reduction is facilitated by helping couples to express the attachment fears and needs underlying the engagement of

such insecure strategies. A primary objective of EFT is, therefore, to facilitate the individual partner to recognize and express his or her attachment needs and fears in simple and clear language and, thus, to support her/his partner to take this message in and respond to it in an accepting and comforting way. The premise is that an increase in such interactions in a relationship will foster a sense of safety that will assist in developing a secure attachment relationship (Lebow, Chambers, Christensen, & Johnson, 2012; Wiebe & Johnson, 2017). EFT therefore aims to improve relationship functioning by helping a couple to develop a more secure attachment bond in their relationship and assists couples to access the resiliency and support inherent in such secure bonds or connections (Johnson, 2012; Lebow, Chambers, Christensen, & Johnson, 2012; Wiebe & Johnson, 2017).

Various scholars (e.g., Otto and Keller, 2014; Tucker & MacKenzie, 2012), however, argue that attachment theory is embedded in Western geographic, demographic, economic, social, historic, and political realities and that the construction of sensitive, attuned, and responsive caregiving in Western cultures do not necessarily apply in other cultures. Similarly, a number of current relationship theories assume emotional support to be a foundational component of satisfying and successful personal relationships, but there is insufficient evidence that emotional support is universally valued in close relationships or that sensitive and responsive emotional support is constructed in the same way across diverse groups of people (Burleson, 2003). It is, therefore, argued that we need to investigate if couples from non-Western contexts are able to relate to an intervention like EFT that relies primarily on the verbal expression of emotion and responsiveness to emotion (Greenman & Johnson, 2013; Wong, Greenman, & Beaudoin, 2017). This is especially relevant in a country like South Africa, where, as far as we could determine, no recent research has been conducted that specifically focus on the experience, expression, and regulation of emotion in close relationships. Furthermore, the cultural diversity of the South African population lends itself to investigate the appropriateness of the HMT in multicultural groups. Our study makes a first contribution in this area by exploring a diverse group of Black and Colored couples' experience of the HMT group intervention.

As already mentioned, we are aware that the use of racial categories such as "Black" and "Colored" are controversial. We want to emphasize that we use it here to denote groups of people who have not grown up in typically Western, White, middle-class contexts and may not have been socialized into dominant Western psychology, relationship ideas, and practices. They are, therefore, an appropriate group in which to explore the generalizability of a program that is grounded in a psychotherapy model that has been developed and researched in mostly North American, White, middle-class contexts.

The HMT Intervention

This relationship psychoeducation program is based on the principles and process of EFT (Johnson, 2008, 2012). It aims to increase emotional responsiveness in

nondistressed couples by facilitating accessibility, responsiveness, and engagement of partners. More specifically, the program aims to sensitise partners for their own and their partners' need for emotional closeness and security in the relationship and to learn to clearly and directly express their needs for connection and reassurance to their partners. These processes and qualities are argued to strengthen the security of a couple relationship and decrease avoidance or anxious pursuit of emotional closeness (Johnson, 2008, 2012). To reach the program objectives, the program guides couples to use the seven conversations presented in the book *Hold Me Tight*, which facilitate a process mirroring that of EFT (Johnson, 2008, 2010).

The HMT program usually entails eight 2-hour sessions implemented over several weeks and recommends a minimum of four and a maximum of 30 couples. A further recommendation is that one or more co-facilitators assist the main facilitator with the program implementation, specifically to assist couples with their dyadic exercises during the program. The eight sessions are structured as follows (as per Johnson, 2010):

Session I: *Understanding Love and Attachment*: Understanding the key concepts of attachment and the importance of emotional connection in couple relationships.

Session II: *How love goes wrong: Recognizing the demon dialogues*: Couples learn to recognize their own negative interactional cycle.

Session III: *Finding the raw spots in the demon dialogues*: Partners learn to identify their own triggers, the emotional and behavioral responses that underpin their negative interactional cycle.

Session IV: *Revisiting a rocky moment*: Partners realize how they affect each other during arguments.

Session V: *Becoming open and responsive – the HMT conversation*: couples learn to talk to each other about their vulnerabilities, insecurities, and needs for closeness once they recognize how these are hidden by secondary responses such as anger and frustration.

Session VI: *Forgiving injuries and trusting again*: Couples revisit older injuries and learn to respond empathetically to the pain and vulnerability expressed by a partner and so enhance trust in the relationship.

Session VII: *Bonding through sex and touch*: Couples learn how to enrich their sex lives through emotional connection.

Session VIII: *Keeping your love alive and caring for your relationship*: Couples learn how to maintain the gains of the workshop and continue building a secure bond.

The format entails that the facilitator presents short teaching segments at the start of each session, followed by the viewing of video clips of couples engaging in each of the seven conversations. After each teaching session, the facilitator gives participants structured exercises that each couple do together and after completion discuss in a larger group format. Johnson (2010) urges facilitators to function as group leaders and consultants and not as teachers or advisors. She further recommends that facilitators spend some time with each couple during the group exercises to assist them to address possible difficulties and create sufficient depth of engagement.

So far, four HMT efficacy studies have been conducted in the Northern Hemisphere (Conradi, Dingemans, Noordhof, Finkenauer, & Kamphuis, 2017; Kennedy, 2017; Stavrianopoulos, 2015; Wong, Greenman, & Beaudoin, 2017). We are, however, not aware of any research that has been conducted in South Africa regarding the HMT program.

Method

Research Objective

The objective of this study was to qualitatively explore South African Black and Colored couples' (i) ability to relate to the key concepts in EFT and (ii) their experience of the HMT relationship enhancement psycho-education programme.

Research Design

This was an exploratory pilot study and a qualitative research design was, therefore, best suited to reach the research objectives. We used semistructured, dyadic interviews to generate data and analyzed these data by using (Braun & Clarke, 2006; 2013) thematic analysis method.

Participants

The South African research community in this study was a convenience sample and has been selected because the authors are South African and the third author has an established relationship with the specific nonprofit organization that played a pivotal role in making this intervention possible. The participants in this study were full-time and part-time employees (and their committed partners) of a nonprofit community development organization based in an impoverished community near Cape Town, South Africa. Given the lack of EFT research on couples of Color in settings outside of North American and European contexts, we focused in this study on the majority of the staff who self-identified as Black and Colored.

The primary objective of this HMT was to make the program available to all of the nonprofit organization's staff members and we, therefore, did not implement exclusion criteria. All the participating couples were heterosexual. They reported that they were committed to their current partners and experienced their relationships as mostly satisfactory. Eight couples were South African born and two recently emigrated from other African countries. We decided to include the latter two couples in the study as immigrants from other African countries are a common phenomenon in the specific research community and has become an integral part of the multicultural profile of many low-income communities in South Africa. All the couples were affiliated to Christian religious organizations and, except for one of the couples, adhered largely to Western relationship ideas. In terms of age and relationship duration, however, they were quite diverse, as can be seen in [Table 1](#).

Table 1. Summary of sample demographic characteristics.

Couples	Age	Race	Language	Duration of relationship
1	25	Colored	Afrikaans	6 years
	29	Colored	Afrikaans	
2	36	Black	Lingala	15 years
	40	Black	Lingala	
3	36	Black	Tswana	14 years
	40	Black	IsiXhosa	
4	33	Colored	English	5 years
	33	Colored	English	
5	41	Colored	Afrikaans	28 years
	42	Colored	Afrikaans	
6	40	Colored	English	14 years
	42	Colored	Afrikaans	
7	22	Colored	English	2 years
	20	Black	Afrikaans	
8	39	Black	IsiXhosa	20 years
	40	Black	IsiXhosa	
9	22	Colored	English	15 years
	26	Colored	English	
10	25	Black	Kikuyu	4 years
	24	Black	Kikuyu	

Data Collection

Data were collected by means of two sets of semistructured, dyadic interviews conducted in English. The first set was conducted over the course of 2 weeks before the intervention by certified EFT therapists. The purpose of these interviews was to explore the couples' experience of their relationship and their expectations of the workshop. The second set of couple interviews was conducted directly after the completion of the interventions by EFT trainees who were registered relationship mental health professionals. The objective of these interviews was to explore couples' experience of the HMT intervention, specifically with regard to: (i) if and how they related to the content and process of the HMT intervention; (ii) the effect of the workshop on themselves and their relationship; (iii) the most and least helpful parts of the workshop; and (iv) suggestions for changes to the program.

Open-ended questions were used to achieve the objectives of the two sets of interviews. The first set of interviews lasted between 60 and 90 minutes and the postintervention interviews lasted between 45 and 60 minutes. We also made notes of our observations of how the participants responded to the content and process of the HMT intervention.

Research Procedure

Ethical clearance was obtained from the Stellenbosch University Human Research Ethics Committee before the research commenced. We also had the permission and support of the non-profit organization's management for implementing the group intervention on the Saturday and Sunday of one weekend at the organization's head office. Before the intervention, a certified EFT therapist met with the couples to explain the research objectives and procedures and to obtain informed consent.

Subsequently, joint interviews were conducted with each couple by a certified EFT therapist to explore the couples' experience of their relationships. Directly after the completion of the workshop, couples were interviewed by EFT trainees who were qualified mental health professionals to explore couples' experiences of the intervention and to debrief couples. It would have been useful if the interviewer who conducted the preinterviews could also have conducted the post-interviews. However, it was not a viable option as some of the couple partners worked away from home or had unpredictable work hours, which meant that they would not have been available for joint interviews within the days immediately following the workshop. For the sake of timely and complete data collection, we, therefore, decided to use multiple post-intervention interviewers to conduct the interviews in parallel immediately after the completion of the workshop. These interviewers were the couple facilitators who supported specific couples over the course of the workshop. They interviewed the couples they have worked with during the workshop and trust relationships were, therefore, already established, which aided the trustworthiness of the post-intervention interview material.

Couples who became aware of problems or issues with which they wanted or needed further assistance were referred to free counseling services. To our knowledge, two couples made use of these services. All interviews were conducted in English and audiorecorded.

Implementation of the HMT Intervention in This Specific Context

The original HMT program was adjusted to fit the specific context in the following ways: Pettifor et al. (2014), who published the only study that we could locate on the assessment of a couple-based program with South African, urban, young couples, found that their participants related well to the "Western" content and methods used in the interventions. They further report that women attended more regularly than men and that partners' availability to attend was limited by factors such as shift work and unavailability during weekdays. They recommend reduced contact sessions, offering couples counseling over weekends, and suggest that couple intervention should be offered in accessible settings such as churches or non-government organizations (NGOs). In line with these suggestions, we offered the intervention in a non-profit organization setting and over two weekend days rather than eight 2-hour sessions implemented over several weeks. We used short engaging video clips and/or experiential exercises to demonstrate the principles with regard to a specific conversation topic rather than the videotaped couple conversations provided in the original HMT program. We have listed these clips and exercises in the supplemental file. The primary motivation for not using this material was that they were too long to include in the limited teaching time available in a 2-day implementation.

The qualifications of the implementation team and their deployment according to the level of their EFT skills assured the quality of the intervention during the various activities used in the intervention. The workshop was facilitated by a certified EFT trainer (a White South African currently living in the United States), assisted

by two cofacilitators (both certified EFT therapists and White Americans) and a team of EFT trainee local relationship practitioners (White, registered social workers, psychological counsellors, clinical and/or counseling psychologists). The latter team members were all deemed able to facilitate the steps of stage one in the EFT process and were used to facilitate small group discussions as well as couple conversations. We had a ratio of one facilitator for every three couples because we were aware that many of the participants grew up in challenging circumstances and we were mindful of the possibility that the intervention may trigger difficult experiences or trauma for them. We want to note here that at the time of the workshop, the local EFT trainees were all White relationship practitioners. We are, however, very aware of the need to diversify this profile and we discuss this in further sections of this article.

Data Analysis

After transcription of the interviews, we used Braun and Clarke's (2006; 2013) data analysis process to analyze the data. We made use of deductive data analysis, in the sense that we used the specific research objectives as a coding frame with which we approached the data analysis. The first step of the analysis, therefore, consisted of the second (a certified EFT trainer) and third (a certified EFT therapist) authors listening to the audio recordings of the interviews and reading the interview transcripts with the view to note and mark the data that was relevant to each of the following specific research objectives: (i) description and experience of relationship prior to intervention; (ii) distress in relationship; (iii) expectations of the program; (iv) general experience of the intervention; (v) ability to relate to the content and process of the intervention; (vi) couples' experience of the effect of the workshop on themselves and their relationship; (vii) the most and least helpful parts of the workshop; and (viii) suggestions for changes to the program. Thereafter, these authors separately coded the data in relation to the specific research objective and made notes of their observations. The purpose of the coding was to identify everything that could be important, relevant, and interesting in relation to each of the specific research objectives. The codes comprised any word, phrase, or sentence in the interview data that the coder deemed relevant to the specific research question. The first author, an experienced qualitative researcher, then completed the further phases of the analysis process by first reviewing the credibility of the second and third authors' separate codings and then extracting and inserting it in one document for each research objective. This resulted in eight smaller documents with the extracts and coding that related to each of the eight research objectives. Subsequently, in order to enhance the trustworthiness of the analysis, the first author identified the areas of consensus between the two authors' separate codings. There were no meaningful differences between these two authors' codings that needed to be resolved, and the first author continued the analysis with these consensus codes by considering and listing how these codes could be grouped together into potential overarching themes. This process resulted in the following potential themes and subthemes:

- Used to authoritarian teaching
- Negative associations with White professionals
- Facilitators' self-disclosure bridged the divide
- Ability to relate to EFT concepts and language
- Lack of relationship vocabulary
- Novelty of deep conversations about relationship
- Needed individual facilitators to assist with couple conversations
- Difficulty to acknowledge negative emotions in relationship
- Level of psychologization/Westernization influences relationship ideas and functioning
- Relationship ideas and roles strongly informed by religion
- Construction and regulation of emotions informed by religion
- Traditional gender ideas underpin ways of emoting in relationship
- Showing love by fulfilling gender expectations and tasks
- Traditional gender notions based on religion
- God as attachment figure
- Better not to talk about hurts
- Preservation of relationship more important than individual needs
- Influence of family on relationships
- Group debriefs enjoyable and valuable
- Difficult to talk about sex
- Recommendations

This list of potential themes was reviewed to see if the themes needed to be collapsed with other themes or broken into separate smaller subthemes. Finally, given the relatively small group participants, only those themes and subthemes that best represented the majority of the participants' data were selected as final themes. In the research report, these final themes were further developed by selecting excerpts from the interviews to illustrate them, as well as incorporating relevant literature. The themes were named so that each name captured its central concept and scope and indicated its relation to the other themes and the specific research objectives. The comments of the reviewers of this article were also used to further refine the naming and organization of the themes and subthemes.

Ensuring Trustworthiness of Data Analysis

We followed the guidelines for good quality thematic analysis as identified by Braun and Clarke (2006; 2013). Specifically, we (i) adhered to the systematic process of Braun and Clarke's method and (ii) used researcher triangulation to incorporate the three authors' multiple views in the data analysis and to verify coding and identification of themes. Last, by obtaining joint dyadic data, a form of data triangulation was implemented that improved the trustworthiness of the couple data in the sense that we interviewed couples together about their experience and the impact of the program on their relationship (Finlay, 2006; Perlesz & Lindsay, 2003) rather than obtaining individual partners' feedback.

Results

Overall, our observations and the couples' feedback indicated that this diverse study group experienced the workshop as very engaging, moving, informative, and enriching their relationships. The couples also said that they could not think of anything that needed to be changed. The only suggestion that some of the couples offered was that they would have liked the intervention to be longer so that there would have been more time for some of the activities. We will mention this suggestion, where relevant, in the next section where we present and discuss the following four prominent themes that were identified in the data: Theme 1: "*It was so different*": expectations of authoritarian teaching; Theme 2: "*Words to speak what could not be spoken before*": degree of relatability to the concepts and principles covered in the HMT; Theme 3: "*We know we were going through the same thing*": the value of the group debriefs; and Theme 4: "*Opening a can of worms*": constructions of negative emotions.

Theme 1: "*It was so different*": Expectations of Authoritarian Teaching

It was clear that all of the couples were used to and expected an authoritarian, teacher-centered approach (e.g., formal lectures). They were, therefore, pleasantly surprised by the experiential nature of the workshop. One couple expressed it as follows:

Female partner: *It was great! It was so different from what I heard couples counselling is. In my community if you have a problem you go to your pastor and you tell him your problem and then you sit and listen to him telling you what you should do about the problem.*

Male partner: *I thought it was just going to be a White person speaking to us –or giving us advice from the bible – I did not realize it would be people coming at it from my level and really going into things in depth ...*

As indicated in the man's excerpt, these expectations of authoritarian teachers were often related to the participants' associations with White professionals. This was echoed by another male participant who articulated his negative preconceived idea about what to expect from White Americans as follows: "*I have to be honest, when you are told there are Americans coming you kind of think they are just going to tell you how to do things.*" Participants, however, reported that the program facilitators sharing some of their own difficult relationship experiences when they introduced themselves to the participants at the start of the program, played a critical role in addressing such negative expectations and bridging the perceived difference between themselves and the facilitators. It also encouraged their engagement in the program, as expressed by a male participant: "*Even these experts having the same issues and problems encouraged us that we could also tackle these issues.*" Although facilitator authenticity and approachability are common enabling factors in successful learning experiences (Rogers, 2001), the participants' remarks about their negative preconceived expectations highlight the importance of

implementing equalizing mechanisms when there are potential power differences related to demographic differences between program facilitators and participants. It also emphasizes the importance of training local practitioners or lay people, who share the demographics of the participants, to implement the HMT in diverse communities.

Many of the male participants said that they had preconceived ideas about authoritarian psychological interventions and expected to have a negative program experience. They were, therefore, surprised by how positively they experienced the program and how easily they could engage with the program facilitators and content. One of the men, for example, remarked:

So in the past I would have never ever considered going for couple therapy or any therapy ever ... seeing a psychologist seemed a dark thing ... So I always pictured psychologists as an experience not to be desired ... someone telling you what to do and maybe recommend some pills.

Theme 2: “Words to speak what could not be spoken before”: Degree of Relatability to Concepts and Principles Covered in HMT

The couples indicated that the concepts and terms used in the program were mostly new to them, but they could relate to them once it was explained. They found the short video clips, as well as the simple diagrams that were used in the program hand-outs and PowerPoint slides, helpful in grasping the concepts. Several of the participants pointed out that the concepts/terms enabled them to articulate what they intuitively knew. They, therefore, gained a relationship vocabulary that they lacked before the intervention, as reported by a male participant. “*It gives us words to speak what could not be spoken before.*” It also helped them to replace negative and unhelpful labels attached to a partner’s cycle behaviors with understanding ones, such as instead of calling themselves or their partner a “coward” or “runaway,” they now used the term “withdrawer,” or they replaced “aggressive” with “pursuing.”

Although the participants indicated that they could relate to the core concepts used in the HMT, some participants found the way that words such as “connection,” “trigger,” “cycle,” and “dance” were used in the context of the HMT less familiar. They, therefore, had to learn the meaning and use of these terms in the context of the workshop. They could not, however, suggest alternative terms or words that would be more accessible or familiar. Instead, several of the couples recommended that more time should be spend on enabling couples to grasp the cycle concept and how it applied to their own relationship. Most of them said that they would not have grasped their own cycle sufficiently without the help of a couple facilitator.

The extent to which the couples were able to relate to the EFT principles and concepts could perhaps be explained by most of the couples being familiar with and relating to mainstream Western relationship ideas and practices. Only one of the immigrant couples who grew up in a less-Westernized country than South Africa reported that they found the relationship ideas presented in the workshop completely novel (e.g., the idea of direct verbal expressions of love, as well as the

kind of emotional connection foregrounded in the program). Although the ideas presented in the workshop were foreign to them, they reported that it intrigued them and that they wanted to know more about these ideas. Their own relationship was strongly informed by traditional notions of the man as the head of the family and the woman as submissive and taking care of the children and daily household tasks. Both, however, were very satisfied with their relationship, and they felt loved and cared for through each partner fulfilling his/her respective duties. Given that South Africa has communities in which similar marital relationship practices are common, more research is needed with regard to the applicability of the HMT in such groups of couples.

Theme 3: “We know we were going through the same thing”: The Value of the Group Debriefs

All the couples agreed that they enjoyed the group debriefs the most. One of the couples expressed it as follows:

Male partner: I would say the parts where the couples shared their difficulties. ‘Cause it was actually good for us listening to other people’s difficulties and how they solve it ... We actually listened to their difficulties and we haven’t experienced those difficulties, so that was actually good for us, listening to other peoples difficulties and maybe for us to see if we can avoid it.

Female partner: For me it was a nice experience being with different ages and different relationships. People that were in married relationships, people that were engaged. So just hearing from them, it made us look at our relationship differently.

Interestingly, the couples especially found the sexuality group debrief engaging and valuable. The facilitators also noticed that the participants were particularly lively, laughed a lot, and interacted spontaneously with other participants – especially the male partners – during this debrief. We want to note here, however, that it is likely that the men’s dominance in this session with sexual banter and jokes demonstrated something of the way that men tend to construct sexuality as a performance area for men and find it difficult to talk about it on a deeper level.

We were mindful that participants may find it challenging to verbalize sexual issues or questions in a group because research indicates that many South Africans find it difficult to talk about sex directly and explicitly with their partners and their children (e.g., Lesch & Adams, 2016). We, therefore, invited participants to post anonymous questions that they wanted to raise in a box after the completion of the relevant couple conversation. The facilitators then organized the various questions into themes and responded to the various themes in the group debrief. Several of the participants singled out this procedure as particularly valuable as they found that their own questions or issues were addressed in this way – often issues that they did not raise themselves. One woman, for example said:

We have been together for a long time but now we know that we can find out more about ourselves and our relationship in this area ... we laughed when we heard the questions of the other people in the group because we know we were going through the same thing. We did not

think of any questions to put in but then we saw that we had the same questions when the others talked about it and the answers they got also helped us. Now he knows better where I come from and I know better where he comes from.”

Participants also reported that they wanted more information about sexual issues, such as how to deal with differences between partners with regard to sexual needs. The ideas of bonding and non-penetrative sex were also new to many of them and they wanted more information about this. In general, the participants recommended that more time should be spend on sexuality in the relationship. They specifically recommended more teaching and group interaction time on this topic.

Theme 4: “Opening a can of worms”: Constructions of Negative Emotions

As already indicated, the HMT program foregrounds emotional experience and promotes and facilitates each partner’s engagement with his/her own and their partner’s emotional experience. HMT facilitators, however, need to be mindful that people’s constructions of emotions and their beliefs about appropriate ways of dealing with emotions are shaped by various contextual factors such as culture, gender, and religion (Boiger & Mesquita, 2012; Wong, Greenman, & Beaudoin, 2017). Research, for example, has found that European Americans express more negative emotions than do African Americans in terms of daily expression of negative emotions, as well as when using emotion in conflictual situations (Conse-dine & Magai, 2002). European American children are also more likely than other American groups to encourage to express a range of negative emotions (Nelson, Leerkes, O’Brien, Calkins, & Marcovitch, 2012). It, therefore, cannot be assumed that the inherent assumptions about emotions and the emotion-focused exercises in the HMT will necessarily fit with the emotion beliefs and practices of people who have been shaped in different socio-cultural settings. Furthermore, people’s emotions about emotions (coined “meta-emotion” by authors such as Gottman, Katz, & Hooven, 1997) influence their ability to accept and respond positively to their own and their partners’ emotional experiences.

Although all the participants in this study could relate to the ideas about emotions on which the HMT intervention is based, we want to highlight three implicit emotion constructions shared by the participants in this group that complicated their engagement in the couple conversations. These beliefs may also have made it more difficult for couples to translate and maintain the principles learned in the intervention in their everyday lives after the intervention.

Subtheme A: “Let the past be”: Ignoring past Negative Experiences

For the couples, it was new to experience that it was healing and connecting to talk with partners about painful memories in their own and the relationship’s past. They seemed to hold implicit beliefs that it was unhelpful to talk about past painful experiences and believed that they were considerate toward their relationship and partners

by not asking or talking about such experiences: One male partner articulated it as follows:

... one does not want to talk about the past and you let it be because you know it hurts your partner and so you want to avoid that hurt so you ignore it ... It was difficult to go so deep. It reminded me of the bad stuff in my childhood that I want to forget. It opened a can of worms for me. But now that we have talked about it, it helped us to understand why we do what we do.

His partner agreed and said:

... I always thought that it was better not to tell him so it was really difficult for me to open up to him about what happened in my childhood, but that first session made it easier for me and I did open up ... and I realized that the past travels in your relationship.

All the couples agreed that the early couple conversations in the program were particularly difficult. Although the couples rated themselves and their relationships as nondistressed, most of the participants had adverse childhoods and they uncovered hurtful attachment experiences that had at that point not been acknowledged and talked about – let alone processed. The couples reported that they would have found it impossible to have constructive conversations without having a couple facilitator present during these conversations. It seems important, therefore, to have a good number of sufficiently skilled couple facilitators available to help with these conversations, as well as to arrange for referral resources in the aftermath of the workshop.

Couples reported in the postprogram interviews that they were surprised about how much they learned about their partner's inner worlds and that they realized that they did not know their partners as thoroughly as they thought before the program. The following couple said:

Female partner: We have always thought that we were very open in our conversations about our relationship, but we realized that we were actually very much shallow in our talks ... and we had lots of escape routes. Here in the workshop there was no escape when we sat face to face with each other – we had to talk it through ... It was good to be able to get into the deep stuff ... Actually I was very proud of him. He kind of rants away most of the times when it comes to deep things that he does not want to confront and for the first time in 10 years of being married I got to hear things that I never knew about him.

Male partner: We were able to enter into things that were deeply buried. They happened in the past and it was as if we had moved on but we realized we had not really ... The workshop sort of forced us to talk about them and that was really difficult at some points ... We now understand incidents that happened in the past and why it happened like it did.

Subtheme B: “I am the fire, he is the water”: Gendered Notions of Emotionality

Similar to couples in other parts of the world, the couples in our study tended to adhere to traditional gender complementarity ideals in the sense that both women and men implicitly assumed women to be “more emotional” than men and that

emotionality was, therefore, female territory (Jonathan & Knudson-Martin, 2012; Lamont, 2013). Women were viewed by men as more inclined to “want to talk about stuff” – a need that men found difficult to meet. It was also typically the women who specifically identified and valued increased emotional connection as a result of the workshop as illustrated by this response from one of the women:

Here we could go deeper into our feelings. Now we can relate to each other. Now I know when I have a problem deep down I know I can talk to him because now we are on the same level and he would understand. He would not have understood before.

Man, in turn, was positioned as the more rational partner who felt responsible to find practical solutions. Metaphors such as “I am the fire, he is the water” were commonly used to refer to this emotional role allocation. It appeared that men’s rational or practical mode was privileged in these couple relationships since women often dismissed or minimized their own emotional experiences with regard to the relationship or tried to process it on their own, in order not to “burden” male partners with what they could not “handle.” This emotional role division also seemed closely related to the couples in this study mostly identifying with female pursuer and male withdrawer cycles.

Related to the above, although women participants expressed their desire for more emotional connection and conversation with their male partners, they limited their expectations of their partners. This seemed to be underpinned by the essentialist gender notion that men are inherently less able to emotionally experience and express than women. It was clear, however, that similar to the findings of studies in North American contexts (e.g., Jonathan & Knudson-Martin, 2012), the men also desired emotional connection with female partners but were unskilled with regard to attuning and responding to their own and their partners’ emotional experiences. They were wary of upsetting female partners and felt unable to deal with upset and/or sad female partners.

Subtheme C: “God here it is, sort it out and I’ll just wait”: Religious Beliefs About Emotional Experience and Regulation

All the participants were affiliated with Christian churches and relied heavily on religious beliefs about good and proper heterosexual relationships to guide themselves in their understanding of, and aspirations for, emotional experiences in their own relationships. Research has indeed found that religion is an important shaper of people’s beliefs about desirable and undesirable emotions, as well as prescribing appropriate regulation and expression of emotions (Emmons, 2005). Similar to other research that found that positive emotions are foregrounded as desirable emotions in Christian believers (Kim-Prieto & Diener, 2009; Tsai, Miao, & Seppala, 2007), the participants in this study also aspired to positive emotions and ridding themselves of “negative” emotions like anger and sadness. It was, therefore, challenging for participants to acknowledge these emotions as valid and important

sources of information about themselves because they felt that they as Christians should be able to “conquer” these undesirable feelings. One of the women, for example, felt ashamed of becoming very angry with her partner because she believed that intense feelings should be reserved for God and not a human partner. Another female partner said that she turned to God, rather than her partner, when she was upset with her partner: *I run to God and hide in him because he already knows and I can't hide anything. He knows best. And I say God here it is, sort it out and I'll just wait. Because you know best.*

Although the three interconnected and implicit beliefs that we highlighted in this section are not unique to our study participants, their prevalence in the specific study group suggests that HMT facilitators should explore the cultural and religious constructions of emotional expression and regulation of groups that are different to themselves, before or at the start of the workshop. Knowledge about these beliefs will assist facilitators to consider if and how these should be explicitly raised and addressed in the workshop.

Discussion and Recommendations

The objective of this pilot study was to explore the transferability of the HMT program to a group of couples who have grown up in sociocultural contexts that differ from the North American contexts in which the HMT program has originally been developed and implemented. In collaboration with the employer of half of the participants (a non-profit organization), we implemented the program over the course of two days on the premises of the organization. Our findings indicate that all ten of the couples had a very positive experience of the program and found that it benefited the quality of their relationships. The only critical feedback indicated that they needed more time to understand the concepts, as well as assistance from the facilitators to be able to apply the concept of the negative interactional cycle to their own relationships. It is possible, however, that there may have been barriers to participants giving more extensive critical feedback, such as power differentials between the program facilitators and participants and/or sociocultural norms or etiquette that compelled participants to provide mostly positive feedback. Nevertheless, given the participants' reports of positive experiences of the intervention and our own observations of their engagement in the program, our pilot study adds to Wong, Greenman, and Beaudoin (2017) study that found some evidence that people other than Western, White, middle-class groups could relate to the program and experienced it as improving the quality of their relationships.

Our findings suggest that program facilitators should be cognizant of the following when they consider implementing the HMT in a different sociocultural contexts: (i) being sensitive to the likelihood of power differentials (related to factors like ethnicity, socioeconomic status, and gender) between facilitators and participants and addressing these with facilitator authenticity, warmth, and appropriate self-disclosure about own relationship experiences and challenges; (ii) being aware

of, and prepared for, some participants not being as familiar with the EFT concepts and use of terms due to differences in backgrounds such as recent immigration status; (iii) being mindful of dominant constructions of emotion that implicitly prevail in contexts different to their own, such as cultural, gender, and religious constructions of desirable emotions and appropriate emotional functioning; (iv) considering the prevailing norms in the context with regard to talking about sexuality and the possible need for more information about sex in committed relationships; (v) teaching material that best distill the principles and terms used in the program and thereby ensuring that couples grasp them in the available time; (vi) making the program content and activities as experiential as possible; (vii) maximizing the group debrief process as a learning and support medium throughout the implementation of the program; (viii) having enough cofacilitators present to assist couples to have successful couple conversations, and to help contain couples who encounter past traumas or attachment injuries that they have not yet had the opportunity to process; and (ix), before undertaking the HMT implementation, identifying and arranging for free and accessible counseling resources that couples can be referred to for further support.

Unfortunately, the extent to which we can offer a critical discussion of our program is limited by our inability to compare our qualitative findings to other HMT studies (Stavrianopoulos, 2015; Wong, Greenman, & Beaudoin, 2017) that used quantitative research designs and measuring instruments of which the applicability to South African groups have not yet been established. It would, therefore, be helpful to investigate the applicability of these instruments and to conduct larger and similar HMT outcome studies in order to compare the effectiveness of local HMT implementations to outcomes in overseas contexts. Furthermore, the lack of published research on the constructions of emotion in the various South African groups made it impossible to determine if the constructions identified in our study are similar to other South African groups.

Study Limitations and Recommendations

This pilot study provides preliminary confirmation that the HMT program has the potential to translate well in South African Black and Colored communities. The generalizability of the study is, however, limited by the following factors: the relatively small number of participants; their religious affiliation, their adherence to mainstream Western relationship notions, and their employer's support of the program. All these factors could be argued to have ensured the success of the HMT implementation, but these factors may not be relevant or present in other settings. We particularly want to stress the importance of investigating the generalizability of the program to groups in South Africa with less adherence to Western relationship ideas and holding to more patriarchal gender and relationship ideas, as these are still common in some South African communities. It should also be a priority to train local people to present the HMT in their own communities, rather than

professionals with different backgrounds coming from outside. This is likely to assist the transferability of the HMT to different contexts.

It should also be noted that some group cohesion may have existed in our study group prior to the workshop, because half of the partners were involved with the collaborating nonprofit organization and, therefore, knew each other. This preexisting sense of cohesion may thus have contributed to participants' felt sense of safety and their easy engagement in the group component of the program. It should also be kept in mind that for our study participants this was a first exposure to an experiential group intervention presented by accessible and appropriately self-disclosing main facilitators. It is, therefore, difficult to differentiate whether it was the HMT intervention in itself that translated well, or the more generic conducive learning and therapeutic climate created by the experiential nature of the workshop and the characteristics of the intervention facilitators. Furthermore, the only constructive feedback that we were able to obtain was limited, and future studies will need to consider additional culturally sensitive ways to obtain information from participants about what could be more helpful in future workshops. One way of doing this would be to use the same interviewer to interview couples before and after the intervention, rather than using different interviewers like we had to in our study. Using the same interviewer could contribute to building a trust relationship that could in turn facilitate a wider range of constructive feedback.

Last, an important limitation of our study was that we did not specifically explore the level of Westernization of our participants' relationship and emotion constructions. Such data would have assisted us to adjust the HMT implementation to better accommodate participants who were not as familiar with the EFT concepts and use of terms due to differences in backgrounds, such as recent immigration status. Also, it would have enabled us to provide a more comprehensive discussion of this component in this article.

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Supplementary Material

Supplemental data for this article can be accessed on the publisher's website.

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