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Case Report: Treating Marital Resentment with Radical Honesty in Strategic Family Therapy *{peer reviewed}*

case study

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Emotionally Focused Therapy is commonly treated as treatment-as-usual for entrenched relational resentment and emotional disconnection, relying on attachment repair through empathic, emotion-oriented engagement. This case report offers a clinically and ethically grounded alternative by using Strategic Family Therapy, which emphasizes therapist-directed systemic pattern disruption rather than intrapsychic exploration or affective processing. The case involves a heterosexual couple in their early 40s, married 18 years, presenting with chronic resentment during an empty-nest transition. Across three 90-minute sessions, the therapist integrated radical honesty as a directive, systemic intervention with radical presence as a stabilizing stance. Interventions included direct systemic confrontation, therapist vulnerability, and strategic reframing, all deployed within Haley's strategic model. Data from transcripts, therapist notes, and patient reflections were examined through thematic, narrative, and content-analytic methods. Radical honesty, operationalized through explicit therapist-driven challenge, disrupted ingrained avoidance sequences and generated relational accountability. Radical presence enabled the therapist to maintain ethical attunement while sustaining pressure without escalating hostility. The couple shifted from reciprocal blame to shared responsibility through structured disruption rather than insight or empathic attunement alone. This case demonstrates that, within SFT, radical honesty and presence function as deliberate tools of ethical disruption, supporting relational change where treatment-as-usual modalities may be insufficient.

Keywords: Marital Therapy, Family Therapy, Truth Disclosure, Psychotherapy, Time-Limited Psychotherapy, Emotions

Introduction/Background

Couples therapy addressing entrenched emotional disconnection, such as longstanding resentment, requires approaches that actively transform relational dynamics to achieve lasting change (Almeida & Cunha, 2023; Spengler et al., 2024; Wittenborn et al., 2018). One foundational model that anticipated this systemic understanding is Jay Haley's Strategic Family Therapy (*SFT*; 1973, 1984), which was among the first to conceptualize the family as a unified system rather than isolated individuals. Rooted in systems theory (Broderick, 1993) and influenced by Gregory Bateson's communication theory (Bateson, 1972) and Milton Erickson's hypnotherapy (Haley, 1958, 1959, 1993), Haley developed a directive, goal-oriented approach emphasizing therapist authority, power, and systemic realignment. His early work also addressed the ethical implications of therapist influence and consent within hypnosis (Haley & Erickson, 1959). This approach marked a foundational shift from intrapsychic focus to relational dynamics, viewing symptoms as strategic behaviors embedded in relational networks rather than isolated issues (Haley, 1967, 1973; [Author], 2025a; Villa, 2024). Minuchin (2007) recognized Haley's influence as foundational to modern family therapy.

In addition to its clinical impact, Haley's work carries a vital ethical dimension. Recent scholarship situates his approach within a bioethical framework emphasizing relational accountability, clinical responsibility, and ethical governance of therapeutic influence (American Association of Marriage and Family Therapy [AAMFT], 2015; [Author], 2025a). Haley challenged traditional notions of therapist

neutrality and patient autonomy by promoting ethically grounded, goal-oriented interventions that balance agency with beneficence and justice within relational systems. This perspective deepens understanding of Haley's methods as ethically responsible strategic practice, especially amid critiques that paradoxical techniques have been viewed as manipulative or controlling (e.g., critics in Anderson & Erstling, 1983; Solovey & Duncan, 1992; Wilner et al., 1988)

Within this modernist strategic tradition, this study examines how Haley–informed strategic interventions operate to confront avoidance, foster accountability, and support restoration of authentic emotional connection in brief couples therapy. Radical honesty, while not a formal Haley technique, is explored here as a clinically grounded and theoretically compatible intervention defined as direct systemic confrontation integrated with relational mindfulness and radical presence (Lord, 2017; McNamee, 2016, 2020, 2021; Morales, 2020; Shotter, 2005). This study articulates how radical honesty functions as an embedded principle within Haley's framework through therapist presence, systemic intervention, and ethically grounded confrontation. Given the inherent risk of shame in radical honesty, its ethical viability depends on sensitive therapist attunement and supportive relational context (Williams, 2017). Through in-depth case analysis, it contributes to early empirical groundwork by evaluating radical honesty's clinical utility, theoretical coherence, and ethical viability.

This qualitative single-case study analyzes session transcripts, therapist process notes, and reflections using thematic, narrative, and content methodologies to capture emotional and interactional shifts (Braun & Clarke, 2006; Krippendorff, 2018). Triangulating multiple data sources enhances analytic depth and supports clinical validity, clarifying how strategic therapist engagement disrupts rigid cycles of resentment and promotes authentic intimacy (Donkoh & Mensah, 2023). Meta-analytic evidence broadly supports the effectiveness of couple therapy across designs and timeframes, providing a general empirical foundation for focused strategic interventions (Roddy et al., 2020). Methodological rigor is emphasized not simply as procedural detail but as integral to the study's epistemological orientation and ethical commitment to responsible knowledge production.

By elucidating the therapist's active and ethically engaged role in catalyzing systemic realignment through radical honesty, the study contributes to contemporary discourse on strategic family therapy and relational mindfulness. It demonstrates that lasting relational restoration depends on the therapist's capacity to engage difficult truths with clarity, intention, and ethical responsibility. These core elements reflect and extend Haley's enduring legacy in modern clinical practice.

Theoretical Foundation

This study is grounded in a systemic theoretical framework that conceptualizes resentment as a relationally co-constructed pattern, rather than an isolated intrapsychic emotion. Rooted in systems theory, resentment is understood to emerge from recursive cycles of avoidance, defensiveness, and blame (Bateson, 1972; Broderick, 1993; Haley, 1973, 1984; Villa, 2024). These entrenched interactional patterns maintain emotional distance and relational gridlock over time. Within this view, effective intervention requires not merely insight or empathy, but strategic disruption—deliberate therapeutic actions that shift rigid relational dynamics and generate new patterns of engagement (Haley, 1984).

SFT, as developed by Jay Haley, provides the clinical foundation for this approach. Haley's model emphasizes directive, pragmatic interventions that target the structural and communicative aspects of dysfunctional relationships. However, Haley's contributions extend beyond methodology. [Author]'s (2025a) ethical reappraisal of Haley's work foregrounds the bioethical foundations of SFT and traces their codification in the AAMFT Code of Ethics, institutionalizing their relevance across systemic models of practice.

Within this ethically anchored framework, the therapist assumes a dual role: not only as a strategist, but also as a morally accountable change agent, responsible for both the clinical and ethical impact of therapeutic interventions ([Author], 2025b). This perspective is further elaborated in [Author]'s (2025b) clinical exegesis of *Strategies of Psychotherapy*, which elucidates symptoms as communicative behaviors embedded in

relational systems. [Author]'s synthesis of Haley's methods with contemporary bioethics deepens the ethical accountability of systemic interventions while preserving their pragmatic focus.

Complementing this strategic orientation is the concept of radical presence, drawn from Shotter's (2005) theory of expressive-responsive dialogue, itself rooted in Wittgensteinian language games (Harris, 1990; Hintikka, 1979). Expanded by McNamee (2016), radical presence positions the therapist as an emotionally attuned, dialogically responsive participant who grounds their interventions in emotional honesty and relational co-construction. Far from opposing strategic direction, radical presence enhances it: by softening resistance and building trust, it makes directive interventions more receivable and impactful. Radical presence, rooted in Bateson's (1972) systemic epistemology, acts as both a relational stance and a moral posture, aligning with the ethical commitments articulated in [Author]'s reinterpretation of Haley.

Together, strategic pragmatism, ethical accountability, and dialogical presence form the theoretical foundation of this study. They support an approach that aims to disrupt entrenched relational patterns while attending to the emotional, ethical, and systemic complexity of couples therapy.

Research Design and Methodology

This study employed a structured qualitative single-case design to investigate the impact of strategic interventions, particularly radical honesty and emotional vulnerability, on entrenched relational dynamics in a couple experiencing longstanding resentment and emotional disconnection (Carlonet al., 2012; Stake, 1995, 2013). Prioritizing process over outcome, the design aligned with systemic epistemology and psychotherapy case study conventions (Bruner, 1990; McLeod, 2011).

Application of Study Design

This clinical case report adheres to the CARE (CAse REport) guidelines (Gagnier et al., 2013) to ensure clarity, transparency, and reproducibility in clinical case documentation. Given the psychotherapy context, the report is further informed by psychotherapy-specific standards from Eells (2022) and the Case Study Evaluation-tool (CaSE) framework (Kaluzeviciute, 2021), which emphasize thorough clinical formulation, analytic rigor, and contextualized interpretation. Together, these frameworks guided the structured presentation of clinical data and analytic methods, supporting ethical, systematic, and practice-relevant case reporting.

Participants and Setting

The case involved a heterosexual couple presenting with longstanding emotional estrangement and escalating resentment. The intervention was conducted in Louisiana, United States, in November 2024 within an outpatient clinical setting. Services were delivered in compliance with regulatory requirements. Clinical intake revealed entrenched avoidance, emotional defensiveness, and chronic dissatisfaction. A brief therapy format consisting of three 90-minute sessions was used. Detailed contextual information about each partner and their relational history was collected to inform the intervention and interpret interactional patterns (Roddy et al., 2020).

Therapist Reflexivity

Therapist reflexivity was a foundational component of this investigation. The clinician also served as the principal investigator, necessitating careful navigation of dual roles. Reflexive strategies included: (a) immediate post-session journaling, (b) peer consultation, and (c) a comprehensive audit trail. These practices aimed to identify bias, enhance analytic transparency, and refine clinical responsiveness (Bolton, 2010; Finlay, 2002).

Case Reporting

The study also integrated the CARE (CAse REport) guidelines for psychotherapy case reporting (Gagnier et al., 2013), psychotherapy-specific standards (Eells, 2022), and the CaSE (Case Study Evaluation-tool) framework (Kaluzeviciute, 2021), ensuring ethical rigor and clarity.

Therapeutic Orientation and Case Formulation

The intervention followed the principles of SFT, emphasizing pattern disruption, directive interventions, and recursive systemic analysis (Haley, 1973, 1984). Within the first 15–20 minutes of the initial session, the therapist formulated a working hypothesis focused on the couple's interactional cycles rather than the surface-level presenting problem (e.g., job instability). The conceptual framework drew from [Author]'s (2025a, 2025b) ethical reinterpretation of SFT, where the therapist is framed as a morally accountable change agent, rather than a neutral operator of techniques. The therapist's stance integrated strategic planning with radical presence–defined as real-time emotional attunement, non-defensiveness, and dialogical responsiveness (Lord, 2017; McNamee, 2021; Morales, 2020; Shotter, 2005).

Therapeutic Stance

Relational mindfulness served as a guiding therapeutic stance. It emphasized:

- Present-centered awareness of emotional and interpersonal dynamics
- Embodied attunement to interactional shifts
- Moral responsiveness to patient vulnerabilities

This approach supports the delivery of directive interventions with both strategic precision and ethical sensitivity (Lord, 2017; McNamee, 2021).

Treatment Principles

Drawing from SFT and supported by the concept of radical presence, the intervention employed four core treatment principles. These principles guided moment-to-moment therapeutic decision-making and served as the clinical scaffolding for the case:

- **Radical Truth-Telling.** Partners were encouraged to speak with directness and emotional clarity, surfacing long-suppressed resentments and unmet needs. This principle aimed to disrupt collusive silences and emotional avoidance (McNamee, 2016; Williams, 2017).
- **Patient Action Over Comfort.** The couple was asked to take emotionally challenging steps toward reconnection even when doing so elicited discomfort. This principle follows Haley's directive logic: change occurs through strategic behavioral shifts, not emotional ease (Haley, 1984; McNamee, 2020).
- **Challenging Defensive Patterns.** The therapist directly confronted recursive patterns of blame, emotional withdraw, stonewalling, and minimization. Interventions were designed to expose and interrupt these defenses to enable more vulnerable engagement (Haley, 1984; McNamee, 2021).
- **Emotional Vulnerability.** The therapist's radical presence modeled relational risk-taking and emotional openness. This stance invited both partners to move beyond entrenched roles and toward deeper relational repair (Shotter, 2005; McNamee, 2016).

These principles operated together within a time-limited, strategic format that emphasized pragmatic change over emotional catharsis, aligning with the modernist-pragmatist ethos of SFT.

Data Collection

Multiple data sources were triangulated to ensure validity and depth:

- Verbatim session transcripts captured the interactional flow and emotional tone of therapy.
- Therapist process notes written immediately after each session, documenting impressions, hypotheses, and clinical decisions.
- Patient reflections collected over the phone via structured prompts after the couple returned home following each session to elicit clients' perceived impact of interventions.

These sources offered a layered, process-rich understanding of therapeutic change (Roddy et al., 2020).

Data Processing and Coding Workflow

Data analysis followed a multi-stage, technology-supported, offline workflow:

- Manual thematic coding in NVivo software
- Automated coding using a custom Python pipeline with *spaCy* and *pandas* libraries for:
  - Named entity recognition
  - Pattern detection
  - Lexical comparison across datasets

This dual offline system ensured human interpretive depth, computational consistency, and data security and privacy (Jockers & Thalken, 2020; Khandekar et al., 2021). Outputs were cross-referenced and validated through peer consultation and iterative raw data review. Figure 1 presents the qualitative coding and validation pipeline.

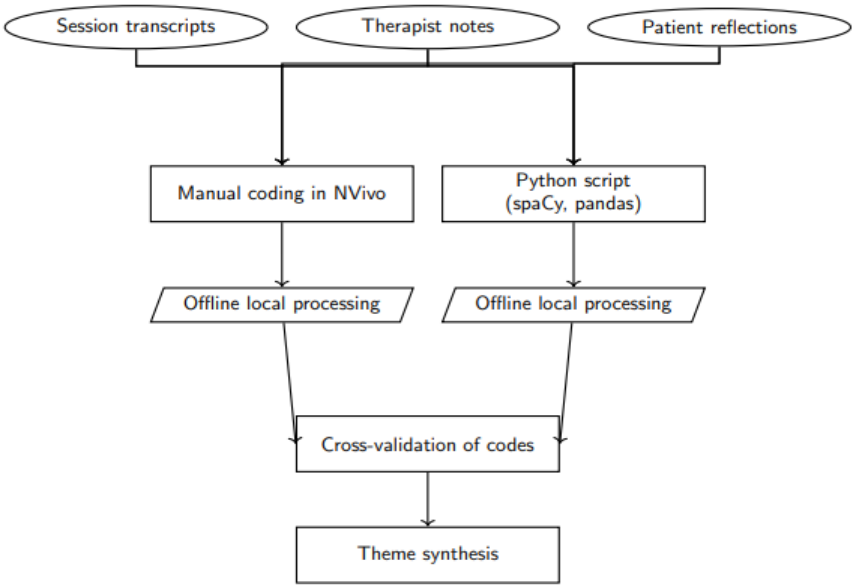


Figure 1. *Qualitative Coding and Cross-Validation Workflow*

Analytic Strategy

Three qualitative methodologies were independently applied to the validated codes:

Table 1. *Analytic Strategy*

Method	Purpose
Thematic Analysis	Identify recurring emotional and interactional patterns (Braun & Clarke, 2006)
Content Analysis	Track discourse structure and shifts pre/post intervention (Krippendorff, 2018)
Narrative Analysis	Interpret evolving self-narratives and relational storylines (Angus & McLeod, 2004)

Converging findings from these approaches allowed triangulation and enhanced interpretive credibility. When analytic contradictions arose, they were systematically resolved through reflexive journaling and return to primary data.

Operationalization of Constructs and Principles

Table 2 details how key therapeutic constructs and treatment principles were operationalized within the clinical case study, providing observable indicators for each.

Table 2. *Constructs and Principles Operationalization*

Construct / Principle	Definition	Operational Indicators	Data Source(s)
Resentment	Accumulated emotional injury from unresolved grievances	Blame statements, repetitive complaint cycles, historical references to unmet needs	Session transcripts, patient reflections
Emotional Defensiveness	Reactive protection of self from perceived emotional threat	Deflection, justification, denial, stonewalling	Therapist notes, transcript dialogue
Relational Disconnection	Chronic absence of intimacy and empathic responsiveness	Monologic speech, low affect, absence of eye contact, narrative distancing	Session observations, therapist process notes
Radical Truth-Telling	Honest expression of difficult emotions and truths	Use of emotionally direct language, confrontation of avoided topics	Session transcripts, therapist coding
Patient Action Over Comfort	Behavior that prioritizes growth over immediate emotional relief	Willingness to remain in conflictual dialogue, acceptance of discomfort for long-term change	Post-session reflections, in-session behavior
Challenging Defensive Patterns	Direct therapeutic interventions targeting avoidance or blame	Therapist confrontation of defenses, partner response to these challenges	Process notes, session transcripts
Emotional Vulnerability	Expression of core emotions that invite intimacy and connection	Tearfulness, expressions of fear or shame, emotional risk-taking	Verbatim dialogue, therapist observation

Note. Constructs were defined *a priori* based on theoretical literature, then iteratively refined through reflexive coding and peer consultation. Operational indicators refer to observable or reportable behaviors used to infer each construct's presence or emergence. Data sources include triangulated qualitative materials (session transcripts, therapist notes, patient reflections) analyzed using thematic, content, and narrative methods. A codebook was developed.

Theoretical Distinctions and Methodological Clarifications

Although resentment in couples is often conceptualized as an attachment injury rooted in emotional disconnection (Almeida & Cunha, 2023; Spengler et al., 2024; Wittenborn et al., 2018), this study adopts a different framework. Emotionally Focused Therapy (EFT), supported by decades of research (Johnson & Greenberg, 1985, 1987), has shown consistent benefits in enhancing relationship satisfaction and emotional bonding. A recent randomized controlled trial found that couples receiving EFT reported greater improvements in relationship quality and reductions in depressive symptoms compared to those receiving treatment-as-usual (Wittenborn et al., 2018; Spengler et al., 2024).

Despite its empirical support and theoretical coherence with emotion-

focused models, this study situates resentment within a strategic, systemic paradigm grounded in SFT. This approach prioritizes interactional pattern disruption and pragmatic intervention (Bobrow & Ray, 2005; [Author], 2025d) over affective transformation through empathy and attachment repair (Angus & Greenberg, 2011; Johnson, 2004). These frameworks differ epistemologically. EFT is rooted in humanistic, emotion-centered traditions, whereas SFT aligns with action-oriented pragmatism. Drawing from Socratic refutation and Deweyan logic, SFT casts the therapist as a disruptor of rigid relational patterns to catalyze behavioral and cognitive shifts ([Author], 2025c). Emotional expression is functional rather than foundational, serving strategic ends. Radical presence, conceptualized by Shotter (2005) and expanded by McNamee (2016), supports this by grounding the therapist in dialogical sincerity while preserving directive authority. Techniques that invite authentic emotional expression (Brothers, 1993; Daneshpour, 2024; Villa, 2024) are used not to replace but to enhance the impact of Haley's ethically accountable interventions ([Author], 2024).

Methodological Limitations

This study operates within a systemic epistemology that challenges linear and symptom-focused models of change. Within this tradition:

- Andersen (1991) advocates entering therapeutic dialogue without preformulated hypotheses, enabling the emergence of the not-yet-seen and not-yet-thought-of.
- Solution-focused brief therapy privileges generative solution talk over problem talk (de Shazer, 1985, 1988; de Shazer & Berg, 1997).
- Narrative therapy seeks to externalize dominant problem narratives and open alternative storylines (Roth & Epston, 1998; White & Epston, 1990).
- Milan systemic approaches foreground recursive relational dynamics as clinically salient, often more so than any single symptom (Brown, 2012).

Collectively, these traditions underscore systemic therapy's commitment to decentering the initially defined problem and prioritizing relational and contextual complexity.

Conventional pre- and post-treatment measures risk oversimplifying the recursive, co-constructed processes that systemic therapy aims to explore (Carr, 2019; Vetere & Stratton, 2016). In line with this orientation, the study did not use formal psychometric tools, opting instead for process notes, transcript analysis, and patient reflections to track progress (Asen, 2002). This reflects a deliberate methodological stance: standardized metrics may not capture the situated, relational nature of systemic change (Hedges, 2005; McNamee & Gergen, 2004).

Implications

While this process-oriented approach yields rich contextual insight, it lacks:

- Objective benchmarking with standardized outcome measures
- Quantitative generalizability across populations or studies
- Empirical calibration using established reliability metrics

Systemic therapy's emphasis on meaning, dialogue, and context can conflict with reductionist measurement tools. Nonetheless, the study demonstrates that rigorous reflexivity and triangulated analysis can provide valid insight into relational change even without numerical outcomes.

Recommendations for Future Research

Future research could adopt these strategies without abandoning systemic epistemology. Rather than replace interpretive depth, standardized metrics may complement it. This might invigorate methodological rigor in systemic research and facilitate cross-paradigm integration in broader couple and family therapy scholarship.

Table 2. *Future Research Recommendations*

Recommendation	Purpose
Mixed-Methods Integration	Blend qualitative insights with pre/post quantitative tools (e.g., ECR, DAS)
Longitudinal Follow-Up	Track whether change processes are durable beyond the therapy window
Observer-Based Process Ratings	Include third-party coding of sessions (e.g., SASB, CIRS) for independent validation
Dual Accountability Models	Combine systemic interpretive methods with replicable outcome metrics to bridge paradigmatic gaps

Clinical Case Report

This case report describes a heterosexual couple in their early 40s presenting with entrenched emotional disconnection and chronic resentment, persisting over a decade. Both partners reported mutual feelings of abandonment and communication breakdown, exacerbated during their recent empty-nest transition. Early relational neglect, emotional avoidance, and unresolved conflict characterized the dynamic.

Patient Information

The couple consisted of a 42-year-old female executive in a technology firm (Partner 1) and a 45-year-old male construction worker (Partner 2). They had been married for 18 years and were in the early stages of an empty-nest transition after raising two children. Both partners identified significant emotional distance and longstanding resentment as central issues in their relationship.

Partner 1 was raised in a family environment that discouraged emotional expression, shaping her reliance on control, logic, and emotional suppression as protective strategies. In the marital relationship, she frequently withdrew from conflict, driven by a deep-seated fear of rejection and abandonment. She reported struggling to express vulnerability, often masking emotional pain to avoid perceived harm or misinterpretation.

Partner 2 was similarly raised in an emotionally distant household where self-sufficiency was emphasized and vulnerability was discouraged. His typical coping strategy involved withdrawal and emotional avoidance, especially when confronted with his partner's emotional needs. He described feeling overwhelmed and inadequate in emotionally charged situations, leading to further disengagement.

The relationship's emotional trajectory shifted following the birth of their second child. Early in their marriage, the couple described periods of intimacy and connection; however, as parenting demands increased and careers progressed, the emotional bond between them weakened. Financial pressures, unresolved family crises, and unmet emotional needs further deepened the relational divide. Although both partners expressed a desire to reconnect, they felt uncertain about how to move beyond the entrenched resentment and restore intimacy.

Therapist Information

The therapist is both investigator and clinician, embodying the role of a strategic systemic change agent deeply informed by intersectional identities: Black, Indigenous, and Person of Color (BIPOC) and Asian American, Native Hawaiian, and Pacific Islander (AANHPI), male-bodied, neurodiverse, LGBTQIA+. Drawing on [Author]'s (2025a; 2025b) ethical reappraisal of Haley's SFT, therapeutic work is framed not merely as intervention delivery but as an ethically accountable process integrating bioethical principles of nonmaleficence, beneficence, and relational justice. The therapist's role includes strategically disrupting entrenched relational patterns while modeling emotional vulnerability and relational mindfulness, fostering radical truth-telling and patient action over comfort.

Radical presence (Shotter, 2005; McNamee, 2016) is enacted as a core clinical stance characterized by moment-by-moment attunement, emotional honesty, and dialogical engagement. This grounding enabled the therapist to dynamically respond to patient defenses and promote genuine emotional expression. The therapeutic relationship functioned as both a mirror and an experiential model for the couple's growing capacity for emotional engagement and vulnerability (Zhu, 2018).

Reflective practices shaped clinical decisions throughout the brief therapy. For example, therapist journaling after Session 1 revealed subtle patient resistance to confrontation, leading to modifications of intervention tone and pacing in subsequent sessions. Relational mindfulness was demonstrated during moments of emotional withdrawal when the therapist maintained presence and attunement through intentional silence and empathetic gestures in Session 2, enabling the couple to safely process difficult emotions together.

Clinical Findings

The couple presented with longstanding relational difficulties characterized by emotional distance, resentment, and avoidance of vulnerability. Early in therapy, both partners demonstrated defensiveness and hesitancy to engage in open communication. One partner expressed, "*I don't… I mean, I don't know how to just say it. I don't want to hurt him, but I can't pretend everything is fine either*" (Partner 1, session 1), illustrating the difficulty in articulating painful emotions. The other partner shared, *"I've been avoiding you, not because I don't love you, but because I'm afraid if I try to open up, it will just make things worse"* (Partner 2, session 3), highlighting fear of vulnerability as a core issue.

Observations revealed a pattern of emotional withdrawal and mutual blame, with resentment functioning as a shield against deeper emotional exposure. The couple's communication was marked by avoidance and defensiveness, which reinforced their relational gridlock. The therapist noted early resistance to radical honesty interventions, as seen in the partner's hesitations, and emphasized the need for confronting uncomfortable truths to facilitate change: *"You believe you are here to heal. But are you ready for what healing really requires? Healing is not about softening the blow or wrapping it in a comfortable blanket"* (Therapist, session 1).

Despite initial discomfort, the couple gradually began to articulate emotions more openly, recognizing their individual contributions to the relational dysfunction. The clinical presentation was consistent with entrenched patterns of emotional avoidance and a lack of mutual accountability, which had become barriers to intimacy and effective communication.

Timeline

Table 3 outlines the key clinical events, intervention strategies, and therapeutic milestones across the three-session treatment timeline. In alignment with Haley's (1984) SFT, as expanded by [Author] (2025c), each session was structured around deliberately sequenced interventions aimed at disrupting entrenched relational patterns and catalyzing systemic change. The table details the session-by-session application of strategic, paradoxical, and performance-based techniques, patient responses, and the rationale for each intervention. This structured progression reflects SFT's commitment to pragmatic, action-oriented change grounded in systems theory and strategic epistemology ([Author], 2025c; Watzlawick et al., 1974).

Table 3. *Strategic Therapy Process: Timeline, Interventions, and Shifts*

Session / Week	Therapeutic Focus	Intervention(s)	Observed Patient Shifts	Strategic Rationale / Purpose
1	Initial pattern mapping; disrupt emotional avoidance	**Strategic Confrontation**: Directly challenged blame dynamics **Reframing**: Resentment as self-protection	Patients showed resistance but began acknowledging internal distress; emotional defensiveness surfaced quickly	Expose recursive blame patterns; provoke discomfort to stimulate system destabilization
		Radical Presence (Therapist): Moment-to-moment attunement with challenge	Partner 1 expressed fear of vulnerability; Partner 2 admitted fear of escalation	Set foundation for safe but confronting environment
2	Escalate emotional risk-taking; disrupt mutual avoidance loop	**Prescribing the Symptom** (in reverse): Invited couple to *avoid each other completely for a day*	Partner 2 reported emotional discomfort; Partner 1 described internal tension and longing for reconnection	Highlight futility of avoidance; provoke systemic insight through experiential contradiction
		Double Bind: "You can stay silent, but silence speaks too. Either way, you are choosing your message."	Couple began to articulate unspoken expectations and repressed anger	Undermine passive roles and introduce conscious choice into unconscious patterns
		Strategic Questioning: "What are you getting from avoiding responsibility?"	Insight into their co-maintained gridlock; defensiveness reduced	Evoke cognitive dissonance to challenge habitual narratives
3	Consolidation of accountability; establish forward motion	**Guided Ordeal**: Structured vulnerability exercise (disclosure of "most withheld truth")	Both partners expressed raw emotional truths without defensive rupture	Deepen engagement through emotional risk and relational exposure
		Role Repositioning: Partner 2 asked to take temporary lead in emotional expression	Shift in relational balance observed; Partner 2 showed increased agency	Reconfigure emotional labor; test new interactional roles
		Therapist-as-Problem (light form): Therapist adopted intentionally ambivalent stance on "progress"	Couple began validating each other rather than relying on therapist affirmation	Push dyadic responsibility; reduce triangulation

Note. Interventions in Strategic Family Therapy are not pre-scheduled techniques but strategically selected maneuvers enacted in response to interactional dynamics observed in session. This table reflects the emergent structure of the therapeutic process.

Diagnostic Assessment

In line with the CARE reporting standards, diagnostic considerations were addressed prior to intervention. No formal DSM-5 or ICD-10 psychiatric diagnoses were assigned to either partner, as the presenting difficulties were relational in nature and consistent with entrenched systemic patterns rather than individual psychopathology. Both partners exhibited chronic avoidance of vulnerability, emotional defensiveness, and persistent resentment rooted in longstanding relational dynamics. These interactional processes were conceptualized within a systemic framework, consistent with SFT.

No laboratory, imaging, or psychometric instruments were administered, as the therapeutic focus was on dyadic interactional change rather than individual symptom measurement. Differential diagnostic considerations, such as mood or anxiety disorders, were explored through clinical interview but ruled out as primary drivers of the presenting problem; the evidence suggested that the symptoms were best explained by relational avoidance and recursive blame dynamics rather than a discrete psychiatric condition. Prognostic expectations were therefore tied to the couple's capacity for sustained relational change through strategic systemic intervention.

Case Formulation and Conceptualization

Upon meeting the couple in their initial session, I was able to conceptualize their case within the first 15 to 20 minutes based on their interactions, body language, and emotional distance. Within this brief window, I identified the core issues: resentment, emotional defensiveness, and a clear avoidance of vulnerability. These emotional dynamics were not merely reactive to isolated events but reflected longstanding relational patterns. The couple had become entrenched in a cycle in which each partner's emotional withdrawal and unspoken resentments prevented meaningful communication and connection.

SFT is designed to be brief, and this approach was fitting for the couple's needs. SFT does not focus on individual psychopathology and instead focuses on recursive interactional patterns. Therefore, I quickly assessed that their relational gridlock was rooted in avoidance and emotional disconnection, not surface-level disputes. The couple was stuck in a defensive stance, where emotional openness was equated with risk of rejection, escalation, or failure. Over time, this avoidance created increasing emotional distance. The therapeutic goal, therefore, was to rapidly disrupt this cycle.

It became evident early in treatment that the couple was caught in a closed feedback loop of emotional avoidance, defensiveness, and mutual blame. Each partner reinforced the very dynamics they sought to escape. These patterns had hardened into an entrenched system of emotional standoff, sustained by fear, pride, and self-protection.

Partner 1's emotional withdrawal and controlling tendencies were conceptualized as adaptive responses shaped by family norms that discouraged emotional expression. Her tendency to intellectualize and retreat during conflict had become a mechanism to avoid perceived chaos and vulnerability. This was evident in her own words:

> *"I don't... I mean, I don't know how to just say it. I don't want to hurt him, but I can't pretend everything is fine either."* (Partner 1, session 1)

Partner 2's avoidance of emotional engagement, in contrast, was driven by an implicit fear of escalation and rejection. His internalized belief that vulnerability equates to weakness likely stemmed from early familial experiences where emotion was either punished or ignored. He expressed this directly in the final session:

> *"I've been avoiding you, not because I don't love you, but because I'm afraid if I try to open up, it will just make things worse."* (Partner 2, session 3)

The couple's emotional gridlock functioned as a systemic communicative

loop driven by avoidance and reciprocal blame, with resentment serving both as a symptom of their distress and a defensive strategy to avoid confronting painful truths. The therapist's strategic focus was on disrupting this loop by fostering radical honesty, emotional risk-taking, and personal accountability, cultivating a therapeutic space that emphasized tolerance for discomfort and confrontation over premature comfort. As framed in one of the early confrontations:

> *"Resentment is an easy excuse... It is your decision to keep holding onto it, even as it destroys you both. Do you have the courage to stop pretending that the other person is the cause of your suffering?"* (Therapist, session 2)

This strategic confrontation reframed their emotional pain as co-constructed and maintained, rather than externally inflicted. By emphasizing personal accountability over blame, the intervention pushed the partners to acknowledge their complicity in the dynamic. Throughout the work, I emphasized that emotional risk not premature comfort was essential. Offering soothing reassurance in early sessions would have only reinforced their avoidant strategies. Instead, I guided them to face the discomfort of truth-telling and relational exposure as necessary steps toward intimacy and repair. As posed in session one:

> *"The only thing you can change here is not the other, but you... Do you have the guts to see the selfishness, the fear, the insecurity that has led you to act in ways that are not entirely innocent, not entirely pure?"* (Therapist, session 1)

By confronting these uncomfortable truths, the couple began to access deeper emotional layers that had been buried beneath protective behaviors. The formulation and therapeutic strategy worked in tandem: to expose, destabilize, and then reorient the couple toward a new mode of relating that allowed for genuine connection grounded in emotional honesty and mutual responsibility.

Therapeutic Intervention

While Table 1 illustrates the sequence of interventions across three sessions, these were not predetermined steps in a manualized protocol. In alignment with SFT, the intervention strategy unfolded as a function of the therapist's expertise, reflexivity, and in-the-moment assessment of the couple's interactional patterns. Thus, the 'protocol' is best understood as a structured decision-making process responsive to systemic dynamics, rather than a rigid, pre-planned session outline.

The therapy began with interventions designed to disrupt the couple's entrenched patterns of avoidance, defensiveness, and mutual resentment, and promote emotional honesty. These interactional cycles were understood as recursive systemic loops maintaining emotional disconnection and relational gridlock (Haley, 1984; Villa, 2024). From the outset, interventions were enacted within the therapist's radical presence via a dialogical stance emphasizing moment-to-moment emotional honesty, attunement, and ethical accountability (McNamee, 2016; Shotter, 2005). This stance fostered a relational climate in which vulnerability and directness could be both invited and tolerated, allowing for strategic disruption of defensive patterns.

Early in therapy, radical truth-telling was enacted as a core principle to challenge the couple's avoidance and encourage the candid expression of long-suppressed resentments:

> *"You sit here, with resentment between you. It is not a soft resentment, no—this is the kind of thing that gnaws at your soul... You don't need sympathy. You need to confront the rawness of your own lives—of your own choices."* (Therapist, session 1)

This confrontation was designed to break through the couple's habitual use of resentment as a defensive identity and avoidance strategy, in line with the principle of challenging defensive patterns (Haley, 1984; McNamee, 2021). The therapist emphasized that healing required patient action over comfort,

encouraging the partners to face painful truths rather than seek emotional relief:

> *"Healing is not about softening the blow or wrapping it in a comfortable blanket… There is only facing the truth."* (Therapist, session 1)

To further shift the systemic interaction, the therapist highlighted the necessity of personal accountability and interrupting blame cycles:

> *"Resentment is an easy excuse… Do you have the courage to stop pretending that the other person is the cause of your suffering?"* (Therapist, session 2)
>
> *"The only thing you can change here is not the other, but you… Do you have the guts to see the selfishness, the fear, the insecurity that has led you to act in ways that are not entirely innocent?"* (Therapist, session 1)

These interventions operationalized the therapist's role as an ethical change agent, not merely an observer, as emphasized in [Author]'s (2025a, 2025b) ethical reappraisal of SFT. The therapist strategically guided the couple toward rupturing maladaptive interactional loops, fostering a relational space where responsibility and vulnerability could co-exist in a controlled environment with the risk of harm (Haley, 1984; Villa, 2024).

The therapeutic relationship itself functioned as a site of intervention, modeled through radical presence and emotional vulnerability (McNamee, 2016; Shotter, 2005). The therapist invited the couple to inhabit discomfort and uncertainty:

> *"You may not have the answers right now… Can you face each other, with all your pain and your anger, and see each other clearly?"* (Therapist, session 2)

As therapy progressed, the therapist further challenged the couple to confront the consequences of their patterns and choose active change:

> *"So what comes next is not healing, not in the way that you want it… The choice is yours. But no one is coming to save you."* (Therapist, session 3)

The work culminated in an exercise of radical vulnerability, encouraging the partners to reveal moments of failure and imperfection without expectation of immediate forgiveness; and, thus, disrupting habitual defenses and paving the way for authentic connection:

> *"This is your moment to act—not out of some moral duty, but out of a deep sense of freedom that comes from finally understanding you are free to choose differently."* (Therapist, session 3)

Through the consistent enactment of these strategic interventions within a relationally attuned and ethically grounded framework, the couple began to interrupt their dysfunctional relational cycles and move toward new patterns of emotional honesty and accountability.

Beyond disrupting dysfunctional relational patterns and promoting second-order change, specific strategies cultivated radical honesty and vulnerability. The couple engaged in structured truth-telling exercises designed to surface previously avoided emotions. For instance, in Session 3, each partner was invited to share a "most withheld truth" about their feelings, guarded fears, or resentments, creating a space for raw emotional disclosure.

Strategic enactments also included role reassignments aimed at shifting relational hierarchies and encouraging new patterns of interaction. The therapist invited Partner 2 to take a leading role in expressing emotions, challenging traditional emotional distancing, and reconfiguring the couple's interactional roles. These actions sought to destabilize entrenched patterns of blame and avoidance, fostering opportunities for repair and intimacy aligned with SFT principles.

Follow-up and Outcomes

By the conclusion of therapy, the couple demonstrated significant progress in interrupting their previously entrenched systemic patterns of avoidance, defensiveness, and resentment. Initially marked by emotional distance and a lack of

authentic communication, the partners developed an increased capacity for radical honesty and emotional vulnerability. This shift reflected a gradual reconfiguration of their interactional patterns within the therapeutic system.

One of the most salient outcomes was the couple's enhanced ability to articulate their emotions and engage in difficult conversations without resorting to avoidance or defensiveness. While early sessions were marked by resistance to emotional transparency, the partners increasingly embraced the therapeutic invitation to confront uncomfortable truths. Partner 1 reflected on this process:

> *"I feel like I've finally been heard. I've been holding onto so much, and now it feels like there's space for us to grow."* (Partner 1, session 2)

Partner 2 acknowledged a growing awareness of the need to face emotional reality to move forward:

> *"It's hard, but I see now that I've been so afraid of facing the truth. I'm starting to understand that we need to stop running from these things if we want to move forward." (Partner 2, session 3)*

This enhanced emotional transparency was undergirded by the therapist's consistent enactment of radical presence and ethical strategic interventions, which modeled vulnerability while maintaining safety and control in the therapeutic space. This approach empowered the couple to take relational risks, knowing the therapist would modulate the process to prevent overwhelming escalation.

As therapy progressed, both partners began to internalize shared responsibility for relational difficulties, moving beyond a cycle of blame. Partner 1 expressed this shift:

> *"I don't feel like I'm blaming you anymore. I see how I've contributed to the mess, too."* (Partner 1, session 3)

Partner 2 mirrored this acknowledgment:

> *"I'm starting to believe that it's not all on you. We're both part of this, and we're both going to have to face it together."* (Partner 2, session 3)

This movement toward mutual accountability signified a pivotal breakthrough in the systemic dynamics of their relationship and reflected the efficacy of targeted strategic interventions disrupting maladaptive cycles.

Patient reflections throughout therapy indicated that despite the discomfort inherent in confronting painful emotions and entrenched patterns, they experienced growing empowerment and hope. Partner 1 noted:

> *"I used to feel like we were stuck in a loop. No matter what we said, it just felt like we weren't hearing each other. But now, I think I can say things that I was afraid to say before."* (Partner 1, session 3)

Similarly, Partner 2 described an emerging confidence in vulnerability:

> *"I've always been so scared to say the wrong thing or make it worse. But now, I feel like I can be honest, even when it's hard, and trust that we'll work through it."* (Partner 2, session 3)

While the couple acknowledged that their relational work remained ongoing and non-linear, the therapeutic process had effectively restructured their interactional patterns toward increased openness, accountability, and emotional connection. These are key markers of systemic healing within SFT.

Prognosis. Based on observations and progress made throughout therapy, the prognosis for the couple is cautiously optimistic. Both partners have demonstrated the ability to engage in vulnerable, honest communication was a critical factor for the health and longevity of their relationship. They have begun to acknowledge their individual contributions to the relational dysfunction and seem motivated to continue working together toward mutual healing.

However, challenges remain. Despite progress, resentment, though diminished, still lingers, and fully letting go of old emotional defenses will require time. The couple's history of avoidance and emotional disconnection may re-emerge during stressful periods or conflicts. Continued commitment to

open communication and vulnerability, especially in difficult moments, will be essential.

Given their current trajectory, the couple is likely to continue making progress, though the pace may vary. If they maintain commitment to utilizing therapeutic tools and insights, they have the potential to develop a more emotionally honest and fulfilling relationship. Periodic check-ins or follow-up sessions may help reinforce progress and address emerging challenges.

Pre/Post Measures. While no formal quantitative pre/post measures were administered, the couple's qualitative reflections suggest significant positive change. Their capacity to name and confront resentment, emotional avoidance, and defensiveness at therapy's conclusion indicates increased emotional awareness and reduced relational dysfunction. These improvements were observable in both partners' interactions during therapy (as indicated in Table 1), indicating an overall positive shift in the relational dynamic.

Patient Perspective

Throughout therapy, the couple experienced discomfort and resistance but also recognized the necessity of the work in fostering meaningful change. As the sessions progressed, both partners began to articulate a growing sense of agency and emotional clarity. In earlier sessions, they described feeling trapped in recursive loops of resentment and emotional disengagement. By the end of therapy, however, their reflections demonstrated increased self-awareness and a shift toward emotional responsibility.

> *"I used to feel like we were stuck in a loop. No matter what we said, it just felt like we weren't hearing each other. But now, I think I can say things that I was afraid to say before."* (Partner 1, session 3)

This indicated Partner 1's movement toward greater communicative agency and a disruption of prior avoidance patterns, consistent with the goals of strategic pattern interruption (Haley, 1984).

> *"I've always been so scared to say the wrong thing or make it worse. But now, I feel like I can be honest, even when it's hard, and trust that we'll work through it."* (Partner 2, session 3)

Partner 2's comment reflected a parallel shift one that moved from fear-driven silence to engaged vulnerability, a necessary step in dismantling defensive structures within the relationship.

These statements reflected more than surface-level improvements as they evidenced successful disruption of entrenched interactional patterns. The couple, once caught in a system of blame and avoidance, began to confront their roles in the dysfunction, a hallmark of SFT's reframing of symptoms as systemic rather than individual (Haley & Richeport-Haley, 2004). The therapist's modeling of radical honesty, coupled with structured, ethically attuned interventions ([Author], 2025a), allowed both partners to take emotional risks without destabilizing the therapeutic process.

Importantly, the couple no longer framed their difficulties as located in the other. Instead, they acknowledged the relational system as the locus of dysfunction. This shift from linear causality to circular responsibility signaled a core epistemological shift consistent with strategic therapy's systemic orientation (Haley, 1987). The therapy process thus succeeded not only in symptom reduction but in fostering a more sophisticated understanding of relational responsibility.

Clinical Limitations

The clinical focus in this intervention emphasized interactional sequences and meaning-making processes over treating the presenting complaint as an isolated or self-evident entity. Partner 1's primary concerns *"job instability and the demands of parenthood,"* were situated in the martial system as entrenched dynamics of emotional avoidance, defensiveness, and mutual resentment. This focus was consistent with systemic family therapy principles, particularly efforts to disrupt recursive patterns and reframe individual symptoms as relational phenomena (Haley, 1984; [Author], 2025a, 2025b). However, this approach did not explicitly

engage the broader gendered and socioeconomic dimensions that Partner 1 voiced. Although these factors were acknowledged, they remained largely peripheral to the intervention. The demands of caregiving, labor instability, and implicit gender role expectations especially as they intersected with power and vulnerability in the couple's dynamic were not substantively addressed.

This constitutes a clinical limitation of the case, as failing to integrate these contextual dimensions may constrain the depth and sustainability of therapeutic change. Future systemic interventions may benefit from more deliberately incorporating sociocultural and structural considerations into case formulation and dialogue. Addressing how gender roles, economic precarity, and social expectations shape relational distress can enhance both the precision and the ethical grounding of systemic work (Carr, 2019, 2025; Perez & Karney, 2025).

Reflections and Analytic Commentary

The therapeutic engagement with this couple illustrates the strategic, ethically calibrated disruption of recursive emotional patterns central to SFT. As conceptualized by Bateson (1972), relational dysfunction emerges not from isolated intrapsychic pathology but from homeostatic feedback loops in which symptoms function communicatively to stabilize self-perpetuating systemic ecology (Bateson, 1972; Broderick, 1993; Haley, 1973). The therapist's task, therefore, is not merely to facilitate insight but to enact epistemic disruption—a principle foregrounded in [Author]'s (2025c) philosophical reframing of Haley as a pragmatist of rupture rather than a collaborator of consensus. Within this framework, the therapist operates as a directive yet ethically accountable agent who leverages paradox, authority, and strategic maneuvering to provoke systemic reorganization and adaptive flexibility ([Author], 2024, 2025a, 2025b).

Strategic Disruption and the Ethics of Intervention. Throughout this case, interventions such as strategic confrontation, prescribing the symptom, and structured double-binds were not deployed arbitrarily but were tactically enacted to destabilize entrenched emotional homeostasis. For example, the reverse symptom prescription (i.e., asking the couple to intentionally avoid each other) surfaced latent attachment needs and exposed the futility of their defensive distancing strategies. Similarly, the double-bind ("You can stay silent, but silence speaks too") illuminated the recursive logic by which each partner maintained passivity under the guise of protection. In Batesonian terms, these maneuvers created a logical level shift, forcing the system to confront its own governing premises.

These interventions might, in a traditional ethical frame, be critiqued as coercive or manipulative—a concern long associated with pure SFT (Smith et al., 2011; Solovey & Duncan, 1992). However, as [Author] (2025c) argues, Haley's model is best understood as epistemology-by-intervention: the therapist enacts a temporary, morally accountable asymmetry not to dominate, but to unsettle and reconfigure. The goal is not consent through explanation, but transformation through lived contradiction. When applied with relational attunement and radical presence (McNamee, 2021), these techniques move beyond coercion into the domain of ethically disruptive care.

Radical Honesty as Strategic Intervention. In this case, radical honesty served as a vehicle for both systemic confrontation and therapeutic realignment. While not formally a Haleyan invention, radical honesty was embedded in a broader ecology of strategic intent. Rather than inviting vulnerability for its own sake, the therapist used honesty as a disruptive epistemic move ([Author], 2025c), aligning with Haley's preference for action over interpretation. This tactic was evident in the "guided ordeal," where each partner disclosed a long-withheld emotional truth, not as catharsis but as a repositioning maneuver that tested and recalibrated their relational stances.

Importantly, the therapist's use of radical honesty was buffered by radical presence (Lord, 2017; Shotter, 2005). This presence rendered the confrontation tolerable, if not transformative, protecting

the process from tipping into emotional overwhelm or shame. As Bateson (1972) emphasized, the pattern that connects is often paradoxical and nonlinear; here, strategic honesty functioned not as content but as pattern-shifting form.

Modeling Relational Accountability. In contrast to the passive neutrality sometimes valorized in postmodern traditions, this case illustrated the utility of therapist authority as ethical modeling. Through calculated asymmetry, the therapist assumed temporary control of the system not to impose solutions, but to expose each partner's participation in the system's dysfunction. By enacting what [Author] (2025a) calls "moral asymmetry for systemic symmetry," the therapist compelled the couple to move from mutual blame to mutual accountability. This shift reflected Haley's principle that change in one part of the system necessarily reverberates through the whole (Broderick, 1993; Haley, 1984).

Techniques such as role repositioning and the therapist-as-problem intervention exemplified this logic. When Partner 2 was asked to take temporary leadership in emotional expression, the couple's relational balance shifted. When the therapist deliberately withheld affirmations of "progress," the partners began to validate one another directly—evidence that the dyadic system was becoming self-sustaining. These moments underscored that the therapeutic relationship functions not as mirror but as catalytic third (McNamee, 2016; Zhu, 2018).

Systemic Realignment through Dialogical Presence. Building on Shotter's (2005) theory of expressive-responsive dialogue and Wittgensteinian language-games (Hintikka, 1979), the therapist's practice of radical presence was pivotal in maintaining relational engagement amid resistance. This stance, grounded in Batesonian systemic epistemology, facilitated a co-constructed process of meaning-making that repositioned the couple's narratives from entrenched defensiveness toward openness and connection (McNamee, 2021). Radical presence served as a moral posture that both enabled and contained the disruptive effects of strategic interventions, underscoring the inseparability of clinical pragmatism and ethical commitment.

Navigating Feedback, Non-Linearity, and Setback. The couple's journey toward emotional vulnerability did not proceed linearly. Moments of rupture followed breakthroughs, and periods of progress were punctuated by defensive regressions. This oscillation is not pathological; it reflects the systemic principle that change begets resistance and that systems often revert to homeostasis before stabilizing at a new level of functioning (Barman et al., 2022; Bateson, 1972). The therapist's role in this ecology was not to pathologize setbacks, but to contextualize them within a recursive feedback framework—what [Author] (2025c) might term an "ecology of epistemic disruption."

Indeed, each recurrence of avoidance provided new data for the system to reorganize. The therapist normalized these fluctuations, thereby disarming their power to stall progress. In this way, therapy enacted a pragmatist ethics (Dewey, 1938; Kolb, 2015), where meaning is generated not through linear insight but through lived, iterative experimentation.

Addressing Critiques of Coercion and Power. Finally, it is critical to situate these interventions within broader debates about the ethics of power in therapy. As [Author]'s (2025c) analysis and Table 2 highlight, critics have long flagged SFT's strategic techniques as potentially manipulative or culturally insensitive. However, this case aligns with a newer tradition of postmodern derivatives (e.g., Madanes, 1990; Sexton, 2019; Szapocznik et al., 2015) that preserve Haley's systemic rigor while reconfiguring authority as dialogical responsibility rather than strict hierarchical control.

In this model, therapist authority is exercised not to dictate but to initiate contradiction; and, thus, provoke the family system into confronting its own incoherencies. This is epistemology not as static knowledge but as feedback-informed reorganization, as Haley (1984) himself insisted. Properly wielded, such strategic interventions are not coercive, but catalytic provided they are embedded in relational ethics, ecological

sensitivity, and moment-to-moment attunement.

Conclusion

SFT, when understood as modernist-pragmatism, grounded in Batesonian systemic epistemology, emerges not as a relic of hierarchical manipulation, but as a philosophically coherent, ethically accountable framework for clinical change. This case demonstrates how strategic confrontation, radical honesty, and systemic disruption, when enacted with relational presence and moral intent, can facilitate the dismantling of rigid interactional patterns and promote sustainable relational transformation. The therapist does not merely guide change they provoke possibility within the ecology of mind.

Ethical Considerations

Informed consent was obtained prior to therapy initiation, ensuring confidentiality and both partners' understanding of the research purposes. Data handling complied with ethical research standards, drawing on multiple case reporting frameworks: the CARE guidelines (Gagnier et al., 2013), the psychotherapy-specific standards of Eells (2022), and the CaSE tool (Kaluzeviciute, 2021). Ethical practice was further grounded in the AAMFT Code of Ethics (2015), specifically Principle I (responsibility to clients: informed consent and confidentiality) and Principle III (professional competence and integrity).

This case study was conducted within a systemic psychotherapy practice as part of routine clinical work rather than as experimental research; therefore, it was not subject to formal Institutional Review Board approval, in accordance with prevailing standards for single-case reports that do not extend beyond usual care (International Committee of Medical Journal Editors [ICMJE], 2022). The study was assessed as minimal risk, as no procedures extended beyond standard therapeutic practice. Both partners provided written informed consent for participation and for publication of fully de-identified clinical material.

Data Availability Statement

The data supporting the results of this case study are not publicly available due to privacy concerns. Specific details, including codebook, regarding the case study are available upon reasonable request from the corresponding author

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Competing Interests

The author is the founding CEO and clinical director of Easy Does It Counseling. No known financial or commercial conflicts of interest related to this research are declared.

Use of AI technologies

The author confirms that no generative AI tools were used in the conception, drafting, analysis, interpretation, or revision of this manuscript.

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