Exploring the Therapeutic Family Intervention of Commendations: Insights From Research

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Offered in this article are interpretations that emerged in a qualitative, interpretive study focused on the family intervention called a "commendation." The tradition of philosophical hermeneutics informs and shapes the analysis of the data. Research participants include a heterosexual couple and a nurse who engaged in therapeutic conversations focused on difficulties with Internet pornography. Data sources include videotapes of clinical sessions, documentation, and research interviews. Isolated segments of clinical videotape are shared with the couple to prompt their memory of commending practices that emerged in clinical sessions. Commendations are not experienced by this couple as gentle and warm but instead as extremely provocative, albeit constructive. This study illuminates the complex, contextual nature of commending practice and suggests that the noticing of strengths and resources contains much more than the spoken word.

Keywords: *family intervention research; commendations; interpretive inquiry; qualitative research; family strengths*

It would be easy to assume that feelings of goodness, optimism, and hope would result from verbal acknowledgement of a couple's strengths and competencies, especially when offered by a nurse or health care professional. The power and complexity of what might appear at first glance as a deceptively simple and straightforward clinical move, such as noticing and commenting on strengths in the form of a verbal commendation, risks becoming inadvertently dismissed or glossed over. In this article, we will share a piece of a "philosophical hermeneutic inquiry" (Gadamer, 1989) focused on the family intervention called a "commendation" (Bohn, Wright & Moules, 2003; Houger Limacher & Wright, 2003; Wright & Leahey, 1990, 2005; Wright, Watson & Bell, 1996). This research gently unpacks our understanding of this intervention by exploring the ways that commending practices were at play (Gadamer, 1989) in therapeutic conversations focused on one couple's suffering related to Internet pornography.

Commending Practices

Commendations were first described in the Family Systems Nursing literature by the second author as the interventive action of drawing forth and highlighting previously unobserved, forgotten, or unspoken family strengths, competencies, and resources (Wright et aI., 1996). Similar clinical moves have been identified, although labeled

differently, in other family therapy models. Solution focused models have used the word *compliment* to describe the action of drawing forward strengths and resources (Campbell, Elder, Gallagher, Simon, & Taylor, 1999; deShazer, 1988; Wall, Kleckner, Amendt, & duRee Bryant, 1989). The narrative therapy literature adopts terms such as *sparkling moments* or *unique outcomes* to describe the thoughts, feelings, or actions that fall outside of the problem-saturated stories that frequently dominate the conversations of families seeking treatment (Freedman & Combs, 1996; Freeman, Epston, & Lobovits, 1997; White, 1989, 2000; White & Epston, 1990). It is in the noticing of these outlying experiences in which an individual's or family's strengths and resources can be acknowledged. Commendations, compliments, or sparkling moments, although distinguished as different, may well create similar experiences for families, given the shared effect of drawing forward family strengths and resources.

Within this article, the practice of noticing and drawing forth families' strengths and resources will be referred to as "commendations" or "commending practices" in an attempt to acknowledge the wide range of interactive and evolving nature of these interventions (Houger Limacher & Wright, 2003). The practices of commending are predominantly described in the literature as existing in the domain of the nurse's verbal comments (Campbell et aI., 1999; Levac, Wright, & Leahey, 1997; McElheran & Harper-Jaques, 1994; Wall et aI., 1989; Wright & Leahey, 2005; Wright et aI., 1996). We believe that commendations also exist in silence, listening, questioning, and in families' self-commending practices (Houger Limacher & Wright, 2003).

The Context for the Study

This research took place in the Family Nursing Unit at the University of Calgary, Alberta, Canada (Wright, Watson, & Bell, 1990). The Family Nursing Unit is an educational and clinical research setting where clinical practice is systemic, interactional, and strengths based (Wright & Leahey, 1990,2005; Wright et aI., 1996). The Illness Beliefs Model (Wright et aI., 1996), developed by Drs. L. M. Wright, W. L. Watson, and J. M. Bell, is the primary model guiding advanced practice in this clinic.

Clinical supervision in this setting consistently includes both videotaping and observation by a faculty member and graduate students from behind a one-way mirror. These observers offer feedback to the families who seek consultation through a process called the "reflecting team" (RT; Andersen, 1987, 1990).

Commendations in this model are described as interventive actions (Wright & Leahey, 2005; Wright et aI., 1996) that create opportunities for reflection (Maturana & Varela, 1992). It is believed that these reflections concentrate on the families' constraining or facilitating beliefs related to the problem and/or solutions to the problem. Commendations are routinely and consciously offered to families within therapeutic conversations, therapeutic letters, and in RTs. Commendations have evolved from one of the core beliefs of the Illness Beliefs Model about families: "All families have strengths, often unappreciated or unrealized" (Wright et aI., 1996, p. 50).

Anecdotal reports about the immediate and delayed affirmative responses and positive reactions of families receiving commendations would suggest that they are an effective therapeutic intervention (Wright & Leahey, 2005). To our knowledge, no previous research has unpacked this intervention.

The Research Process

The first author, as a doctoral student, conducted this research focused on exploring the experiences of three families who appeared to have been positively affected by the offering of commendations during clinical sessions. This project was supervised by the second author. The interpretations offered in this article focus on one of these families, a couple, who following two clinical interviews with the second author, reported a rapid alleviation of the problem that precipitated the consultation. Following discharge from the clinical program, the couple was approached for inclusion in this study because of the positive changes that the offering and receiving of commendations appeared to have on reducing their suffering and enhancing the therapeutic relationship between the couple and the nurse. In hermeneutics, it is important to deliberately choose participants who have something to say about a particular experience (Koch, 1999; Mayan, 2001). The nurse and the clinical team believed that the verbal commendations had a powerful effect in this clinical work. As it turned out, the couple thought somewhat differently about the power and effects of the commendations.

See Table I for a complete listing of the data sources used in these interpretations. The focus of the research interview was to explore the participants' memory of their experiences with commending practices during their clinical sessions. Prior to the research interview, the videotaped clinical sessions were reviewed, analyzed, and segments of videotape were selected as demonstrating commending moments. The selected video clips were chosen based on consistency with the definition of a commendation as a deliberate verbal expression of an identified strength or resource. The chosen segments were shared in the research interviews as a prompt to draw forward conversation about the experience of receiving or offering a commendation. These interviews were not structured but were left purposely open to explore the experience of the participants (Koch, 1999; Morse & Field, 1995).

This couple was interviewed together for the purpose of this research. There has been considerable discussion about the complexities of interviewing multiple family members, given the confounding, confusing, and interfering factors that are introduced in both data collection and analysis (Ganong, 1995; Gilliss & Davis, 1992; Racher, Kaufert, & Havens, 2000; Uphold & Strickland, 1989). These difficulties fall away in hermeneutics because the focus shifts from the "unit of analysis" to the concerns and knowledge that the family has about a particular topic.

The Conjoint Health Research Ethics Board at the University of Calgary granted ethics approval. To respect the couple's rights to confidentiality and anonymity, pseudonyms have been used, and details about the couple have been altered.

Philosophical Hermeneutics and Data Analysis

The presentation of these research findings, although organized and delivered in a temporal and linear fashion, did not unfold in the usual methodological way of scientific projects. Gadamer's (1989) philosophical hermeneutics is a tradition and an approach to inquiry that engages us in the art of understanding and interpretation; in which understanding is historically situated and brought forward through language and dialogue with other human beings (Gadamer, 1989; Moran, 2000; Palmer, 1969). The

task, in this study, was to translate and make real and intelligible something previously obscured, hidden, or unfamiliar about commending practices.

Data collection and analysis did not exist as distinct phases; interpretation was synonymous with analysis. The interpretive process was set into motion with entry into the hermeneutic circle-a process that began with early reflections about the topic (Gadamer, 1989)-and reflections documented in a personal journal that eventually took the form of extensive field notes (Kahn, 2000; Koch, 1994, 1999; Mayan, 2001). These notes contained detailed descriptions, general impressions, and intuitive feelings written during and immediately following discussions, review of videotapes and clinical documentation, and while transcribing sessions and interviews. The first author transcribed the research interviews and segments of the clinical interviews, given that the act of transcription itself is an interpretive process (Kvale, 1996).

There was a back-and-forth process associated with the development of the field notes that formed the body of this inquiry (Morse & Field, 1995; van Manen, 1997). These notes created an audit trail, one means to demonstrate theoretical rigour (Guba & Lincoln, 1981; Koch, 1994; Morse & Field, 1995), and an imperative step in the responsible undertaking of a hermeneutic study. Yet it was in the writing and rewriting of the initial interpretations and the visiting and revisiting of the videotapes and transcripts in which the particular insights offered in this article eventually came to light. The data were not analyzed in a stepwise linear fashion but were rather worked and reworked in a circular pattern. The descriptions in the next section of this article are a few of the interpretations that emerged in the process of engaging with the research participants about this topic.

Table 1
Data Sources

Videotaped Clinical Data (all clinical videotaped data were reviewed, and portions of the videotapes were transcribed and flagged by the researcher prior to the research interview)	
Clinical Session I	**Minutes**
Presession discussion between nurse interviewer and graduate students	16
Session with couple, including a reflecting team	124
Postsession discussion between nurse interviewer and graduate students	28
Clinical Session 2	**Minutes**
Presession discussion between nurse interviewer and graduate students	25
Session with couple including a reflecting team	78
Postsession discussion between nurse interviewer and graduate students	35
Documentation (reviewed prior to research interview)	
Documentation on Two Sessions	
Therapeutic Letter (a closing letter sent to the couple following the second session)	
Face-to-face interview to establish informed consent	
Discussion with the couple in their home	30
Face-to-face research interview (audiotaped and transcribed by researcher)	
Interview with the couple in their home	90
Interview with nurse clinician (second author)	70

The Researcher's Encounter With the Couple: Norah and Justin

The research interview with Norah and Justin fell on the eve of a record breaking hot summer day, in a city completely unaccustomed and unprepared for this degree of heat. Hesitant because of the temperature, both in the air and surrounding the topic, the researcher had been tempted to postpone the interview. Norah greeted me at the front door of their home, cradling the couple's baby in her arms; she was crying and rubbing splotchy red cheeks, all telltale signs of teething troubles.

The stifling outside heat had infiltrated the main floor living area where the only VCR was located. The groans of the ceiling fan dominated as it struggled to circulate even the hot air. The baby fussed, completely disinterested in the toys surrounding him on the floor. He whined and loudly voiced the discomfort we were all feeling. Even with these disruptions, the couple tenaciously chose to proceed.

Therapeutic and research interviews are not ordinary everyday conversations and, given the nature of the problem, it was conceivable that this couple's emotions might still be smoldering. This researcher began to doubt the timing of this interview, convinced this was going to be one long, hot, uncomfortable encounter.

The background noise and our sweat faded into oblivion once the videotapes of the clinical sessions sprang to life on the TV screen. A different heat ignited the dialogue. Norah, in the clinical sessions, boldly spoke about the heartbreak of discovering Justin masturbating to Internet pornography, his yearlong secret habit. Masturbation was not the problem for Norah, but she believed that masturbating to pornography was a grave and serious problem, especially Justin's frequent return to a pornographic Web site, where he had developed a relationship with a consistent partner. Fearing that she could no longer trust Justin, given his sexual betrayal and repetitive cheating behaviors, her feelings of loneliness and depression swelled.

Following the birth of their third child, Norah had been diagnosed with a postpartum depression. When the youngest was 6 months of age, she discovered Justin viewing and masturbating to pornography. Norah, in that moment, believing her marriage had ended, slashed her arm and ingested an overdose of painkillers to dull the emotional pain and heartache. Following immediate emergency and short-term psychiatric treatment, the couple's fears were partially quelled by Norah's remorse and desire for life, yet they remained uncertain about the meaning of this event on their relationship. They initiated contact with the second author. Norah no longer trusted Justin, and she believed he no longer loved her. Justin desperately wanted to regain Norah's trust and the intimacy they shared before Internet pornography.

Justin openly and directly talked about internet pornography in both the clinical and research interviews. This was a new development in the couple's relationship and a recent habit that Justin blamed on the accessibility of internet pornography. Pornography to him was nothing more than a visual form of stimulation, and he was shocked and surprised at the depth of Norah's hurt and suffering. Acknowledging his role in hurting Norah, he seemed fearless in his effort to listen and remain open to her stories of sadness, pain, and disappointment.

The Clinical Interviews

In the two clinical sessions that took place prior to the research interview, there was an all-female clinical team consisting of a faculty member and three graduate students.

The issue of gender was raised early by the RT members who wondered whether this imbalance might be problematic for Justin. If Justin's fearlessness, determination, and openness were considered the gauge, gender imbalance was not a deterrent.

The tumultuous emotions encountered in the conversations about internet pornography did not make for easy therapeutic conversations. When questioned, Norah stated that this was her first major disappointment with Justin. Infidelity can be understood as a breach of trust between a couple, in which the secrecy and lies become the culprit in destroying the relationship, not necessarily the sex (Pittman, 1989). Cybersex, or the blurry internet relationships blossoming across the country, are creating a new and burgeoning area of concern for individuals and couples disturbed by the illusionary, idealized, sexual relationships and erotica created through this technological medium (Albright & Conran, 2003; Schnarch & Morehouse, 2002).

One of the recommended intervention points when working with couples following this kind of betrayal is to focus on establishing collaborative alliances rather than primarily dissecting the experiences surrounding the secrecy and lies (Schnarch & Morehouse, 2002). Commending practices (that is, a nurse's purposeful focus on strengths and resources) could be understood as an intervention with the potential to create healing conversations by reminding, refocusing, and rebuilding a couple's alliance. The way that commending practices featured in this couple's journey and the way that these practices opened space for different understandings did not, however, fit with the usual or anticipated map in the literature.

The Research Interview

Painful Remembering

At the outset of the research interview, before reviewing videotape segments of their clinical sessions, there was a momentary stumble and struggle to introduce the topic of commending practices. During this hesitation, Norah, who is a nurse, quickly stepped in and offered examples from the sessions:

Was that the part, like when they would say things like how quick we came to therapy, or how quick we were to see, or, you know not to wait, or, that kind of stuff?

This quick rescue might suggest that there was something quite clear about what is meant by commending practices and the noticing of strengths and resources, or it might speak to Norah's knowledge of the professional discourse. Even for Justin, commending did not seem to be an invisible or quiet intervention; it had a recognizable voice. The couple immediately grasped and understood the meaning of a verbal commendation and the intent to explore their experiences with this practice.

A silent tension hung in the room as we began the review of videotape segments of their clinical sessions. These segments, although demonstrating and showing commending moments, did not alleviate the tension, perhaps signifying the depth of the difficulties that had been addressed in the sessions. Norah commented on what it was like to observe these moments.

Norah: I never wanted to see that again. But, I don't know it hasn't been an easy road to get beyond, but I think we have worked hard at it. And I mean it is not like at 100% or anything, but when you can move

beyond something like that, a really big, hurtful, thing, you are not really trying hard not to think about it too much personally. I will not be traumatized by it in the next week or anything, but it was not something I would choose to see over.

Although Norah reported significant healing to her heart's wounding, the recall of these events and of the conversations in the clinical sessions was painful. A different kind of tension floated in the room while cuing up the videotape-the tension one experiences before witnessing a somber, serious, painful event. Doherty (2002) suggested that "couples therapy may be the hardest form of therapy" (p. 26), and in our experience, the competing perspectives around a presenting problem can generate extreme heat and tension. Given that couples' issues are distinct and different from individual issues (Gottman, 1999; O'Hanlon Hudson & Hudson O'Hanlon, 1991), they can be more difficult to unravel. Commendations, it has been suggested, might begin the process of tending or preparing the ground for difficult and even heated conversations (Wright et aI., (1996).

Crisp Recall and Attention to Detail

In the process of cuing up a section of a RT conversation for the couple's review, a few seconds of the session flashed on the screen, showing the couple sitting in the interview room. Norah immediately asked, "Where is she? I don't see the baby!" Her recall, even months after the sessions had occurred, was that the baby should have been visible in the videotape. This crisp recall and memory for what appear to be miniscule physical details of the therapeutic conversation was striking.

Memory of the physical details might suggest that these contextual elements are not small, irrelevant, or meaningless to couples. These physical markers seem intimately entangled in the whole of this couple's experience of the clinical session and of the commendations they were offered. A review of only seconds of videotape, without any sound, instantly brought to recall the verbal and emotional content from the session. Therapeutic conversations, including commendations, embody much more than the statements delivered in the language of the spoken word as is often portrayed in the professional discourse.

Commending in the Clinical Sessions

Tone and voice. It was 20 minutes into the first session when the nurse interviewer, the second author, commended the couple for their desire to address such difficult issues and to set goals.

Second author/nurse: Well I'm very impressed. These are very admirable goals you have; if I could say, it seems to me that the bottom line is that you want to save your marriage. Is that right? Sounds like you came, that you had the thought that this marriage was over? And when you are trying to rebuild trust, it sounds like you want to save this marriage, and that is a very admirable thing to desire, a very honorable goal you have here, you have two little children: This is pretty important stuff.

What is striking in this transcribed commendation, taken out of context, is how flat and devoid of life and emotion the words appear on the page after listening to the videotape. In the verbal delivery of this statement, there was a depth and soft emotional subtone that could be detected and experienced in this nurse's voice. Subtone, as a musical term, commonly refers to a clarinet or saxophone's soft tones, those that when played

are "phenomenally quiet and ethereal" (Adler, 2002, p. 209). Remembering this ethereal subtone in these commendations acknowledges the layered palette of deep, rich, and complex sounds intertwined in the words and statements. Words alone, devoid of sound, may be read as shallow, flat, or colorless. There is yet another dimension to commendations, one that is difficult to capture in a written description. Tone colors might be captured and held in the cellular and bodily memories of the session, those miniscule remembrances of the whole, of the therapeutic relationship, and of the commending moments.

The nurse emphasized the couple's desire to save their marriage and suggested that this was an admirable goal. The couple, in the research interview, described how the noticing of this particular element of their personal style, their goal focus, was a meaningful observation and influential in their interpretation of their experience with the nurse.

Norah: Well I think that it depends upon what personality type, because he [referring to Justin] is very, like me too, we are both goal focused. But I think for him, you know, I am just guessing here, like emotions aside, it is kind of like let us just get to the practical solutions.

Justin: More strategies. . . We know that we are in love, and we know that we are committed, but please help us get the trust back.

Norah and Justin described the commendations offered to them as accurate and fitting but not new information, given these attributes went "without saying." They already knew these things about one another and the relationship, although Norah said it reminded her of the positive attributes she had become blind to in her anger. A different kind of remembering was evoked through hearing the commendations.

Lukewarm Commendations

It was initially rather awkward to enter into conversations focused on the experience of receiving commendations, given this couple's beliefs about the lukewarm power of commendations in the therapeutic conversations. Norah and Justin's position appeared to contrast the clinical nursing team's assessment of what had prompted such rapid and positive change in this couple's suffering and conflict. The couple did not believe that the commendations were problematic but simply that they had not created the turning point in their conversations. They did, however, believe that the focus on strengths and resources had a more pronounced and positive influence on Norah.

Justin clearly stated, early in the research interview, that the positive changes he experienced were not directly connected to commending practices but were instead connected to hearing Norah's story about how she was feeling. He did believe that hearing comments about the couple's commitment to one another had been helpful in reinforcing that change would be "positive and favorable." In exploring Justin's belief that commendations were less meaningful to him than to Norah, he said,

Justin: Not so much about gender, but the situation, between who was hurt and who did the hurting. I already saw the positive things.

Norah: Because you were the hurter.

Justin: Norah didn't see the positive things about me, and so she probably needed the commendations more than I did, because she was the one that was hurt.

This couple believed that the injured, offended, or hurt member in a couple most needed to hear commendations; they needed to be reminded about the precrisis, bedrock goodness in the relationship. Couples' work can be considered unique and challenging because of the triadic nature of the therapeutic relationship (Haley, 1987; O'Hanlon Hudson & Hudson O'Hanlon, 1991), a process that demands great care by a nurse to similarly align and connect with each partner. A nurse can never remain neutral to a topic, as we are already fully engaged in our own prejudices (Gadamer, 1989), but instead, the pressure and focus must lean toward trying to fully engage with each partner in the therapeutic relationship. Often in marital work, our experience has been that the injured party initiates the conversation and the "hurter," to use Justin's language, is a hesitant recruit to the conversational process, given their extreme feelings of shame and guilt. One temptation of a nurse might be to deliver a commendation with the intent to engage this perceived hesitant recruit and, in doing so, inadvertently risk leaving the hurt partner unacknowledged. The balancing between recognizing and commending partners is challenging for the most seasoned nurse.

Instinct and Commending

The nurse's tone, phrasing, choice of words in the delivery of the commendations, and the noticing and distinguishing of particular attributes suggested sensitivity to the other in the conversation and the relationship, a knowing that exceeded the verbal elements of the conversation. In an attempt to better understand the experience in the moment of offering a commendation, the nurse was queried:

First author: So it is something you feel? It is an affective thing, or is it more cognitive?
Second author/nurse: Well I think that it is both. I mean some of it is instinctive, but I don't like using that word.
First author: Why not? Second author I nurse: Because the instinct has developed because of couples sitting in front of me. It is because you have that ability to trust when you can push a bit harder, or you can offer hope, even though she still may be a bit angry. But to me, it's really back to knowing the relationship; are they with me or not? Are they going to let me go into that hopeful realm?

Knowing just when and how to push forward into the hopeful realm is difficult to describe and dismantle, given it all happens so quickly in the matrix of an evolving conversation. Perhaps familiarity with intense, heated, or warm and loving situations is developed by extensive and repeated exposure to similar events, and it is here in this familiarity where general rules of conduct emerge, along with the ability to instantly recognize or intuit Intuition can be understood as the ability to have an immediate understanding or insight without conscious reasoning (Onions, 1957). In developing these general rules, it may also be that the nurse develops a more sensitive ear, one in tune with the particular, unique, one-of-a-kind lines, riffs, or threads in the familiar conversations around familiar topics.

This couple described the need to be recognized as special and unique. The notion that a commendation is most meaningful when it captures something special and unique raises an interesting dilemma, given that this couple also commented on how the commendations were not foreign and unfamiliar. There is something almost paradoxical in the idea of unique, one-of-a-kind comments being situated in the completely familiar and known. Perhaps what a commendation does is push the limits of our own horizon

(Gadamer, 1989), such that the information we hear exceeds our self-understanding, casting a different light and shadow on what we thought we already knew.

Commendations in the RT

The first 10 minutes of the RT from the initial session was shared with the couple in the research interview, as it was here where many commendations were offered. The ideas gathered around the following actions:

I. Congratulating the couple and being impressed with the courage and openness they were demonstrating in seeking treatment and talking so openly to one another.
2. Commenting on how refreshing it was to experience a man who was open about such sensitive and private issues, especially to an all women's team.
3. Noticing the ways that the couple's conversations spoke of their commitment to one another and to their marriage vows.
4. Labeling Norah and Justin as a new millennium couple, given their openness.
5. Congratulating the couple for seeking assistance "so soon," given that research suggests the majority wait many years.

The moral and ethical positioning of the team is revealed in the commendations that were shared and extended within the therapeutic conversations. There appears to be a valuing of marriage and attributes such as commitment, openness, and courage as healing actions for this relationship. There are hints about how gender beliefs operate in this culture, with the team revealing their ideas about men and openness and even in their sensitivity to the ways that an all-women RT might be difficult for Justin. The words used in the offering of a commendation carry a rich history and tradition, a history that is always steering and directing the conversation. Commendations are never neutral; their historicity is ever-present as they shape, move, and argue for something and toward something.

We wonder if it is ever possible to suppress or veil one's moral and ethical beliefs, given that these beliefs are situated and come forward in language and in our conversations. Perhaps what is unveiled in a conscious action of commending is the preferred ethical position or a moral stance of the nurse. Ethics can be understood as coming to life in the conversations between the nurse and the family, as it is here where values reveal themselves in both the words that are given voice and those that are passed over. Freedman and Combs (1996) suggest that conversations become ethics in action. The word *ethic* can be defined in a broad sense as an Ethos, or as a way of being and dwelling in a community where the self finds itself as it is cultivating values in relationships (Kearney, 1999). We believe that values were being cultivated in the process of the conversation and that it was in the offering and receiving of commendations where these shared values came to life.

The Couple's Response to the RT

The icy heat of commendations. In the videotape of the clinical session, the couple's response to the RT conversation was matter-of-fact and thoughtful; they acknowledged the ideas offered. In the research interview, after listening to the same RT comments, the couple remarked on what it was like for them to hear these commendations for the first time and now again:

Norah: I just remembered that I was a little disappointed that they weren't a bit harsher on him.
First author: Oh, really?
Norah: I have read about reflecting teams, and I know you are supposed to be positive and what not, but I was also looking for someone to be on my side, for some personal validation. To tell me that I was in the right and he was in the wrong. I felt that they were building him up too much and that he wasn't getting. . . punished. When you know that you were the wronged party, and when they were building him up and saying that he was really courageous, I thought that this wasn't going to be helpful for him, because he couldn't see my point of view.

Norah shares her initial disappointment with the comments made by the RT. The idea that family members will feel good about receiving a commendation is much more complex and contextual, contingent on the problem and the persons engaged in the conversations. Feeling good was not Norah's immediate response to these commendations. She described herself as not feeling "personally validated" in the same way as Justin, a potentially disengaging situation for a family member. Justin described his experience:

Justin: I was kind of surprised, because they were saying how good it is that these two went to counseling so early, and courageous, and being so open. I didn't think of it as being a big deal. I just wanted to be able to talk about this with Norah, to start resolving it. I wasn't expecting an ego boost. It felt like, why should I be rewarded?
Norah: I told them that I thought they were buttering him up.

Justin was surprised that the team offered him commendations focused on courage and openness, not because these attributes fell outside of his awareness or that he disagreed with the observations but because he ". . . didn't see it as something that needed to be mentioned, it sort of went without saying." Justin and Norah described not feeling enamored with the commendations in the RT.

There is an easily assumed connection between receiving a commendation and the instantaneous creation of a positive experience or a positive climate. The relationship between the creation of a positive climate and the offering of a positive statement focused on drawing forward strengths and resources is not a straightforward, direct, or linear process, and in some situations, it might not exist. This couple did not believe that the commendations were directly connected to the positive changes in their relationship. In exploring their experience, they offered that they might have been responding to the hope buried in the commending messages. Although Norah did not initially experience the commendations as helpful, she believed that they had opened up space for her to think differently about Justin and the problem.

Norah: When you are really angry, you want to filter that out; you don't want to hear all positive things. Like for me, I was seriously looking for someone to validate my position. So it really was good they weren't bashing him, and they were focusing on his strengths. I totally wanted to focus on him being the bad guy. So them actually not even going there was a good thing, because I was still quite angry, but I couldn't help but to think about what they had said about him. So her kind of incessantly saying those things must have caught, they must have got through my big barrier of anger.

Commendations: Conscious and Purposeful

The purposeful way that Norah experienced the nurse shaping this interview, by incessantly stating and even hammering away at Justin's positive attributes, was noticed and remembered. This was no accidental shaping; this was a deliberate,

purposeful intervention; a persistent move directed toward shifting a dangerous and precarious pattern of anger and blame. The tone in the nurse interviewer's statements and commendations did not sound consistently gentle, soft, or neutral; there was instead a wide and colorful range in the delivery. This nurse had decided that this couple could be brought into the "hopeful realm," and she used her knowledge, expertise, and power to actively promote a different focus and a different kind of conversation. It was here, in this action, that the nurse interviewer showed her moral positioning and ethical beliefs. This action was not neutral. As Norah said, this nonneutral push helped her to get past her anger and negativity and step out of a "downward spiral." She may not have agreed with everything said by the nurse, but she did not find it offensive or disengaging. As the nurse interviewer stated, she had a sense that the couple was "with her" in a relationship.

The word *offering* can imply a particular gentleness, and both in the literature and in our writing, it has been given precedence. The word *offering,* in the Illness Beliefs Model, has a history with Maturana and Varela's (1992) Biological Theory of Cognition, in which the world is premised on the belief that human beings are structurally determined. Being structurally determined means that we are informationally and operationally closed; therefore, information cannot be taken in and acted on. Rather, the self-contained and autonomous being responds to fitting perturbations within their individual journey along a determined path (Maturana & Varela, 1992). In the therapeutic conversations with this couple, the offerings were not generally gentle.

The Cooling Heat of Commendations

It would appear as though this persistent focus on strengths and resources was useful in shifting Norah's beliefs about Justin. Norah's experience with this therapeutic push toward noticing and commenting, rather relentlessly, on the attributes of Justin and the relationship was described:

Norah: It was very helpful. I mean in retrospect, but at the time it was quite thought provoking, because I wanted somebody to be just as harsh on him as I wanted to be. He didn't understand why I was so upset that I found him masturbating to porn in our basement; he couldn't understand why I was so upset, and I think he thought I was overreacting.

Norah suggested that commending was a useful thing and that it made a difference to the problem, even though her experience in hearing the commendations did not immediately create warm or positive feelings. Commendations were provocative; they stirred up angst and ultimately invited Norah to reflect differently on her relationship with Justin. This is the goal of interventions within this practice model. These commendations did not feel good in the moment of hearing them or immediately after the session and yet they opened space for a different understanding of the problem to emerge. The commendations were not experienced as forced (Nyland & Corsiglia, 1994), but simply uncomfortable. This provocation and discomfort also surfaced when Nora heard the RT comments for the second time in the research interview:

Norah: When you don't see yourself as that at the time, I think that it catches you off guard. But also it kind of seemed like superficial compliments, not superficial, but you know. . .
Justin: Compliments for the sake of compliments.

For Norah, she was caught off guard with these statements, not unlike what she referred to elsewhere as hearing thought-provoking comments. It might be that the commendations offered fell outside of her current experience in the relationship, creating dissonance, and it may have been in this dissonance where the commendations were experienced as superficial. "Compliments for the sake of compliments" were described as existing in the realm of the superficial or ego-boosting interpretations by this couple. Norah did find herself, in the second session, experiencing commendations and conversations focused on love in a way that was different from the first session:

Norah: What I am remembering that kind of stood out for me was in the reflecting team where they kept saying that they could really tell that we loved each other, but with all of the stuff that was going on in our life, a new baby, and having three kids. . . not as strong a friendship anymore. And so that kind of was like a turning point for us, because it fostered some discussion about how we didn't spend much time with each other. It was kind of a light-bulb moment for me.

This "light-bulb moment" was the introduction of the idea that this couple, swamped with increasing demands, had been drifting apart during this developmental phase of their life. Still in love, their friendship was threatened. This comment made a profound difference to Norah, as it was from this point that she imagined a focus for change and a direction that the couple could take in rebuilding their friendship.

The content and focus of the commendations offered by this nurse and clinical team were subtly, yet substantively, different with this couple than with the other participants in this research study. The emphasis was consistently on noticing, distinguishing, and commending aspects of the couple's relationship; it was less often focused on the individuals in this relationship. The couple's admirable goal to save their marriage was favored, drawn forward, and emphasized. The commendations offered in the clinical sessions highlighted the way this couple showed love, listened, and remained open to one another in addressing very difficult and sensitive issues. One dimension that we believe this couple responded to was the unfailing hope, optimism, and confidence in the relationship, as demonstrated by the nurse's transparency (Bird, 1993) and even the uncomfortable commendations. Comments such as "you've been through a lot together"; "Where did you find the courage to change those beliefs about yourself?"; "It is impressive that you are honoring your marriage vows"; "Where did you find the courage to take a stand like this?"; "I find that quite remarkable that he was trying to walk in your shoes"; and "Well, 1 am impressed!" were scattered throughout the interviews.

This concentration around issues in the marital relationship makes sense in that the presenting problem was a couple's issue. Naturally, it would appear that the commendations offered by a nurse would habitually remain close to a presenting topic. It may have been that the couple's lukewarm response to the commendations, specifically Justin's experience of feeling "buttered up," were diluted when they were not focused tightly around the presenting problem. Perhaps commendations are more meaningful when they are directly connected to the presenting problem. Although neither partner described the experience of receiving verbal commendations as extremely powerful in the therapeutic conversations, they both described one event as exceptionally meaningful-and that was Norah's open disclosure of her feelings.

Potent and Powerful: Commending and Listening

Justin described the turning point for him in the clinical sessions as the point in the interview where Norah was encouraged to share her personal story of pain and suffering. The couple had been unable to discuss this issue on their own. The telling of Norah's story of suffering with a focus on her individual feelings created a different emotional tone, one that Justin believed invited him to hear Norah differently. A brief segment of the clinical interview is transcribed below, the point in the interview that the couple identified as significant to their healing:

Second author I nurse: You said something very poignant, that this has "broke your heart." And I am wondering if this is the first time that your husband broke your heart like this? Is it? [Norah nods yes] Yes. Is there any other time in your life that your heart has been broken to this extent? [Norah nods no] I'd like you to tell him about the effect it has had on you. Not about why you think he was doing it or anything. Can you try, just try to do this? And I would like to listen in, and see how he responds. I'd like you to speak from your heart, because that is what you are saying is broken.

Norah: Well, I guess. . . that period of time when I was pregnant. . .I just felt very unattractive to you [pause]. I felt totally unattractive, and I am still not over that; it was such a blow to my self-image. I thought that I was not enough for you or that there was something wrong with my body, that you didn't find me attractive enough to want to have sex with me or even to just lie beside me and masturbate; you had to go use other women. I started questioning me. I feel that you totally attacked me. . . that you have kind of shaken my confidence in myself [long pause]. I do not feel sure of myself with you anymore. I question, am I enough for him? Or do I have to be better than, to compete. And it still hurts me to hear that I am your number-one choice. To me, when you say that-it sounds like there are other options [Norah is crying]. Up until that point, in my mind, I was confident and secure that we had a strong relationship, and that we could talk about anything, and that I was the only one for you. And now, you know, you say I am beautiful, and you love me. . . But it rings hollow.

Second author I nurse: You are doing very well talking from your heart.

Listening to Norah's disclosure was a visceral experience, given the oppressiveness of the feelings that she seemed to be trying to shed. Stillness hovered over the conversation, broken only by her words and tears. The nurse, during a pause in Norah's speaking, urged her forward by suggesting that she was doing well speaking from her heart. We hesitate, and even resist, labeling this statement as a commendation or compliment, given the way it was located in the midst of a heavy and evocative conversation. Perhaps the commending practice in this moment was located in the silence, listening, and witnessing of Norah's story of suffering (Houger Limacher & Wright, 2003). Norah suggested that the nurse actively moved the session in a more hopeful and nonblaming direction with the suggestion to speak from her heart.

The nurse's careful structuring of the painful self-disclosure, by asking Norah to resist trying to find explanations and compelling her instead to speak to the effects of this discovery, may have created a short circuit, inviting a different texture and tone to the conversation. Justin elaborated on this experience of listening and hearing Norah's painful disclosure for the first time:

Justin: I don't know the technical term for it, but I put myself in her shoes. I projected myself, as if it was me, and I could feel her pain.

Once Justin heard Norah's story with a different emotional overtone and subtone, he seemed able to empathize with Norah's pain, sparking an unprompted apology in the

car immediately after the couple left the session. For Norah, it was this event that allowed her to move beyond heartbreak. In reviewing the transcripts, we wondered if Norah experienced herself as validated, not by a verbal commendation but instead in the form of the listening, questioning, and giving voice to her experience with suffering (Houger Limacher & Wright, 2003; Wright, 2005). These more silent commending moments may emerge during the "speaking of the unspeakable" (Wright et aI., 1996).

It has been suggested that until the offending partner can truly understand and empathize with the hurt and pain their partner has suffered, forgiveness and healing may be impossible after an extreme breach of trust (Gordon & Baucom, 1998; Olson, Russell, Higgins-Kessler, & Miller, 2002; Pittman, 1989). Forgiveness has been identified as an important dimension in healing after a wounding such as Norah experienced (Butler, Dahlin, & Fife, 2002; Diblasio, 2000; Olson et aI., 2002; Walrond-Skinner, 1998). In this interaction, Justin reported reflecting on the pain he had inflicted on his wife in a different way; he was able to put himself in her shoes. Healing, reconnection, and perhaps even forgiveness seemed to have been prompted through both the telling of this story of suffering and by Justin's new reflections gleaned through listening and attending to Norah's experience.

Conclusions and Reflections

Leaving Norah and Justin's home after the interview, the researcher's acute sensitivity and physical discomfort with the stifling outside heat had been replaced by a smoldering curiosity about this couple's experience with commendations. Norah and Justin recognized themselves in the familiar and known qualities that were drawn forward by the nurse and the clinical team. Listening to verbal commendations did not create a warm and comfortable embrace with the past but were experienced as a truth corning forward in the icy heat of the moment. It reminded Norah about the truth of their relationship, even if hearing this truth was uncomfortable, provocative, and thought provoking. Anger acquiesced in the face of the cooling commendations, and the spell of the intense and blinding anger was interrupted. For Justin, the experience of hearing verbal commendations was not powerful or provocative, and yet it was not unpalatable. It did not create distance in the therapeutic relationship. Difficult conversations that this couple had not previously been able to enter into emerged in the context of two therapeutic conversations in which the nurse purposely and consciously verbalized their strengths and resources.

This nurse clinician was not neutral or passive; she was genuine, active, and vociferous in attending to strengths and resources. In her assessment, this posture and focus was necessary to halt the spiraling negativity. She believed that the couple was ready to move into the hopeful realm. Commendations were actively and persistently at play in these therapeutic conversations.

Any discomfort, even with what were called as "superficial compliments" did not close down or silence conversation. The turning point for Justin, and ultimately the couple, was in the process of speaking, listening, and bearing witness to Norah's story of suffering. This acknowledgement of Norah's experience could be interpreted as an indirect and alternate form of commending (Frank, 1998; Houger Limacher & Wright, 2003; Wright, 2005). A transformation happened not in the words of a commendation but in the process of silence and listening. The verbal commendations by the nurse did

not inhibit or interfere with the process of opening up stories of suffering. Instead, they appeared to support these difficult conversations.

Norah and Justin's lukewarm and cooling experience with the early verbal commendations might have been what was called for in the heat of this couple's conflict, but it was not a response consistent with our previous understanding of commending. Drawing forward strengths and resources appears to contain much more than the offering of a verbal commendation, as the process is often portrayed in the literature. These commendations did not create an instantaneous feeling of warmth, nor did they create a heartfelt connection, evoke tears, or open up new understandings for this couple about one another. The commendations were reminders of the known and familiar. Norah believed that the commendations caught her attention and shifted the tone of the interview. Cooling the heated emotional tension became an efficacious part of this couple's healing.

Commending was revealed in this hermeneutic analysis to be a contextually complex event, one that emerged in the midst of language, a particular therapeutic culture, a human relationship, and inside of a couple's story of suffering. Norah and Justin's experience offers a poignant reminder of the relational complexity of this conversational event and the unpredictability of a family's response to this practice. Given our faith and trust in the goodness inherent in approaches that emphasize strengths and resources, the seduction is to embrace, unquestionably adopt, and to ritualize interventions favoring this particular direction. However, prescribing, ritualizing, and developing tight guidelines around these delicate contextual practices risks inadvertently oversimplifying them and sidetracking equally meaningful dialogue focused on better understanding what constitutes our best practices in relation to these therapeutic interventions (Benner, Hooper-Kyriakidis, & Stannard, 1999).

Adopting a hermeneutic approach in this study allowed for the relational complexity and contingency of the delicate decision-making process to be acknowledged. The agenda of this research was not to locate and uncover the best or most accurate technical rules for commending but was instead to remain focused on engaging with the textual data to bring forward new and different understandings about this practice (Gadamer, 1989). This study offers a beginning dialogue and an invitation to continue to tread carefully with this complex family nursing intervention in clinical practice, teaching, and research. It is a call for further research, clinical reflection, and ongoing conversation.

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