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# Somatic experience of emotion in emotionally focused couple therapy: Experienced trainer therapists' views and experiences

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## Abstract

In general, arousal of emotions is often felt and expressed as a somatic experience in the body. In Emotionally Focused Couple Therapy (EFT), the deepening of emotional experiencing enables therapeutic change. This research explores the experiences of eight experienced EFT trainer therapists regarding their somatic experiences in their work with couples. Using interpretative phenomenological analysis of transcribed in-depth interviews, this research data yielded three core themes that captured therapists' experiences of using their own and couples' somatic experiences in therapy: (1) the importance and relevance of somatic experiences, (2) therapists' use of their own somatic experiences, and (3) working with clients' somatic experiences. The findings suggest that therapists do focus on their own and couples' somatic experiences in their work with couples, and that EFT therapists could benefit from a map to guide therapists how to focus on felt, somatic experiences as a way of maintaining an emphasis on emotional experience.

## KEYWORDS

couple therapy, EFT, emotionally focused therapy, experiencing, somatic

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# **SOMATIC EXPERIENCE OF EMOTION IN EMOTIONALLY FOCUSED COUPLE THERAPY: EXPERIENCED TRAINER THERAPISTS' EXPERIENCES**

Emotionally Focused Couple Therapy (EFT; Johnson, 2004, 2020) is an experiential and systemic therapy that focuses on each partners' emotional attachment-related experiences in a couple. It aims to create a deep emotional experience for each partner in the session, thus enabling change and sharing of experience through enactments to foster couple's interaction and feelings of a secure emotional bond between partners (Palmer & Johnson, 2002). Even though the somatic experience of emotion is a key part of emotional experience, it has received limited examination in the EFT literature (e.g., Allan et al., 2015). The purpose of this study is to explore how experienced EFT trainer therapists describe their experiences and views on somatic phenomena in their therapeutic work. This research may provide new insight to the somatic experience of emotion in EFT couples' therapy to support therapists in facilitating partners' somatically felt, deeper emotions.

## **Somatic experience of emotion**

In experiential therapies, moderate to high emotional arousal is seen as necessary in the change process. Therefore, the therapist's aim is to facilitate emotional arousal, however not so much that it is dysregulating (Greenberg, 2015). When psychotherapy clients experience emotions, they have corresponding physiological reactions within the body (Jung et al., 2017). Self-awareness of one's internal bodily states, or interoception, plays an important part in experiencing emotions. Research by Jung and his colleagues (2017) identified significant patterns of bodily sensation for each emotion, such as fear, anger, and sadness. Hence, emotion is a person's subjective internal state of being accompanied by involuntary physiological responses.

Concurrently, some psychotherapy researchers have moved from focusing exclusively on linguistic modes of communicating, to incorporating affective and somatic modes of communicating, including in couples' therapy (Laitila et al., 2018; Nyman-Salonen et al., 2020; Seikkula et al., 2018). The roots of somatically oriented therapeutic interventions can be found in Gendlin's research (Gendlin, 1961, 1964, 1969), and his concept of "felt sense" that refers to experiencing emotions in the body (Gendlin, 1961). The phenomenological philosopher Merleau-Ponty stated that understanding of our life and world starts as an embodied experience, and further that "It is through my body that I understand other people" (1962, p. 186). In this vein, a recent study by Sleater and Scheiner (2019) applied interpretative phenomenological analysis to the therapy transcripts of six experienced clinicians working with individual clients. Their findings suggested that "embodiment" was a prominent theme of therapists' "use of self" in the therapy (Sleater & Scheiner, 2019). In the present study, we were interested in couple therapists' views on somatic phenomena, including their own and couples' somatic experiences.

## **Therapist presence**

Therapist presence has been defined by Greenberg et al., (1993) as not only showing empathy, but also including therapists' awareness of therapists' present moment experience of what is taking place in the session. Greenberg and colleagues highlighted that therapists' manner and style, including tone of voice and non-verbal expression play an essential role in communicating the therapist's presence.

Couples therapy researchers recognize that therapists' emotional presence is an important part of EFT for couples (Furrow et al., 2012). The practice of EFT, as articulated by Johnson (2004, 2020), includes empathic attunement, validation, empathic conjectures, evocative questions and responses, addressing deactivating and hyperactivating strategies, heightening, reframing, and enactments (Johnson, 2004, 2020). Johnson (2004) highlighted the therapists' access to their own emotional experience as an important source of empathy, empathic attunement, and responsiveness. However, Palmer and Johnson (2002) noted that novice therapists may be more mechanical in their execution of EFT for couples until the model is fully integrated into their way of working through the process of clinical supervision.

In a study investigating pursuer softening, which is a key change event in EFT, Furrow and colleagues (2012) reported that therapists' emotional presence predicted higher levels of client emotional experiencing. That is, when EFT therapists focused explicit attention on partners' current experiences by conveying a sense of personal presence and involvement, partners demonstrated deeper emotional experiencing (Furrow et al., 2012). Specifically, when EFT therapists softened their voice during an intervention, partners were 2.2 times more likely to have a heightened level of emotional experiencing. Higher therapist emotional responsiveness also predicted a greater likelihood of heightened partner emotional experiencing (Furrow et al., 2012). Therefore, therapists' capacity to tune into their own and clients' somatic experience may facilitate deeper engagement and an experiential therapeutic process.

## Working with clients' somatic experience

Most of the time EFT interventions involve deepening of emotion (Johnson, 2009). Those EFT interventions that involve deepening of emotion and likely a somatic component are linked to significant change events in EFT such as accessing, exploring, and heightening attachment-related fears and longings that are first experienced by one partner, and then shared through enactment between partners. Furthermore, the experience of sharing is explored with each partner (Bradley & Furrow, 2004, 2007). Understanding how therapists use heightening and evocative interventions effectively in EFT may improve our understanding of how to facilitate change for couples. Gaining a greater understanding of how therapists engage with the somatic aspect of heightening and evocative interventions may be one avenue toward this goal.

In order to better understand the role of EFT interventions involving somatic experience, Kailanko and colleagues (2020a; 2020b) studied interventions focusing on clients' somatic experiences during EFT sessions for couples. They found that experienced EFT trainer therapists used interventions that focused on partner somatic experiences, and that somatically focused interventions were significantly associated with greater depth of couples' emotional experiencing.

In the present qualitative study using the interpretative phenomenological methodology, we explored how experienced EFT trainer therapists themselves view somatic phenomena and their experiences, if and how they report paying attention to it, and how they describe their experiences of working with their own and partners' somatic experiences. Understanding the views from EFT therapists on somatic phenomena is important for two reasons. First, this kind of knowledge can help to bring a missing piece of research within the EFT framework with the goal of better understanding how the somatic aspect of experience in EFT sessions facilitates emotional change for partners. Second, this knowledge may contribute to the development of a map to guide therapists to focus on felt, somatic experiences as a way of maintaining a focus on emotional experience during EFT.

## METHOD

### Participants

We recruited eight certified EFT trainers of 56 listed on the International Centre for Excellence in Emotionally Focused Therapy (ICEEFT) website as of October 2018. We contacted 12 of them directly by email and 8 expressed their interest to participate in the study. Prior to the interview, the therapists were informed about the study procedure and provided a privacy notice, and they provided informed consent to participate in the study. The interviews took place between July and November, 2019.

The eight participants, seven females and one male, were from three different continents and had an average of more than 25 years (18–40) of clinical experience in the area of couple therapy. All were White, between 50 and 70 years of age. Experienced EFT trainer therapists were selected as the sample of therapists in order to gain collective wisdom as broadly and deeply as possible about how EFT is prototypically or ideally practiced, that is, the espoused theory of EFT practice. Thus, the selection of trainer therapists was done to see if they recognized the somatic phenomena in their work, and if they did, how they described utilizing such phenomena. All the therapists reported using only the EFT therapy approach in their practice, and they were active in providing training and supervision to new EFT therapists locally and internationally.

### Procedures

We collected data from participants in face-to-face semi-structured interviews. The goal of the interview was to capture a rich, in-depth understanding of participants' experiences of somatic phenomena in couples therapy. Topics of the semi-structured interview included: (a) participants' views of the relevance or importance of somatic phenomena to their own clinical work (b) participants' experiences of paying attention to the somatic aspect during therapy (c) participants' experiences of the use of somatic experience, if any (d) participants' examples of using somatic experiences from their own clinical work, and (e) participants' conscious awareness of using somatic experience in clinical work. We used open-ended questions, such as: How do you see the somatic phenomena in EFT? How do you use it in your work with couples? Could you give me an example, please? How consciously are you using it? How do you see the importance of somatic aspect in your work? Would you have some additional examples how you use it? in order to explore therapists' verbally reported views and experience on somatic phenomena. Interviewers followed up with additional questions such as "how", so that participants could elaborate on their views, experiences, and examples while interviewers tried to gain a deeper understanding and make sense of participants' experience.

### Analytical method

The length of the interviews was from 40 to 90 min. One interview was conducted for each therapist. Transcribed interviews were analyzed using interpretative phenomenological analysis (IPA; Smith, 1996; Smith et al., 2009, 1999; Smith & Osborn, 2008). IPA is a qualitative method of analysis that has roots in phenomenology in exploring subjective experience, and it aims to provide detailed examinations of personal lived experience. We applied a double hermeneutic method (Smith & Osborn, 2015), that refers to a way of working, when we, as researchers, try to account for how the experienced

TABLE 1 Compositional structure and illustrative quotations for core theme 2

Core theme	Code	Superordinate theme	Emergent theme	Quotations
Therapists' use of their own somatic experiences	2.1	Therapists' own body as a tool in therapy work	Consists of 15 emergent themes	Including 75 quotations
			Based on my own experience I put out bodily reaction tentatively for the client	I'll say I feel tense right now. I'm wondering, if that's what you're feeling (T1 L 350)
			I pay attention to the client, not me	No, no, I pay attention to them, not me in that moment (T3 L 62)
			I signal to clients non-verbally	I may... close my folder on the book just some indication of we got 10 minutes we're winding down (T4 L 440)
			I tune into myself and what happens inside of me as it guides me, helps to understand, describe, validate, and get the meaning	I tuned into myself, and really noticed my own...what was happening inside of me that that was a real guide into what was happening over there with my client too (T1 L 96) If I can hear their voice constricting or they're breathing, so I use my attunement in those moments to guide my questioning and my interventions (T3 L 65)
			I use my bodily experience to guide my interventions, but I never share it with the client	I never share my bodily experience or anything like that. I just use it to guide my interventions. Some therapists say I feel X Y C (T3 L 139)
			I use my body throughout the process	I use my body throughout the whole process for sure (T3 L 82)
			I use my body to deepen clients' inner experience	I'm especially aware of how much I use it in move two our surrounding deepening (T3 83)
			I use my own body to create energetic shift	I'll actually use my body to energetically shift, so that I can get more engaged and start to help them to get more engaged (T2 L 291)
			I use my physical presence	I roll out, whenever I am ready to hand the session back over to the...when I see affect or something or see a entry, I'll roll in and I lean in, I mean,
			My different bodily sensations	I see affect or something or see a entry, I'll roll in and I lean in, I mean,
			My somatic experiencing as a resource	I'm physically lean in my chair toward them (T4 L 321)
			as clients may have a block	As my client is speaking and as I'm listening to my own responses, I'm scanning my body... in my heart and in my chest (T1 L 143)
			My use of somatic aspect in the early stage	So this touches me when he's telling that story ... with the more of a blank voice...I let him see my tears. I tell it makes me sad and I turned to him and say so what's happening. So I'm using my kind of their sensory reactions to to help him to connect with his pain (T6 L 434)
			My ways of tuning myself into clients' experience	As my client is speaking... I'm scanning my body, right, or my own responses, so I would be reflecting, what I'm seeing. And as I say those words, I can feel myself starting to feel, what I'm saying (T1 L 143)

Note: N = 8 therapists.

EFT trainer therapists were viewing and making sense of somatic phenomena in their clinical work with couples. We chose IPA because it provides a framework for exploring novel research areas, like in this study of somatic phenomena of EFT couple therapy, and for gaining an understanding of participants' personal experiences.

We used purposive homogeneous sampling (Smith & Osborn, 2008) in this study. The participants were similar as all were experienced EFT trainer therapists for couples, yet they had their own experiences of somatic phenomena in their own clinical work with couples. We were committed to explore the detailed experience of each therapist, while capturing their shared experience. IPA is a dynamic process recognizing the researcher's own conceptions while the researcher is making sense of what appears during the analysis. Two of the authors (Kailanko & Wiebe) acted as interviewers and coders of the data. They are psychologists, trained in EFT at the basic level, and also trained in somatic psychotherapy. They kept a notebook to record their own pre-conceptions and theme development during the study as suggested by Giorgi (1985). The analytical process of this study followed a similar process as outlined by Smith and his colleagues (2009). That is, a series of analytical stages where emerging themes were first identified and then grouped into clusters of themes. Then, a core theme structure or table of themes was created as an outcome that captures and describes the shared experiences of participants. The description of the analytic procedure for this study is provided in the Appendix.

## Validity and reliability

The trustworthiness and validity of the present study's findings were assessed against validity criteria by Smith (2011b), such as coherence and transparency. The EFT therapists who took part in the interview had the option of receiving a copy of the transcribed interview. They were free to amend the transcript as they deemed necessary. Furthermore, the two authors (Kailanko & Wiebe) carried out and analyzed the interviews using a process of consensual validation. In this study, we applied the theoretical aspects of IPA (phenomenological, idiographic, and hermeneutic) as described in the analytical method section. The validity criteria addressing sampling for a study of eight interviews indicate having extracts from at least three participants for each theme (Smith, 2011b). This study meets this set criteria by having a minimum of three and up to six quotations for each emerging theme under each core theme. However, in addition, negative statements even by a single participant referring to the somatic aspect of emotional experience, such as "I don't use or do ..." was intentionally marked separately in order to clearly pay attention to them. For the reader to be able to transparently follow how we conducted the analysis, we provide an example, a part of the compositional structure of core theme 2 with some direct quotations from data for the emerging themes that are building blocks for core theme 2 in Table 1. Therapists (T) and transcript lines (L) for extracts are noted to ensure the audit trail.

The participants of the study are very experienced, which provided interesting and plausible research material to be analyzed. We used respondent validation in which we provided findings to a participant therapist in order to seek her views of our interpretation for the data (Dallos & Vetere, 2005). That is, we discussed the findings of the current research with one experienced EFT trainer therapist in order to understand the relevance, importance, interesting areas, and potential clinical impact of the findings.

Working on the transcribed interview texts, making preliminary markings, highlights of themes and interpretations, is a continuous reflective practice used by coders to note their own preconceptions (Smith et al., 2009). However, one may not be conscious of one's own attitudes and views (Smith et al., 2009). Therefore, to achieve consensual validity, all interview material was reviewed by the



two coders to verify what was marked as interesting or important. From the reflexive validity point of view, the two authors acting as interviewers and coders note that their own understanding of the somatic experience in EFT has changed pre-to post interviews.

## RESULTS

The analysis of interview transcripts yielded three core themes. They were as follows: (1) the importance and relevance of somatic experiences, (2) therapists' use of their own somatic experiences, and (3) working with clients' somatic experiences. The findings of this study, the core and superordinate themes, are presented as an overview in Table 2, and then each core theme is discussed in separate sections. Smith (2011a) recommends sampling extracts from half of the sample for each theme. In this study, each of the superordinate themes is supported by verbatims from at least half of the participants. In the text below, we show the audit trail of verbatims by referencing transcripts with therapists' number (T1) and transcript lines (L111) for each extract.

### Core theme I: Importance and relevance of somatic experiences

This core theme reflects the importance and relevance of somatic experience of emotion that participants associated with their clinical work with couples. All eight therapists viewed the somatic aspect as important to their therapeutic work. Verbatim descriptions of this theme included: "Absolutely. Yeah. I couldn't do without it" (T4, L 458); "Totally 100 percent" (T5, L418); "Definitely" (T1, L 484); "I can't imagine not working somatically in EFT". One therapist stated that "I think emotions show themselves somatically. I think the body doesn't lie. You can say you're feeling something, but the body really, I think, manifests your emotions" (T2, L 386). Furthermore, participants stated that the somatic aspect needs to be explicitly recognized within EFT, as indicated in these verbatim accounts: "I think one of the S's in the RISSSC acronym (i.e., repeat-images-soft-slow-simple-client's words), ... needs to stand for somatic or sensations, in my opinion" (T5, L 418); "I think it's interesting and great that you're focusing on this (somatic experience) in your study, because I think we do use a somatic aspect in EFT quite a bit, but we're not necessarily always explicit about it" (T3, L 250).

The participants discussed the benefits of working with the somatic experience, as indicated in these verbatim accounts: "I know that it's a fruitful venue for explore" (T3, L 57); "I do think that non-verbal expression of emotion is often the entry point" (T2, L 77); "It's the channel for lasting change" (T1 L 485); "The body sensations help lots of people tune in, and other people just deepen, what's going on" (T1, L437). Therapists reported that they consciously use the somatic aspect: "I'm very aware of it, and it's something that I trust. It's probably my biggest resource" (T1, L 190); "By this kind of focusing, my eyes are even more onto their sensory-motor process. So, I'm more precise, I'm more aware of it all, and I have much more information" (T6, L 56). The EFT therapists viewed the somatic aspect throughout the therapy process as highly relevant. For example, one participant noted that "I would focus on the body throughout the process, and also use myself in that way through the process" (T3 L 138). Working with somatic experiences was viewed as rewarding by some therapists, and they reported that it allowed them and clients to work on a deeper level: "It's what makes the work meaningful and deep, otherwise it's an intellectual exercise" (T1, L 485).

The participants also discussed the reasons and needs for their interest in somatic experience. All of the therapists mentioned how challenging it is to work with withdrawing partners: "With a withdrawer, when they're in their heads and that's where they're comfortable speaking from, ... I'm



wanting to work experientially, and then I will do EFT interventions, and I won't get very far... nothing really will come of them. And I'll say, 'how is it for (you that I ask) about your inner world, and can you help me know what sensations are coming alive when I try to get focused on your inner world?' People often report discomfort or tension, so I'll linger there because that tension, that discomfort, is something I want to then bring alive experientially" (T5 L 93); "I felt like I had no access as there were no words, no emotions. There was really nothing happening in them in the sessions..., so I felt like I have to find another route to make sense of what is going on and get into the connection" (T6 L 26).

The participants had different experiences of working with pursuers' somatic experience. Some reported that "The pursuers are usually so much more verbal, and yet also struggle to get in touch with what's happening somatically, ... as they're maybe sharing a bunch of reactive emotions." (T5 L 113). Therefore, some therapists suggested that somatic experience may help the pursuer to slow down and get their focus inside of themselves instead of outside: "One of the primary ways we know to slow pursuers down is to help them slow down enough to connect to their somatic experience, so they're not just reacting emotionally and then getting caught in their own reactivity, which makes it bigger and brings them further from their intrapsychic experience" (T5 L 118). One therapist reported that they may say to pursuing clients: "Help me know what you feel on the inside, what sensations are you aware of. I see your hand making a fist, or I see your legs shaking, so you are feeling what on the inside" (T5 L 115). However, another therapist viewed working with pursuers differently saying: "I wouldn't want to say, where do you feel that in your body, especially, if it's a dysregulated pursuer, because they already feel in their body, and we don't want to draw attention to it. It's already hot and we want to kind of get in calm, sort of regulated enough that they can sort of be still in and feel something that they can talk about what they feel, and how this person (their partner) makes them feel that way" (T4 L 645).

The participants explained that the somatic experience of emotion came from a need to be able to work with clients, such as withdrawers or the need to go deeper into the felt experience. They discussed their own developmental paths toward using somatic experiences as a therapist that might have taken several years since their training as a counseling or family therapist did not include a focus on the therapists' somatic or emotional experience. Some reported that the traditional role of a therapist was to be "blank slate." Therefore, using somatic experience of emotion was learned by copying or imitating colleagues, or by seeking external training that focused on somatic experience.

## **Core theme II: Therapists' use of their own somatic experiences**

This core theme of therapists using their own body as a tool in the therapeutic encounters had the highest number of quotations from participants. Moreover, all therapists brought up this aspect: "Yes. I noticed when my body responds to the process with the partners, and I pay attention to my somatic responses, my somatic experience" (T5 L 53).

The therapists noted that their own somatic cues were guiding them in their work and interventions: "It took me some time to trust my own emotional experiences and how I might experience that somatically ... If I tuned into myself, and really noticed ... what was happening inside of me. That was a real guide into what was happening over there with my client" (T1 L 91); "I use my own experience as a barometer that guides me in terms of clinical decision making and interventions ... I check in with the partner as a means of helping them assemble and deepen their emotion. And then, I help them to use that emotion. That's very much connected to their somatic experience to create corrective emotional experiences to allow them to move forward ..." (T3 L 31).

**TABLE 2** Core and superordinate themes

Core theme	Code	Superordinate theme (# of extracts)
Importance and relevance of somatic experiences	1.1	Somatic aspect as an important part of the session (6)
	1.2	Consciously using somatic experience in clinical work (4)
	1.3	Using and paying attention to somatic aspect in own clinical work (11)
	1.4	Therapists own development and training on somatic aspect (15)
Therapists' use of their own somatic experiences	2.1	Therapists' own body as a tool in therapy work (75)
	2.2	Therapists being aware of and regulating own somatic sensations (38)
Therapists working with clients' somatic experiences	3.1	Therapists notice partners' somatic cues (24)
	3.2	How therapists use somatic aspect in work with partners (57)
	3.3	Somatic experience in alliance building (7)
	3.4	Teaching clients to pay attention to own somatic experience (12)
	3.5	Working on couples' somatic bonding (27)
	3.6	Partners notice therapists' somatic reactions (8)

Note: *N* = 8 therapists.

The participants described starting already in the first session with a goal to feel what it is like to be the clients in their couple relationship. The therapists reported that it helps them to understand and validate the partners and their coping strategies if they put themselves in the partners' shoes, and if they scan their own body and responses while a partner is speaking. When partners are blocked to their own emotional experience, therapists aim to feel the partners' experience within themselves in order to be able to invite or help each partner to feel. For example, one therapist suggested that they might say to a client "... as you're talking, I get the sinking feeling in my own body, and I'm wondering if you relate to that at all or how is it for you or..." (T2 L 225). However, it is important to note that one therapist had a different approach and she explicitly stated not sharing her own somatic experience with partners in a couple, rather she may silently note the importance of her own somatic experience in guiding her interventions.

The participants described that they may use their body and somatic reactions like letting their own tears be seen in order to deepen emotion in a partner. For example, one therapist described such an event in a couple therapy session: "I noticed a tear in his eye. I might pay attention to that and ask 'if your eyes could speak what would they say?', and as I do that, I'll be soft and slow, and I'll let my own emotion surface, and use my own eyes to deepen it (the emotion) with that person's eyes" (T3 L 87).

The participants also reported the use of their body to check what is going on between the couple in the room by tuning to their own sensations. Their own somatic cues like heart rate or feeling hot might inform them that something destructive might be happening in the room between a couple. If a couple is moving really quickly back and forth in a reactive mode, then the therapist might tune into to their own feeling of confusion and verbalize it to partners: "I feel tense right now. I'm wondering, if that's what you're feeling" (T1 L350). The therapists also reported intentionally changing body position, such as leaning forward to create an energetic shift in the room or to create more connection. Sometimes the therapist's own heart was a signal that they were being triggered emotionally by what was occurring in the couple interactions.

The therapists frequently brought up that they are aware of their own emotional state through somatic experiences, and that they attempt to regulate their own somatic sensations to maintain their professional balance and attitude. Sometimes they were triggered or overwhelmed by what was occurring

in the session, “I have to track my own reactions. When I don't feel safe, I will go to my head, but I know I'm not doing good EFT when I go to my head” (T5 L 231); or “It just blew up, and I was sitting there frozen for a second kind of watching them fighting as a movie. But then I pulled myself back, and said ‘OK what's happening here’, I grounded myself with a long breath, and I said ‘OK let's stop’, I get into action” (T6 L 329).

### **Core theme III: Working with clients' somatic experiences**

The third core theme reflects the emphasis therapists' place on their work with couples' somatic experiences. For example, therapists described their focus on the partners' somatic cues and experience in their interaction: “The majority of what I do in a session is observing them (partners)... I really focus on their body and what they're doing and how they turn to each other or whether they don't turn to each other or where they listen or don't listen” (T4 L 86); “Because I'm wanting to work experientially in every moment possible, when there's a shift in the body or in the voice or in the facial expression, I will pay attention to those shifts, and slow down and amplify, or slow down and be evocative in order to amplify those moments to learn more of what just started, what changed, or what was the shift inside the partner. (T5 L 88); “I am very tuned into the non verbals of the partner and often see that as an entry point, kind of reflecting what I notice. Like a partner's eyes going wide, ... or maybe how they are sitting in their chair, such as... kind of looking deflated, or maybe even a gesture that they use, a fist clenching. So, I tune into those non verbals and use that as an entry point to draw out the emotion” (T2 L 80).

The therapists reported reflecting on partners' somatic cues and processing these cues. For example, they described: “I reflect what I see, like a tear in the eye and I ask the person to just stay with that, if they can, I invite them to stay with that feeling, if they can. I kind of pause and give them the space to do that, and then I will ask them an evocative question, like ‘What do you notice inside as those tears come up?’ ‘What are those tears about?’ ‘Can you stay with those tears to see what they are about?’” (T2 L 89); “And then, of course, whatever the partner says is ok. I think that's an important part of it, like I kind of embrace whatever the partner says and help them connect it to their life experiences... what relational experience, does this emotion connect with.” (T2 L 96). One therapist described that body can be helpful in accessing fear and vulnerable places “I think that the body shows us the subtle cues of fear...the look of fear in their eyes or...sound of ...their voice or all of those things I think can help us to go to that more vulnerable place.” (T7 L 161).

The therapist described her initiative in facilitating and directing the clients' process back to the present moment experience “I always bring it into the immediacy, even if they're in the middle of telling a story. I'll invite them to tune into the tears that they're having now and to speak about what it is that the tears are about right now as they tell the story.” (T2 L 158).

In EFT, an enactment is one of the key interventions in which therapists encourage one partner to share their attachment-related emotional experience with the other partner. The therapists reported that they make reference to the body in choreographing the enactment as a way to help partners connect with one another. As an example, “I ask the person to turn and share from their eyes, from their gut, from their chest those words with their partner” (T3 L 101). “I might ask the partner, ‘how does that feel in your body when he shares with you, what happens inside of you’. If they go to their distress, then I'll ask them to stay out of their brains and share from their bodies their experience, so that we can focus on consolidating that new experience between them” (T3 L 226). Another example described an intervention in stage two of EFT, in which the therapist focuses on pursuer softening (Johnson, 2004, 2020). Here, one therapist described how they processed a partner's gesture: “When she was holding

her hands on her lap, I could see that the other hand was moving a little bit forward. And I said, 'so what's happening, I see your hand moving forward. What is going on?' So, she went into her longing, saying that 'I would like to reach him. I know that he is there.' And I said, 'so what is happening with the other hand?', and then an avalanche came up, and she said 'I'm not trusting you' to her husband. It was a very powerful moment. She was able to capture the fear to reach and the longing to reach with her body" (T6 L 170). While the therapist described working with one partner, she also reported tracking somatic reactions of the other partner: "He was bodily responding to her and kind of leaning on to her, so that's a message for me (therapist) that ok he's there...He's not gone to the shame. He's here right now...So when we think about the power of connecting, I can attune with her and I say, so as you see him leaning on towards you, What's happening in your body? ...And she might say well I get less tense" (T6 L 239).

Therapists reported feeling that their job is to help partners get acquainted with their own somatic experience, when emotions come alive. Hence, they are helping partners in a couple get to know their own coping strategies, whether they include pursuing or withdrawing. So, therapists reported that it is very important that before the end of therapy both partners make friends with their inner world, so that the partners can tolerate their own sensations and stay with them long enough to tolerate moments that may seem overwhelming. "I help them in lingering and tuning into their feelings, so they start to use their emotions as a resource for telling them the important information about how they're experiencing the relationship or how they're experiencing important areas of their life." (T2 L 164). Therapists also reported working with clients' somatic experiences to get deeper into felt sense, which refers to experiencing emotions in the body (Gendlin, 1961), "So, it's first with a felt sense. So, for example, they (client) might say that they feel butterflies, or they feel tension, or they feel a knot or a tightness, and then I might say, 'if you really focus on that tightness and stay close to it, let it grow, let it build, and let it expand.' And often closing their eyes will help them to focus, but they don't have to. And then I ask them, 'if that feeling could speak, what would it say?' or if there was an image that might represent it" (T3 L 46). In this manner, therapists reported that partners' experiences may be integrated in a deeper way.

Therapists referred to somatically felt experiences during moments of couples bonding as key events: "Creating those moments of felt emotion in the room draws people together and strengthens the bond" (T2 L 416); "Felt sense is experiencing the emotion that's there, you are feeling your feeling, in an alive way in the here and now, and when that's happening for one person, it starts to happen for the other person, too. We all feel it in the room. The body is engaged in a congruent way in the feeling of that emotion" (T2 L 404); "At the end (of therapy) I think it's really important, when we think about the attachment means that we make it as a somatic...So you can invite them and a lot of times ...like a couple of months ago there was this woman who said yeah I would like to come on your (husband's) lap" (T6 L 492). Therapists' multiple verbal accounts and examples described working experientially using somatic experience in accessing, deepening, and couples' bonding at different timepoints throughout the therapeutic process.

## DISCUSSION

The goal of this research was to explore experienced EFT trainer therapists' views on somatic experiences in their clinical work with couples. Three core themes emerged from the IPA analysis of the data: (1) the importance and relevance of somatic experiences, (2) therapists' use of their own somatic experiences, and (3) working with clients' somatic experiences. Themes that emerge from this study capture therapists' own experience and insight into what they view as important to deep emotional

experiential work and the presence in which somatic experiences play an important part. This study suggests that somatic experience is consistently present in therapists' clinical work and needs to be recognized as a core aspect in clinical work with couples.

## **Therapists' experiential interaction with clients**

In this study, therapists' view was that working experientially meant allowing clients' experiences to affect the therapist somatically, and that this is fundamental to connecting with clients and knowing their experience. They were also using their own somatic experience in sensing what is happening between the partners in the therapy room and acted based on that knowing. They might also intentionally create a shift in the atmosphere by changing their own posture, such as leaning forward. Therapists' focus is not primarily on understanding or finding solutions but to experience deeply. Gendlin (1968) noted that therapists must not only react in therapy but reflect on their feelings and use them to further the aims of therapy, which is to make implicit feelings in clients more accessible. He referred to this as experiential interaction and therapists' experiential responding. In previous EFT research (Furrow et al., 2012), therapists' emotional presence predicted higher levels of client emotional experiencing, and clients' emotional experiencing is a predictor of successful therapy outcomes (Wiebe & Johnson, 2016). Researchers also recognized that therapeutic presence requires therapists to use tone of voice and non-verbal communication to indicate their presence to clients (Furrow et al., 2012; Greenberg et al., 1993). The current study deepens our understanding of presence by examining therapists' own accounts on their intentional attention to and use of somatic experiences. Themes that emerged from the IPA in this study indicated that therapists' somatic experience is described as the foundation for deeper experiential clinical work with couples in EFT. Therapists described that after sensing and experiencing through their own body, they use that information to guide their interventions and clinical decision making that in turn enables them to experience and reflect emotions for clients who may be blocking their feelings.

## **Clients' experiencing**

The analyses also indicated that experienced EFT trainer therapists emphasized their goal of helping clients tune into and staying with fully experiencing their emotions somatically may allow clients to learn to trust their emotions as a resource of important information about how they experience their relationship with their partner that has not been highlighted in the current EFT literature. Then partners can express and share their attachment related, somatically felt emotions such as fear of being rejected and longings in the enactment interventions to their partners. Some of the examples offered by the therapists included helping clients to use somatically felt references to identify feelings as physical bodily sensations. This is in line with EFT research that demonstrated consistently that the depth of clients' emotional experiencing is a predictor of successful outcomes, such as relationship satisfaction (Wiebe & Johnson, 2016). Furthermore, a recent meta-analysis suggested that client experiencing is a probable common factor in predicting treatment outcomes in psychotherapy (Pascual-Leone & Yeryomenko, 2017). Some of the examples of focusing on the body provided by therapists are similar expressions as used in other experiential psychotherapy approaches (Ogden & Fisher, 2015).

In this study, therapists described the process of deepening clients' somatic experience of emotion. Typically, it starts with therapists observing and being attuned to the clients' non-verbal signs and

reactions, especially by focusing on and reflecting on clients' attachment-related non-verbal expressions of emotions triggered by their partner in the session. According to the results, therapists often see this process as the entry point to clients' experiencing and to moving clients to a deeper emotional level. This is in line with Gendlin (1964) and Madison (2014) who proposed that the body is the doorway to felt sense of self that lies beneath words and thoughts. In this study, it was apparent that therapists describe emphasis on asking clients to stay with whatever they are sensing in their body and giving time and space for the experience. Therapists describe that deepening of the experience was accomplished by asking evocative questions while referencing to the somatic experience. Furthermore, therapists described how they connect this process to the couples' relational experience, and stayed with the emotions even longer with enactments between partners and evocative follow-up questions. This description by therapists is consistent with research indicating that EFT therapists' somatically focused interventions were associated with greater depth of clients' experiencing (Kailanko et al., 2020a, 2020b). The current study, however, deepens this understanding by explicitly revealing the therapists' goals and intentions that emerged from the qualitative coding of interviews.

## **Importance and relevance of somatic experience**

It was apparent that therapists described being aware of somatic experience and recognizing it as a relevant and important in their clinical work with couples. Their descriptions demonstrated first-hand experiences of multiple benefits of paying attention to and consciously using their own and clients' somatic experience. Furthermore, therapists reported finding this way of working rewarding and meaningful.

Therapists' interest in somatic experience of emotion arose from their need to access clients' emotions and deepening of emotional experiences, which was described to be challenging especially with more withdrawing partners. Furrow et al., (2012) noted a need to support EFT therapists' ability to access, heighten, and process deeply felt attachment-related affects, suggesting that a part of training in EFT should focus especially on this. In this study, it became evident that for the experienced EFT trainer therapists learning how to pay attention, use, and trust the somatic experience and process took several years and occurred outside of a formal training program. Furthermore, that there is no defined training path on how to become aware of and use somatic experience within an EFT framework. Therefore, learning has been through consulting with colleagues or going to external training outside of the EFT framework. Identifying this gap would imply a possible need for an explicit training on the use of somatic experience of emotion within EFT framework.

## **Strengths, limitations, and future research**

Although this is the first study explicitly exploring therapists' accounts and descriptions of somatic experience of emotion in EFT for couples, it has some limitations. The focus on experienced EFT trainer therapists may limit the generalizability of the findings to everyday practice. However, at the same time, we see this as the strength of the study. The findings indicate the views, experience, and wisdom of best practice supported by rich examples of experienced EFT trainer therapists. Therefore, the findings may indicate a prototypical or ideal way of working and could be utilized as a basis for developing somatically focused training for EFT for couples that could be an area for further inquiry. As a future research, studying therapists' different ways of working with somatic experience using ideally the same experienced EFT trainer therapists' recorded couple therapy



sessions with intensive qualitative micro-analysis could support practical understanding even further and give a richer perspective on theory in action instead of pure espoused theory. Another future study could include therapists with varying degrees of clinical experience to expand and compare how the themes that emerge might differ with the current results. This qualitative study may also inform future quantitative research that focuses on the somatic experience and somatically focused interventions by utilizing stimulated recall or video-assisted recall interviews for both the clients and the therapists.

Some limitations of the study may be related to the data gathering. The two authors, acting as interviewers and coders, acknowledged that their background and interest in the somatic aspect of emotional experience increased the risk of bias during interviewing or coding in favor of noticing the somatic aspect or overlooking other aspects, therefore all negative views were especially highlighted. However, their understanding of EFT also enabled them to go deeper into capturing the therapists' views during the interviews and coding.

## IMPLICATIONS AND CONCLUSIONS

This research may have an impact on theoretical frame of EFT, as this study suggests the importance of therapists explicitly working with a somatic experience of emotion as way to deepen work within EFT. The findings imply a need for training in working with somatic experience. Furthermore, this study may contribute to developing a map to guide therapists to focus on felt, somatic experiences as a way of maintaining an emphasis on emotional experience within the EFT therapy process. This study and the themes that emerged from interviews with experienced EFT trainers suggest adding modules to the training of EFT therapists. These modules could focus explicitly on developing therapists' skill to identify and reflect on their own somatically felt experience of emotions, how to use these experiences to understand their clients better, how to develop interventions based on these experiences and understandings, and how to tailor and pace interventions to specific phases of EFT, and to pursuer and withdrawer partners in.

The present research provided an understanding of experienced EFT trainer therapists' experiences and views on somatic phenomena in clinical work with couples. Therapists expressed in the interviews that they find somatic experience to be an important part of their therapeutic work with couples. They also indicated that their own somatic responses to partners in a couple afforded them a deeper understanding of their clients. Therapists noted some challenges in focusing on their own somatic experiences but felt that a focus on somatic experiences was necessary in order to pace interventions and target them to specific partners or bonding events in order to achieve good outcomes for the couples. The experienced EFT trainer therapists explained that their attention to the somatic experience aspect of emotions came from a need to be able to work with clients, such as withdrawers and pursuers in order to go deeper into their felt experience.

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