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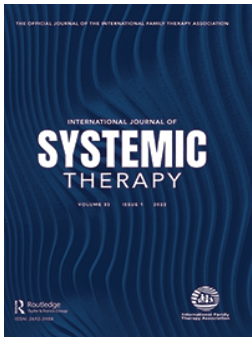
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Somatic Interventions and Depth of Experiencing in Emotionally Focused Couple Therapy

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ABSTRACT

Emotionally Focused Couple Therapy (EFT), an attachment-based couple therapy, views emotion as being central to the process of therapeutic change. As affect arousal of emotion is a somatic reaction, the purpose of this study was to focus on therapists' interventions classified as noting and commenting on clients' somatic cue of emotional experience, such as their facial expression or posture, in relation to depth of emotional experiencing demonstrated by clients in EFT couple therapy sessions. The sample included 13 therapists, each treating one couple during a single EFT training demonstration session. We coded therapists' interventions (i.e., commenting on one partner's somatic cue of emotion). Immediately prior to and following such therapist interventions, we rated the partner's depth of emotional experiencing. The results of multilevel modeling demonstrated a significant linear increase in terms of depth of partner's experiencing throughout the session. Furthermore, partners demonstrated a significant immediate increase in the depth of experiencing following somatically focused interventions. These findings suggest that interventions focusing on somatic experience of emotion may facilitate deeper experiencing for clients in EFT sessions.

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In experiential therapies, emotional experiencing including a present moment bodily felt experience is considered as a key variable in therapeutic change according to Gendlin (1961). Felt sense experiences are possible thanks to interoception, which is a human's ability to perceive sensations and emotions in one's body (Siegel, 2012). According to Schore (2011), the implicit processes related to body and emotion impact human behavior. Interestingly, the subtle shifts in somatic reactions, facial expression or postures provide information that some emotions are activated within a person (Bucci, 2002). In the couple therapy Johnson (2004, 2020) views that clients' emotional experience in interaction with significant other as being central to the process of therapeutic change. Therefore, in Emotionally

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Focused Therapy for couples (EFT), therapists' goal is to create present moment emotional experiences that are shared between partners in a couple therapy session (Johnson, 2004, 2020).

Attachment theory is the foundational theory underlying the practice of EFT for couples and, therefore, offers a way to comprehend many aspects of Emotionally Focused Couple Therapy (EFT; Johnson, 2009). Attachment related emotional experiences and internal working models are formed in childhood, and they are marked by embodied non-verbal communication, such as twisting faces or direct eye contact (Ogden & Fisher, 2015; Schore & Schore, 2014; Wallin, 2007), which we refer to as somatic cues in this study. For example, an anxiously attached partner in a couple, may become easily triggered by expectations of rejection in their relationship. They may express anger and hypervigilance in facial expression and tone of voice. Their autonomic nervous system activation is usually high (Schore & Schore, 2014), and they may have learned such responses as functional and protective in childhood (Porges, 2011).

In recent years, neuroscience research has highlighted the importance of early attachment interactions between an infant and a caregiver in brain development (Schore, 2001a, 2001b, 2002; Schore & Schore, 2014). From the developmental and neuro-affective point of view, according to Bentzen (2015) during the first three months after birth, an infant has significant activity only in brain areas related to sensory processes and autonomic regulation. In interaction, somatic cues related with attachment strategies, such as direct gaze or gaze aversion, can be already identified. That is followed by the emergence of intense emotional interaction development corresponding to limbic and temporal lobe maturation. After the first nine months, prefrontal cortical maturation starts including some voluntary control and inhibition. The implicit memories and processes, learned adaptive responses, and attachment strategies impact our ability to form and maintain romantic relationships throughout our life (Beebe & Lachmann, 2002; Masero, 2017; Piquart et al., 2013; Singer & Willett, 2003; Stern, 2008). Somatic experience of emotion has received limited examination in the Emotionally Focused Couple Therapy literature (e.g., Allan et al., 2015), even though it is an important part of emotional experience and, furthermore, related to attachment responses in a couple's interaction.

This is the first study in EFT for couples with a goal of studying, if somatic cues open one route to clients' attachment-related emotional experience and, thereby deepen the clients' experiencing. The definition for the deeper levels of experiencing includes not only feeling emotions, but also clients' own exploration of their inner insights about themselves that are processed and shared in the present moment. The depth of emotional experiencing, an in-session process variable, has been found

in previous research to be related to couple therapy outcomes (Greenman & Johnson, 2013; Wiebe & Johnson, 2016). This study aims to offer new insight to somatic experience of emotion in Emotionally Focused Couple Therapy to support therapists in facilitating partners' somatically felt, deeper attachment-related experience of emotions. It would be important and significant finding as several studies of EFT for couples found that greater emotional experiencing predicted a more positive response to treatment (Bradley & Furrow, 2004; Dalgleish, Johnson et al., 2015; Dalgleish, Lafontaine et al., 2015; Johnson & Greenberg, 1988; Pascual-Leone & Yeryomenko, 2017; Wiebe et al., 2017b).

In EFT research, the Experiencing Scale (EXP; Klein et al., 1969) is used to assess and measure the depth of experiencing for partners in a couple. The EXP assesses both the highest level of experiencing (i.e., the peak), and the most consistent score (i.e., the mode) across coded talk turns in chosen segments. In a recent study by Wiebe and colleagues (Wiebe et al., 2017a), greater in-session depth of experiencing predicted long-term relationship satisfaction. Researchers also reported a significant overall increase in emotional experiencing from the second session to the best session of EFT (McRae et al., 2014; Wiebe et al., 2017a). The overall depth of experiencing maintained (i.e., mode) was a stronger predictor of long-term relationship satisfaction than the highest level (i.e., peak) reached in the best session (Wiebe et al., 2017a). Therefore, Wiebe and colleagues concluded those couples who sustain their deeper emotional engagement throughout the couple therapy session were most likely able to maintain it in the long term, therefore leading to better relationship satisfaction in their future. According to Greenman and Johnson (2013), more insight on how EFT therapists deepen clients' affect based on empirical observational research would be valuable in the future.

Interventions that facilitate deepening of experience

Emotional experiencing has been identified as a central part in many therapies (McRae et al., 2014). Therefore, therapists focus on emotional experiencing as a means of working with and altering attachment patterns that have been causing distress in the couple. The EFT couple therapists highlight the significance of emotions by focusing on relationship-related hurts or a threat or an anticipation of potential hurt, such as abandonment and rejection, fears and anxiety, and longings (Johnson, 2004, 2020). For example, some avoidantly attached partners learned to deal with distress by shutting down, restricting experiences, and dismissing others, whereas anxiously attached partners became more emotionally reactive and more actively seeking contact with others. These attachment types parallel a relationship pattern that is commonly recognized in EFT for couples in which one partner has more

withdrawing behavior whereas the other partner seeks more proximity in times of relationship distress (Johnson, 1999). Therefore, partners are classified as withdrawers or pursuers in EFT literature (Johnson, 2004, 2020).

Interventions targeting the deepening of emotional experience include evocative questions, evocative responses, and heightening in EFT for couples (Johnson, 2004, 2020). Therapists may refer to a somatic reaction in heightening; however, that is only one possibility mentioned in EFT literature (Johnson, 2019). Although there exists some referencing to somatic cues and reactions in the EFT literature (e.g., Johnson, 2004, 2020), the non-verbal reactions representative of emotions for individuals in a couple has not yet been examined in EFT process research. The somatic cue may be an element in the immediate presence that enables partners to stay with their experience. For example, withdrawers attempted to exit their primary core affect, hence therapists supported them to reconnect to their emotional experiencing (Rheem, 2011).

The work on non-verbal communication between individuals in a couple is implicit within EFT for couples therapy literature, however partners' non-verbal somatic cues and reactions are present in every moment in-session informing about their current emotional experience, attachment style, and history, and key moments related significant themes, such as relationship hurts. The aim of the current research is to focus on somatic cues that a therapist may decide to track, acknowledge, and contact by commenting in the present moment in-session. In this study, a somatic cue of emotional experience is an important variable, and therefore this intervention is called a somatically focused intervention, and defined as therapist pausing, noticing, and commenting on one partner's somatic cue in the context of EFT couple therapy sessions. That is a new definition in EFT for couple's literature. We examine the impact of these interventions on depth of experiencing, an in-session process variable found in previous research to be related to EFT outcomes (Greenman & Johnson, 2013; Pascual-Leone & Yeryomenko, 2017; Wiebe & Johnson, 2016). Somatically focused interventions may be one important means of working with present moment emotional experience for an EFT therapist in-session. Given the significance of somatic cues in attachment relationships and emotion regulation (Ogden & Fisher, 2015), the purpose of this research is to explore if experienced EFT trainer therapists' intervention of verbalizing clients' somatic cues is associated with deeper emotional experiencing for clients. Furthermore, we are interested in studying whether this way of working deepens emotional experiencing throughout the session. Such an outcome would be likely to support both in-session change, and long-term relationship satisfaction, given that maintaining deeper emotional engagement in-session has been found to be a predictor of these

outcomes (Wiebe et al., 2017a). The current study is the first to focus on the somatic cues of emotional experience and aims to deepen our understanding of therapists' somatically oriented EFT interventions and their impact in therapy for couples, and furthermore, the role they may play in facilitating greater depth of experiencing in EFT sessions for couples, and ultimately to contribute a greater understanding of the somatic aspect of interventions within the current EFT framework.

The present study

The purpose of this study was to examine if the EFT couple therapist's somatically focused interventions (i.e., recognizing and commenting on the somatic cue as it occurs in the session) leads to deeper emotional experiencing for the partner. Furthermore, we study if the depth of experiencing increases throughout the therapy session. The study hypotheses were the following:

Hypothesis 1: Individual partners will demonstrate linear increases in depth of emotional experiencing across a single couple therapy session.

Hypothesis 2: Individual partners will demonstrate immediate increases in depth of experiencing following each therapist somatically focused intervention in the couple therapy session.

Method

Participants

In this study, 13 different EFT trainer therapists each treated one couple as part of a live demonstration in a single Emotionally Focused Couple Therapy training session. These were EFT couple therapy demonstration sessions. They were one-time demonstration sessions at EFT training sessions, such as Core Skills, for couple therapists that took place between the years 2011 to 2016. The sessions were available as transcribed cases online for training therapists to conduct EFT for couples. These transcripts were used for data analysis in this study. The EFT therapists represented three different continents, and each couple therapist had over 10 years of clinical experience. Furthermore, they were certified supervisors and trainers accredited by the International Center for Excellence for Emotionally Focused Couple Therapy (ICEEFT).

The 13 couples consisted of 26 heterosexual adult partners. Each couple met on one occasion with study therapist for the purpose of creating this demonstration. The transcripts that were eligible for this study met the inclusion

criteria of being available in English, anonymized, and the defined somatic emotional cue verbalization intervention was used a minimum of one time by the therapist within the session.

In the current study the couples were anonymous. Information regarding their demographics or relationship characteristics was not available, and therefore their personal data could not be used or analyzed.

Measures

The experiencing scale

The 7-point observer rating scale, the Experiencing Scale (EXP) by Klein and colleagues (Klein et al., 1969), was applied to the therapy transcripts. It is a process measure indicating an individual's inner experiences in-session during therapy. The client's experiences starting with impersonal narrative at level 1 move to intellectual account of opinions and thoughts at level 2, and then to level 3 of mainly describing behavior with potentially some reference made to feelings. Deeper experiencing begins at level 4, when the focus shifts to sharing internal feelings or personal perspectives. The level 5 is not only about sharing speaker's own feelings, but it includes exploring and posing a problem about oneself in terms of feelings. At level 6, the inner insights about the speaker himself and his feelings are elaborated and communicated in present moment. Further, deepening at level 7 includes the speaker being able to connect with and focus on their inner experiences (Klein et al., 1969). The EXP was a continuous variable in the analyses of this study. The EFT research has pointed toward a need for experiencing levels 4 to 6 for a change to take place (Lee et al., 2017; Rheem, 2011). Therefore, we consider that the level 4 and above to be a clinically relevant indicator of a potential for in-session change.

The EXP scale shows high validity and high inter-rater reliability, with coefficients ranging from .76 to .91 based on past research (Klein et al., 1969). In the current study, transcripts were rated by two coders, and the inter-rater reliability was confirmed using the intra class correlation coefficient (ICC) between the two coders. The ICC for identifying the coding segments was 0.94 and for the EXP ratings 0.76, thus resulting an indication of excellent to good reliability. The raters gave two scores for each client on their depth of experience for each coded segment: a peak score for the highest score attained during the segment and a mode score indicating the most frequently attained score during the segment. The dependent variable in the study is the EXP scores rated at different time points (6 minutes pre and post each therapist intervention).

Procedure

One therapy session was available, transcribed, and coded, per couple and therapist. The depth of experiencing for each partner was coded in one segment of 6 minutes prior to and another segment of 6 minutes following the therapist's intervention. The starting point of the intervention was individual partners' somatic cue classified as somatic reaction, movement, or posture that is representative of an emotion. The following criteria was used to identify these moments: (1) one partner expressed a somatic emotional cue in-session and EFT therapist noticed it; (2) the therapist commented it by saying "I see your head turning away," or "your eyes look sad as you are talking about it"; and (3) the somatic emotional cue was identifiable in the transcribed text. We coded the somatic cue data into categories, such as head, face, tears, voice, hands, body. Firstly, both coders identified all key moments during the whole session. Key moment was defined as event in which the therapist commented on one partner's somatic emotional cue. The raters compared their coding scores against each other, and in case of difference in coding scores, the coders reviewed the potential key moment together and reached an agreement. The transcripts were divided into segments using these identified moments as a starting point. Secondly, each 6 minutes segment talk turns were coded with experiencing scale, and the process resulted a mode and peak score for that section. These six minutes segments were coded for each pre- and post-key moments. In each session several somatically focused interventions take place during the session, therefore resulting the longitudinal nature of the data.

Two coders, psychology graduate students, received 14 hours of training on how to use the EXP rating scale. They also reviewed together the criteria to identify the key moments, referring to points where therapists commented on clients' somatic cues. One of the coders had some basic training of Emotionally Focused Couple Therapy, and the other coder had none. The student coders rated pre- and post-emotional cue interventions using the EXP (Klein et al., 1969). The DVD and the Experiencing Scale Training Manual developed by Klein et al. (1969) were used in training. The EXP coding for sections were done in random order, one segment at a time to assess each moment separately, thereby focusing only on the somatically focused intervention, not the overall therapy session, and hence improving internal validity. Raters used the Experiencing Decision-Tree (Jaouich et al., 2006) as supportive tool as it provides an easy visual reference facilitating rater speed and accuracy. The tool was developed and validated to help sustain rater interest during the process, to improve scoring efficiency, and to maintain high levels of inter-rater reliability.

In this study, the couple data used is anonymous and aggregated protecting their privacy. Personal data of couples were not available, and therefore, General Data Protection Regulation for personal data protection was not required.

Plan of analysis

Data coding

The number of identified and coded segments varied between a minimum of two to seven that was maximum per EFT therapist. In average, the number of segments per EFT therapists was four.

Multilevel Modeling (MLM; Singer & Willett, 2003) was chosen for data analysis, because it fits well when analyzing longitudinal repeated measures data. The method enables flexible accounting for data occurring at varying time points. We modeled at two levels of MLM, Level 1 was used for the time points at which the coding occurred, and Level 2 for the individual partners in a couple. For hypothesis 1 assessment, we estimated a linear model with a growth parameter indicating the time during the session when the coding occurred. Then to evaluate hypothesis 2, we created a dichotomous variable to represent coded segments occurring during the 6 minutes prior to the intervention (coded as 0) versus those that were coded during the 6 minutes after the intervention occurred (coded as 1). We added this predictor variable to the linear growth models at level 1. Effect sizes in the form of pseudo-R squared statistics were calculated to assess the amount of variance accounted for by adding the parameter of interest. In addition, improved model fit by adding a predictor was estimated with the difference chi-square statistic. We provide the Appendix for details on the multilevel modeling equations.

Results

Preliminary results

The individual partners' mean experiencing scale peak scores before somatically focused interventions was $M = 3.19$ ($SD = 0.88$), and after the intervention was $M = 4.13$ ($SD = 1.09$). The individual partners' average experiencing scale mode score before an intervention was $M = 2.58$ ($SD = 0.91$), and after an intervention was $M = 3.70$ ($SD = 1.15$).

Before the intervention more than two-thirds (70%) of the peak scores were at the level of 3 or less, and of those close to two-thirds (62%) were at the level of 4 or more after the intervention indicating an overall change from lower levels of experiencing with an external focus to higher experiencing with an internal focus following somatically focused interventions.

Therapists' somatically focused interventions were 82% focused on the facial area, including face, eyes, tears, voice such as sigh, and head. The single most verbalized somatic emotional cue was tears at 28%. The other common somatic cues were for hands 9% and body 9%. The somatic emotional cues that therapists verbalized were divided in terms of the gender across males and females in the couples, and they occurred almost equally. The emotional cues rated included 25 cues for males and 28 for females.

Main analyses

Hypothesis 1 predicted that EXP scale scores will increase across coding segments during the session. The results from the unconditional growth model demonstrated a significant linear increase across somatically focused intervention coding segments within EFT sessions for peak ($\beta_{10} = 0.1257$, $t(22) = 2.272$, $p < .05$) and mode ($\beta_{10} = 0.1522$, $t(22) = 3.123$, $p < .01$) experiencing scale scores. These findings indicate an estimated increase of .13 and .15 on the experiencing scale (scores range from 1 to 7) per time point for peak and mode experiencing scale scores, respectively. The pseudo R^2 effect size indicated that the linear time parameter accounted for 14.74% and 14.35% of the variance within partners' experiencing scores across the session for peak and mode, respectively, representing a medium effect size for both (Cohen, 1992). The addition of the linear time parameter resulted in a significantly better fit to the data compared to the base model for both peak ($\chi^2(3) = 12.50$, $p < .01$) and mode ($\chi^2(3) = 14.13$, $p < .01$).

Pre- to post-intervention change

Hypothesis 2 predicted that individual partners will demonstrate immediate increases in depth of experiencing following each therapist somatically focused intervention in the couple therapy session. The results demonstrated a significant effect of the intervention on post-intervention immediate increases in experiencing scores (Peak: $\beta_{20} = 0.91$, $t(22) = 5.07$, $p < .001$; Mode: $\beta_{20} = 1.1126$, $t(22) = 5.57$, $p < .001$). These represent an estimated average increase of .91 and 1.11 in an individual partner's experiencing scores (scores range from 1 to 7) for peak and mode, respectively, immediately following a therapist's somatically focused interventions (see Figure 1). The pseudo R^2 effect size indicated that therapist somatically focused interventions accounted for 31.56% and 46.15% of the variance within partners' experiencing scores across the session for peak and mode, respectively, representing a large effect (Cohen, 1992). The addition of the pre-post therapist intervention parameter resulted in a significantly better fit to the data compared to the linear change model alone (Peak: $\chi^2(4) = 26.11$, $p < .001$; Mode: $\chi^2(4) = 38.125$, $p < .001$).

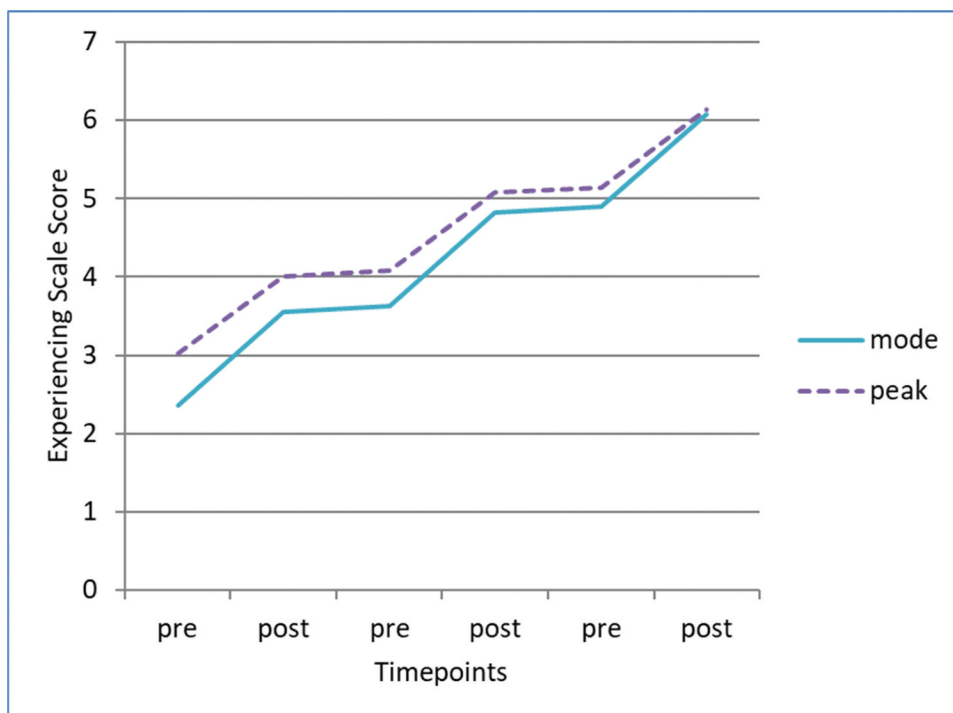


Figure 1. Experiencing scale scores across pre- and post-intervention coding timepoints.

Illustrative vignettes

To illustrate the empirical findings, we show two vignettes based on the transcripts that demonstrate the therapists' emotional cue intervention that was identified and coded with the experiencing scale. The therapist's intervention was defined as tracing and verbalizing a somatic cue of emotion such as somatic reaction, facial expression or posture that takes place here-and-now. The talk turns for an individual partner were coded pre- and post-therapist interventions that are highlighted in italics.

Example 1.

Wife: I cook more. I'll do the vacuuming . . . I'll do the scooping up the poop and the cat thing. I'll take the trash out, but he got mad at me the other day, not mad, but I don't think I do anything that warrants the anger to me.

Therapist: And it really impacts you. And as we are talking about this *right now it brings tears to your eyes, right?*

Wife: Yeah.

Wife: I'm just thinking who treated me like that before? Like why do I feel that? Why does it really touch a nerve?

Wife: So, I'll try to think back, you know, who really yelled at me?

In this vignette, the partner first described daily activities and her spouse's anger at her despite her work in the household. Then the therapist focused on the wife's somatic reaction, or tears, in the present moment. This resulted in the partner's focus changing to exploring her own experiences, her attachment relationships, and her feelings.

Example 2.

Husband: No, I'm not on that social media stuff. I mean I have sports – that's my outlet.

Therapist: Let me come back to what was said just a moment ago, so when she says, "You're not safe." Yeah. What happens *right now*? *You shake your head*. What happens inside for you, man?

Husband: Like by definition, I'm like the anti-bully! Like my whole life I've been standing against . . . I am sorry. I don't know, if I come too loud or something.

Husband: When she says that, I feel like there's some real deficiency in what I did and I don't want to be like that . . . As soon as I heard that, the feeling that runs through me is like . . . just desperation. I try to rationalize, I can be cool 90% of time but then that 10% is just so bad. I am really trying. I did not have the best figureheads growing up, so I am like . . .

Husband: I think what it does is uh . . . I just feel like I am uh just like my dad. Those guys ruling in the neighborhood who just ruled over their household with an iron fist. It just makes me feel like a loser.

In this vignette, the partner describes himself in general terms. However, when the therapist brings attention to the partner's somatic reaction of shaking his head in the present moment, the partner's emotion comes alive and he starts to explore his experience, what happens inside of him, and connecting to his own feelings about himself and his attachment history.

In the beginning of these two vignettes, clients told narratives about behavior in interaction with their partner. In couple therapy sessions, it is quite common that each partner in a couple describe stories about either their partner's or their own behavior. In the vignette, when a therapist comments on a somatic emotional cue that is happening in the present moment as they are talking, it shifts their focus from external behavior to what happens inside

the person. That part tends to be an exploration of feelings, problems, and insights related own inner world, such as to a view of self and a relational view to one's own attachment history. Therefore, this type of a flow of intrapsychic associations that has been just brought to one's awareness connected to a somatic emotional cue may require pausing and staying with the experience long enough to unfold it.

Discussion

The first hypothesis of this study was supported in that individual partners who received a couple therapy session from an EFT trainer demonstrated an overall increase in the depth of their experiencing as measured before and after somatically focused interventions over the course of the session. The second hypothesis was also supported by the findings demonstrating that individual partners demonstrated an immediate increase in depth of experiencing following each therapist's somatically focused intervention in the couple therapy session. The present study provides new empirical evidence on these interventions, and their potential impact on individual partners' depth of experiencing in the context of EFT for couples. Somatically focused interventions have not been the focus of research within the emotionally focused couple therapy field in the past. The findings of this study suggest that the somatically focused interventions are a route to deeper experiencing for individuals and the couple. Therefore, this study provides new information about EFT that connects therapists' interventions that identify and comment on individual partner somatic emotional cues (i.e., facial expression, somatic reactions, posture, and movement) to deeper partner emotional experiencing during the session. Moreover, this way of working was found to be connected to deepening of experience throughout the session. It is an important finding as maintaining a greater depth of experiencing as a mode score measurement is likely to be associated with long-term satisfaction in a couple relationship (Wiebe et al., 2017a).

Depth of experiencing after each somatically focused intervention

In the experiencing scale, a rating of four or more indicates a transition that is especially important for most psychotherapy, because this rating refers to the point at which the content of the client's discourse shifts from a focus on external factors to internal experiences (Klein et al., 1969). The result indicating a change from a relatively low depth of experiencing on average prior to somatically focused interventions (i.e., external focus, 3 or lower) to relatively high depth of experiencing on average following the interventions (i.e., internal focus, 4 or higher) suggested that somatically focused interventions

enabled individual partners' depth of experiencing to move from an external focus to an internal focus of emotional experiencing. This shift is a significant milestone in psychotherapy as it is related to significant client change (Klein et al., 1969; Pascual-Leone & Yeryomenko, 2017). When a client is able to attend to one's visceral responses activated by their partner in interaction, it is assumed to relate to improved integration between bodily signals and emotional experience (Jung et al., 2017; Murphy et al., 2017). Therefore, the body is one essential means to become aware of one's emotions. In general, the most powerful and consistent finding, even a possible common factor, is that therapy patients with better outcome start, continue, and end therapy at a higher level of experiencing or process than do less successful patients measured with the Experiencing Scale (Klein et al., 1969; Pascual-Leone & Yeryomenko, 2017).

Somatic cues as route to one's attachment history

The attachment history in terms of related somatic reactions, postures, and gestures are activated due to clients' arousal in couples' interaction and in couple therapy context. As therapists verbalizes and contacts these somatic cues with the somatically focused interventions, it seems to enable clients to access to their deeper attachment-related history and emotional experiences, bringing it to their awareness and, thereby, becoming aware of their own attachment-related reactions that are typical internal working models, for them (Schoore, 2011). The current study suggests that somatically focused interventions may provide therapist with direct access route to assist in clients' deeper emotional experience in the attachment relationship context in couple's therapy. Therapists paying attention to and exploring somatic reactions, postures, and gestures seem to enable clients becoming aware of their automatic, procedural memory-related attachment history that is playing out in their romantic relationship and in the couple's therapy context. It has been found in previous EFT for couple's research (Wiebe et al., 2017a) that a greater exploration of the core attachment-related emotions in couple therapy session significantly predicts long-term change. Pausing and focusing on somatic cues seems to be an important factor (Grigsby & Stevens, 2000). The findings of current study indicate that the somatically focused interventions may take place at any point of EFT therapy process and with any clients independent of gender or attachment style as attachment related somatic reactions, gestures and postures are activated and present here-and-now for all partners in couples' dynamics in interaction in the couple therapy setting.

Increase in depth of experiencing throughout the couple therapy session

Previous research indicated that deeper emotional experiencing was present in the better as opposed to poorer emotionally focused couple therapy sessions (Johnson & Greenberg, 1988; McRae et al., 2014; Wiebe et al., 2017a). That is, the most progress was made in the sessions when there was a presence of deep emotional experiencing (Greenberg et al., 1993; McRae et al., 2014). The key change events defined in EFT for couples, required the depth of experiencing at above a level 4 on the experiencing scale (Lee et al., 2017; McRae et al., 2014). The findings from the current study suggest that EFT therapists can use somatically focused interventions to augment emotional experiencing in clients to facilitate change in the session and even increase the depth of experiencing throughout the session. Sustaining couples' emotional engagement at a deeper level in the session likely increases relationship satisfaction in the long term (Wiebe et al., 2017a). The findings of this study have important implications for couples receiving EFT because previous research found that depth of experiencing predicts successful treatment outcomes in EFT for couples (Bradley & Furrow, 2004; Pascual-Leone & Yeryomenko, 2017; Wiebe & Johnson, 2016; Wiebe et al., 2017a). This may take place as the partners' implicit somatic reactions are brought to awareness and are explicitly addressed by the therapist, the partners may start to have new knowledge about themselves and may learn to access and use this knowledge in the future. Such interventions may bring the partner to new insights and integration of experiences about themselves and their relationship.

Strengths and limitations

There were several methodological strengths in the present study. First, this study involved the coding of multiple time points within EFT sessions. This provided a comprehensive view of what occurs in a single EFT session. Second, the EFT therapists in this study were experienced trainers. This provided an evaluation of EFT as it is ideally or prototypically practiced by experienced trainer couple therapists. Third, the intensive evaluation in this study captured key moments and interventions that likely increased emotional experiencing in individual partners of couples. This provided new information about EFT that has not previously been studied and that may provide a template for a larger empirical investigation.

Despite the strengths, there are several limitations to our findings. First, this study was focusing on emotionally focused, attachment-based couple therapy approach; hence, these findings may not be readily transferred as common factors to other couples therapy approaches. Nevertheless, the attachment related somatic reactions and cues are present in a couple therapy session regardless of the couple therapy approach for therapists to

pay attention to and to comment on. Second, the sample size of individuals and couples was small, thus limiting the power of the statistical analyses. To mitigate this, we reported the effect sizes and model fit statistics to complement reporting of statistical significance. In all cases, effects were medium to large in size as well as statistically significant, suggesting that the findings may be stable. Third, the sample was restricted in that we only included sessions done by experienced EFT trainer therapists for training purposes, they were couple therapy demonstration sessions, and included couples who had volunteered for these sessions. These couples and their behavior may differ from those who would not choose to volunteer. Therapists needed to establish a therapeutic alliance even in this one-time couple therapy demonstration session, however in an ongoing therapy sessions it could be established over a number of sessions. Nevertheless, establishing an alliance even in the first session is important in EFT for couples. Furthermore, we did not have access to any additional data on the couples, such as attachment insecurity or relationship satisfaction, so we cannot say whether increases in experiencing following a therapist intervention was associated with a positive outcome for the couple. However, previous research did suggest a positive association between depth of experiencing and outcome (Greenberg et al., 1993; Wiebe et al., 2017a). These findings provide preliminary evidence of the impact of skillfully implemented somatically focused interventions in a prototypical way by experienced trainer couple therapists on depth of experiencing for couples. Future research may be able to examine the links between somatically focused interventions, depth of experiencing and outcomes by assessing outcomes after each session and evaluating if somatically focused interventions in a previous session leads to a higher level of experiencing in a subsequent session, and if this is related to overall outcomes. Additionally, this research may utilize a larger, less homogenous sample of couples and therapists.

Implications

This research suggests that therapist interventions that focus explicitly on somatic phenomena is an important part of Emotionally Focused Couple Therapy. These demonstration sessions of EFT for couples could be used to inform couple therapy done by EFT couple therapists. Within the attachment framework, the partners' subtle shifts in somatic reactions, facial expression or postures provide information that some emotion is activated inside the person (Bucci, 2002). Therefore, therapists who identify and comment on these somatic emotional cues may enable their couples to access a deeper experiencing of emotions in the present moment during the session.

For instance, when a therapist pauses to focus on somatic indicators, it may disrupt the automatic nature of attachment behaviors embedded in procedural memory (Grigsby & Stevens, 2000). This may enable a client to become aware of own reaction, emotions, and behavior. When staying in contact with the somatic cue, it may enable processing through self-observation, yet being in contact with own sensations. For withdrawers, this may enable getting in touch with and intensify what they feel for the first time, while for pursuers it may enable to focus inside instead of outside, such as what the partner did or did not do that caused all these problems. Therefore, therapists may be able to assist clients to connect to their attachment history and to see how it plays out in here-and-now in their couple relationship.

For the couple, it may improve their relationship, when both have more ability to connect with their own emotional experiences and, thereby, share their own feelings, possible hurts and needs in the relationship. Deepening of their emotional experience in interaction may lead to long-term relationship satisfaction. Somatic cues may enable them to stay present in the moment, how one feels here-and-now instead of blaming about past behavior or describing fears related to future behavior.

From the therapist point of view, it may change the way they do therapy by explicitly noting the benefit, and therefore, starting to use more somatically focused interventions. During a therapy session, EFT therapists encounter several decision points on where to focus interventions. At those decision points, the therapist's intention is to assist a client to access to the individual partner's inner world and deepen the partner's experience to achieve change. In practice, a therapists could start by saying that "I see that ..." and then continued by stating the reaction or action, "... you shake your head now" or "... you have tears in your eyes now" or "... you just twisted your face a moment ago" or "...you reached for your partner now" and the statement includes the reference to the current moment by saying for example, now, just a moment ago, at the moment, right now. Often clients start to describe or explain after being made aware of their reaction. If not, then a therapist may assist in the exploration by asking for example, "What is happening for you right now as you ..."shake your head?". When a therapist tracks and recognizes a somatic emotional cue in the individual partner, for example, tears or somatic movement, the therapist may help the partner to access her inner world and help her reach a greater depth of experiencing. These results also suggest that training targeted for EFT therapists might incorporate explicit instructions on how to effectively identify and comment on partner somatic experiences.

Conclusions

The present study is the first study to examine how EFT therapists' somatically focused interventions impact to each partners' depth of emotional experiencing in Emotionally Focused Therapy for couples. This research suggests that therapist interventions that focus explicitly on somatic cues is an important part of Emotionally Focused Couple Therapy. Moreover, the findings of this study suggest that these interventions focusing on the partners' somatic experience of emotion are a route to deeper experiencing for individual partners and the couple in the present moment in-session. The depth of client experiencing tended to increase over the course of somatically focused interventions throughout the session. Importantly, sustaining the deeper emotional engagement may have a positive impact on long-term relationship satisfaction, as shown by previous research (Johnson & Greenberg, 1988; McRae et al., 2014; Wiebe et al., 2017a). That experience includes not only felt sense of emotional experience but also an exploration to one's attachment-related insights. Somatically focused interventions may be one important specific technique of EFT therapists to enhance and deepen the partners' experiencing.

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References

- Allan, R., Eatough, V., & Ungar, M. (2015). "Oh this is what it feels like": A role for the body in learning an evidence-based practice. *Humanities*, 4(4), 861–884. <https://doi.org/10.3390/h4040861>
- Beebe, B., & Lachmann, F. (2002). Organizing principles of interaction from infant research and the lifespan prediction of attachment: Application to adult treatment. *Journal of Infant, Child, and Adolescent Psychotherapy*, 2(4), 61–89. <https://doi.org/10.1080/15289168.2002.10486420>

- Bentzen, M. (2015). Dances of connection: Neuroaffective development in clinical work with attachment. *Body, Movement and Dance in Psychotherapy*, 10(4), 211–226. <https://doi.org/10.1080/17432979.2015.1064479>
- Bradley, B., & Furrow, J. L. (2004). Toward a mini-theory of the blamer softening event: Tracking the moment-by-moment process. *Journal of Marital and Family Therapy*, 30(2), 233–246. <https://doi.org/10.1111/j.1752-0606.2004.tb01236.x>
- Bucci, W. (2002). The referential process, consciousness, and the sense of self. *Psychoanalytic Inquiry*, 22(5), 766–793. <https://doi.org/10.1080/07351692209349017>
- Cohen, J. (1992). A power primer. *Psychological Bulletin*, 112(1), 155–159. <https://doi.org/10.1037/0033-2909.112.1.155>
- Dalgleish, T. L., Johnson, S. M., Burgess Moser, M., Lafontaine, M., Wiebe, S. A., & Tasca, G. A. (2015). Predicting change in marital satisfaction throughout emotionally focused couple therapy. *Journal of Marital and Family Therapy*, 41(3), 276–291. <https://doi.org/10.1111/jmft.12077>
- Dalgleish, T. L., Lafontaine, M., Wiebe, S. A., & Tasca, G. A. (2015). Changes in relationship-specific attachment in emotionally focused couple therapy. *Journal of Marital and Family Therapy*, 42(2), 231–245. <https://doi.org/10.1111/jmft.12139>
- Gendlin, E. T. (1961). Experiencing: A variable in the process of therapeutic change. *American Journal of Psychotherapy*, 15(2), 233–245. <https://doi.org/10.1176/appi.psychotherapy.1961.15.2.233>
- Greenberg, L. S., Ford, C. L., Alden, L. S., & Johnson, S. M. (1993). In-session change in emotionally focused therapy. *Journal of Consulting and Clinical Psychology*, 61(1), 78–84. <https://doi.org/10.1037/0022-006x.61.1.78>
- Greenman, P. S., & Johnson, S. M. (2013). Process research on emotionally focused therapy (EFT) for couples: Linking theory to practice. *Family Process*, 52(1), 46–61. <https://doi.org/10.1111/famp.12015>
- Grigsby, J., & Stevens, D. (2000). *Neurodynamics of personality*. Guilford Press.
- Jaouich, A., Rogan, K., Fitzpatrick, M., Desbois, A. C., & Janzen, J. (2006). *Experiencing decision tree: Modifications to the experiencing scale*. Unpublished. McGill University.
- Johnson, S. (1999). Made to measure: Adapting emotionally focused couple therapy to partners' attachment styles. *Clinical Psychology: Science and Practice*, 6(4), 366–381. <https://doi.org/10.1093/clipsy/6.4.366>
- Johnson, S. M. (2004). *The practice of emotionally focused couples therapy* (2nd ed.). Brunner-Routledge.
- Johnson, S. M. (2009). Attachment theory and emotionally focused therapy for individuals and couples, perfect partners. In: J. H. Obegi, and E. Berant (Eds.), *The attachment theory and research in clinical work with adults* (pp. 410–433). The Guilford Press .
- Johnson, S. M. (2019). *Attachment theory in practice: Emotionally focused therapy (EFT) with individuals, couples, and families*. Guilford Publications.Press.
- Johnson, S. M. (2020). *The practice of emotionally focused couple therapy: Creating connection* (3rd ed.). Routledge.
- Johnson, S. M., & Greenberg, L. S. (1988). Relating process to outcome in marital therapy. *Journal of Marital and Family Therapy*, 14(2), 175–183. <https://doi.org/10.1111/j.1752-0606.1988.tb00733.x>
- Jung, W.-M., Ryu, Y., Lee, Y.-S., Wallraven, C., Chae, Y., & Schütz-Bosbach, S. (2017). Role of interoceptive accuracy in topographical changes in emotion-induced bodily sensations. *PLoS One*, 12(9), e0183211. <https://doi.org/10.1371/journal.pone.0183211>
- Klein, M. H., Mathieu, P. L., Gendlin, E. T., & Kiesler, D. J. (1969). *The experiencing scale: A research and training manual* (Vol. I). Wisconsin Psychiatric Institute.

- Lee, N. A., Spengler, P. M., Mitchell, A. M., Spengler, E. S., & Spiker, D. A. (2017). Facilitating withdrawer re-engagement in emotionally focused couple therapy: A modified task analysis. *Couple and Family Psychology: Research and Practice*, 6(3), 205–225. <https://doi.org/10.1037/cfp0000084>
- Masero, M. (2017). The wisdom of the body and couple therapy—A sensorimotor psychotherapy perspective: An interview with pat Ogden. *Australian and New Zealand Journal of Family Therapy*, 38(4), 657–668. <https://doi.org/10.1002/anzf.1267>
- McRae, T. R., Dalgleish, T. L., Johnson, S. M., Burgess-Moser, M., & Killian, K. D. (2014). Emotion regulation and key change events in emotionally focused couple therapy. *Journal of Couple & Relationship Therapy*, 13(1), 1–24. <https://doi.org/10.1080/15332691.2013.836046>
- Murphy, J., Brewer, R., Catmur, C., & Bird, G. (2017). Interoception and psychopathology: A developmental neuroscience perspective. *Developmental Cognitive Neuroscience*, 23, 45–56. <https://doi.org/10.1016/j.dcn.2016.12.006>
- Ogden, P., & Fisher, J. (2015). *Sensorimotor psychotherapy: Interventions for trauma and attachment*. W.W. Norton & Company, Inc.
- Pascual-Leone, A., & Yeryomenko, N. (2017). The client “experiencing” scale as a predictor of treatment outcomes: A meta-analysis on psychotherapy process. *Psychotherapy Research*, 27(6), 653–665. <https://doi.org/10.1080/10503307.2016.1152409>
- Pinquart, M., Feußner, C., & Ahnert, L. (2013). Meta-analytic evidence for stability in attachments from infancy to early adulthood. *Attachment & Human Development*, 15(2), 189–218. <https://doi.org/10.1080/14616734.2013.746257>
- Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. Norton.
- Rheem, K. D. (2011). *Analyzing the withdrawer re-engagement change event in emotionally focused couple therapy: A preliminary task analysis* [Unpublished doctoral dissertation]. Argosy University.
- Schore, A. N. (2001a). Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health: Contributions from the decade of the brain to infant mental health. *Infant Mental Health Journal*, 22(1–2), 7–66. [https://doi.org/10.1002/1097-0355\(200101/04\)22:1<7::AID-IMHJ2>3.0.CO;2-N](https://doi.org/10.1002/1097-0355(200101/04)22:1<7::AID-IMHJ2>3.0.CO;2-N)
- Schore, A. N. (2001b). The effects of early relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, 22(1–2), 201–269. [https://doi.org/10.1002/1097-0355\(200101/04\)22:1<201::AID-IMHJ8>3.0.CO;2-9](https://doi.org/10.1002/1097-0355(200101/04)22:1<201::AID-IMHJ8>3.0.CO;2-9)
- Schore, A. N. (2002). Dysregulation of the right brain: A fundamental mechanism of traumatic attachment and the psychopathogenesis of posttraumatic stress disorder. *Australian & New Zealand Journal of Psychiatry*, 36(1), 9–30. <https://doi.org/10.1046/j.1440-1614.2002.00996.x>
- Schore, A. N. (2011). The right brain implicit self lies at the core of psychoanalysis. *Psychoanalytic Dialogues*, 21(1), 75–100. <https://doi.org/10.1080/10481885.2011.545329>
- Schore, J. R., & Schore, A. N. (2014). Regulation theory and affect regulation psychotherapy: A clinical primer. *Smith College Studies in Social Work*, 84(2–3), 178–195. <https://doi.org/10.1080/00377317.2014.923719>
- Siegel, D. J. (2012). *Pocket guide to interpersonal neurobiology*. Norton & co.
- Singer, J. D., & Willett, J. B. (2003). *Applied longitudinal data analysis: Modeling change and event occurrence*. Oxford University Press.
- Stern, D. (2008). The clinical relevance of infancy: A progress report. *Infant Mental Health Journal*, 29(3), 177–188. <https://doi.org/10.1002/imhj.20179>
- Wallin, D. J. (2007). *Attachment in psychotherapy*. Guilford Press.
- Wiebe, S. A., & Johnson, S. M. (2016). A review of the research in emotionally focused therapy for couples. *Family Process*, 55(3), 390. <https://doi.org/10.1111/famp.12229>

- Wiebe, S. A., Johnson, S. M., Burgess Moser, M., Dalgleish, T. L., & Tasca, G. A. (2017a). Predicting follow-up outcomes in emotionally focused couple therapy: The role of change in trust, relationship-specific attachment, and emotional engagement. *Journal of Marital and Family Therapy*, 43(2), 213–226. <https://doi.org/10.1002/imhj.20179>
- Wiebe, S. A., Johnson, S. M., Lafontaine, M., Burgess Moser, M., Dalgleish, T. L., & Tasca, G. A. (2017b). Two-year follow-up outcomes in emotionally focused couple therapy: An investigation of relationship satisfaction and attachment trajectories. *Journal of Marital and Family Therapy*, 43(2), 227–244. <https://doi.org/10.1111/jmft.12206>