

JYU DISSERTATIONS 535

Sari Kailanko

Non-verbal Communication in Emotionally Focused Couple Therapy



UNIVERSITY OF JYVÄSKYLÄ
FACULTY OF EDUCATION AND
PSYCHOLOGY

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ABSTRACT

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This is the first study to examine therapeutic use of somatic experience of emotion in the context of Emotionally Focused Couple Therapy (EFT). It is an experiential, systemic, attachment-based modality that focuses on emotion as central to change. Somatic cues of emotion are activated in attachment relationships, such as romantic relationships. Somatic cues are important as they mark attachment-related emotional experiences and internal working models that are formed in childhood, such as face-twisting, and are defined as non-verbal communication in this dissertation. The impact of somatically focused interventions on clients' experiencing as well as EFT trainer therapists' experiences and views on the use of somatic phenomena in couple therapy sessions were studied to gain a broader understanding of this research domain. Both quantitative and qualitative methods with separate data sets were used. Two of the three original publications report on the quantitative study of coded transcripts of 13 couple therapy sessions conducted by 13 different EFT trainer therapists. The first investigated the impact on clients' experiencing of somatically focused interventions by the EFT therapists (therapists' comments on somatic cues, such as gesture, posture, facial expressions) and the second the impact on clients' experiencing of multiple repetitions of a somatically focused intervention by the EFT therapists with specific focus on withdrawers and pursuers. The third publication reports on a qualitative interview study on the views and experiences of eight experienced EFT trainer couple therapists on the somatic phenomena in their work. The findings suggest that somatically focused interventions are associated with greater depth in clients' experiencing both after each intervention and throughout the session. Repetition of the intervention was positively impacting experiencing for withdrawers, whereas having an opposite effect on pursuers. As these were the first exploratory results, replication is needed. Three core themes emerged in the qualitative research: They were: (1) the importance and relevance of somatic experiences, (2) therapists' use of their own somatic experiences, and (3) working with clients' somatic experiences. The results indicate that this is a promising area in couple therapy which could be used more often in clinical work and which merits further study.

Keywords: somatic experience, emotionally focused couple therapy, EFT

TIIVISTELMÄ (ABSTRACT IN FINNISH)

Kailanko, Sari

Ei-verbaalinen viestintä tunnekeskeisessä pariterapiassa

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Tämä väitöskirja on ensimmäinen tutkimus kehollisesta tunnekokemuksen terapeuttisesta käytöstä tunnekeskeisen pariterapian viitekehyksessä. Tämän väitöskirjan tavoitteena on tutkia tunnekeskeisten kouluttajapariterapeuttien työskentelyä kehossa tuntuvan tunnekokemuksen kanssa. Tunnekeskeinen pariterapia on kokemuksellinen, systeeminen, kiintymyssuhdeteoriaan pohjautuva lähestymistapa, jossa tunnekokemus on keskeinen terapeuttisessa muutoksessa. Läheiset kiintymyssuhteet, kuten romanttiset suhteet, aktivoivat tunteita, jotka tuntuvat kehossa. Nämä keholliset reaktiot, kuten kasvojen ilmeet, ovat tärkeitä ja liittyvät lapsuuden kiintymyssuhteiden aikana syntyneisiin tunnekokemuksiin ja sisäisiin toimintamalleihin. Nämä keholliset reaktiot, asennot ja liikkeet ovat määritelty ei-verbaaliseksi kommunikaatioksi. Tässä väitöskirjassa kartoitettiin sekä pariterapeuttien kehollisesti suunnatut interventiot että pariterapeuttien kokemukset ja näkemykset kehollisesta ilmiöstä pariterapiaistunnoissa laajemman ymmärryksen muodostamiseksi. Kaksi kolmesta alkuperäisartikkelista keskittyvät määrälliseen tutkimusaineistoon, joka koostuu tunnekeskeisten kouluttajapariterapeuttien litteroiduista pariterapiaistunnoista. Otokoko oli 13 pariterapeuttia, joista kukin työskenteli yhden parin kanssa yhden istunnon ajan. Ensimmäisessä artikkelissa tutkitaan, onko pariterapeutin tekemällä kehollisesti suunnatulla interventiolla (terapeutti kommentoi asiakkaan kehollista viestiä, kuten ele, kasvojen ilme) vaikutusta asiakkaan kokemukseen. Toinen artikkeli keskittyy pariterapeutin kehollisesti suunnatun intervention toistamisen vaikutukseen asiakkaan kokemukseen. Kolmas artikkeli sisältää kahdeksan tunnekeskeisen kouluttajapariterapeutin haastattelut, joissa selvitetään heidän näkemyksiänsä ja kokemuksia kehollisesta kokemuksesta tunnekeskeisessä pariterapiassa. Tulokset indikoivat, että kehollisesti suunnatut interventiot ovat yhteydessä asiakkaan syvempään kokemukseen jokaisen intervention jälkeen ja läpi kokonaisistunnon. Intervention toistaminen oli tärkeä erityisesti vetäytyvämmälle osapuolelle. Nämä ovat alustavia tutkimuksia, joten tarvitaan toistaminen suuremmilla aineistoilla. Laadullisessa tutkimuksessa muotoutui kolme keskeistä teemaa: (1) kehollisen kokemuksen tärkeys ja relevanttius, (2) terapeuttien oman kehollisen kokemuksen käyttäminen ja (3) työskentely asiakkaiden kehollisten kokemusten kanssa. Tulokset viittaavat siihen, että tämä on tärkeä alue huomioida ja käyttää enemmän pariterapiassa sekä tutkia lisää.

Avainsanat: kehollinen kokemus, tunnekeskeinen pariterapia

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Sari Kailanko

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- II** Kailanko, S., Wiebe, S. A., Tasca, G. A., & Laitila, A. A. (2021). Impact of repeating somatic cues on the depth of experiencing for withdrawers and pursuers in emotionally focused couple therapy. *Journal of Marital and Family Therapy*, 00, 1-16.
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The author of this dissertation had the main responsibility for designing the research plan, gathering the research data, and conducting the qualitative data analysis. She also participated in the statistical data analysis and interpretation of the results and had the main responsibility for drafting the three original publications with guidance from co-authors and supervisors.

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ORIGINAL PAPERS

1 INTRODUCTION

In general, couple relationships are valued as primary close emotional attachment relationships that humans rely on in their adulthood. Cain et al. (2015) report that individuals' sense of well-being is associated with having close and supportive relationships. More specifically, one of the best predictors of subjectively reported mental well-being is related to the feeling of being connected to others (Myers, 2004 as cited in Cain et al., 2015). Thus, it is important to note that despite the high divorce rates observed in Western societies during the last few decades, there has also been a positive change in attitudes to couple therapy, with couples more openly and actively seeking support from couple counselling services. For a long time, couple therapy was considered part of family therapy, and it was not until the 1980s that adult attachment theory and the first models designed specifically for couple therapy began to be developed (Crawley & Grant, 2005; Hazan & Shaver, 1987). Currently, this area is being continuously researched to find even more effective therapy for couples. The context of this dissertation research is an evidence-based couple therapy approach called Emotionally Focused Couple Therapy (EFT; Johnson 2004; 2020; Johnson & Greenberg, 1988). It is an experiential approach in which emotion is viewed as central to therapeutic change in the attachment framework context. The approach integrates an intrapsychic focus on how individuals process their experiences, especially their attachment-oriented emotional responses, with a systemic interpersonal focus on how partners' interactions take place with their attachment partner in a close romantic relationship (Johnson, 2004; 2020).

Attachment-related emotional experiences and internal working models are formed in early childhood, and they are marked by embodied non-verbal communication, such as face-twisting, smiling, or direct eye contact (Ogden & Fisher, 2015; Wallin, 2007). These phenomena are referred to in this dissertation report as non-verbal communication and also as somatic cues in the related original publications. Such somatic cues are important because they are indicators of attachment-related internal working models and emotional experiences. These implicit memories and processes, and learned adaptive responses continue throughout the lifespan, particularly in the context of adult

romantic relationships (Beebe & Lachmann, 2002; Masero, 2017) and are present in couple therapy.

An important assumption in this dissertation research is that these pre-verbally learnt, attachment-related, embodied non-verbal reactions and behaviors are activated and visible in the romantic couple relationship, and are present in the couple therapy context as somatic cues for therapists to track and note here and now in session. This study is the first in the domain of Emotionally Focused Couple Therapy to investigate whether somatic cues open a route to a client's intrapsychic emotional experience during a couple therapy session where attachment experiences are activated by their romantic partner. This route may enable individuals to explore and become aware of their own attachment-related internal working models, emotional reactions and experiences formed in childhood, and help them to realize how these affect their present relationship, thereby deepening their level of experiencing. In this dissertation, the definition of deeper levels of experiencing includes not only the feeling of emotions, but also clients' own exploration of their feelings and inner insights on how they view themselves. Clients first explore these somatic cues to reach self-awareness and observation of their own emotional experience (Leiman, 2012), and then share them with their partner in the present moment. The depth of emotional experiencing, an in-session process variable, has previously been found to be related to positive couple therapy outcomes (Greenman & Johnson, 2013; Pascual-Leone & Yeryomenko, 2017).

This dissertation research aimed at finding ways to support couple therapists when seeking to facilitate partners' attachment-related somatic experience of emotions with somatically focused interventions. The findings were expected to be important, as several humanistic-experiential psychotherapy studies, including emotionally focused couple therapy studies, have found that greater emotional experiencing predicted a more positive response to treatment (Bradley & Furrow, 2004; Burgess Moser et al., 2018; Dalgleish et al., 2015; Johnson & Greenberg, 1988; Pascual-Leone & Yeryomenko, 2017;). A further interest of this dissertation research was to find out whether, in Emotionally Focused Couple Therapy, somatically focused interventions, such as verbalizing attachment-related non-verbal somatic cues and in-session experiencing for individual partners, vary according to the attachment styles identified by Bowlby (1988) and that Johnson (2004; 2020) terms as withdrawers and pursuers.

1.1 Attachment-related non-verbal communication

The roots of non-verbal communication lie in early human's development. A new-born baby takes part in interaction mainly through facial expressions, making sounds, eye contact, and other non-verbal-related means that make visible the underlying emotional experience (Ogden & Fisher, 2015; Schwartz, 1987). Thus, infants signal their drive and desire non-verbally, but quite clearly (Schwartz, 1987; Spitz, 1965). According to Stern and colleagues (1998; Stern,

2008), an infant's nonverbal relational knowing and implicit knowledge, such as nonverbal concepts, affects, and expectations remain, and even strengthen, in adulthood. Thus, they neither disappear nor become explicit verbal knowledge even when language is learned. Tronick (1989) notes that infants are well equipped to show their emotions through facial expression, tone of voice and muscle movements, and furthermore that infant communication and interactions with caregivers is bidirectional, starting as early as the age of three months. These relational activities have been described by Bowlby (1988) as attachment styles that are developed during the preverbal stage of life. An infant's immediate ability to communicate with physical movements and body language is seen as related to affect (Frank, 2021; Schore, 2001a; Schore, 2001b; Schwart, 1987). Further, movements as primary motor-affective supports for contact-making in the infant-caregiver relationship provide the individual with a language for nonverbal interactions throughout life (Frank, 2021).

According to Bentzen (2015), from the developmental and neuro-affective point of view, an infant's significant brain activity during the first three months extends only to sensory processes and autonomic regulation. This can be tracked and observed in such activities as somatic synchronization, imitation of facial expressions and sounds, mirroring activity, arousal regulation with dyadic gaze or gaze aversion, responses and expressions of pleasure or displeasure, and contingency. This stage is followed by limbic and temporal lobe maturation that enables intense emotional interaction development, including emotional attunement, experiencing marked mirroring of all basic emotions, complex non-verbal exchanges or 'discussions' and different interaction habits for different contexts. Lastly, starting at age nine months and continuing to age twelve months, voluntary control, associated with prefrontal cortical maturation, develops and can be seen in socialization, impulse inhibition, intentional acts, interaction around prohibition and praise, empathy, and emphatic behavior, and play with symbols and language (Benzen, 2015).

Facial expressions have been the focus of research on identifying basic emotions (Ekman & Oster, 1979). However, bodily expressions and emotional tones of voices also influence how facial expressions are perceived (Kokinous et al., 2017). For example, using functional activation analysis, Poyo Solanas and colleagues (2017) found that faces presented along with bodies was associated with stronger responses in the motor, prefrontal and visual areas. These findings imply that the body also indicates emotion-related action intentions. Frank Ruella (2021) who has focused on somatic interaction and movement between an infant and a caregiver identified six fundamental movements: yielding, pushing, reaching, grasping, pulling, and releasing. These movements are learnt in interaction during the first year of life. As development progresses, instead of disappearing, the earlier movement patterns become part of the way adults organize and reorganize their actions and reactions in relationships (Frank & La Barre, 2011). Similarly, attachment-related adaptive responses, emotional reactions and coping strategies are all present in adulthood, impacting on current close relationships, such as romantic relationships (Stern, 2008). Consequently,

non-verbal behavior is seen as an important part of couple therapy. In this dissertation, non-verbal communication is defined as attachment-related responses, somatic cues, and experiences of emotion in the context of the couple relationship.

1.2 Experiential psychotherapy approach

The humanistic or experiential psychotherapies (HEP) approach within the tradition of humanistic psychology (Elliot et al., 2013) form the theoretical underpinnings of this dissertation research, which focuses on the sub-approach known as Emotionally Focused Couple Therapy (EFT: Johnson, 2004; 2020). Other HEP sub-approaches include the person-centered, gestalt, focus-oriented, body-oriented, and process-experiential therapies. The process of therapeutic change in psychotherapy has been the research focus of these different HEP sub-approaches. The aim has been to impact the outcome by specifying the relevant therapist and client processes. Rogers (1959) was one of the first to study the conditions of the therapeutic relationship. Gendlin (1961; 1968; 1969) in turn focused on client experiencing as an important variable in therapeutic change. Recently the focus of research aimed at inducing therapeutic change has shifted to therapists' interventions and techniques and client processes (Elliott et al., 2013). The areas of interest in this dissertation are somatically focused interventions by therapists and client experiencing.

Johnson and Greenberg have focused on researching experiential psychotherapy approaches that view emotion as central to the process of therapeutic change. One outcome of their research collaboration in the 1980s were publications on couple therapy (Greenberg et al., 1993a; Johnson & Greenberg, 1988). However, their paths subsequently diverged, as Johnson decided to integrate attachment theory into the core of her work with couples. Greenberg in turn continued his work on emotions and individual therapy. In recent years, both have expanded their research on couples and individuals. The approach taken in this this dissertation study draws on Johnson's (2004; 2020) Emotionally Focused Couple Therapy.

Experiential approaches in general encourage clients to identify, explore and experience their feelings, beliefs, and attitudes, so that what is implicit reaches their awareness and becomes explicit. Therapists' interventions are targeted at clients' emotional processing of their experiences, along with reflection, and interaction. Essentially, these therapies assist clients to become aware of their internal world. This is not, however, cognitive knowledge of the self, but the individual's felt experience of it. Through a greater sense of self-awareness, a client may make contact with their deepest emotions, needs, desires, and motives. Once identified, negative, even destructive, emotions can be processed in a healthy manner that facilitates healing (Sharf, 2011).

The most powerful and consistent finding, a possible common factor, is that therapy clients with a better outcome start, continue, and end therapy at a higher

level of experiencing than less successful clients as measured with the Experiencing Scale (Klein et al., 1969; Pascual-Leone & Yerymenko, 2017). Client experiencing is a reference point for the therapist in tracking the client's process, and it is by assisting in creating greater depth of client experiencing that therapists influence in-session change (Greenberg, 2015). Clients' health may be described in terms of the ability to listen to and engage with inner experience, to trust their experience and to create meanings that may lead to change in their behavioral responses (Greenberg et al., 1993b; Johnson, 2009).

A central theme of this dissertation is therapeutic change through a deepening of clients' experiencing. This objective is in line with the HEP approach, in which the client's subjective experience is important. The focus of therapy is on the client's experience at the present moment, the aim being to deepen the client's emotional experiencing. In this dissertation, therapists' experiences and views as well as client experiencing are explored. In EFT for couples, the therapist is seen as a process consultant (Johnson, 2004; 2020) in much the same way as therapists in the HEP approach act as process experts and by guiding clients, attempt to enter empathically into the client's world (Elliott et al., 2013). In this dissertation, the key assumptions are drawn from the humanistic-experiential psychotherapeutic approach.

1.3 Emotionally focused couple therapy

Emotionally Focused Couple Therapy is an experiential approach focusing on attachment and emotion in the change process. Attachment theory and its elements are used as the building blocks and rationale in explaining many aspects of Emotionally Focused Couple Therapy (Johnson, 2009). First, the attachment theory posits that safety in the close relationship and in the therapeutic setting with a therapist is a precondition for change. Safety in the therapeutic relationship supports the client's ability to explore and acquire new emotional experiences that are needed in the change process (Rogers, 1957). In the couple therapy context, therapists need to develop and maintain safety with two alliances simultaneously, as conflicts tend to arise between the partners as they react to each other's behavior in session (Friedlander et al., 2018). In the attachment context, the exploration of hurts, fears, and longings that the EFT therapists focus on make sense and have a meaningful context. The themes commonly explored include rejection, abandonment, helplessness, and anxiety; however, how one has learnt to deal with these experiences is an important factor. The ways of coping learnt in childhood can be explained by reference to the attachment styles identified by Bowlby (1988) and termed pursuers and withdrawers by Johnson (2004; 2019; 2020) when referring to the adult partners in a couple in the Emotionally Focused Couple Therapy context. Thus, coping may take the form of restricting experience or deactivating emotions or by becoming upset, emotionally aroused, or even angrily seeking contact with one's

partner. An EFT therapist must bear the attachment perspective in mind when listening to and interpreting the clients' situation (Johnson, 2009).

The attachment framework has an impact on the interventions used by the EFT therapist. In practice, the EFT for couples therapy has two main focal points, i.e., the accessing and the processing of emotion. New emotional experiences, self-exploration and insights assist clients in restructuring their behavior and experiences about themselves and others (Johnson 2019; 2009; 2004). The role of the therapist is that of a process consultant assisting clients to engage more deeply in their intrapsychic world and attachment experiences, and by sharing these with their partner create new emotional experiences for both partners in the couple relationship. At the end of therapy, the clients' view of the self and their partner will have changed, enabling them to experience new attachment-related responses with each other (Johnson, 2009).

In the EFT research literature on couples, the depth of client experiencing has been found to be a predictor of the therapeutic outcome (Wiebe & Johnson, 2016). This key finding is in line with HEP research. HEP research during the past 50 years has shown that greater depth of client experiencing during therapy has consistently been associated with a better therapy outcome (Elliott et al., 2004; Purton, 2004). Therefore, the depth of experiential self-exploration in session is considered to be an important factor in the psychotherapy process and therapeutic change (Gendlin, 1970; Greenberg & Van Balen, 1998; Rogers, 1959). Self-awareness and self-observation are seen more broadly as essential factors in psychotherapy (Leiman, 2012). This dissertation is based on an in-session couple therapy process study focusing on the partners' accessing and deepening their experiencing through self-exploration supported by the therapist, and thereby becoming aware of and observing the preverbally learnt attachment-related somatic reactions, postures, and movements that are activated in interaction with their romantic partner.

1.4 Interventions that deepen clients' in-session experiencing

The deepening of experiencing may take place in two different areas. It can occur as a shift from secondary emotions to primary emotions, or as deepening process involving a focus on somatic experience and new meaning creation (Gendlin, 1969). Accessing and deepening each partner's emotional experience from secondary to primary emotion is at the core of EFT for couples. The EFT therapists first assist one partner to explore their emotional experiencing and responses, such as reactive secondary emotions or primary emotions that may even be blocked from awareness, and then to share what they find with their partner, who in turn is assisted in listening and responding in an emotionally attuned way. These new emotional experiences and responses then lead to change in the couple's relationship (Wiebe & Johnson, 2016). The interventions of Emotionally Focused Couple Therapy include validation, reframing, empathic attunement and conjectures, evocative responses and questions, heightening,

and enactments (Johnson, 2004; 2020). The interventions aimed especially at the deepening of emotional experience are heightening, evocative responses and questions (Johnson, 2004; 2020). A bodily response is just one of the five options of experience in heightening that a therapist may pursue (Johnson, 2019), and consequently has not previously been studied.

It has also been recognized that the therapist can assist clients who have previously been externally focused to also focus on their internal experiences. Therapists have generally used verbal suggestions, such as reflection, acknowledgement, and paraphrasing. Furrow et al. (2012) found that EFT couple therapists' emotional presence, along with an evocative vocal quality, predicted a deeper level of emotional experiencing by clients during a key change event, such as a blamer-softening event.

In Emotionally Focused Couple Therapy literature, the somatic experience of emotion has been mentioned as a body response (Johnson, 2019). However, this topic remained unresearched. Gendlin (1969) has proposed that a deepening of experience could involve a shift of focus to somatic experience and hence to the creation of new meanings. The aim of this dissertation was to explore this research gap including both the somatic experiences of clients and the views and experiences of therapists regarding somatic experience of emotion in their work with couples. Attachment-related nonverbal somatic cues may offer a path to the intrapsychic world of clients, leading in turn to greater depth of their experiencing, and enabling them to bring their attachment-related experiences to awareness.

1.5 Client experiencing

The various experiential psychotherapy approaches are based on in-session client experiencing (Gendlin 1961; 1964; 1969). A meta-analysis of research studies using the experiencing scale (Klein et. al., 1969) concluded that client experiencing is a common predictor of psychotherapeutic outcomes (Pascual-Leone & Yeryomenko, 2017). The 7-point client experiencing scale starts on the impersonal narrative level, from which it moves towards deeper experiencing, when the speaker begins to express their own internal feelings. The process of exploration continues to the point where the speaker poses a problematic issue about the self in feeling terms. Finally, the speaker shares their own feelings and intrapsychic views in present moment (Klein et. al., 1969).

On the issue of experiencing, Gendlin (1961) defined "felt sense" as emotional experience including bodily sensations in the present moment. Awareness of one's own internal bodily states, and hence emotions, is known as interoception (Murphy et al., 2017). The key issue here is that emotional experience is felt in the body and its processing, i.e., somatic cues and experience, can be tracked. Specific areas in the brain monitor the internal visceral senses, and hence emotional states of different organisms. A person's ability to attend to their visceral responses is assumed to relate to intensity and improved

integration between bodily signals and emotional experience (Jung et al., 2017; Murphy et al., 2017). Therefore, the body is an essential vehicle for becoming aware of one's emotions. According to Jung and colleagues (2017) each basic emotion, such as anger, fear, disgust, happiness, or sadness, is related to significant patterns of bodily sensations that can be identified. Examples include the different activation of head and chest areas in response to fear, anger, and sadness, noting that fear also activates the feet and anger the upper part of the legs, while sadness does not activate the legs at all. These indicate emotion related action impulses in the body.

In general, self-awareness and self-observation are considered important for good outcomes in therapy. In his psychotherapy meta-model, Leiman (2012) suggests that the therapist needs to have something to observe and track. Therefore, the therapist seeks to enhance the therapy process and change by stimulating the clients to express themselves and assisting them to adopt a self-observing stance regarding the presentation of their problems, underlying problematic experiences and patterns of action. This means moving from an object position in relation to the problem to a subject position through for example change in how the problem is seen or an insight enabling a change in behaviour. This is achieved by the joint creation of an observer position in relation to aspects of the self or one's own feelings (Leiman 2012). In experiential therapies, measured with client experiencing scale, the problem is defined in terms of feeling rather than cognitively. In this dissertation, joint observation of the client's preverbally learnt attachment-related responses are present here and now in session with their romantic partner. These responses are assumed to assist partners to start exploring their feelings and their current relational problem with new insights acquired from noting their own attachment history and emotional felt experience.

1.6 Purpose of the research

The purpose of this dissertation was to enrich understanding of the research area, the therapeutic use of somatic experience of emotion, by including analyses both of clients' experiencing in couple therapy sessions and EFT therapists' views on the somatic phenomena in the couple therapy context. The studies reported in the three original publications shed more light on this topic through the application of both quantitative and qualitative research methods.

The study reported in the first original publication (Kailanko et al., 2022) investigated whether the EFT couple therapist's somatically focused interventions (i.e., recognizing and verbalizing individual partners' somatic cues as these occurred in the couple therapy session) leads them to deeper emotional experiencing. The study hypotheses were the following:

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

Hypothesis 2: The individual partners will demonstrate immediate increases in their depth of experiencing following each somatically focused intervention by the therapist during the couple therapy session.

The study reported in the second original publication (Kailanko et al., 2021a) was a continuation of the first, but with a more specific focus on whether the number of repetitions and time invested by the therapists' in repeating a somatically focused intervention could assist the individual partners to increase the depth of their own experiencing. Additionally, it was also examined whether the repetition of a somatically focused intervention impacts differently on the emotional experiencing of pursuing versus withdrawing partners. The hypotheses of the study reported in the second original publication were as follow:

Hypothesis 1a) More repetitions of somatically focused interventions by therapists will predict greater increases in the depth of experiencing of the individual partners over the course of the session.

Hypothesis 1b) The longer the time a therapist spends on repeating the same somatically focused intervention, the greater will be the increase in the depth of experiencing of the individual partners over the course of the session.

Hypothesis 2a) More repetitions of somatically focused interventions by therapists will predict greater depth of experiencing for withdrawing partners as compared to pursuing partners.

Hypothesis 2b) The longer the time a therapist spends repeating the same somatically focused intervention, the greater will be the depth of experiencing of withdrawing partners as compared to pursuing partners.

The third original publication (Kailanko et al., 2021b) reports a qualitative research study that explored therapists' experiences and views on somatic phenomena. Experienced EFT trainer therapists report and describe if and how they pay attention to somatic experiences, and further, how they work with the somatic experience of emotion in couple therapy sessions.

Gaining this knowledge from EFT trainer therapists is an important part of this dissertation research. First, it contributes to the research gap on somatic phenomena by increasing understanding on how the somatic aspect of emotional experience facilitates in-session emotional change for the partners in a couple. Second, it may assist in the development of practical means, such as guidelines or even a training manual, to help therapists to work with somatic experience of emotion, and thereby maintain partners' focus on attachment-related emotional experiences in a couple therapy session.

2 METHOD

This dissertation research applied both quantitative and qualitative methodological approaches to gain a broader understanding of the therapeutic change process by including analyses both of clients' experiencing during the couple therapy sessions and EFT therapists' viewpoints on the use of somatic phenomena. In Humanistic or Experiential Psychotherapy (HEP) research, both quantitative and qualitative methods are used. Clients' experiencing is seen as an essential aspect in therapeutic change.

The first original publication reports on whether EFT couple therapists' somatically focused interventions (the therapist comments on a client's somatic cues) impacts clients' depth of experiencing. The second original publication reports on whether the repetition of somatically focused interventions by EFT therapists impacts clients' depth of experiencing and explores differences between withdrawing and pursuing partners. The third article reports on the results of a qualitative research study that explored EFT trainer therapists' own views and experiences on recognizing and using emotion-related somatic experiences in EFT couple therapy sessions.

2.1 Participants

The sample in the quantitative study in this dissertation research comprised 13 therapists each treating one couple in one session. The first two original publications (Kailanko et al., 2021a; 2022) present the results of the two empirical analyses based on coded transcripts of live demonstration sessions conducted in EFT training workshops by EFT trainer couple therapists. Thus, the transcripts of couple therapy demonstration sessions were used in the analyses. The sample in the qualitative study forming part of this dissertation research (Kailanko et al., 2021b) comprised eight EFT trainer therapists with whom semi-structured interviews were conducted between July and November 2019.

2.2 Measures

The measure used in the quantitative studies was the Experiencing Scale (EXP; Klein et al., 1969), which is one of the instruments developed within HEP to measure clients' depth of experiencing. It was chosen for this dissertation research as it is a key measurement that has been used in most of the earlier Emotionally Focused Couple Therapy studies (Wiebe & Johnson, 2016).

The Experiencing Scale is an observer rating scale with seven levels. An observer making an assessment gives two ratings: a mode score indicating the score most frequently attained, and a peak score indicating the highest score attained. It can be applied to therapy transcripts or recordings. The aim is to assess an individual's inner experiences in the therapy session. The lowest level of client experiencing is that of impersonal narrative. From level 4 onwards, speakers share their own personal, internal perspective or feelings. An even greater depth of experiencing is achieved when speakers elaborate and communicate their own feelings and inner insights about the self here and now in the therapy session (Klein et al., 1969).

The EXP scale has shown high validity and inter-rater reliability. The coefficients of past research studies vary between .76 and .91 (Klein et al., 1969). In this dissertation, inter-rater reliability between two coders, assessed by the intra class correlation coefficient (ICC), was 0.94 for identifying the coding segments and 0.76 for the EXP ratings, thus indicating excellent to good reliability. Here, the EXP was used as a continuous variable in the analyses. Levels 4 and above are regarded as indicating deeper experiencing relevant for clinical information. The previous research on key EFT change events in the couple therapy process has suggested that experiencing levels 4 to 6 are required for change to take place (Lee et al., 2017; Rheem, 2011).

2.3 Methods of analysis

2.3.1 Quantitative data analysis

Multilevel Modelling (MLM; Singer & Willett, 2003) was the longitudinal data analysis method chosen to analyze the quantitative data used in this dissertation research. The benefit of this method is its flexibility for analyzing data points at varying time points throughout a couple therapy session. At Level 1 of the MLM, time at which the coding occurred and at level 2 the individual partners of a couple ($N = 26$) were modelled.

In MLM, after first running simple models, more complex models are built. First, a base (intercepts-only) model, including only the dependent variable and intercepts, was created. The dependent variable in the present study was the EXP score rated at different time points (6 minutes pre and post each therapist intervention). A simple linear model consisting of the linear time parameter

representing the sequence of coding time-points throughout the session (unconditional linear growth model) was then estimated.

In the first original publication (Kailanko et al., 2022), hypothesis 1 was evaluated by estimating a linear model with a growth parameter indicating the time during the session when the coding occurred. Hypothesis 2 was evaluated by creating a dichotomous variable to represent the 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 (coded as 1). This predictor variable was added to the linear growth models at level 1.

To assess the amount of the variance accounted for, effect sizes in the form of pseudo-R squared statistics were calculated by adding the parameter of interest. In addition, change in model fit caused by adding a predictor was estimated with the difference chi square statistic.

In the second original publication (Kailanko et al., 2021a), following similar procedure as in the first original publication for hypothesis 1, a linear model was run including time and the number of repeated interventions (hypothesis 1a) or length of time spent on repeating the same intervention (hypothesis 1b). For hypothesis 2, a dichotomous variables comprising withdrawn (coded as 0) versus pursuing partners (coded as 1) were created. Each of these models was separately estimated with respect to the impact of the predictors on the peak and mode scores as dependent variables. The multilevel modelling equations are presented in the original publications.

2.3.2 Qualitative data analysis

In the third original publication (Kailanko et al., 2021b), an interpretative phenomenological analysis (IPA; Smith, 1996; Smith et al., 1999; Smith & Osborn, 2003; Smith et al., 2009) was used to analyze the interview data. IPA was chosen owing to its suitability for exploring novel research areas, such as somatic phenomena in Emotionally Focused Couple Therapy. Both experiential psychotherapy research and IPA share the aim of capturing experiences, and hence are committed to phenomenology. In IPA, the detailed experience of each therapist is explored along with their shared experiences.

The duration of the interview across the therapists ranged from 40 to 90 minutes. Purposive homogeneous sampling (Osborn & Smith, 2008) was used. Although the professional backgrounds of the participants were similar, i.e., they were all experienced couple therapists and trainers, they had own experiences and views on the use of somatic phenomena in couple therapy. Thus, they provided rich research data for analysis. The data were validated using several methods, including respondent validation (Dallos & Vetere, 2005), which refers to sharing the findings with one research participant to verify the views on the importance of the issue in question and its clinical relevance.

In the analytical process, initial markings, notes, and ideas about potential themes, were reflected on throughout the process as a reflective practice. This is a useful practice for coders as it causes them to become aware of their own preconceptions (Smith et al., 2009). The process proposed by Smith and his

colleagues (2009) was used as a guideline in this dissertation research; that is, several analytical stages were followed. Emerging themes were identified and grouped into clusters of themes. The outcome was a core theme structure that highlighted the participants' shared experiences.

3 SUMMARY OF RESULTS

This section introduces the findings of this dissertation research as reported in the three original publications. Original publications I (Kailanko et al., 2022) and II (Kailanko et al., 2021a) reported on the therapists' somatically focused interventions targeted at the deepening of clients' emotional experiencing. More specifically, these results are process research results obtained by examining the different independent variables of somatically focused interventions, such as the effects on couple therapy clients both throughout the session and each time an intervention is implemented by the therapist, and the effects on clients of the number of times and the amount of time spent on the repetition of the same intervention during a couple therapy session. Original publication III (Kailanko et al., 2021b) reports on how therapists themselves report their experience and views on the phenomena of somatic experience of emotion. All three original publications shed light on the therapeutic use of the somatic experience of emotion.

3.1 Original publication I

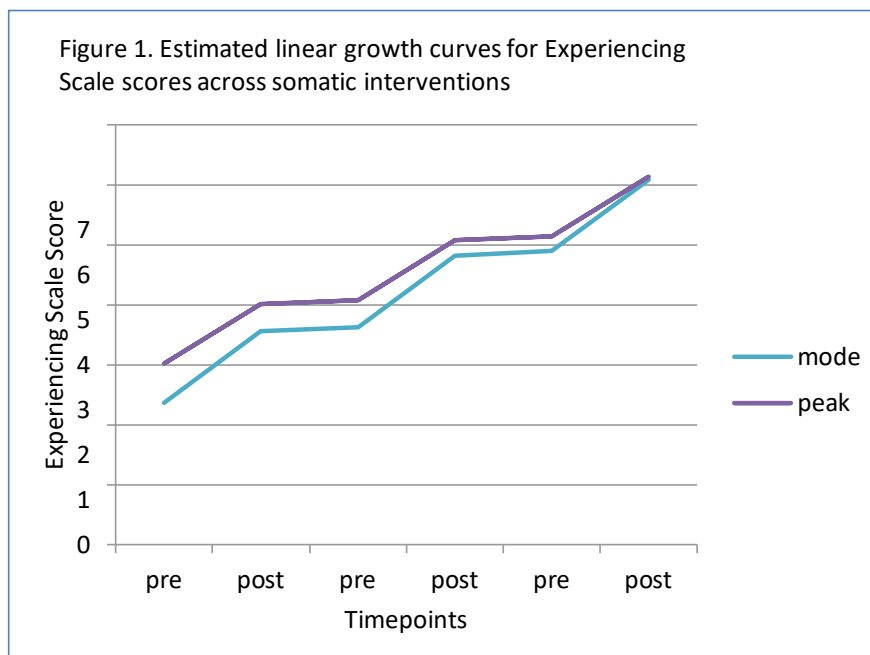
According to the preliminary results reported in original publication I (Kailanko et al., 2022), more than two thirds (70%) of the peak scores prior to the intervention were level 3 or lower, whereas after the intervention close to two thirds (62%) of these were level 4 or higher, thus indicating an overall change from lower levels of experiencing with an external focus to higher experiencing with an internal focus following the somatically focused interventions.

More specifically, the preliminary statistical analysis indicated that individual partners' mean experiencing scale peak score before a somatically focused intervention was $M=3.19$ ($SD=0.88$) compared to $M=4.13$ ($SD=1.09$) after the intervention and that individual partners' mean experiencing scale mode score was $M=2.58$ ($SD=0.91$) before an intervention and $M=3.70$ ($SD=1.15$) after the intervention.

The number of these somatically focused intervention events that were identified and coded per EFT therapist and couple within the session ranged from a minimum of two to a maximum of seven, whereas the average number across the therapists was four. Interestingly, 82% of the therapists' somatically focused interventions concerned the facial area, including the face, eyes, tears, vocalizations such as a sigh, and the head. The single most verbalized somatic emotional cue (28%) was tears. The other frequent somatic cues concerned the hands (9%) and body (9%). The somatic emotional cues verbalized by the therapists were sorted by gender, i.e., across males and females in the couples, and were found to occur almost equally: 25 cues for males and 28 for females.

The main analysis reported in the first original publication examined whether client's experiencing was impacted after the EFT therapists' somatically focused interventions (therapist's verbalization of somatic cues, such as posture, facial expressions). A significant increase in the depth of clients' experiencing was found after each somatically focused intervention and throughout the session as shown in Figure 1.

FIGURE 1 Experiencing Scale scores across pre- and post-intervention coding timepoints



The empirical findings are illustrated below by two vignettes based on the transcripts (Kailanko et al., 2022). Each vignette demonstrates a somatically focused intervention by the therapist that was identified and coded using the experiencing scale. The therapist's intervention was described as tracking and verbalizing a somatic cue of emotion, hence an emotional reaction, such as a facial expression or posture that takes place here and now. Individual partners' talk turns were coded before and after the therapists' interventions that are highlighted in italics.

Example 1.

Wife: I cook more. I do the vacuuming... I do the scooping up the poop and the cat thing. I 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 that 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 female partner first describes her daily activities and her spouse's anger at her despite the work she does in the household. The therapist then focuses on her somatic reaction, i.e., tears, in the present moment. This results in her focus shifting to exploring her own experiences, her attachment relationships, and her feelings.

Example 2.

Husband: No, I'm not into that social media stuff. I mean I have sport - 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's happening *right now? You're shaking your head.* What's happening inside 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 on 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 the 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 male partner describes himself and his way of coping in general terms. However, when the therapist draws attention to his somatic reaction of shaking his head in the present moment, his emotion comes alive and he starts to explore his experience, to talk about what happens inside him and connect to his own feelings about himself and his attachment history.

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

This shift tends to lead to an exploration of feelings, problems and insights related to the individual's inner world, such as to a view of the self and a relational perspective on their own attachment history. Such a flow of intrapsychic associations that has been just brought to one's awareness via a somatic emotional cue may require a pause long enough for the experience to unfold.

3.2 Original publication II

The results reported in the first original publication served as the starting point for the analysis reported in the second original publication (Kailanko et al., 2021a). In the preliminary analysis, therapists repeated the somatically focused interventions for 28 of the 53 interventions, thus 52.8% of interventions were repeated. More details, on the number of repetitions and the time invested to repetition by therapists, the somatic cues that were commented on across all withdrawers, pursuers and total are presented in two tables in the original publication II. In the second original publication, multilevel modelling was used to investigate the impact on client's depth of experiencing of repetition by the EFT therapist of the same somatically focused intervention (therapist's verbalization of somatic cues, such as posture, facial expressions). The results showed that the number of repeated somatically focused interventions was positively associated with increases in partner's EXP scores. However, the amount of time the therapists spent on repeating somatically focused interventions was not associated with increases in EXP scores.

The differences in depth of experiencing between partners taking a more withdrawing and those taking a more pursuing stance in the relationship was also analyzed. The results indicated a significant interaction effect for the pursuer/withdrawer classification by the number of intervention repetitions and the length of time spent on repeating an intervention. Specifically, a significant positive association was observed between the number of repetitions of somatically focused interventions by the therapist and the EXP scores of withdrawing partners (hypothesis 2a). In contrast, for pursuing partners a higher number of repetitions of somatically focused interventions by the therapist was associated with significantly lower EXP scores that are presented in Figure 2; peak scores (2a) and mode scores (2b).

The amount of time spent by the therapist on repeating somatically focused interventions was positively associated with withdrawers' EXP scores (hypothesis 2b) and significantly negatively associated with pursuers' EXP scores. These findings are presented in Figure 3; peak scores (3a) and mode scores (3b).

FIGURE 2 Effect of number of somatically focused intervention repetitions on pursuers' and withdrawers' EXP peak and mode scores (hypothesis 2a)

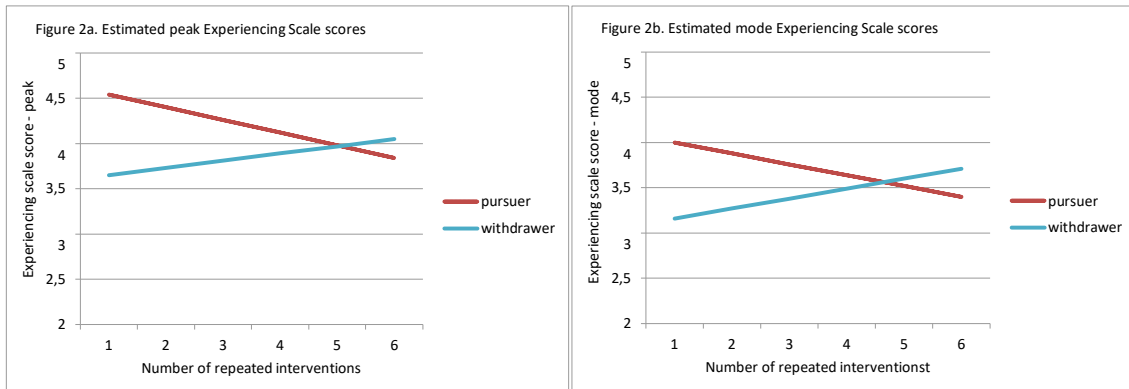
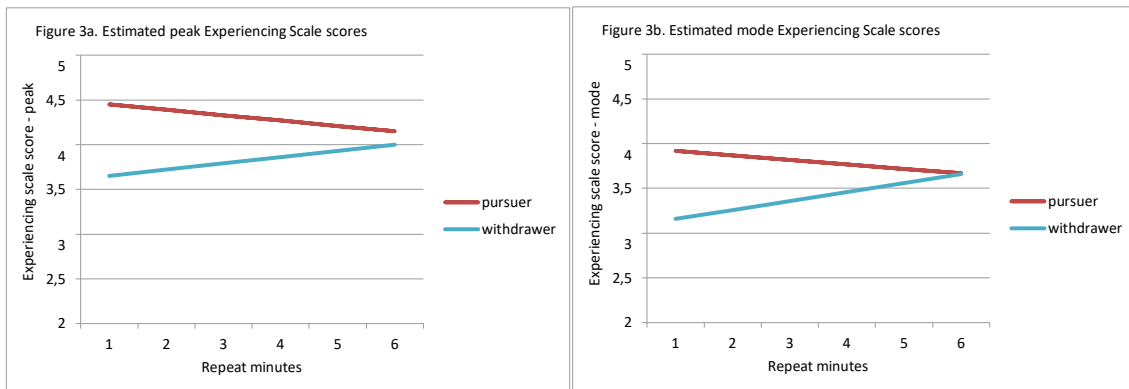


FIGURE 3 Effect of the length of time a repeated somatically focused intervention on pursuers' and withdrawers' EXP peak and mode scores (hypothesis 2b)



3.3 Original publication III

The third original publication (Kailanko et al., 2021b) reported the results of the interview study on the views and experiences of EFT trainer couple therapists on the somatic phenomena including both therapists' own and couples' somatic experience of emotion in the therapeutic setting. The research data yielded three core themes: They were: (1) the importance and relevance of somatic experiences, (2) therapists' use of their own somatic experiences, and (3) working with clients' somatic experiences. (1) the importance and relevance of the somatic experience of emotion in clinical work in EFT for couples, (2) therapists' use of their own somatic experience during clinical work, and (3) therapists' ways of working with couples' somatic experience. These are presented in detail in Table 1.

TABLE 1 Core and superordinate themes

Core theme	Code	Superordinate theme (# of extracts)
Importance and relevance of somatic experiences	1.1	Somatic aspect as 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 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)

The core and superordinate themes found in this dissertation research describe the aspects that the therapists viewed as key in doing deep emotional experiential work in which somatic experiences play an important part. The rich description, including multiple practical examples, is presented in the original publication.

4 DISCUSSION

The goal of this dissertation was to explore the therapeutic use of the somatic experience of emotion in Emotionally Focused Couple Therapy. This is the first research on this specific topic. The results found are important, as attachment-related internal working models and emotional experiences formed in childhood remain present in the form of non-verbal expressions of emotion, referred to as somatic cues, in the interaction between romantic partners in adulthood, including in couple therapy sessions. The results of this quantitative and qualitative research on the phenomenon of somatic experience of emotion are reported in three original publications of this dissertation, and they cover both clients' and therapists' perspectives in the couple therapy context. The findings of the quantitative in-session couple therapy process research confirmed that the tracking and commenting by therapists of clients' somatic emotional cues were associated with greater depth of experiencing in clients both after each intervention, and throughout the couple therapy session. Use of the Experiencing Scale as a measurement instrument captures greater depth of experiencing that is not limited to feeling and exploring emotions but that also requires the intrapsychic ability to gain inner insights about the speaker herself that are communicated in the moment (Klein et al., 1969). In the qualitative research component of this dissertation, EFT trainer therapists' own verbal accounts reflected the quantitative research findings on the therapeutic use of somatic experience of emotion that is reported to be present in therapists' clinical work with couples.

This dissertation focused on therapists' work in couple therapy sessions. The aim of the quantitative research was to observe and assess somatically focused interventions as means to assist clients in deepening their experiencing, as this has been shown to be a predictor of the therapeutic outcome in previous EFT studies (Wiebe & Johnson, 2016). The aim of the qualitative part was to explore experienced EFT trainer couple therapists' views and experiences of using somatic experiences of emotion in their clinical work with couples based on their own verbal accounts in interviews. This dissertation resembles humanistic or experiential psychotherapy research in terms of its focus on

elements, such as emotional deepening, client's experiencing, therapists' empathy, that have been highlighted as critical for change (Angus et al., 2014). Other elements, such as safety or the therapeutic alliance were not, however, within the scope of this dissertation.

The results of this dissertation research suggest that interventions by therapists that focus explicitly on somatic experience and cues are an important part of Emotionally Focused Couple Therapy. In the quantitative research component, somatically focused interventions by EFT trainer therapists were identified and their association with greater depth of clients' experiencing was found. These findings suggest that these interventions focusing on partners' somatic experience of emotion are a route to deeper intrapsychic experiencing for each partner in the couple in the present moment in the couple therapy session. Partners shared their attachment-related in-the-moment insights and somatically felt emotions. Somatically focused interventions thus seem to be an important technique for enhancing and deepening partners' experiencing.

The qualitative research yielded three core themes: (1) the importance and relevance of somatic experiences, (2) therapists' use of their own somatic experiences, and (3) therapists working with clients' somatic experiences.

The findings of the qualitative research on EFT trainer therapists' accounts showed that they emphasized the importance of being aware of the somatic experience of emotion and of making conscious use of their clients' and their own somatic experiences. The experienced EFT trainer couple therapists' interviews included descriptions of firsthand experiences of the somatic experience of emotion and its multiple benefits in support of their view of this therapeutic tool as an important and relevant part of their clinical work as couple therapists. They also highlighted finding the somatic approach to emotional work with clients rewarding and meaningful.

4.1 Client experiencing

In this dissertation, both quantitative and qualitative research on the somatic experience of emotion shed light on client experiencing. Client experiencing has been proposed a likely common factor in predicting the outcomes of psychotherapy processes (Pascual-Leone & Yeryomenko, 2017). The qualitative research results showed that the therapists used multiple ways of working with clients' non-verbal expressions and somatic experiences of emotion. In turn, the quantitative research was oriented towards assessing the impact of somatically focused interventions on the depth of client experiencing. Some of the ways the therapists reported working with clients' somatic cues and experiences resemble those found in other experiential psychotherapy approaches, e.g., Gendlin (1981), Ogden and Fisher (2015).

In the present qualitative study, the EFT trainer couple therapists' views on working with clients' somatic experiences of emotion were explored in individual interviews. The interviewed therapists spoke about their aim of

assisting clients to feel their emotions in the body, to fully experience these and learning to trust their emotions as a source of information about how they experience their romantic relationship and about their longings and fears. Self-awareness and self-observation of this kind are seen as important factors in general in psychotherapy (Leiman, 2012). The couple therapists gave examples of how they assist clients to use somatically felt cues that enable them to identify physical bodily sensations that are meaningful in relation to their personal attachment history and that also inform them on how they feel about their interaction with their partner and their partner relationship. They aim to provide the partners in a couple with the possibility to experience themselves in a new way and to feel a mutual connection.

After such intrapsychic exploration and heightening of relevant emotional experience partners may share their emotional experience in the present moment. In EFT for couples, these moments of sharing are known as enactment interventions (Johnson, 2004; 2020). They are structured experiences set up by the therapists to assist partners to remain in their experience, process and make sense of the experience and their emotions, and reflect on its attachment-related meaning. In this dissertation data, experienced therapists reported, giving examples, that when they choreograph the enactment experience, they make references to the body as a way of helping the partners connect with one another.

The process of deepening clients' somatic emotional experiences was also described by therapists participating in the qualitative study. Typically, the process started with therapists' observing and attuning to the clients' non-verbal signs and reactions, especially focusing and reflecting on the clients' attachment-related non-verbal expressions of emotions triggered by their partner in the session. Within the attachment framework, subtle shifts in partners' somatic reactions, facial expression or postures provide information that some of the emotion is activated inside the person (Bucci, 2002). When a therapist pauses to focus on somatic cues, it may disrupt the automatic nature of attachment behaviors embedded in procedural memory (Grigsby & Stevens, 2000). The findings indicate that the therapists viewed this as the point of entry into clients' experiencing and moving together with their clients onto a deeper emotional level and intrapsychic world. Moreover, the results demonstrated an increase in the depth of experiencing throughout the session, which might be one way of enabling long-term relationship satisfaction, as found in earlier research on EFT for couples (Wiebe et al., 2017).

In the quantitative research component, client experiencing was assessed before and after a somatically focused intervention in a couple therapy session. These interventions were found to have an impact on each occasion, and moreover resulted in greater depth of experiencing throughout the session. Overall, the repetition as a variable in the somatically focused interventions was also associated with an increase in the depth of experiencing in terms of number of repetitions, however not as amount of time invested for repetitions. More specifically, an interaction effect between withdrawers and pursuers was found in the further analysis. Hence, repetition was found to be important and having

a positive effect in depth of experiencing for withdrawers in terms of the number of repetitions and the length of time invested by therapists, whereas had a opposite effect on pursuers. This finding was supported by the results of the qualitative study in which the therapists reported that a somatic focus was a route to heightened emotions in withdrawers, thereby increasing their depth of experiencing. However, with respect to pursuers, one therapist explained that focusing on somatic experience is the best-known way to calm down a pursuer. Focusing on one's own somatic experience may be an important factor in enabling and supporting pursuers to maintain a state of self-awareness and self-observation (Leiman, 2012) in their interaction with their romantic partner, instead of focusing on their partner's possible misbehavior or character failings. Based on attachment and neurological research, an anxiously attached partners in a couple, referring to pursuers, tend to become easily triggered, express their emotions and hypervigilance, as their autonomic nervous system activation is usually high (Porges, 2011; Schore & Schore, 2014), thus their emotions are readily alive, not requiring repetition. These viewpoints may explain the differences in quantitative research findings for withdrawers versus pursuers, and if so, this has clinical relevance for therapists.

4.2 Therapists' views and experiences

In the qualitative study, therapists' reported experiences and views on somatic phenomena were explored. The participating therapists reported that their interest in the somatic experience of emotion arose from their work with withdrawers, which they found to be challenging, as withdrawers neither talked about nor expressed their feelings. They needed to find a different way of working. It took EFT therapists several years to learn how to trust and work with somatic experience of emotion as training related to therapeutic use of somatic experience of emotion within Emotionally Focused Couple Therapy was not available, neither was it included in family or couple psychotherapy training. Thus, it seems that therapists interested in the somatic experience of emotion in the therapeutic setting currently lack support in the form of training in its use in couple therapy. In a recent humanistic psychotherapy review, it was suggested that training programs for therapists need to focus more on themes such as enhancing clients' emotional expression, experiencing, and self-regulation, and therapists' emphatic communication (Angus et al., 2014).

The therapists reported that they used their own somatically felt emotional experience in multiple ways, such as in clinical assessment, sensing how clients' narratives feel like in therapists' own body and deepen therapists' own emotions, and assist even in guiding clients through their emotional blocks, or using therapists' own emotional insight in making interventions. This finding that therapists use their own felt emotional experience in assisting clients' experiencing is supported by earlier research. Furrow et al. (2012) found that the therapist's emotional presence (e.g., manner of emotional responsiveness and

softened vocal quality) was likely to heighten the client's experiencing. Thus, therapists' capacity to tune into their own and their clients' somatic experience of emotion may facilitate deeper engagement and an experiential therapeutic process.

4.3 Strengths and limitations

The use of two different methodologies, one quantitative and the other qualitative, to provide a broader view on the same topic area can be considered a strength of this dissertation research. Both have their own strengths and limitations. Those of the quantitative methodology are described first. The strength of quantitative research using multi-level modelling to investigate the present topic is that it offers a possibility to estimate trajectories of change and to model discrete changes in depth of experiencing in relation to specific somatically focused interventions. The therapy sessions were reviewed and coded from beginning to end, thus deepening, and extending knowledge about what happens across an entire EFT session. The findings provide preliminary evidence of the impact on the depth of experiencing for each partner in a couple of a possibly prototypical way of implementing somatically focused interventions by experienced trainer therapists. Therefore, the areas that can be considered to have led to success could be incorporated in future training programs for therapists.

The limitations of the quantitative methodology include the relatively small size of the sample, which likely reduced the power of some statistical tests. To mitigate this, the study results are complemented with the reporting of statistical significance with effect sizes and model fit statistics. Nevertheless, this is considered an exploratory study that may pave the way for future replications with larger samples. Second, the demographics, therapy and relationship history, and problems of the participating couples were not known to the researchers. Therefore, it was neither possible nor a target of the research to provide findings generalizable to other populations. Third, the sample was restricted to sessions conducted for training purposes with volunteer couples, and hence may differ from samples with couples who would not choose to volunteer for this specific kind of therapy. In the present study, the experienced EFT trainer therapists needed to establish a therapeutic alliance during a single session, whereas under normal circumstances this is usually developed over several sessions within a longer course of therapy.

The qualitative research component also had its strengths and limitations. An overall strength was the use of two separate methods, allowing the possibility to identify somatically focused interventions from the therapy transcripts, and also to hear therapists themselves describing examples of their way of working during the interviews. Observations and assessments of the couple therapy session transcripts indicated that the therapists were consciously making these interventions, providing support for the notion of theory-in-use (Argyris et al.,

1985). Nevertheless, a universal challenge in qualitative research is that presented by espoused theories. As Argyris et al. (1985, p. 82) state, “Espoused theories are those that an individual claims to follow. Theories-in-use are those than can be inferred from action”.

This dissertation focused on non-verbal attachment-related expressions, such as facial expressions, postures and movements that are activated and present in the attachment context, such as with a romantic partner in a couple therapy session regardless of the therapeutic approach or modality. Therefore, these findings on somatically focused interventions may be incorporated in other couples therapy approaches depending on the therapist’s interest, focus and skills.

4.4 Future research

This dissertation research analyzed two separate datasets, one of observational data analyzed with quantitative methods and the other of subjective accounts, analyzed with qualitative methods, with the aim of shedding light on the specific topic of the somatic experience of emotion in the context of process research in Emotionally Focused Couple Therapy. Therefore, the theoretical framework was the same for both datasets and for the three original publications. As these results combined could provide an important clinical application for EFT couple therapists’ working with non-verbal forms of expression and the somatic experience of emotion in practice, it would be beneficial, first, to focus on developing such an application using current research findings. The two datasets could be analyzed from a specific angle, such as differences in how therapists worked with somatic interventions with withdrawers and pursuers.

Second, as the quantitative research results are considered preliminary only, the study should be replicated with larger samples. It may also be interesting to research the links between somatically focused interventions, depth of experiencing and outcomes by assessing outcomes after each session to find out if somatically focused interventions in a previous session led to a higher level of experiencing in a subsequent session, and whether this is related to overall outcomes.

The somatic experience of emotion in therapy is an interesting area of research that could be further enriched by using a mixed methods approach to therapy session measurements, including video recordings, analysis of micro interventions, measuring activation of the autonomic nervous system (ANS), and conducting recall interviews after sessions. Similar research methods, such as skin conductance and heart rate measurements, have been used in the couple therapy research project Relational Mind (Seikkula et al., 2018; Karvonen et al., 2016). However, the couple therapy was non-manualized and comprised a group made up of two therapists and a couple. These ANS methods might be an interesting way to quantify the emotional reactions to interventions in

Emotionally Focused Couple Therapy and gain further insight into emotional activation and the deepening of experiencing.

4.5 Clinical implications

The findings of this dissertation offer ways to support therapists interested in working with the somatic experience of emotion in couple therapy to achieve the requisite shift of focus towards intrapsychic exploration and processing. Such an approach could lead clients to valuable insights on their attachment-related internal working models and emotional experiences encoded to their procedural memory in childhood. This is an important factor in attachment theory-based couple therapies, such as EFT for couples. The trainer therapists' descriptions of their multiple ways of working with their own and clients' somatic experience of emotion, offer therapists a starting point for developing their own way of utilizing it as one method in their clinical work with couples.

In clinical practice during a couple therapy session, therapists encounter several points at which they must decide what to focus on. At those junctures, the therapist's intention is to support each partner to get in touch with their own emotional experience, access their inner world and deepen their experiencing to achieve change. A variety of interventions, including validating or reflecting, exist that the therapist aiming at the deepening of the client's emotional experiencing could apply. When the therapist tracks and recognizes a somatic emotional cue displayed by an individual partner, such as tears or a somatic movement, the therapist may help them to access their inner world, take time to fully experience the emotion, and help them reach a greater depth of experiencing. Furthermore, therapist may be able to assist partners in exploring their relational interaction process and attachment history and how it plays out here and now in their couple relationship. Thus, therapists who identify and comment on these somatic emotional cues may assist couples to achieve a deeper experiencing of emotions in the present moment during the session.

The findings of this dissertation suggest that the results of somatically focused interventions differ between withdrawers and pursuers. First, somatic cues may be partially different for withdrawers and pursuers. If so, this will impact on what cues to track in each case in order to potentially identify them and then work differently with each of them. Second, the findings demonstrate how therapists may help to keep withdrawers' in-session emotional experiences alive and associated with greater depth of experiencing through the repeating of somatically focused interventions. Even six or more repetitions seem to help withdrawers keep their emotions alive rather than experiencing the deactivation of emotional arousal triggered by their coping mechanism in stressful situations. However, when therapists pay attention to and comment on somatic emotional cues in pursuers, their emotional experiencing seems immediately to start at a higher level measured with the EXP scores and the repetition of a somatic intervention is associated with a decrease in emotional experiencing. So,

therapists used less repetition of somatically focused interventions with pursuers, only three repetitions and shorter time in repeating than with withdrawers. In turn, pursuers in couples tend to be anxiously attached partners whose autonomic nervous system activation is usually high (Schoore & Schoore, 2014) and may easily be triggered by expectations of rejection in their relationship. They may express anger and hypervigilance facially and in their tone of voice. In a clinical setting, focusing on one's own somatic experience may be an important factor enabling and supporting pursuers to maintain a higher state of self-awareness and self-observation. The findings of this dissertation research may help therapists in learning how to approach withdrawers as compared with pursuers when attending to somatic emotional cues.

The findings of this dissertation suggest EFT couple therapists' training to include working with therapists' own and clients' somatic experience, such as tracking and naming clients' somatic cues. These results also suggest that this way of working could be applied clinically in work with couples and that training targeted at EFT therapists could include explicit instructions on how to effectively work in this way, more specifically how to identify, comment on and assist in exploring romantic partners' somatic experiences of emotion.

The clinical implications of this dissertation research concern the potential value in couples therapy, irrespective of the therapeutic approach or modality, of recognizing non-verbal attachment-related expressions, such as facial expressions, postures and movements, that are activated and present in the attachment context, such as with a romantic partner in a couple therapy session, and, depending on the therapist's interest, focus and skills, using this information to implement different somatically focused interventions.

4.6 Conclusions

This dissertation research is the first attempt to investigate the therapeutic use of somatic experiences of emotions in EFT for couples. The results contribute new insights gained from observing and interviewing EFT couple therapists seeking to deepen clients' experiencing with the aim of supporting therapeutic change. In general, the key elements, such as preverbally learnt, attachment-related non-verbal forms of expression and somatic experiences of emotions, are present in all romantic partners in couple therapy. They are activated by the romantic partners' own responses in interaction with their partner. The results of this dissertation research may thus also benefit couple therapists interested in using it, irrespective of their therapeutic approach. Furthermore, client experiencing has been recognized for the past 50 years as a likely common factor predicting therapy outcomes (Pascual-Leone & Yeryomenko, 2017) and as a key variable in process research in humanistic or experiential psychotherapy (Elliott et al., 2004; Purton, 2004). Finally, this research yielded both quantitative empirical evidence along with experienced trainer therapists' own accounts of applying somatic phenomena in diverse ways in their current clinical work with couples.

YHTEENVETO (SUMMARY)

Ei-verbaalinen viestintä tunnekeskeisessä pariterapiassa

Parisuhde on nykyään yksi tärkeimmistä kiintymyssuhteista, johon aikuisena tukeudumme ja josta haemme turvallisuuden tunnetta elämään. Vaikeuksia kohdatessaan monet parit hakeutuvat pariterapeutin vastaanotolle ja suhtautuminen pariterapiaan onkin muuttunut myönteisemmäksi. Pariterapia oli pitkään osana perheterapiaa ja ensimmäiset pariterapiamallit kehitettiin vasta 1980-luvulla ja niitä tutkitaan edelleen aktiivisesti. Yksi niistä on tunnekeskeinen pariterapia, joka toimii tämän väitöskirjatutkimuksen viitekehyksenä.

Tunnekeskeinen pariterapia (Johnson, 2004; 2020) on kokemuksellinen, systeeminen ja asiakaslähtöinen lähestymistapa. Sen ytimessä on kiintymyssuhde-teoria, jota käytetään ymmärtämään ja selittämään parien vuorovaikutusta ja käyttäytymistä. Puolisot ovat nimetty kiintymyssuhdetyyliin mukaisesti joko tarkertuviksi tai vältteleviksi. Tunnekeskeisessä pariterapiassa tunnekokemus on keskeinen terapeutisessa muutoksessa. Kaikilla puolisoilla ei kuitenkaan ole sanoja omille tunteilleen, eivätkä he välttämättä pysty havainnoimaan, aistimaan tai tunnistamaan tunteitaan. Tunnepitoiseen kokemukseen liittyy myös kehollisia aistimuksia, aistien herkistymistä ja toimintatendenssejä. Niitä ovat esimerkiksi asiakkaiden kyyneleet, huokaisut, poiskääntymiset, käsien puristuminen tai punan nouseminen iholle. Nämä keholliset reaktiot ovat läsnä ja havaittavissa, joten ne saattaisivat avata pariterapeuteille mahdollisuuden liittyä ja ymmärtää puolisoitten kokemuksia. Keholliset reaktiot liittyvät myös kummankin puolison omaan kiintymyssuhdehistoriaan, joka tulee näkyväksi pariterapiassa, kun puolisot reagoivat toisiinsa vuorovaikutuksessa. Tässä artikkeliväitöskirjassa kehollinen näkökulma on tärkeä tutkimuksen lähtökohta pariterapeutin työskentelyssä ja asiakkaan kehollisen tunnekokemuksen tutkimisessa.

Kiintymyssuhteisiin liittyvät tunnekokemukset ja sisäiset toimintamallit muodostuvat varhaisessa lapsuudessa ja näyttäytyvät kehollisina reaktioina, kuten kasvojen ilmeinä, hymynä tai suorana katsekontaktina (Ogden & Fisher, 2015; Wallin, 2007;). Näihin viitataan tässä väitöskirjassa ei-kielellisenä kommunikationa. Nämä keholliset viestit ovat tärkeitä, koska ne viestittävät kiintymyssuhdehistoriaamme liittyvistä toimintamalleista ja tunnekokemuksista. Nämä tiedostamattomat muistot ja prosessit, sekä opitut adaptiiviset toiminnot vaikuttavat reagointiin ja käyttäytymiseen myös aikuisuudessa, erityisesti romanttisissa parisuhdekonteksteissa ja ovat läsnä myös pariterapiaistunnossa.

Tämän väitöskirjatutkimuksen tavoitteena on muodostaa laajempi ymmärrys kehollisesta tunnekokemuksesta pariterapiaistunnossa siten, että tutkimus sisältää analyysin sekä puolisoitten kokemuksista pariterapiassa että pariterapeutin näkemyksen ja kertomansa kokemuksen kehollisuudesta pariterapian kontekstissa. Kolme väitöskirjan alkuperäisartikkelia yhdessä keskittyvät lisäämään ymmärrystä tästä yhdestä ilmiöstä, mutta tuovat siihen sekä määrällisen että laadullisen tutkimuksen lähestymistavat.

Ensimmäisessä määrällisessä osatutkimuksessa tutkittiin, johtavatko tunnekeskeisen pariterapeutin kehollisesti suunnatut interventiot kyseisen puolison tunnekokemuksen syventymiseen. Interventiossa pariterapeutti huomioi ja pukee sanoiksi yhden puolison kehollisen reaktion pariterapiaistunnossa. Toisessa määrällisessä osatutkimuksessa keskityttiin tutkimaan olisiko pariterapeutin kehollisesti suunnatun intervention toistaminen ja siihen ajan käyttäminen keino, jolla pariterapeutti voisi auttaa puolisoa syventämään tunnekokemustaan lisää. Lisäksi tutkittiin, vaikuttaako pariterapeutin kehollisesti suunnatun intervention toistaminen eri tavalla ns. takertuvan ja ns. välttelevän puolison tunnekokemuksen syventymiseen. Kolmas osatutkimus on laadullinen tutkimus, jossa keskityttiin pariterapeuttien kokemusten ja näkemysten kartoittamiseen kehollisesta kokemuksellisuudesta. Kokeneet tunnekeskeisen pariterapian kouluttajaterapeutit kertoivat ja kuvasivat kuinka he käyttävät kehollisia kokemuksia työskentelyssään pariterapiaistunnoissa.

Ensimmäisen osatutkimuksen tulokset olivat merkittäviä ja ne vahvistivat osatutkimuksessa asetut tutkimushypoteesit. Tutkimuksessa löydettiin sekä jokaisen erillisen kehollisesti suunnatun intervention jälkeen että koko pariterapiaistunnon ajan syveneminen asiakkaan tunnekokemuksessa. Toisessa osatutkimuksessa jatkettiin tutkimusta ensimmäisen osatutkimuksen pohjalta. Siinä havaittiin, että määrällinen toistaminen ja pidemmän ajan käyttäminen kehollisesti suunnatun intervention toistamiseen ennustivat vetäytyvämmän puolison tunnekokemuksen syvenemistä. Lisäksi löydettiin, että ns. takertuvan puolison kokemus oli päinvastainen kuin välttelevän. Kolmas osatutkimus koostui kokoneiden kouluttajapariterapeuttien haastatteluista, jossa he kertoivat omia näkemyksiä ja kokemuksia liittyen oman ja asiakkaan keholliseen tunnekokemukseen pariterapiaistunnossa. Aineiston analyysin tuloksena kolme keskeistä teemaa olivat (1) kehollisen tunnekokemuksen tärkeys ja merkitys kliinisessä tunnekeskeisessä pariterapiatyöskentelyssä, (2) pariterapeuttien oman kehollisen tunnekokemuksen käyttö kliinisessä työssä ja (3) pariterapeuttien työskentely asiakkaan kehollisten kokemusten kanssa.

Tämä väitöskirja on ensimmäinen tutkimus, jossa keskitytään keholliseen tunnekokemukseen tunnekeskeisessä pariterapiassa. Näiden kolmen osatutkimuksen tulokset viittaavat siihen, että kehollisen kokemuksen huomioiminen pariterapeutin työskentelyssä on menetelmä, jonka avulla pariterapeutti voi auttaa asiakasta keskittymään omaan sisäiseen kokemukseen syventäen omaa tunnekokemustaan ja sen jakamista puolison kanssa. Pariterapeutti huomioi ja työskentelee asiakkaan kanssa hänen kehollisten kokemuksensa äärellä, mutta hyödyntää työskentelyssään myös omaa kehollista tunnekokemustaan.

Tässä väitöskirjassa tutkitaan kehon merkitystä pariterapiassa keskittyen siihen, avaaiko pariterapeutin yhden puolison kehollisen reaktion tai aistimuksen ääneen sanoittaminen pariterapeutille oven havainnoimaan hänen kanssaan hänen sisäistä maailmaansa syventäen asiakkaan omaa kokemusta ja sen merkitystä suhteessa omaan kiintymyssuhdehistoriaan ja nykyisen parisuhteeseen. Pariterapeutin suuntauksesta riippumatta nämä asiakkaan kokemukset, kiintymyssuhde ja keholliset reaktiot ovat läsnä, joten tämän väitöskirjatutkimuksen

tulokset ovat hyödynnettävissä riippuen pariterapeutin omasta kiinnostuksesta kehollisuuteen. Lisäksi tässä väitöskirjassa kuvataan sitä, miten pariterapeutti hyödyntää ja huomioi oman kehon sisäisiä tuntemuksia ohjaamaan työskentelyä parien kanssa. Kehon kautta voimme sukeltaa kokemuksellisuuteen ja kiintymyssuhdehistoriaan, ja sitä kautta rakentaa muutoksen kannalta välttämättömiä kokemuksellisia kohtaamisia puolisoiden välillä.

Kliinisestä näkökulmasta tämän väitöskirjatutkimuksen tulokset tukevat pariterapeutteja heidän työskentelyssään kehollisten tunnekokemusten kanssa pariterapiassa. Tutkimustulokset viittaavat siihen, että kehollisessa työskentelyssä intervention toistaminen jopa kuusi kertaa toimii välttelevän kanssa pitäen hänet kiinni tunnekokemuksessaan ja syventäen sitä edelleen. Takertuvan puolison kanssa tunnekokemuksen väheneminen saattaa tarkoittaa, että toistamisen vaikutus mahdollistaa huomion siirtämisen tietoisesti omaan kokemukseen, ja siten sekä rauhoittaa että mahdollistaa läsnäolon. Kouluttajaterapeuttien moninaiset esimerkit työskentelystä sekä oman kehollisen kokemuksen että asiakkaan kehollisten kokemusten kanssa tarjoavat hyvän pohjan pariterapeuteille, jonka avulla he voivat löytää oman tavan hyödyntää kehollista työskentelyä yhtenä vaihtoehtona kliinisessä työssä parien kanssa. Näiden osatutkimusten pohjalta voitaisiin jatkossa tehdä käytännönläheinen, pariterapeuttien koulutuksessa hyödynnettävä materiaali.

Tämä väitöskirja osatutkimuksineen on tuottanut uutta näkemystä, sekä empiiristä tieteellistä näyttöä että kokeneiden kouluttajapariterapeuttien jakamaa näkemystä ja kokemusta kehollisen tunnekokemuksen hyödyntämisestä omassa kliinisessä työssään parien kanssa.

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ORIGINAL PAPERS

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SOMATIC INTERVENTIONS AND DEPTH OF EXPERIENCING IN EMOTIONALLY FOCUSED COUPLE THERAPY

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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: $\chi^2(4) = 38.125$, $p < .001$).

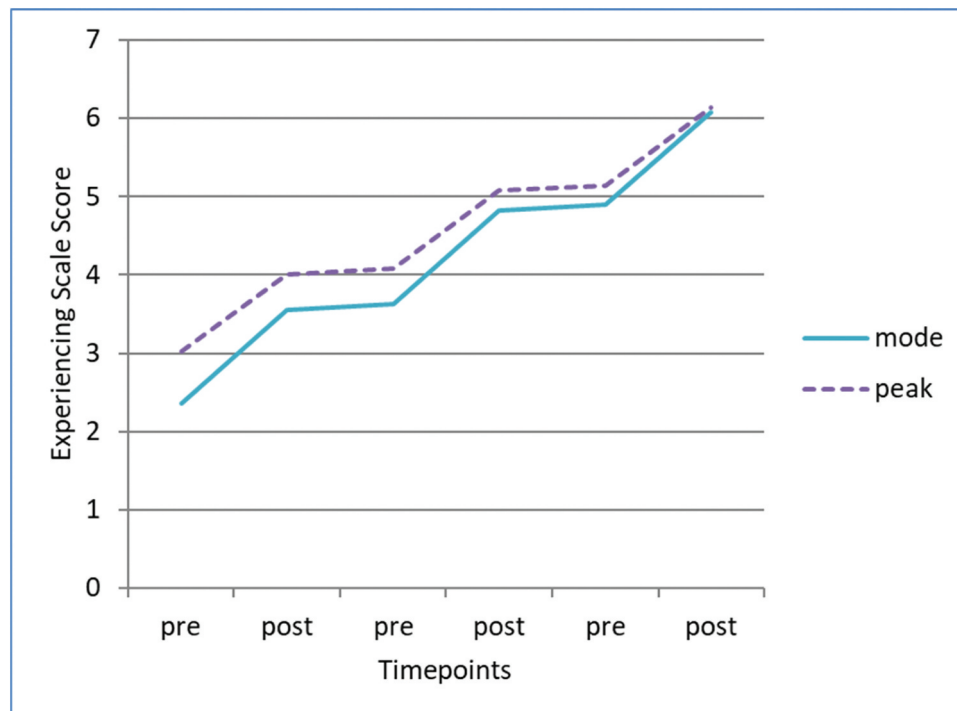


Figure 1. Experiencing scale scores across pre- and post-intervention coding timepoints.

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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II

IMPACT OF REPEATING SOMATIC CUES ON THE DEPTH OF EXPERIENCING FOR WITHDRAWERS AND PURSUERS IN EMOTIONALLY FOCUSED COUPLE THERAPY

by

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Impact of repeating somatic cues on the depth of experiencing for withdrawers and pursuers in emotionally focused couple therapy

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Abstract

Emotionally Focused Couple Therapy, an experiential modality, views emotion central to therapeutic change. In this exploratory study, we examined therapists' repetition of somatically focused interventions (therapist verbalizing somatic cues, such as facial expressions) and their impact on clients' emotional experiencing in-session. We also assessed difference for withdrawing versus pursuing partners. The sample included 13 EFT therapists who worked with one couple each for a single session. From transcripts we coded therapists' repetition of somatically focused interventions and clients' depth of experiencing pre-and post-intervention. Multilevel modeling demonstrated that a higher number of repetitions of somatically focused interventions predicted greater increase in depth of experiencing, unlike length of time spent repeating interventions. Somatically focused interventions resulted in greater increase in depth of experiencing for withdrawing as compared to pursuing partners. The results of this exploratory study suggest that such interventions may be a specific technique of EFT therapists that enhances emotional experiencing especially among withdrawing partners.

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IMPACT OF REPEATING SOMATIC CUES ON THE DEPTH OF EXPERIENCING FOR WITHDRAWERS AND PURSUERS IN EMOTIONALLY FOCUSED COUPLE THERAPY

According to Gendlin (1961), emotional experiencing is an important variable in therapeutic change. In his definition, emotional experiencing has two characteristics: it occurs in the immediate present and it is felt, rather than thought, known, or verbalized. Further, Gendlin (1964) and Madison (2014) proposed that the body and bodily experiences are the doorway to a felt sense of self and emotions that underlie words, concepts, and thinking. Therefore, somatic experience is important to understanding one's emotions and for therapeutic change. Gendlin (1969) proposed that a person is in bodily interaction with others and with the environment, so how humans live and react is in part a somatic process that occurs in different situations. In couples' interactions, for example, when one partner yells at or hurts the other partner, the recipient may "feel" it in their gut. In other words, humans often have somatic experiences of emotionally charged events. Therefore, it is important to study emotional experiencing in couples, and it may be particularly important to understand somatic experiences and their manifestations in couples therapy.

A recent meta-analysis indicated that greater client experiencing, measured with the Experiencing Scale (EXP; Klein et al., 1969), was a significant predictor of symptom improvements in psychotherapy (Pascual-Leone & Yeryomenko, 2017). Emotionally Focused Couple Therapy (EFT; Johnson, 2004, 2020) research has focused on the process of change and predictors of outcome in addition to demonstrating the treatment's efficacy and effectiveness. Several studies of EFT demonstrated that the depth of emotional experiencing is a predictor of successful outcomes, such as relationship satisfaction (Wiebe, & Johnson, 2016). In one of the early EFT studies, Johnson and Greenberg (1988) found that couples with successful outcomes had greater depth of emotional experiencing in their in-session responses. Couples made the most progress during therapy sessions in which partners had deeper emotional experiencing (McRae et al., 2014). Further, those couples who were able to maintain a deeper level emotional engagement in the session were most likely to sustain it in the long term, hence improving their relationship satisfaction (Wiebe et al., 2017). EFT process research on withdrawers and pursuers has focused recently on two key change events, withdrawer re-engagement (Lee et al., 2017) and pursuer softening (Burgess Moser et al., 2018; Bradley & Furrow, 2004). These events require that therapists must engage the individual partner in greater depth of experiencing (Dalgleish et al., 2015; Bradley & Furrow, 2004, 2007). In current study, the individual partners' emotional experiencing in a couple in terms of depth of experiencing is measured and rated by coders using the experiencing scale.

Interventions that facilitate deepening of experience

Deepening of experience can be seen as a two-fold concept. Deepening is an in-session change from secondary to primary emotional experiences, and deepening is also a process that involves a focus on somatic experience and creating new meaning (Gendlin, 1969). In EFT practice, accessing and deepening of individual partners' emotions are in focus, and then the use of new emotional experiences to restructure interactions between couple (Johnson, 2004, 2009, 2020). The practice of EFT interventions, 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. The interventions

especially targeting at deepening of emotions are heightening, evocative questions and responses (Johnson, 2004, 2020). In heightening, referring to a somatic reaction is one option for the therapists out of the five elements of experience (Johnson, 2019).

One means of achieving heightened emotional experiences in couples is for therapists to identify and comment on the somatic cues of emotions during the session (Kailanko et al., 2020).

Affective experiences are observable in somatic emotional cues that the therapist can track and verbalize. These cues that occur in the here-and-now of the session may provide therapists and couples a door to individual partners' inner experience (Kailanko et al., 2020). In a recent study of EFT for couples, somatically focused interventions (i.e., therapists verbalizing individual partners' somatic emotional reactions, movement, or posture) were significantly associated with partners' greater depth of experiencing in a couple therapy session (Kailanko et al., 2020). Kailanko and colleagues (2020) also found an immediate increase in individual partners' depth of experiencing after each somatically focused intervention by the therapist. These results serve as the foundation for this article that focuses on what actions therapists could take to support emotional deepening. More specifically, we study two independent variables of somatically focused interventions, the effects of therapists' repeating and spending time on the repetition of intervention for the individual partner during a couple therapy session.

Repeating of interventions

Repetition by therapists has been emphasized as useful in heightening affect in EFT literature (Johnson, 2019, 2020) that may lead to dissolving of emotional suppression (Johnson, 2019) and deepening the key emotions (Johnson, 2009). The reasoning arises from attachment theory that is in the core of EFT for couples, because repetition may address emotion inhibition of individuals using attachment avoidance strategies. Therefore, repetition in heightening affect is advised to EFT therapists, however it has not been studied earlier within the framework of EFT for couples. A recent study by Wiebe et al. (2017) suggested that EFT therapists should focus on the deactivating strategies of avoidantly attached partners in order to achieve better relationship outcomes, therefore, repetition might be one option to reconnect client to their emotional experience. As Greenman and Johnson (2013) suggested, it is important to study what clinicians do at the specific points of EFT that impact and heighten emotional experiences in couples.

Spending time on the repetition of interventions

Devoting more time to repetitions may be important variable in deepening the clients' emotional experience. A study of the relationship between the length of time spent expressing highly aroused emotion and therapeutic outcome concluded that moderate amounts of heightened emotional arousal improved therapeutic outcomes (Carrier & Greenberg, 2010). That is, the goal for an EFT therapist is not to overwhelm the individual partner with dysregulating emotion, but rather to facilitate experiencing with an optimal level of arousal (Brubacher, & Wiebe, 2019); Elliott et al., 2004. Further, more time may be needed for the more withdrawing partner gradually to increase their emotional experience (Lee et al., 2017; Rheem, 2011). Lee and colleagues noted that therapists used a sequence of several interventions for the withdrawing partner first to heighten their core affect, then share the core affect with their partner through guided enactment, and finally followed by either continuing to heighten the affect or seeking their partners'

support to foster new emotional experience. Hence, both Lee and Rheem noted in their studies that instead of linear progression as was assumed, the therapists needed to heighten affect several times with the more withdrawing partner in a couple. During the process the most often utilized interventions included heightening (35%), evocative questions and responses (20%), validation (12%), and restructuring interactions (8%). These represented 75% of therapist behaviors coded as EFT interventions (Lee et al., 2017). In contrast to their study, we study the impact of time spent on deepening of emotion and include differences between withdrawing and pursuing partners in a couple.

Deepening of experiencing for withdrawing partners

One of the models that underlie EFT for couples is attachment theory. According to attachment theory, human infants engage in behaviors that draw attachment figures near and enhance the potential for security (Bowlby, 1988). Repeated interactions with caregivers result in infants developing internal working models of attachment. These become non-conscious strategies of affect regulation stored in procedural memory (Schore, 1994, 2011; Schore & Schore, 2008) that an individual may utilize in relational interactions (Ogden & Fisher, 2015), and especially during moments in which the experience threat. Attachment-related somatic responses and movements develop during the first year of an infant's life. Withdrawal and immobilization can be functional responses to impossible or dangerous situations in which the experience of vulnerability might be overwhelming (Porges, 2011), such as finding oneself dependent on an unpredictable attachment figure. Avoidant strategies for dealing with negative emotion include the use of suppression and downregulation of affective experiences (Hofmann et al., 2009). These attachment strategies tend to be relatively stable across the lifespan (Pinquart et al., 2013).

Similarly, in EFT theory individual partners who are referred to as withdrawers tend to react by avoiding, silencing, shutting down, or defending themselves (Johnson, 2004, 2020). This withdrawing behavior may be viewed as deactivating attachment needs that is commonly found in individuals with greater attachment avoidance (Johnson & Whiffen, 1999). Therefore, deepening of emotional experience for withdrawing partners in couples therapy may be challenging. Rheem (2011) found that withdrawing partners attempted to exit their primary core affect, hence they needed support from therapists to be able to reconnect to deeper level of emotional experiencing. Additionally, Wiebe et al. (2017) suggested that EFT therapists should be attuned to de-activating strategies for both partners throughout the session. Yet, it is more likely that it is the withdrawing partner who tends toward greater use of de-activating strategies in the relationship.

Deepening of experiencing for pursuing partners

In the EFT model, pursuing partners are often seen as equivalent to someone with anxious attachment. Anxiously attached clients' autonomic nervous system activation is usually high (Schore & Schore, 2014). For these individuals anger and hypervigilance are easily triggered by the expectations of rejection in relationships. Anxiously attached partners may view such responses as functional and protective (Porges, 2011). However, this hyperactivation of the attachment system presents affect regulation challenges as these individuals become easily and intensely upset, emotionally aroused, fearful, and angry (Buss & Plomin, 1986). In close adult relationships, anxiously attached partners tend to worry about their partner's emotional and physical

availability. Releasing or distancing from their partner is difficult due to fears of rejection and relationship loss.

At times, pursuers tend blame, demand, or yell at their partners in an attempt to seek proximity and connection. In the mind of the pursuer, even a negative response is better than no response. According to Burgess Moser et al. (2018), pursuers' blaming behavior may be a way of coping with the hyperactivated attachment needs associated with attachment anxiety. Therefore, in EFT therapy sessions, pursuers appear more emotional, and react with more intensity (Johnson & Whiffen, 1999).

The present study

The present study is an exploratory study with a small sample that aims to gain preliminary understanding of the actions that a therapist can take in session to support emotional experiencing for the client, with a focus on somatically focused interventions. We tested whether therapists' repetition of somatically focused interventions and spending time on the repetition of intervention could be a means by which therapists assist individual partners to increase the depth of individual partners' experiencing. Somatically focused intervention refers to EFT therapists who identify, verbalize, and repeat the verbalization of individual partners' somatic emotional cues. In addition, we examined if therapists' repeating of somatically focused interventions has a differential impact on emotional experiencing of pursuing versus withdrawing partners.

The hypotheses of the study were the following:

Hypothesis 1a More repetitions of somatically focused interventions by therapists will predict greater increases in depth of experiencing by individual partners over the course of the session.

Hypothesis 1b Longer lengths of time a therapist spends repeating the same somatically focused intervention will predict greater increases in depth of experiencing in individual partners over the course of the session.

Hypothesis 2a More repetitions of somatically focused interventions by therapists will predict greater depth of experiencing for withdrawing partners as compared to pursuing partners.

Hypothesis 2b Longer lengths of time a therapist spends repeating the same somatically focused intervention will predict greater depth of experiencing for withdrawing partners as compared to pursuing partners.

METHOD

Participants

The present study included 13 different EFT therapists from around the world who had more than ten years of clinical experience in the area of couple therapy. The therapists were trainers and supervisors certified by the International Centre for Excellence in Emotionally Focused Therapy (ICEEFT). The 13 EFT therapists worked with one couple each.

Individual partners ($N = 26$) were adult members of 13 heterosexual couples. The sessions were one-time EFT demonstration meetings that took place between 2011 to 2016. Each study therapist and couple met on one occasion at an Externship or Core Skills training demonstration for therapists. The sessions were transcribed and available for online training for therapists to

conduct EFT for couples. The transcriptions were eligible for this study if they were anonymized, available in English, the EFT therapists identified withdrawers and pursuers, and therapists used a somatic emotional cue intervention (defined below) at least once during the session.

The researchers did not use nor analyze the couple's personal data in this study as the couples were anonymous. Therefore, there is no specific information about the individuals or the couple, such as demographics and level of relationship satisfaction.

Measures

The experiencing scale

The Experiencing Scale (EXP; Klein et al., 1969) is a 7-point observer rating scale that is applied to therapy transcripts to indicate an individual's inner experiences throughout the therapy. The stages in the Experiencing Scale are clearly defined. The client's experiences move from level 1 of impersonal narrative to level 2 of intellectual account of thoughts and opinions, and then to level 3 of behavioral description possibly including limited referencing to feelings. Deeper experiencing begins at level 4 with the speaker sharing his own personal, internal perspective or feelings. The level 5 is an exploration of the speaker's feelings, then posing and exploring a problem about himself in the terms of feelings. Further, deepening at level 6 includes the speaker's feelings and inner insights about himself that are elaborated and communicated here-and-now. At level 7, the individuals are able to focus on and connect with inner experiences (Klein et al., 1969). In this study, the EXP was used as a continuous variable in the analyses. The descriptions of level 4 and above as deeper experience are for clinical information about the scale. The research on key EFT change events has pointed towards a need for experiencing levels 4 to 6 for a change to take place (Lee et al., 2017; Rheem, 2011).

The individual partners were given two different scores regarding their experience within a coded segment: a mode score indicating the score most frequently attained, and a peak score indicating the highest score attained. Past research found that the EXP shows high validity as well as high inter-rater reliability, with coefficients ranging from .76 to .91 (Klein et al., 1969). For this study, inter-rater reliability was assessed by using the intra class correlation coefficient (ICC) between the two raters. The ICC was 0.94 for identifying the coding segments and 0.76 for the EXP ratings, thus indicating excellent to good reliability. In current study, experiencing scale scores coded at various time points (6 min pre and post each therapist emotional cue intervention) was the dependent variable in the models.

Procedure

One EFT session per trainer therapist and couple was available for transcription and coding. The trainer therapists had defined pursuers and withdrawers of their session in the transcribed session document. As the study was focused on individual partners' depth of experiencing prior to and following the therapist's somatically focused intervention, each partner's depths of experiencing was coded repeatedly throughout the therapy session. The somatically focused intervention was defined as any instance in which a therapist identified and commented on an individual partner's somatic response or cue. A somatic cue was defined as individual partner's non-verbal reaction, posture, or movement that is representative of emotion. Both coders

reviewed the whole session in order to identify all key moments during which the therapist referred to an individual partner's somatic emotional cues. The codings were compared against each other, and in case of difference in codings, the potential key moment was reviewed together and agreed upon. To identify these moments, the following criteria was used: (1) a somatic emotional cue was expressed by the individual partner in the therapy session and the EFT therapist recognized it; (2) the therapist commented on the somatic cue by stating for example "I see tears in your eyes," or "you look sad as you are talking about it"; (3) the individual partner's somatic emotional cue was identifiable in the transcribed text; and (4) the therapist repeatedly used and referenced the somatic emotional cue. We coded the somatic cue data into categories such as tears, eyes, face, head, voice, hands, body. These identified moments were used as a starting point for dividing the transcript into segments to be coded. Segments that were defined as 6 min before and 6 min after these identified moments were coded. For each 6-min segment all talk turns were coded with the experiencing scale resulting a peak and mode value for that section. The chosen 6-min coding time is in line with the Experiencing Scale guidelines by Klein et al., (1969) where the recommended time for coding varied between five to eight minutes. Each session had several of these identified segments that were coded, thus resulting the longitudinal nature of the experiencing scale data within each session. Additionally, in order to test hypothesis, we coded the frequency with which the same intervention was uttered by the therapist, and we also coded the amount of time in minutes during which the same intervention occurred.

Two psychology graduate students were trained to identify the key moments and to code partner responses pre- and post- emotional cue interventions using the experiencing scale (EXP; Klein et al., 1969). The coders received fourteen hours of training to identify the somatic emotional cues and to use the EXP scale. The training was based on the Experiencing Scale training manual and DVDs developed by Klein et al., (1969). The EXP coding of 6-minute transcript sections was done in random order, one segment at a time. Raters in this study used the Experiencing Decision-Tree (Jaouich et al., 2006) which provides an easy visual reference to facilitate rater accuracy and speed. The decision tree was developed and validated to improve scoring efficiency, to maintain high levels of inter-rater reliability, and to help sustain rater interest during the process.

As personal data of couples were not available, the General Data Protection Regulation personal data protection was not required. Further, the couple data used is aggregated and anonymous thus protecting their privacy.

Illustration

To demonstrate the somatically focused interventions, we provide a vignette taken from the transcripts of a therapists' emotional cue intervention with a withdrawer male partner of a couple. In the example, the therapist verbalized a somatic emotional cue related to pain noted in the withdrawer's eyes. As indicated, the therapist's intervention was defined as noticing and verbalizing some individual partner somatic emotional cue, somatic reaction, or posture that takes place in the moment. The partners' talk turns were coded before and after the therapists' intervention, which appears in italics. The repetition of interventions and time spent on them are also noted.

Therapist: *When I look into your eyes, when you talk about this, and I see you kind of struggling with it right now...it looks very painful.*

Withdrawer: Yeah...

Therapist: Yeah...Deep inside...Yeah...*I see it in your eyes*, but do you ever let yourself feel that pain?

Withdrawer: Occasionally, it's hard for me to do that - you know.

In the therapist's first mention of withdrawer's somatic emotional cue, such as "When I look into your eyes, I see you...", the withdrawer gives very short answers, such as "yeah." However, the withdrawing partner does not deny it, so the therapist stays there repeating the somatic emotional cue in the moment. The pace of the therapist's talk turn is slow, providing time with pauses while talking to the withdrawing partner.

Therapist: *What's happening right now as we talk about the pain?*

Withdrawer: Oh, I'm just kind of like holding composure. I feel like I'm taking half breaths.

The therapist keeps repeating the cue. Although the withdrawer is opening slowly, he is in contact with his internal experience, aware of his holding of composure which is his coping strategy, and describing somatic reactions, such as "taking only half breaths."

Therapist: Yeah, yeah. I'm seeing that. So, that pain is there?... I see the pain in your eyes. (Hmmm-hmm). It is very understandable and to feel the pain that you're somehow letting her down...and disappointing her...and she obviously matters so much to you.

Withdrawer: Right. I'm just kind of,...I'm still having trouble, you know, getting in touch with the pain part of it, you know, because I'm just...I'm feeling like I don't want to break down. I got to...I still have to be able to function, you know, play my part as...dad and, you know, and I've always just looked at sadness like that as a weakness, too, you know. I don't know. It's just the way I was raised with, you know— to be sad, you know, it's like, "Oh, you got to stay positive, you know, look at the bright side of things."

Finally, when the therapist stays patiently repeating the somatic emotional cue, the withdrawer starts to express what is happening on the inside, and slowly he opens up to exploring deeper insights about his own experience.

Plan of analysis

The number of key events that were identified and coded per EFT therapist and couple within the session ranged from a minimum of two to a maximum of seven. The average number of key events across the therapists was four. Multilevel Modelling (MLM; Singer & Willett, 2003) was used to analyze the data. This method was chosen because it is well suited for longitudinal data and is flexible in accounting for data occurring at varying time points, as is the case in the present study. Time at which the coding occurred was modelled at Level 1 of the MLM, and individual partners of a couple ($N = 26$) were modelled at Level 2. In MLM, more complex models are built from simpler models. First, we estimated a base (intercepts-only) model containing only the dependent variable and intercepts. Next, we estimated a simple linear model including the linear time parameter representing the sequence of coding time-points throughout the session (unconditional linear growth model). Following this, in order to assess Hypothesis 1, a linear model was run with a level 1 growth parameter indicating the

time during the session when the coding occurred as well as a level 1 parameter representing intervention repetitions (Hypothesis 1a) or length of time spent repeating the intervention (Hypothesis 1b). To assess Hypothesis 2, a dichotomous variable was created to represent withdrawn partners (coded as 0) versus pursuing partners (coded as 1) and this variable was added to the model at level 2 to predict intercepts and slopes. If effect of the dichotomous variable on repetitions predicting EXP scores was significant, we followed up with testing simple slopes pursuers and withdrawers in separate linear models. Again, models were also estimated to represent the number of repetitions (Hypothesis 2a) and length of time spent repeating the intervention (Hypothesis 2b). Each of these models were estimated separately with respect to the impact of predictors on the peak and mode experiencing scores as dependent variables. See the Appendix for the multilevel modelling equations.

RESULTS

Baseline results

The therapists engaged in somatically focused interventions that focused on somatic emotional cues 53 times across all couples. Therapists repeated the somatically focused interventions for 28 of the 53 interventions (52.8% of interventions were repeated) (Table 1). Of the verbalized somatic cues, 82% focused on head area such as tears, eyes, face, voice such as sigh, and head (Table 1). Tears was the most verbalized somatic emotional cue for pursuers (39%), while eyes were the most verbalized cue for withdrawers (27%). In terms of the gender, the frequency of the somatic emotional cues verbalized by the therapist occurred almost equally relative to the males and the females in the couples, with 25 for the males (47%) and 28 for the females (53%). The mean number of interventions, the length of time in minutes spent on somatic interventions for withdrawers and pursuers, and the detail EXP data for withdrawers, pursuers and total after repeated and non-repeated somatically focused interventions are presented in Table 2.

TABLE 1 Number and percent of therapist somatically-focused interventions across all withdrawers, pursuers, and the total

	Withdrawers		Pursuers		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Total	30	57	23	43	53	100
Tears	6	20	9	39	15	28
Eyes	8	27	2	9	10	19
Face	7	23	6	26	13	25
Head	3	10	0	0	3	6
Sigh	1	3	1	4	2	4
Body	4	14	1	4	5	9
Hands	1	3	4	18	5	9

Note: *N* = 26 partners (13 withdrawers and 13 pursuers) in 13 couples. Therapist *n* = 13.

TABLE 2 Mean (M) and standard deviation (SD) of depth of experiencing scale (EXP) scores for withdrawers, pursuers and total

	Withdrawers		Pursuers		Total	
	M	SD	M	SD	M	SD
Number of repetitions per client	5.88	4.79	2.83	1.52	4.57	4.05
Repetitions per client, in min	6.69	5.43	4.17	3.66	5.61	4.92
Repeated somatically-focused interventions						
EXP peak, pre-intervention	3.44	0.96	3.25	1.06	3.36	0.99
EXP peak, post-intervention	4.31	1.01	4.08	1.24	4.21	1.1
EXP mode, pre-intervention	3.06	1.12	2.67	0.89	2.89	1.03
EXP mode, post-intervention	4.06	1.12	3.67	1.07	3.89	1.1
Somatically-focused Interventions without repetition						
EXP peak, pre-intervention	3.00	0.68	3.00	0.77	3.00	0.71
EXP peak, post-intervention	3.64	1.08	4.55	0.93	4.04	1.1
EXP mode, pre-intervention	2.07	0.27	2.45	0.82	2.24	0.6
EXP mode, post-intervention	3.07	1.21	4.00	1.00	3.48	1.19

Note: "Pre- and post-interventions" refer to therapists' somatically-focused interventions. $N = 26$ partners (13 withdrawers and 13 pursuers) in 13 couples. Therapist $n = 13$. Number of somatically-focused interventions 53 (28 repeated interventions and 25 without repetition).

Multilevel modelling

Experiencing scale

As an initial step, we estimated an unconditional linear growth model for changes in EXP scores (peak and mode) across all coded timepoints within sessions. These results were previously reported by Kailanko et al., (2020) and serve as the foundation for the analyses of focus in this study. This model demonstrated significant linear increases in EXP scores across timepoints (peak: $\beta_{10} = 0.13$, $t(22) = 2.27$, $p = .033$; mode: $\beta_{10} = 0.15$, $t(22) = 3.12$, $p = .005$).

Repetitions of somatically focused interventions (Hypothesis 1)

Consistent with Hypothesis 1a, results indicated that a greater number of therapist repeated somatically focused interventions was associated with greater increases in client EXP scores (peak: $\beta_{20} = 0.05$, $t(22) = 2.27$, $p = .033$; mode: $\beta_{20} = 0.07$, $t(22) = 3.23$, $p = .004$).

However, contrary to Hypothesis 1b, therapists spending a longer amount of time repeating somatically focused interventions was not associated with greater increases in EXP scores (peak: $\beta_{20} = 0.03$, $t(22) = 1.26$, $p = .22$; mode: $\beta_{20} = 0.04$, $t(22) = 1.64$, $p = .12$).

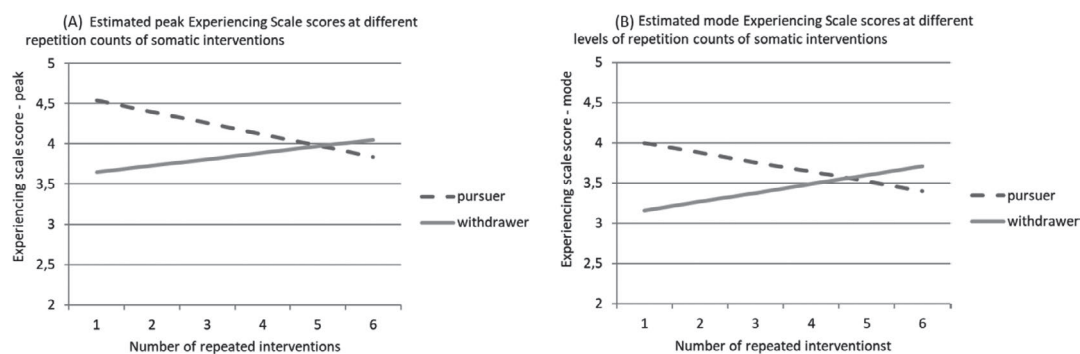


FIGURE 1 The effect on pursuer-withdrawer on the effect of more somatically focused intervention repetition on EXP scores (Hypothesis 2a)

Pursuer-Withdrawer effects (Hypothesis 2).

Repetition of interventions (Hypothesis 2a)

Results indicated a significant effect for pursuer/withdrawer classification by the intervention repetitions for both peak: $\beta_{21} = 0.32$, $t(21) = 4.59$, $p < .001$ and mode: $\beta_{21} = 0.35$, $t(21) = 7.12$, $p < .001$. We followed up on the significant effect in line with our hypothesis by reporting the effects for withdrawers and pursuers separately.

In support of Hypothesis 2a, results indicated that for *withdrawing partners* there was a positive association between therapists repeating somatically focused interventions and EXP scores, such that a higher number of repetitions was associated with greater EXP scores (peak: $\beta_{20} = 0.09$, $t(21) = 4.17$, $p < .001$; mode: $\beta_{20} = 0.12$, $t(21) = 5.05$, $p < .001$). In contrast, for *pursuing partners* higher therapist repetitions of somatically focused interventions were associated with lower EXP scores (peak: $\beta_{20} = -0.23$, $t(21) = -3.51$, $p = .002$; mode: $\beta_{20} = -0.23$, $t(21) = -5.36$, $p < .001$). Figure 1 graphs the effects of pursuer or withdrawer status on the association between repeated somatically focused intervention and EXP scores.

Length of intervention repetitions (Hypothesis 2b)

Results indicated a significant effect for pursuer/withdrawer classification by the length of time that the intervention was repeated for both EXP peak, $\beta_{21} = 0.17$, $t(21) = 3.84$, $p < .001$, and EXP mode, $\beta_{21} = 0.19$, $t(21) = 5.86$, $p < .001$. We followed up on the significant effect to test our a-priori hypothesis by reporting the effects for withdrawers and pursuers separately.

For *withdrawn partners* there was a positive association between length of time that the somatically focused interventions were repeated and EXP scores. Longer length of time that the interventions were repeated was associated with greater EXP scores (peak: $\beta_{20} = 0.08$, $t(21) = 4.19$, $p < .001$; mode: $\beta_{20} = 0.10$, $t(21) = 3.86$, $p < .001$). In contrast, for *pursuing partners* longer length of time that the somatically focused interventions were repeated was associated with significantly lower EXP scores (peak: $\beta_{20} = -0.09$, $t(21) = -2.21$, $p = .04$; mode: $\beta_{20} = -0.09$, $t(21) = -4.75$, $p < .001$). Figure 2 graphs the effects of pursuer or withdrawer status on the association between length of time somatically focused intervention repeated and EXP scores.

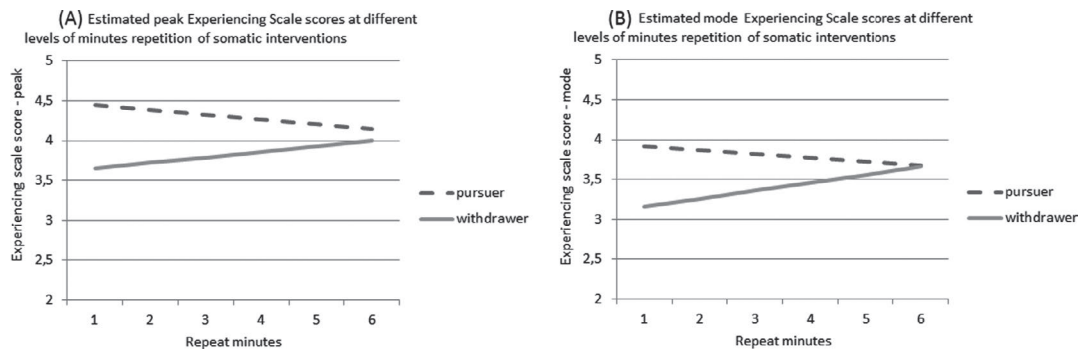


FIGURE 2 The effect on pursuer-withdrawer on the effect of the length of somatically focused intervention repetition on EXP scores (Hypothesis 2b)

DISCUSSION

The goal of this research was to explore whether therapists' repetition of somatically focused interventions and spending time on the repetition of intervention could be a means by which therapists assist individual partners to increase the depth of individual partners' experiencing. The findings of this exploratory study supported Hypothesis 1a that a higher number of repeated somatically focused intervention by therapists predicted greater depth of experiencing in partners during an EFT session. However, Hypothesis 1b was not supported. The number of minutes in the session that therapists spent in repeating somatically focused interventions was not significantly related to depth of experiencing in partners during the session.

The second hypothesis was also supported. The impact of somatically focused intervention repetitions on depth of experiencing differed between withdrawers and pursuers. Specifically, more repetitions of somatically focused intervention by therapists (Hypothesis 2a), and greater length of time spent by therapists on these interventions (Hypothesis 2b) predicted a significant increase in depth of experiencing for withdrawing partners, and a significant decline in depth of experiencing for pursuing partners. The impact of therapists' somatically focused interventions was first researched by Kailanko et al., (2020) who found immediate increases in level of experiencing among partners in EFT following a therapist's somatically focused intervention. The present study deepens our understanding of the impact of therapists' somatically focused interventions in EFT. The findings point to the possibility that repeated somatically focused interventions have different effects on the depth of experiencing of withdrawers and of pursuers in a couple.

Depth of experiencing for withdrawers compared with pursuers

Not only did repeated somatically focused interventions by therapists result in greater depth of experiencing in withdrawers, but we also found that withdrawers' average peak score after repeated interventions exceeded the level on the EXP that indicates a shift from being purely descriptive of feelings to a deeper expression of inner experience. This is an important shift for withdrawers who, like those with avoidant attachments, tend to downplay internal emotional experiences and focus on the external. The depth of experiencing after EFT therapists' repeated

somatically focused interventions found in this study were at the same level as those reported in the best sessions of previous studies (Wiebe et al., 2017; Bradley & Furrow, 2004; Johnson & Greenberg, 1988). These previous studies found that greater depth of experiencing in the best sessions was predictive of positive response to treatment.

In this study withdrawers gained greater depth of experiencing when therapists repeated the somatically focused interventions. This is in line with earlier research by Lee et al., (2017) who showed that working with more withdrawing partners requires therapist to heighten affect several times to achieve greater depth of experiencing for clients. Avoidantly attached partners, who likely make up most of those who are withdrawers in a couple, tend to have deactivating autonomic nervous systems concurrent with self-regulated arousal and affect (Ogden et al., 2006). The results of this study suggest that repeated somatically focused interventions mitigate the deactivation of avoidant partners.

A decline in emotional experiencing among pursuers with greater therapist repetition and time spent on somatically focused interventions was found in this study. Anxiously attached partners usually have higher autonomic nervous system activation as they tend to worry about relationship loss. It is often challenging for them to stay at the optimal level in the window of tolerance (Ogden & Fisher, 2015). In this study, pursuers' emotional reactions seemed to be immediately alive. However, therapist repetitions of pursuers' somatic cues and of their emotion may have prompted the pursuer to reduce their emotional experience to a more optimal level for therapeutic work. Burgess Moser et al. (2017) noted that pursuers may get overwhelmed with anxiety in their experience, but we found that pursuers' level of experience reduced over time with repeated somatically focused interventions by therapists.

There are some limitations worth noting in the present study. First, the participant couples' demographics, their therapy and relationship history, and presenting problems were not known to researchers. Hence it is not possible to evaluate the degree to which one can generalize these findings to a population. Second, the sample size was relatively limited likely reduced power of some statistical tests and so it is not clear how reliable the findings are without replication. Therefore, we consider the present study to be an exploratory one, offering preliminary results to help pave the way for future research, which may aim to replicate and deepen our findings. Nevertheless, there were some methodological strengths in the present study. The EFT sessions included in the study were from experienced EFT trainers, thus possibly representing how EFT should be practiced ideally. The therapy sessions were reviewed and coded from the beginning to the end, thus providing more depth and comprehensiveness to the findings about what occurs across an entire EFT session. This is a novel study of repeated somatically focused interventions by EFT therapists which may inform future and larger studies in order to establish the reliability of the findings and the conditions under which somatically focused interventions might work.

For the future research, it might be useful to get corroborative evidence to the experiencing scale to measure each partner's inner emotional experiences. As the withdrawers tend to limit their emotional expression, their emotional experience may be hard to gauge from the outside. Hence, it might be interesting assess their autonomic nervous system reactions measured with physical measurements, such as heart rate or skin conductance. Further, it would be useful to learn more about EFT trainers' and therapists' thoughts and views behind their use of somatically focused interventions, specifically when working with withdrawers and pursuers. A qualitative study of EFT therapist interviews may shed light on the decision-making processes related to engaging in somatically focused interventions.

Clinical implications

The findings of the present study provide several implications related to clinical practice and training for EFT therapists. First, therapists' somatically focused interventions may provide access to and a way of deepening partners' inner experience. The findings support the key theoretical concept of affect assembly and deepening that takes place in EFT sessions (Brubacher, & Wiebe, 2019; Johnson, 2004, 2020). Second, the findings suggest a way for therapists to keep emotions alive during an EFT session through repetition of somatically focused interventions. This is especially helpful for withdrawing partners that tend to cope with stressful situations by deactivating arousal and affect. Repeating or referencing to the same somatic emotional cue, even six or more times may be a way of engaging withdrawing partners in a couple. Based on this study findings, we suggest that training of EFT therapists pay particular attention to identifying, naming, and focusing on the somatic cues among couples.

A third implication of this study is that it suggests therapists may have to work differently regarding repetition of somatically focused intervention with withdrawers. While it may be challenging for the withdrawer to activate their emotions, therapists' repetition of somatically focused intervention may be helpful. The effect of repetition may be the opposite for pursuers who are more alive to their emotions. Repetitions of emotional cues by therapists may result in a decrease of emotional experiencing for pursuers. From a clinical point of view this could be seen as beneficial in helping pursuers to become more reflectively focused of their own experience thus keeping their emotions from overwhelming them. Staying with and talking about the emotion with the therapist may bring to the pursuer a sense of structure and understanding of the feelings.

CONCLUSIONS

The present study is the first exploratory study that aims to gain preliminary understanding of the actions that a therapist can take in session to support emotional experiencing for the client, with a focus on somatically focused interventions in Emotionally Focused Couple Therapy. This research suggests that therapists' repetition of somatically focused interventions could be a means by which therapists assist individual partners to increase the depth of experiencing. A higher number of repetitions of somatically focused interventions by therapists was associated with a greater increase in depth of experiencing for clients, especially for withdrawing as compared to pursuing partners. The results of this study suggest that such interventions may be a specific technique of EFT therapists that enhances emotional experiencing especially among withdrawing partners.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.

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III

SOMATIC EXPERIENCE OF EMOTION IN EMOTIONALLY FOCUSED COUPLE THERAPY: EXPERIENCED TRAINER THERAPISTS' VIEWS AND EXPERIENCES

by

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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	<p>Consists of 15 emergent themes</p> <p>Based on my own experience I put out bodily reaction tentatively for the client</p> <p>I pay attention to the client, not me</p> <p>I signal to clients non-verbally</p> <p>I tune into myself and what happens inside of me as it guides me, helps to understand, describe, validate, and get the meaning</p> <p>I use my bodily experience to guide my interventions, but I never share it with the client</p> <p>I use my body throughout the process</p> <p>I use my body to deepen clients' inner experience</p> <p>I use my own body to create energetic shift</p> <p>I use my physical presence</p> <p>My different bodily sensations</p> <p>My somatic experiencing as a resource as clients may have a block</p> <p>My use of somatic aspect in the early stage</p> <p>My ways of tuning myself into clients' experience</p> <p>Therapists feeling emotion in their body</p> <p>To facilitate therapists emphatic attunement</p>	<p><i>Including 75 quotations</i></p> <p><i>I'll say I feel tense right now. I'm wondering, if that's what you're feeling (T1 L 350)</i></p> <p><i>No, no, I pay attention to them, not me in that moment (T3 L 62)</i></p> <p><i>I may... close my folder on the book just some indication of we got 10 minutes we're winding down (T4 L 440)</i></p> <p><i>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></p> <p><i>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></p> <p><i>I use my body throughout the whole process for sure (T3 L 82)</i></p> <p><i>I'm especially aware of how much I use it in move two our surrounding deepening (T3 83)</i></p> <p><i>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></p> <p><i>I roll out, whenever I am ready to hand the session back over to the...when I see affect or something or see an entry, I'll roll in and I lean in, I mean, I'm physically lean in my chair toward them (T4 L 321)</i></p> <p><i>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)</i></p> <p><i>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)</i></p> <p><i>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)</i></p>

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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