From Head to Heart: A Report on Clinicians’ Perceptions of the Impact of Learning Emotionally Focused Couple Therapy on Their Personal and Professional Lives

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From Head to Heart: A Report on Clinicians’ Perceptions of the Impact of Learning Emotionally Focused Couple Therapy on Their Personal and Professional Lives

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The purpose of this qualitative study was to describe the impact learning emotionally focused couple therapy (EFT) has on the personal and professional lives of clinicians. One hundred twenty-four clinicians answered open-ended questions regarding changes brought about by EFT training including the integration of EFT into previous models of therapy, shifts in the actual practice of therapy, and growth in personal relationships outside of therapy. Participants described specific, welcome changes in their approach to therapy (slowing down, focusing on emotion, demonstrating more empathy and caring), as well as the difficulty of learning a structured, emotionally focused approach to couple work that required major changes for experienced therapists. In addition, participants highlighted unexpected yet positive growth in their most significant family and friend relationships. Results from the study suggest that the process of learning and practicing a model of therapy, EFT in this case, can play an important role in a therapist’s professional and personal development.

KEYWORDS emotionally focused couples therapy, training

INTRODUCTION

For years, research on therapy techniques has been more popular than the study of the personal or professional lives of therapists (Murstein & Mink, 2004; Orlinsky & Ronnestad, 2005). Perhaps this is because of the long-held belief that change in therapy comes at the prompting of specific therapy
techniques (Orlinsky & Ronnestad). Although research has pointed to the importance of the person of the therapist in the forming of a therapeutic alliance regardless of therapist theoretical orientation, there still exists a paucity of research related to therapist professional and personal development and how this development influences change both inside and outside the therapy room (Angus & Kagan, 2007; Obegi, 2008). Because therapy is a highly personal relationship process in which therapists use their own unique personality characteristics, backgrounds and beliefs to adapt specific approaches to various scenarios (Aponte, 1994; Protinsky & Coward, 2001; Truscott, 2010), interpersonal style and character are important components in determining the nature of therapy (McConnaughy, 1987).

While clinicians recognize that the personal characteristics and relationships of the therapist have an influence on the process and outcome of therapy, surprisingly, little research exists regarding the combined personal and professional development of clinicians (Aponte, Powell, Brooks, Lawless, & Johnson, 2009; Orlinsky & Ronnestad, 2005). Nevertheless, integrating the two worlds is considered an important developmental process, particularly for MFTs who are working with several individuals from a systemic perspective (Kottler & Parr, 2000; Protinsky & Coward, 2001). Because therapeutic approaches are often refined as therapists continually develop and use techniques based on theories that are congruent with who they are as persons (Truscott, 2010), research is needed on how learning and applying certain models impacts therapists’ approach to relationships in the therapy room and at home. Therefore, the purpose of the current study is to describe (using clinicians’ own words) how learning a specific therapy model (emotionally focused couples therapy [EFT]) influenced their professional and personal lives.

Learning EFT

EFT is a theory-based approach to couples therapy that has become increasingly popular over the last decade (Denton, Johnson, & Burleson, 2009; Johnson, 2004; Johnson & Greenberg, 1985). It is an empirically validated approach for increasing marital satisfaction in cases with marital distress (Byrne, Carr, & Clark, 2004; Johnson & Denton, 2002; Wood, Crane, Schaalje, & Law, 2005) and for treating a variety of common presenting problems including childhood sexual abuse, depression, and attachment injuries, as well as chronic illness and various traumas (Sandberg, 2011). Likewise, an emerging body of literature has applied EFT to specific issues confronting Latino/a immigrants (Parra-Cardona, Cordova, Holtrop, Escobar-Chew, & Horsford, 2009), First Nations (Berg, 2009), intercultural (Greenman, Young, & Johnson, 2009), and same-sex couples (Josephson, 2003).

The EFT model is based on attachment theory as outlined by John Bowlby (1983), in which he explains that people develop deep emotional
bonds with significant others and are motivated by securing and maintaining those bonds (Johnson, 2004). While EFT offers flexibility to therapists adapting to individual client situations, the therapy is defined by a specific nine-step process (Johnson, 2004; Johnson et al., 2005). Greenberg and Johnson (1988) outlined specific challenges therapists might face when learning and incorporating the EFT model. First, many therapists familiarizing themselves with the EFT model are often not accustomed to working with dyadic relationships and must learn to manage the dynamics couples bring into the therapy room, which are typically more complex than addressing clients from an intrapsychic approach. Second, many therapists must accept emotion as a salient component of the EFT model and develop comfort and competency working with emotions in the couple relationship as they occur in the session. Third, beginning EFT therapists must learn how to suspend judgment and remain curious during the therapeutic process, staying focused on the present. Fourth, EFT therapists must be able to negotiate intrapsychic information with interpersonal processes in the dyad as various processes unfold in session. Fifth, applying the structured EFT model requires facing the continued therapeutic challenge of structuring the session while accommodating continual therapeutic alliances, which are fundamental to the process (Greenberg & Johnson, 1988).

Therapy is often considered a blending of art and science (Palmer & Johnson, 2002), and EFT is a model that allows therapists to adapt personal styles in its application. However, therapists wishing to become certified in EFT must demonstrate competency using the model by completing a specific series of requirements (see http://www.iceeft.com). Although EFT seems to be increasing in popularity and an increasing number of therapists are becoming certified, little has been published about the process of becoming an EFT therapist (Montagno, Svatovic, & Levenson, 2011). Research has shown therapists who successfully execute the EFT model at a baseline level find the model personally appealing (Palmer & Johnson). Also, research on understanding how EFT therapists gain competency through supervision and training is relatively new (Palmer-Olsen, Gold, & Woolley, 2011). Since therapists are influenced in their personal and professional lives by the learning and application of therapy models (Kottler & Parr, 2000), and since EFT is an increasingly popular model, understanding how therapists are affected personally and professionally while learning this model can help to improve training quality and supervision for therapists learning this or any model.

**METHOD**

Procedure

Once institutional review board approval was received for the project, participants were recruited from a listserv designated for an international body
of clinicians who had previously attended official (International Centre for Excellence in Emotionally Focused Therapy [ICEEFT]) EFT training. In the month following the initial request, two additional calls for participation were sent out on the same listserv. If interested, clinicians were directed to a website where they could complete a consent form and fill out the questionnaire.

Sample
The sample for this study includes 122 clinicians recruited from an EFT listserv consisting of therapists around the world who have participated in EFT training. The sample is largely female (81%), white (90%), and middle-aged (mean age 52.3 years). Fifty-two percent of the sample described themselves as religiously affiliated, with Judaism representing the largest affiliation (22%). Twenty-six percent of the sample described their religious affiliation as strong, 29% as moderate, and 45% as not religious.

Thirty-eight percent of the sample classified themselves as marriage and family therapists, 23% as clinical psychologists, 16% as social workers, 11% as counseling psychologists, and 7% as mental health counselors. Thirty-three percent of the sample had obtained a doctoral degree, 58% a master’s degree, and 9%, “other.” Seventy-two percent of the sample listed private practice as their primary clinical setting. The most common response to the question “What percent of your practice is couples therapy?” was 50%. Eighty-eight percent of the sample stated they draw upon EFT techniques “most” or “all” of the time when working with couples, 74% when working with individuals, and 58% when working with families. When asked about their level of EFT training, 51% stated they had completed the 4 day EFT Externship, 21% stated they had also completed advanced training and EFT supervision, 11% stated they are Registered EFTs, and 10% stated they are also EFT supervisors (for more information on the EFT registration process go to www.icceft.com).

Measures
The questionnaire was created specifically for this study (please see Sandberg & Knestel, 2011 for a more detailed description of the questionnaire). As stated previously, the purpose of the study, and the accompanying measure, was to gather data describing the process of learning EFT. Accordingly, the survey consisted of both quantitative and qualitative questions across the following sections: 1) demographics, 2) the appeal of EFT, and 3) the experience of change to EFT. Results from the demographics and appeal of EFT section have been reported previously (Sandberg & Knestel, 2011). The change to EFT section consisted of open-ended questions regarding previous clinical experiences, as well the actual process of learning and practicing EFT. The current study focuses on participants’ responses to the
following specific open-ended questions from the change to EFT section of the questionnaire:

In learning EFT, how have you attempted to integrate your previous approach into your practice of EFT?
What changes have you had to make as you have become or worked towards becoming an EFT therapist?
What changes were the most difficult to make as you attempted to become an EFT therapist?
What changes in yourself have been most welcomed as you have learned and practiced EFT?
How has learning and practicing EFT changed you in your primary relational roles (daughter, brother, wife, parent, partner, grandfather, etc)?
How has learning and practicing EFT impacted the way you deal with your own relational traumas?

Analysis

A team of two researchers (first and third authors), both LMFTs and certified EFT therapists, independently reviewed the written responses to each of the six questions listed previously and followed the process described in greater detail previously (Sandberg & Knestel, 2011). Each researcher then attempted to group the responses according to similarities and differences among descriptions. These initial codes represented simple groupings of similar incidents, phenomena, or experiences described by the clinicians (Corbin & Strauss, 1990). The “naming” of similar phenomena or coding helped to “label, separate, compile, and organize data” (Charmaz, 1983, p. 111). For example, the response to the open-ended question regarding most welcome changes in self, “more love and patience in my personal life” was placed in the “caring/love” grouping by one researcher.

Once this initial and independent sorting and grouping process was completed, the two researchers discussed each other’s conceptualization of key phrases and concepts. The two lead researchers then compared the initial coding for exceptions and/or redundancies, often called constant comparison (Corbin & Strauss, 1990). When necessary, the authors referred to the transcripts and attempted to honor and highlight therapists’ own language in the naming of codes (Constas, 1992).

In addition, the researchers worked to make any needed changes and re-group the initial codes into more theoretically dense groupings, combining initial codes of similar themes where needed. For example, the previously cited quote regarding “more love in personal life,” was combined with other similar quotes to form the broader, more dense “compassion/empathy and love/caring,” grouping, which represented perceived positive changes in the personhood of the therapist. As a result, higher-level changes served to provide a more complete or “thicker” description of the therapists’ experiences
and perceptions (Geertz, 1988). This process was repeated until clear and consistent patterns emerged from the data, a process often referred to as saturation (Bowen, 2008). The results that follow represent the most frequent and consistent responses across therapists to the six open-ended questions.

In addition the second author, who was principally involved in the qualitative analysis of the previous manuscript (Sandberg & Knestel, 2011), reviewed the findings and made suggestions for clarification regarding the analysis. Because the second author is not an EFT trained therapist, her “outsider,” perspective was a valuable trustworthiness check (Lincoln & Guba, 1985).

RESULTS

Integrate Previous Model

Three primary themes emerged from responses to the question, “In learning EFT, how have you attempted to integrate your previous approach into your practice of EFT?” Therapists most frequently responded, literally twice as often, that they are using their old model in conjunction with EFT. Examples of comments comprised in this grouping include:

“I still make a genogram with my couples.”
“I sometimes integrate CBT, especially when there is a need for psycho-education and self-regulation strategies.”
“I use helpful parts of other theories that I have found successful over the years as well as EFT.”

Among the numerous approaches mentioned in this section, therapists most frequently mentioned cognitive-behavioral therapy and Gottman-based interventions when referring to previous approaches.

The second most common set of responses referred to the use of EFT to improve current practice. One participant’s response is typical of others in this classification: “I have integrated EFT into my practice rather than integrating my previous approach into EFT.” Whereas the responses in the largest group described purposeful and frequent use of previous approaches with EFT, the responses in this second set seem to describe efforts to use EFT as a primary approach to couples work, with an overt effort to improve upon previous work with couples. The third grouping consisted of statements regarding a full shift to EFT, following the steps and stages completely, suggesting the idea of becoming a “purist.”

Changes Brought on by EFT Training

An analysis of the responses to the question, “What changes have you had to make as you have become or worked towards becoming an EFT therapist?” yielded four main categories. Clinicians most frequently stated that learning
and practicing EFT required a major shift in regard to their understanding of and work with emotion. A number of quotes exemplify this change:

“I have had to challenge myself to become more comfortable with eliciting and sitting with painful emotion.”
“To focus more on emotion and less on content.”
“Risk being emotionally vulnerable.”

It seems for many clinicians the shift to an emotional focus and the willingness to be emotionally present and vulnerable was a significant, though welcome change.

Similarly, the second largest set of responses described a move away from teaching and education as a primary tool with clients. Perhaps as a companion move toward emotion, clinicians described the need to let go of traditional psychoeducation and cognitive approaches, as the following examples demonstrate:

“Learn to teach less and explain less and not speak to the cognitive part of clients.”
“I am less worried about ‘teaching’ or providing some educational insight and focused on connection.”
“I have moved away from a cognitive approach to a greater degree.”

Interestingly, the next most frequent set of responses related to changes required in the technical and video recording realm of therapy. Quite literally, clinicians spoke frequently of the challenges related to EFT requirements for consistent recording and review of sessions, as shown in the following examples:

“Technology adaptation–video camera and playing it back–writing down dialogue word for word.”
“I had to buy a camcorder and get comfortable explain to people that they would not end up on YouTube!”
“I am currently confronting my fears of videotaping.”

This was a somewhat unexpected, yet very real concern for many clinicians.

Finally, a fourth central theme emerged from responses to this question. Participants spoke clearly about the need to learn to slow down in therapy and described how this change required constant effort and focus. A few statements in this grouping articulate the process of learning to slow down:

“I have had to work hard to slow the process down to a crawl otherwise so much gets lost or overlooked. This appears to help not only my brain capture what is going on but their brains as well, which is more important.”
“I think perhaps I’ve slowed therapy way down in a sense, really waiting for the client to get in touch with feelings.”
“The hardest thing is to slow down . . . [however] I see the power of slowing things down, slicing it thinner, and helping each person see the other’s feelings and perspective.”

EFT emphasizes slowing down the process in therapy and these statements represent that it can be a very real challenge for some clinicians.

Most Difficult Changes

Participants were next asked to describe the changes that were most difficult to make during the process of learning EFT. Three distinct sets of responses, listed in order of frequency, emerged from the answers to this question. First, clinicians most often spoke of the challenge to stay true to and trust the EFT model. Specifically, they described the struggle to remember and effectively carry out the steps and stages of EFT and adhere to a structured approach. Other statements in this category referred to the need to trust and stick with the process and key EFT interventions, as the following quotes illustrate:

“Truly learning the structure and trusting the structure.”
“Trying to get the structure in my head and say the right thing at the right time.”
“It was not so much making changes as that there was just so much to learn: interventions, 9 steps—step 7 has so many mini-steps!—being in the moment, attachment language/reframes.”

Clinicians also described the difficulty related to adopting an emotional focus in session. For many, the process of learning to seek, sit with, and highlight emotion was particularly challenging:

“It’s challenging sometimes to help a person access the deeper primary emotion that drives a reactive pattern. I have noticed that I can get teachy rather than letting the experience in the session move things along.”
“To sit with others in their pain without doing or saying anything, except to heighten the emotion and attachment loss.”
“It is extremely difficult for me to let go of the content in the session and focus instead on the process and emotions.”

Participants spoke not only of the theoretical shift from head to heart, but also of facing the intensity of emotion and their own personal comfort with emotion in the therapy room, which is perhaps a unique challenge for those learning EFT.
Last, clinicians spoke of the challenge to slow things down in session, to create the space and time necessary for the experience and expression of deep emotion and attachment needs. A number of succinct quotes highlight the responses in this category:

“I guess really slowing it down may have been the hardest.”
“I’m very much an analytical thinker and it’s hard for me to slow the process down.”

Most Welcome Changes

Participants were also given the opportunity to describe the EFT prompted changes that were most welcome in their lives. Again, three main themes emerged from the findings, listed below in order of frequency. Clinicians most frequently described a welcome shift in their level of compassion/empathy and love/caring:

“I think I am a much more loving, caring, compassionate individual with myself and others.”
“My growing ability to work in a more loving, compassionate, nonjudgmental way when one of a couple does something particularly disturbing.”
“I’ve become much more accepting and empathic with partners who are behaving badly. Put in context, their behavior makes sense.”

Numerous therapists in this study spoke openly about how pleased they felt when noticing an increased ability to see and treat clients in a more loving way.

Similarly, and perhaps relatedly, participants spoke positively about the changes required to learn about and address attachment needs, or as one participant described “the understanding and incorporation of attachment principles.” This knowledge and its application seemed to be of great value to participants; they spoke clearly and often about its value:

“To recognize how people’s coping skills were effective at one time in their lives to get attachment needs met and are now no longer needed as they can ask for what they need directly from their partners.”
“Becoming more attuned to the longing for connection and the distress of disconnection.”

This theme was also present in participants’ discussions of attachment in their personal lives, but these statements will be discussed in greater detail in responses to questions five and six.
Last, participants spoke clearly about *increased confidence* in session after learning EFT. This welcome change almost seemed surprising to some clients, yet at the same time so appreciated:

“More confidence and clarity at work.”
“The sense of purpose and competence and confidence.”
“It’s nice to feel more competent.”

In addition to the actual use of the word “confidence,” a number of quotes highlight a more comfortable or less stressful feeling in session after learning EFT:

“I don’t go home and stick a straw in a wine bottle any more. Couples therapy is less stressful on me as a clinician. I explained to my husband that it is less like standing in front of a train and more like riding one.”

Primary Relational Roles

The fifth question asked participants to describe how learning and practicing EFT has impacted their primary roles (e.g. daughter, brother, wife, parent, partner, grandfather). The overwhelming response to this question, for both women and men, is reflected by one participant, “I am a better wife, mother, friend, daughter, sister, grandparent. No question.” Primarily, participants spoke about *improved relationships with a spouse/partner as well as other family members and friends*. No answer to any question received a more frequent and consistent set of responses. Answers ranged from the general, “It has made a huge difference, there is less conflict in general,” to very specific:

“With my husband, I have been able to explain my behavior and also to explain why his ‘coldness’ is so painful to me. I also understand that when I become very emotional and cry with my husband, he has so much difficulty with this.”

Additional specific comments about marriage speak of increased connection and improved communication about needs. Two male clinicians’ comments speak directly to these welcome changes:

“This has been particularly helpful in my marriage relationship, to be freer to ask for comfort, to be aware of my needs, to be more clear in my communications. It has brought us closer together.”
“I am probably more open to my and my wife’s ‘cuddly’ needs although I have always been a ‘hugger’.”
Regarding other family relationships, a number of participants described an increased understanding of and ability to work through previously difficult relationships:

“I am much more aware of the concept that first with my adolescent daughter, when she is screaming, she is really trying to tell us something.”
“I am more patient with my struggling sister.”
“EFT has helped me most with my relationship with my mother who at 87 has had Alzheimer’s for 5 years and can communicate very little at this point. I now understand her long standing anger and anxiety as a protest against abandonment which allows me far more compassion and reduces my own anxiety over her anger. EFT allows me to draw closer to the anger and understand that it’s more fear based and I seek to identify the cause of the fear and offer reassurance to calm and quiet her . . . thank you EFT.”

Other comments in this area simply stated that relationships with others outside and inside the home have improved. Overwhelmingly, participants stated that learning EFT has helped them in their most personal and intimate relationships.

A second set of statements refer to the positive changes that have come from learning about and applying attachment principles in family settings. Examples of these comments seem to focus on the increased ability to relate in connecting ways:

“Attachment, not EFT has changed my relationship role as a partner in that it has made me more empathetic and understanding of my partner and his process as well as mine.”
“In all ways [I am] better regarding expressing my attachment needs.”
“By allowing me to see the attachment longing and respond in the present moment. To just be present with those I love.”

These comments seem to differ from the first set mostly when describing the impetus for change, not the nature of change (improved relationships). The comments comprising this category spoke clearly regarding attachment principles as a key component of change.

The third set of comments refer to improved understanding of one’s own relational cycle and vulnerabilities. These general comments highlight an empowered awareness of previous patterns/cycles and hope regarding healthier ways of interacting:

“I became aware of my tendency to withdraw when hurt by others, and my anger if I feel devalued. I now can approach instead of withdraw in these situations and work with my feelings to repair these injuries.”
“I am more aware of my own needs and my default way of responding ... when I see someone reach out to me (even if it’s clumsy) I try to recognize that what they are saying is that I am important to them.”

These more global comments regarding relationship functioning, across a number of settings, spoke about hope related to new ways of being in relationships.

Your Own Relational Traumas

The last question asked participants to reflect on how learning and practicing EFT has impacted the way they have dealt with personal relationship traumas. Responses to this personal question ranged from general responses regarding increased understanding and awareness regarding the cause and impact of wounds, to stories of healing. Participants spoke most frequently regarding the **uniquely helpful perspective of attachment theory**, both in terms of understanding trauma and empowered actions:

“I am much more sensitive to my husband’s attachment wounds and try to be a safe haven for him and he for me.”

“I have become more of the pursuer in my marriage; I have tried to see what’s underneath our cycle and become more aware of attachment needs and related emotions.”

“I understand the conflict through the attachment lens and speak from that place.”

It is interesting to note that participants spoke not only about new knowledge, but also the translation of attachment based knowledge into action.

The second most frequent set of responses commented on a **general improvement in relationships** where there may have previously been trauma residue, as demonstrated in the following examples:

“I can see attachment injury clearly and find I am more tolerant and understanding. My friend visited and instead of becoming irritated with her I developed a new understanding of her history and a new appreciation for her.”

“I am able to hear my partner and my son under the surface when they are in reactive modes better ... not all the time, but better.”

The third set of responses referred to an increased understanding of one’s own responses in relationship in response to previous trauma. Statements in this section highlight shifts away from old trauma-influenced cycles toward increased freedom within relationships, with more ability to choose a set of responses instead of merely reacting:
“I take more risks with people I might not have in the past, with more confidence. I feel more able to step into situation where I don’t know people so well and interact more intimately. I feel closer to my friends and enjoy them more, not needing them to change for me to be okay.”

“Mostly with my spouse, I am more able to ask positively for help, attention, etc. Amazing when I ask positively and with trust, he responds lovingly.”

“I don’t run away from emotions or distance myself from people unknowingly anymore. When I do it now, I know I’m doing it and I know the road back!”

In conclusion, when responding to specific, open ended questions about the impact of EFT training on their personal and professional lives, participants most frequently described: 1) a melding of EFT with their current model, 2) a needed shift in their views regarding and use of emotion, 3) challenges related to learning and adhering to the EFT steps and stages, 4) an increased ability to feel and show empathy/compassion and love/caring, 5) greatly improved family relationships, and 6) increased understanding of and changed behaviors relating to previous attachment injuries.

DISCUSSION

Results from this qualitative study suggest that therapists place great value on the EFT model in both their professional and personal lives. Specifically, therapists spoke of a softening effect the model has on their clients as well as their personal relationships. Although therapists talked openly about the difficulties of learning EFT, clinicians also spoke clearly about the benefits and the effectiveness of EFT, regardless of whether they chose to integrate EFT into previous therapy models or become EFT therapists exclusively.

Integrate Previous Model

The therapists in this study frequently spoke about how they use the EFT model in conjunction with other therapy models. Therapy integration has been discussed extensively in the literature. According to Norcross and Goldfried (2005), therapy integration can follow four routes, two of which seem particularly relevant to the findings of this study. The first is technical eclecticism, where therapists attempt to “select the best treatment for the person and the problem ... guided primarily by data on what has worked best for others in the past” (Norcross, 2005, p. 8). The second, assimilative integration, “favors a firm grounding in any one system of psychotherapy, but with a willingness to incorporate or assimilate, in a considered fashion, perspectives or practices from other schools” (Messier, 1992, p. 151). It appears that clinicians in this study favored the integration of EFT into other models. Age
could be one explanation as to why so many therapists in our study chose to integrate across different therapy approaches. The mean age of clinicians in this study was 52.3 years. Thus, a rather mature sample of therapists participated in this study and as a result may have felt more comfortable taking an integrative approach to EFT than switching to a new therapy model altogether.

An interesting finding concerns the group of clinicians who stated that they had become EFT purists. This is an interesting finding in light of our more mature sample and the many years these clinicians had been using and relying on other therapy models. One explanation for this finding may have to do with therapists’ own personal growth across the life span and coming to value the importance of being connected to significant others. The findings of a study by Rosin and Knudson (1986) suggest that a number of factors may play into a therapist’s choice of therapy model, including family influences. Those therapists who had become EFT purists may have differed from those who chose to integrate across therapy models on a number of personal and contextual variables, which should be assessed further.

Changes Facilitated by EFT Training

When therapists discussed the changes that were brought on by EFT training, the majority of respondents indicated that it changed how they understood and worked with emotion. Specifically, clinicians talked about a shift from content to connection, the core principle of EFT therapy (Johnson, 2004). They additionally described a move away from teaching and education towards connection and the processing of emotions. Bowlby (1979) talked about the connection between attachment and emotion. According to Bowlby, “Many of the most intense emotions arise during the formation, the maintenance, the disruption, and the renewal of attachment relationships” (p. 130). He spoke of joy as being the result of “the unchallenged maintenance of a bond” (p. 130). EFT attempts to do exactly that by helping couples create or recreate safe attachment bonds.

Another change that therapists noted has to do with EFT’s training requirements of recording and reviewing session materials. Interestingly, clinicians expressed more concern than appreciation for having to use recording materials, with concerns ranging from purchasing recording equipment to telling clients about their need to record to personal fears about recording therapy sessions. These fears are understandable in light of the training emphasis to have one’s sessions thoroughly analyzed and scrutinized by an EFT-approved supervisor. As was suggested by Palmer-Olsen (2007), though, observation of clinical work may help increase the trainee’s delivery of the EFT model. Additionally, supervision can be a place where therapists can address issues of both personal and professional growth, using personal
healing experiences as a way to help accommodate the healing journey of their clients (Sandberg & Knestel, 2011).

Most Difficult Changes

When therapists were asked about the changes that were most difficult to make during EFT training, the majority of clinicians reported that it was difficult for them to stay true to the EFT model and trust the process. Specifically, therapists spoke about the difficulties of using a structured approach to doing therapy and the challenges associated with staying connected with their clients while at the same time following the stages and steps closely. Johnson and Denton (2002) spoke to this difficulty and noted that:

> A novice therapist also has to learn not to get lost in pragmatic issues and the content of interactions, but instead to focus on the process of interaction and the way inner experience evolves in that interaction. The therapist has to stay with the client rather than the model, and not try to push partners through steps when they are not ready for them. (pp. 246–247)

Additional changes that were noted by therapists included a shift to working with emotions and the need to slow things down in session. These were discussed in the previous section, suggesting that some of the changes that were brought on by EFT training were also considered by therapists as the most challenging ones.

Most Welcome Changes

Therapists’ most welcome changes, namely compassion/empathy and love/care as well as an attachment focus, appeared to be directly related to those which also seemed to be the most difficult to implement. It appears that while it was difficult to focus on emotions in therapy, once mastered, the benefits were welcomed and appreciated by therapists. Therapists spoke of an increased connection with their clients and of sitting with them compassionately and nonjudgmentally. Thus, the therapeutic alliance, or connection with clients, is central to EFT treatment and goes beyond only building an initial alliance to facilitate treatment. According to Johnson and Denton (2002), the therapeutic alliance becomes “an integral part of active treatment,” (p. 234), and therapists in our study were able to learn and appreciate the deeper connections they were able to form with their clients. In Bowlby’s own words, “The therapist’s role is analogous to that of a mother who provides her child with a secure base from which to explore the world” (1988, p. 140).

Another welcome change therapists reported was that they felt more comfortable and confident in session. This is interesting in light of clinicians’
reports that the stages and steps were difficult to learn and that they initially appeared to doubt their confidence using the EFT model (Sandberg & Knestel, 2011). It may just be that confidence for therapists arose out of an ability to form close emotional bonds with their clients and helping their couples do likewise. Therapy is a deeply intimate process and being able to engage in connecting with clients and having them experience what secure connections can feel like, may be an empowering experience for clients and therapists alike.

Primary Relational Roles

When the focus of the questions shifted to the impact EFT has had on clinicians’ own relationships outside of the therapy room, the majority of therapists reported that they have noticed an improvement in their relationships with others and an increased ability to either communicate more openly about their own needs or be more receptive to the needs of important others. Therapists also spoke to the helpfulness of learning about and applying attachment principles in their personal lives. Specifically, therapists’ realizations that the application of attachment principles has served as a catalyst of change is important to note. Attachment theory postulates that all human beings long to be safely connected to an attachment figure (Johnson, 2004). When this availability is threatened, individuals may experience feelings of anxiety, insecurity, or a lack of confidence (Kobak, 1999). It appears that therapists in this study were able to become more aware of the quality of their attachment relationships and make changes to restore or seek out bonds that were perceived as insecure.

Finally, therapists spoke of having gained a better understanding of their own relational cycles and vulnerabilities. Specifically, therapists talked about how learning EFT has helped them relate to important others in more connected, meaningful, and healing ways.

Your Own Relational Traumas

When asked how EFT has impacted clinicians’ ability to address personal relationship traumas, therapists most frequently talked about the importance of attachment theory, both in terms of understanding the principles as well as putting learned information into practice. Therapists spoke of being more in tune with their own attachment wounds and needs. Additionally, as discussed above, therapists generally showed an increased desire and ability to relate to important others in their personal lives in more meaningful and healing ways. Thus it seems that the applicability of EFT transcends the therapy room and enters the hearts and homes of EFT therapists.

Additionally, clinicians spoke of improved relationships as a result of viewing close others in the context of attachment injuries. This understanding
appears to have helped EFT therapists to be more compassionate and less judgmental in relation to important others, a shift similar to how therapists described the way in which they had learned to relate to their clients.

A final set of responses referred to therapists’ abilities to be aware of their own responses to past relational trauma and responding differently in relationships as a result of it. Being aware of and attuned to one’s own needs facilitates a more positive way of relating to self and others. As was discussed, therapists reported an increased ability to sit more compassionately and nonjudgmentally with couples as a result of having been trained in the EFT model. It appears that EFT therapists have also learned how to sit with their own attachment wounds more compassionately and have learned how to act and react differently in interpersonal relationships with important others.

Limitations and Areas for Future Research

This study was the first to examine the impact of learning EFT on therapists’ professional and personal lives. Findings may not be generalizable based on the convenience sample chosen for this study. Study participants had participated in prior EFT training, they were active members of the EFT listserv, and generally appeared to be in favor of the EFT model. Thus, generalizations about the findings of the study and the spoken of benefits of having learned to incorporate EFT principles can only be made to those who have found EFT training personally and professionally rewarding and who participated in the listserv. More research is needed to capture the experiences of those who may have a diverse range of opinions about the usefulness of EFT and its application in diverse settings, as well as those who are adverse to listservs (Woolley et al., 2010).

Additionally, future research should examine the personality characteristics, attachment styles, and trauma histories of therapists. It may be that those clinicians who feel a particular draw to EFT are qualitatively different on personal variables from those who do not feel as strongly about the EFT model. Those clinicians with personal trauma histories may feel an increased need for secure attachments and they may look to increase safe attachment bonds in their own lives and desire to do the same in the therapy room.

Other limitations, which were also discussed in Sandberg and Knestel (2011) and will only be summarized here, include problems with the study design. The design of this study made it possible for therapists to conveniently complete an online questionnaire. Although we were able to obtain detailed answers to questions, the design of the study could be improved upon by conducting face-to-face interviews with therapists to more fully capture their experiences with learning EFT. Future research should also include a more diverse sample of therapists both in terms of personal background and professional training.
CONCLUSION

EFT has received increased attention in the research literature as an approach effective at alleviating relationship distress (Johnson, Hunsley, Greenberg, & Schindler, 1999). EFT’s focus on emotional connection and attachment injuries/needs makes it unique in that it presents a style shift away from the head to the heart. The process of learning EFT appears to impact therapists not only on a professional level but also a personal level, suggesting that a focus on emotional connection may be universally meaningful. As such, EFT has the power to heal and restore connections in the lives of those who seek to be more fully connected.

REFERENCES


