Received: 23 December 2023 | Accepted: 10 June 2024

DOI: 10.1111/jmft.12725

ORIGINAL ARTICLE

JMFT Journal of Marital and Family Therapy

Emotion regulation in emotionally focused therapists working with high-conflict couples

Cemile Yıldızhan MA[1] | Nilüfer Kafescioğlu PhD[2] | Senem Zeytinoğlu-Saydam PhD[1] | Gizem Erdem PhD[3] | Yudum Söylemez PhD[2] | Çiğdem Yumbul PhD[1]

[1]Department of Psychology, Özyeğin University, Istanbul, Turkey

[2]Department of Psychology, İstanbul Bilgi University, Istanbul, Turkey

[3]Department of Psychology, Koç University, Istanbul, Turkey

Correspondence
Cemile Yıldızhan, MA, Department of Psychology, Faculty of Social Sciences, Özyeğin University, Çekmeköy Kampüsü, Nisantepe Mah., Orman Sok., İstanbul 34794, Turkey.
Email: cemile.yildizhan@ozu.edu.tr

Abstract

Guided by the Person-of-the Therapist Training (POTT) Model, the current qualitative study explores emotional experiences and emotion regulation strategies of emotionally focused trained therapists who work with high-conflict couples in Turkey. Twenty-one therapists who completed at least the externship in emotionally focused couple therapy (EFCT) and had prior or current clinical experience working with high-conflict couple(s) were recruited through various social media platforms and professional organizations' listservs. Semistructured individual interviews were conducted, audio-recorded, and transcribed verbatim. Thematic analysis of the qualitative data revealed five main themes: (1) Different Compelling Emotional Experiences of the Therapists, (2) Sun After Storm, (3) Triggers of Therapists' Emotions, (4) Perceived Adaptive Emotion Regulation Strategies, and (5) Positive Impact of the Therapist's Regulation Strategies on the Therapy Process. Overall, the findings supported the three phases of the POTT model: namely, knowledge of self, access to self, and use of self. Our study demonstrates the need for integrating

self-of-the-therapist work into the clinical practice, training, and supervision of therapists working with distressed couples.

KEYWORDS

couple therapy, emotion regulation, emotionally focused therapy, high-conflict couples, person-of-the-therapist, thematic analysis

INTRODUCTION

Therapists' characteristics are essential components of therapeutic change, identified among the common factors of psychotherapy. Several therapist characteristics include therapist personality, coping patterns, emotional well-being, values and beliefs, cultural attitudes, and emotional maturity, among others (Blow et al., 2007; Laska et al., 2014). Of these characteristics, therapists' interpersonal skills, more specifically, adaptive emotion regulation, are linked to the therapeutic alliance (Anderson et al., 2016), therapy process (Chui et al., 2016), and overall favorable therapeutic outcomes (Barzilay et al., 2021). While the utility of therapist emotion regulation in fostering therapeutic relationship, process, and outcomes is well-established in the literature, little is known about the specific strategies that therapists use to regulate their emotions and their overall emotional experiences before, during, and after sessions. The current study addresses this gap and aims to examine the therapists' emotion regulation and emotional experiences while working with high-conflict, distressed couples. Given that the therapist's emotion regulation is a characteristic concerning the therapist's inner process, the main focus of our study relates to the self-of-the-therapist. Thus, we used the Person-of-the-Therapist Training (POTT) model (Aponte, 1992) as the theoretical framework to guide our study. The POTT model is one of the well-structured self-of-the-therapist models that aims to help therapists understand their struggles and use them effectively to foster therapeutic alliance and change (Aponte et al., 2009).

To examine the therapists' emotion regulation processes, we directed our research questions to emotionally focused therapists who work with couples since emotionally focused therapy (EFT) primarily focuses on clients' emotions and aims to create a desirable change by using emotions (Johnson, 2019). In EFT, therapists explore, deepen, and expand constricted emotional responses within and between individuals and help shape new forms of engagement with oneself and significant others (Johnson, 2019). The focus on emotions is also salient in EFT training, with contributions to therapists' personal and professional growth. For example, therapists who completed EFT training reported improvements in their romantic relationships as well as an increase in self-compassion and secure attachment behaviors (Montagno et al., 2011). Thus, EFT provides a rich context to understand emotion regulation strategies and experiences of therapists (as opposed to other couple therapy models or orientations). Therefore, we focus on therapists with formal training in emotionally focused couple therapy (EFCT) and explore how they regulate their emotions while working with clients' emotions, especially those in conflictual and emotionally intense relationships.

High-conflict couples

High-conflict couples constitute one of the most distressed groups in therapy due to the many challenging therapeutic issues, such as focusing more on content rather than process, negative attributions, dualistic thinking of good and bad, and triangulation (Mutchler, 2017). These couples engage in conflicts that are more intense, frequent, and longer in duration than other couples (Sowan, 2023), are less satisfied in the relationship, and are more likely to get divorced (Gottman & Levenson, 1992). High-conflict relationships are hostile and volatile and are characterized by negativity, blame, defensiveness, lack of listening, and empathy (Gottman, 1993, 1994). Additionally, in their relationship with their therapists, high-conflict couples are more likely to have split alliances (Parady et al., 2018), triangulate (Anderson et al., 2010), and drop out or terminate therapy prematurely (Willis et al., 2021). Due to these potential risks, working with high-conflict couples can be especially challenging for couple therapists. Therapists need to regulate and cope with their own emotions while containing their clients' intense emotions and delivering effective interventions and maintaining the therapy structure. As such, more research is needed to explore the emotion regulation experiences of therapists who work with high-conflict couples.

Emotion regulation of the therapists

Psychotherapists are better equipped with emotion regulation strategies compared with nontherapists, especially regarding downregulating negative emotions (Pletzer et al., 2015). However, studies also document some individual differences across therapists. For instance, a recent study (Chui & Liu, 2021) indicated three distinct emotion regulation profiles of therapists: Calm regulators, who scored lowest in emotional reactivity, personal distress, and difficulty in emotion regulation, and highest in empathy; moderate experiencers, who scored moderately in all domains; and emotional feelers, who experienced emotions to a high degree and had difficulty in regulating them.

The journey of being a therapist evokes difficult emotions in therapists. For instance, at the beginning of their training, it is common for novice therapists to feel inadequate, unconfident, and anxious about their clinical work. As therapists gain more clinical experience, they sharpen their essential skills in case conceptualization and delivering interventions and feel more confident about their work. According to Patterson and colleagues (2009), therapists become less anxious and more confident as they accumulate direct client contact hours, which are characterized by three main turning points: (1) 500–700, (2) 1000–1500, and (3) 5000–7000 h of direct client contact. Regarding therapists' own emotions, therapists reported experiencing both positive and negative emotions while working with their clients. For example, therapists may experience anger when clients miss or are late for sessions, or they may fear the safety of suicidal clients (Pope & Tabachnick, 1993). Couple therapists also report that they experience emotional pain as a negative affect in sessions while working with couples (de Lima & Vandenberghe, 2021). This emotional pain is derived from the couples they work with, the therapists themselves, or their relationship with the couple. In managing negative emotions associated with or triggered by their work with distressed couples, therapists engage in emotion regulation, such as monitoring their own emotions, incorporating restorative moments and supervision during or after the sessions, nurturing resilience in themselves, and being cognizant of their own emotional pain (de Lima & Vandenberghe, 2021). On the other hand,

therapists also experience positive feelings. Client progress, in-session improvement, their skillful interventions, personal relationship with the client, and identification with the clients' problems were cited as the reasons for therapists' positive feelings in the therapy process (Vandenberghe & Silvestre, 2014).

Studies also showed the relationship between therapists' emotion regulation and therapy outcomes or process. For example, Barzilay et al. (2021) found that clinicians' better emotion regulation was linked to reduced suicidal ideation of clients. Additionally, Chui et al. (2016) found that the therapists' pre-session positive affect and an increase in their positive affect during sessions were related to the clients' positive affect better session quality, and therapeutic alliance based on the pre-and post-session ratings from the clients and therapists. Apart from this, therapists' better emotion regulation was linked to their higher empathy for their clients regarding perspective-taking, an essential factor in the therapy process (Chui & Liu, 2021).

The therapists' emotion regulation has also been associated with their own psychological well-being as well as stress management. For instance, therapists' upregulation and downregulation emotion strategies are positively linked to their total psychological well-being (Palma & Gondim, 2021). Upregulation emotion regulation strategies are for maximizing the intensity of emotional experiences, whereas downregulation strategies are for minimizing the intensity of emotional experiences (Krompinger et al., 2008). Emotion regulation mediates the relationship between self-compassion and stress symptoms in psychologists (Finlay-Jones et al., 2015). In other words, self-compassion reduces difficulties in emotion regulation, and this, in return, reduces the stress symptoms in practitioners. Even though these studies show the importance of therapists' emotion regulation in terms of personal and professional outcomes, how therapists regulate their emotions and what helps them in stressful conditions are still unclear.

Ekman (1972) suggests that basic emotions are universal, but cultural context plays a role in emotions and emotional expression (Parkinson et al., 2005). For example, individuals from collectivistic cultures are not encouraged to show their negative emotions, such as anger and disgust (Matsumoto et al., 1998). Yet, Turkish culture presents both collectivistic and individualistic cultural features (Göregenli, 1995). According to the family model of psychological interdependence proposed by Kağıtçıbaşı (1996), individuals in Turkish families, particularly middle-class ones, have a strong sense of self and high autonomy while maintaining close family ties. In line with this, although negative emotions are still accepted to be suppressed within Turkish families, emotional expression and child independence are encouraged increasingly across generations (Sunar & Fişek, 2005). A study involving Turkish college students as part of a cross-cultural investigation found that although the expression of emotions varies depending on the type of emotion and social situations, such as public or private settings and relationship dynamics, Turkish individuals encounter challenges in expressing negative emotions like disgust, sadness, fear, and anger in their relationships (Bolak Boratav et al., 2011). Even though the sample of the current study consists of emotionally focused couple therapists who may be expected to be more attuned to emotions and their regulation, this cultural factor might affect how they express and regulate their emotions.

The Person-of-the-Therapist Training model (POTT)

The concept of the self-of-the-therapist refers to the therapist's awareness of their own inner process, knowing themselves, and unexplored parts of the self that might influence the client

and the therapist, their relationships, and the therapy process. It is important to further understand the self-of-the-therapist because the therapist's values, relationships, wounds, morals, competence, and education impact the therapy process and clinical outcomes (Murphy & Hecker, 2017). Being aware of the self-of-the-therapist issues could make the therapist more ethical and competent in terms of decisions about assessment and the process of therapy by not allowing their issues to get ahead of the client's issues in therapy (Durtschi & McClellan, 2010).

As one of the self-of-the-therapist models, the POTT is a structured training model for practitioners to learn how to use self in a purposeful, conscious, and beneficial way in the therapy process (Aponte, 1992). Nouwen (1979) proposed that therapists are *wounded healers*, and the main premise of the POTT model relies on this proposition. Being wounded is integral to (and an inevitable part of) being human. As such, only when we understand our wounds and struggles can we better understand and empathize with others (Aponte & Kissil, 2016). To achieve this, therapists need to identify their signature themes and lifelong struggles along with their wounds that impact their emotional functioning and their relationships with the self and others (Aponte & Kissil, 2014).

The POTT model helps professionals to use themselves consciously and purposefully for the benefit of the clients and therapy through three phases (Aponte et al., 2009). The first phase is "knowledge of self," which refers to a better understanding of one's own wounds, struggles, and signature themes. The second phase is "access to self," which refers to learning to track one's own reactions to these themes while contacting others such as clients. The last phase is the "use of self" in the therapy context, which refers to using own themes and experiences beneficially and effectively in therapy (Aponte et al., 2009). After going through the first two phases, the therapist identifies and understands their personal themes and learns how to access them. In the last phase, the therapist has a chance to use themselves and their themes for the sake of the client and the therapy process. The use of self can occur across various stages of the therapy process such as joining, assessment, and intervention.

Consistent with the POTT model, therapists who received training on POTT reported improvements in their clinical work (Niño et al., 2015) and therapeutic alliance (Niño et al., 2016), as well as more use of self in therapy, and a shift in their understanding of therapy and being a therapist (Kissil et al., 2018). In addition, the POTT model training contributed to therapists' personal development, such as increased awareness about self and emotions, acceptance of their humanity and wounds, meta-awareness (Niño et al., 2015), and better management of their feelings and reactions (Kissil et al., 2018). Thus, the POTT model could be beneficial in understanding both the personal and the professional development of therapists. In this study, the POTT model was used to understand therapists' experiences and strategies of emotion regulation. That is, the interview questions were designed and data were analyzed based on the three phases of the model (Knowledge of self, access to self, and use of self).

Purpose of the study

The EFT sessions can be emotionally loaded for the therapists and the clients, especially for those in hostile and conflictual relationships. Nevertheless, no study to date has empirically examined EFT therapists' emotional experiences and emotion regulation strategies before, during, and after sessions with high-conflict couples. The main purpose of this qualitative study was to address this gap. A qualitative methodology was preferred because in-depth individual interviews would present rich information about participants' emotional experiences (Rubin &

Rubin, 2005). Specifically, the present study mainly sought answers to four research questions: (1) What are the emotional experiences of psychotherapists who use EFCT while working with high-conflict couples? (2) How do they regulate their emotions, and using which strategies? (3) How do their emotions and emotion regulation processes impact the therapeutic process? and (4) How do training and other professional activities influence their emotion regulation processes? Accordingly, thematic analysis (TA) was used in data analysis and interpretation since it provides a rich and detailed account of data where the key features of different perspectives of participants' experiences are depicted, and similarities and differences are highlighted in a well-structured final report (Braun & Clarke, 2006).

METHOD

Procedure

The data were collected in Istanbul, Turkey, and all interviews were conducted in Turkish. Before data collection, we pilot-tested the questions via interviews with two therapists who used EFCT and have experience working with a high-conflict couple, either currently or in the past. The pilot interviews and participants' feedback demonstrated that the interview questions were clear, and we proceeded with the interview protocol as it was. We used purposive and snowball sampling in data collection. We announced the study through the listservs and social media accounts of the Turkish Emotionally Focused Individual, Couple, and Family Therapy Association (DOÇAT), the main professional organization that provides International Centre for Excellence in Emotionally Focused Therapy (ICEEFT)-approved EFT training and supervision in Turkey. In addition, we posted flyers about the study on different social media platforms such as Instagram and LinkedIn.

Interested participants contacted the P. I. (first author) and were further screened for eligibility. The inclusion criteria for participants were (1) being a therapist who has at least completed the first-level ICEEFT-approved training in EFT for couples and (2) having a past or current client who presents as a high-conflict couple. The high-conflict couple was operationalized as a couple that has high conflict in their romantic relationships in terms of timing, intensity, and duration and with negative effects on them, their relationships, and the significant people around them (Cummings & Davies, 1994). The definition of a high-conflict couple also includes hostile and volatile couples who show negativity, blame, defensiveness, lack of listening, and empathy in their relationships (Anderson et al., 2010). The P. I. informed the potential participants about the definition and those who reported past or current clinical experience with such a couple were invited to the study. Eligible participants ($N = 21$) signed an informed consent form and scheduled an individual interview via Zoom. The interviews were held by three female interviewers who were first-year couple and family therapy master's students. The interviewers had no prior EFT training but had experience in conducting interviews. Additionally, the interviewers were blinded to the research questions and were not involved in the study design process to eliminate potential reflexivity issues. The duration of the interviews ranged from 17 min to 58 min. Only one interview lasted for 17 min since the participant did not explain their experiences deeply, but others were, on average, 30 min long. Overall, the data collection process lasted over two and a half months. During data transcription and management, participants were assigned identification numbers and pseudo-names to protect their anonymity and privacy. All study procedures

were reviewed and approved by the Ethics Committee of the first author's university (Protocol No: 2023/07/03).

Participants

The sample included 21 participants (20 women and 1 man) whose ages ranged from 25 to 58 years ($M = 32.52$, $SD = 8.94$). Nine participants were working with a high-conflict couple currently, whereas 12 participants reported their experiences retrospectively (range = 4 months to 4 years posttermination). We collected data until we achieved saturation, that is, we reached the point where the new interviews did not contribute to finding new themes (Braun & Clarke, 2013). Of note, the final sample size was larger than Hagaman and Wutich's (2017) rule-of-thumb for 16 interviews to identify common themes within data. Participants were heterogeneous in terms of their level of EFT training, certification, and clinical experience. In the pathway of EFCT training, the first step is an externship as introductory 24-h training, the second step is advanced core skills with 48 h of training, and the last step is getting at least 8 h of supervision to fulfill the educational and supervision requirements to become a certified EFT therapist (International Centre for Excellence in Emotionally Focused Therapy ICEEFT, 2024). Of 21 therapists, six had completed ICEEFT-approved EFCT externship, six therapists had finished ICEEFT-approved EFCT core skills training but had no supervision in EFCT, while the rest of the sample (nine participants) were EFCT therapists who completed the core skills training and received supervision from an ICEEFT-approved supervisor or supervisor-in-training.

Participants' total clinical experiences (regardless of the model and modality) ranged from 198 to 5000 h. Based on the Patterson et al. (2009) categorization of therapists about their confidence in their abilities and managing their own anxiety, we grouped participants into three groups: (a) therapists who had less than 500 h of clinical experience (novice therapists; $n = 2$); (b) therapists with 500–1000 h (moderately experienced; $n = 5$); and (c) therapists who had at least 1000 h (experienced therapists; $n = 14$). Detailed demographic and professional characteristics of the participants are provided in Table 1.

Materials

Participants completed a brief demographic form related to their age, gender, education level, therapeutic orientation, clinical experience, and level of EFCT training. Next, participants continued with semistructured in-depth individual interviews. The interview protocol included 12 main and 15 follow-up questions, covering three phases of the POTT model with questions about knowledge of self, access to self, and use of self. Specifically, questions were related to therapists' emotional experiences during couple therapy (i.e., Which emotions do you experience while working with high-conflict couples? [knowledge of self]), triggers of these emotions (i.e., What triggers your feelings while working with these couples? [access to self]), emotion regulation strategies that therapists used (i.e., Which methods do you use to regulate these emotions during the sessions that are working for you? [knowledge of self]), how these emotions and regulation strategies affected the therapeutic process (therapeutic alliance, assessment, and intervention; i.e., How did your emotion regulation experiences influence your interventions in the therapy process? [use of self]), and how training and professional activities

TABLE 1 Sample characteristics ($n = 21$).

	n	%
Education level		
Master's degree in CFT	14	66
Master's degree in family counseling	3	14
Master's degree in clinical psychology	2	10
Other	2	10
EFCT training level		
Externship in EFCT	6	29
Core skills in EFCT	6	29
Core skills and supervision in EFCT	9	42
Total clinical experience as psychotherapist (Hours)		
<500	2	10
500–1000	5	24
>1000	14	66
Number of sessions held with high-conflict couple(s)		
4–10	5	24
11–20	8	38
21–30	4	19
31+	4	19
Other therapy approaches used by participants		
Systemic approach	14	24
EMDR	10	18
Solution-focused therapy	6	10
Strategic family therapy	4	7
Psychodynamic approach	3	5
Gottman couples therapy	3	5
Satir systemic therapy	3	5
Other	15	26

Abbreviations: EFCT, Emotionally Focused Couple Therapy; EMDR, eye movement desensitization and reprocessing.

affected their emotion regulation (i.e., How did the professional training you received impact your work with high-conflict couples? [knowledge of self]).

Data analysis

Data were analyzed using TA. TA refers to a qualitative data analysis method that identifies and analyzes themes within data to find repeated patterns of meaning (Braun & Clarke, 2006). The

phases of TA include (1) familiarizing oneself with data including the transcription of verbal data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes including creating a candidate thematic map, (5) defining and naming themes, and (6) producing the report (Braun & Clarke, 2013). In the first stage, the P. I. completed the verbatim transcription of each audio recording, anonymized the interviews by removing identifying information, and assigned a pseudo-name for each participant. The P. I. read interviews several times and wrote her reflections (memos). Writing memos continued throughout the data analysis. In the second stage, the prominent meanings of the data were coded systematically to generate initial codes, and the data related to each code were brought together. After initial coding of the entire data, related codes were grouped around themes (Braun & Clarke, 2006). Analysis was conducted using the MAXQDA 2020 software program (VERBI Software, 2019).

Of note, Braun and Clarke (2013) described a theme as a meaningful pattern related to the research question within an entire data set but there is no cut-off point for the frequency of a theme in the whole data set to be considered as a theme. Therefore, we identified all themes across the data and selected those appearing in at least half of the data (i.e., themes that were mentioned by at least 10 participants) as the most salient themes. These themes were reviewed to understand their appearance in the entire data set. In the fourth step, the candidate thematic map with the defined themes was created (Braun & Clarke, 2006). In the fifth step, the thematic map was finalized over several reviews and evaluations. To convey the whole story of the entire data, each theme was named and defined in a simplified way. In the last stage, the direct quotations that best represented the related themes were chosen. Quotations were selected as vivid, clear, striking, and concrete.

Trustworthiness

In the qualitative study design, the trustworthiness of the findings is maintained by four criteria including credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). To ensure credibility, "expert checking" as a triangulation method was implemented. A researcher with a doctoral degree in couple and family therapy and experience in qualitative research but no training in EFT overviewed the coding of the data and checked the themes and subthemes. To increase the study's credibility, we validated the results with the participants using member checking. Member checking refers to checking the validation of the results with the participants (Lincoln & Guba, 1985). After sending a two-page summary of the results to the participants, they were asked whether the results represented their experiences. Out of 21 participants, 17 (80%) replied and confirmed the current results, while the remaining did not reply. Ensuring credibility also ensures maintaining dependability in research, which refers to consistent and reliable findings and interpretations (Lincoln & Guba, 1985).

To achieve the transferability criterion, a clear and detailed demographic table of the sample was presented in Section 2. To reach confirmability, we implemented an audit trail and documented study procedures related to data collection, transcription, coding, and analysis in a detailed way (Lincoln & Guba, 1985). The P. I. also wrote a reflexive journal throughout the whole research process (from the beginning of the study, which is the study design, until writing the results). Lincoln and Guba (1985) used this technique to detect and decrease the researcher biases as it enables awareness of the researcher's evolving perception and how this could impact the analysis process.

Author disclosure

The P. I. (first author) is a 26-year-old female and a master's degree candidate in couple and family therapy. She completed the externship in EFCT, had a short experience with a high-conflict couple, and had accumulated 350 clinical hours at the time of data analysis. Also, she is interested in self-of-the-therapist work. By writing a reflexive journal throughout the study, she tried to recognize her biases such as expected results, her difficult emotional experiences with high-conflict couples, her beliefs about the effectiveness of the model, training and supervision, and her emotion regulation strategies to keep them in check.

The rest of the authors were faculty members at different universities in Istanbul as well as practicing clinicians with doctoral degrees in couple and family therapy. One of them was an EFT trainer, and another was an EFT trainer-in-training. Both were certified EFT supervisors. In an attempt to prevent contamination and potential bias, EFT trainer co-authors were not involved in recruitment, data collection, and coding procedures but assisted in evaluation and interpretation.

THEMATIC RESULTS

Thematic analysis revealed five main themes with 14 subthemes (Table 2). The main themes included Different Compelling Emotional Experiences of the Therapists, Sun After Storm, Triggers of the Therapists' Emotions, Perceived Adaptive Emotion Regulation Strategies, and Positive Impact of the Therapist's Regulation Strategies on the Therapy Process. The themes and subthemes are explained further below with exemplary quotes from the interviews and pseudo-names.

Theme 1: Different Compelling Emotional Experiences of the Therapists

The participants reported a wide range of difficult emotions before, during, and after sessions with high-conflict couples. Analysis revealed that the most prominent emotional experiences were Anger Toward Clients, Therapist's Hopelessness, Fatigue After Sessions, Incompetency, and Anxiety.

Subtheme 1a: Anger Toward Clients

Ten participants expressed anger toward high-conflict couples. Therapists were frustrated with clients when there was tension during the sessions, the client attacked the therapist, communicated destructively with each other in the sessions, or when they did not make progress in therapy. To illustrate, one of the participants conveyed her experiences as follows:

> At that time, I was getting angry with them. "Still after 20 sessions?" I used to get angry with the clients because even though I reflected on their negative cycle and shared it with them, they still did not get it and brought up something that they had accepted as a problem before, even though they had said, 'Oh, okay we have a

TABLE 2 Themes, subthemes, and reoccurrences from 21 therapists.

Theme	Subtheme	Sub-Subtheme	Reoccurrences from 21 therapists	
1			Different Compelling Emotional Experiences Of The Therapists	
	1a		Anger Toward Clients	10
	1b		Therapist's Hopelessness	10
	1c		Fatigue After Sessions	12
	1d		Incompetency	11
	1e		Anxiety	11
2			Sun After The Storm	12
3			Triggers of the Therapists' Emotions	
	3a		Experiences From Family-of-origin And Relationships	11
	3b		High-Conflict Couples Themselves	11
4			Perceived Adaptive Emotion Regulation Strategies	
	4a		Interpersonal Regulation Strategies	
		4a-1	Using Professional Resources	19
		4a-2	Seeking Social Support	11
	4b		Intrapersonal Regulation Strategies	
		4b-1	Using Body as a Source Of Regulation	17
		4b-2	Engaging in Self-care Activities	14
		4b-3	Positive Self-talk	13
		4b-4	Distancing After Sessions	11
		4b-5	Processing Own Emotions	10
5			Positive Impact of the Therapist's Regulation Strategies on the Therapy Process	14

problem with this!' before. (Sibel, aged 27, externship in EFCT, 500-1000 clinical hours)

In her statement, Sibel was angry toward the high-conflict couple because the couple did not make progress after 20 sessions, and they were still stuck in their cycle and with their problem even though they seemed to understand the problem cycle.

Subtheme 1b: Therapist's Hopelessness

Ten out of 21 therapists reported feelings of hopelessness when they had difficulty in de-escalating the high-conflict and negative cycles and did not observe any changes in a certain period.

For example, Neslihan talked about her experiences of hopelessness:

> Sometimes, it can take me to a place where I feel more hopeless. I mean, hope is part of why they come, because they cannot find hope by themselves; I find myself in a place where I was also included in their negative cycle sometimes when something is not going well in the therapy process. (Neslihan, aged 29, core skills and supervision in EFCT, >1000 clinical hours)

As Neslihan stated, hope is an inseparable part of the therapeutic process; however, she was becoming hopeless at the time of not observing any progress and even being included in their negative cycles. As another example, Aylin explained feeling hopeless, as she perceived the case as unsolvable:

> It was very difficult; I mean, they were partners who never understood each other, and it made me feel like it's really hard for me to get anywhere with this couple. It was very difficult for me... I guess the reason why I felt so hopeless was because I saw the case as unsolvable. It was not about me. (Aylin, aged 32, core skills in EFCT, >1000 clinical hours)

Subtheme 1c: Fatigue After Sessions

Therapists stated that they felt exhausted, especially after sessions that involved putting in lots of mental energy and work before and during the sessions. More than half of the participants emphasized how emotionally draining it was to work with high-conflict couples. One of the therapists explained:

> I usually run out of energy. I mean, I feel exhausted when I finish those sessions because, as I said before, I have performance anxiety. I mean, it's like I'm putting twice the effort. If we look at three groups such as individuals, couples, and high-conflict couples, if we spend 1X unit of energy during individual sessions, this inevitably becomes 2X in couples. When there is high conflict, I think it becomes 8X, 10X, and 13X, so there is an incredible explosion there. (Barış, aged 28, core skills training and supervision in EFCT, 500-1000 clinical hours)

Subtheme 1d: Incompetency

Eleven out of 21 therapists stated that they struggled to work with high-conflict couples. Therapists experienced self-doubt, felt insecure and incompetent, and were worried about doing something wrong. For instance, Yeşim described her emotional experiences as follows:

> I feel inadequate. So, where am I in my competency? Because we cannot listen to the beautiful, calm, and quiet music of emotionally focused therapy while working with high-conflict couples, so I question my competence there. And then I say they are high conflict. (Yeşim, aged 27, core skills training and supervision in EFCT, >1000 clinical hours)

Subtheme 1e: Anxiety

Another emergent theme of common emotions associated with working with high-conflict couples was anxiety ($n = 11$). Therapists reported a wide range of sources of anxiety such as conflict between the clients, performance anxiety, not being able to interrupt conflict during sessions, probability of client drop-out, worrying about the safety of the couple in case of any violence, and having a session with that high-conflict couple. For example, Neslihan expressed her anxiety as follows:

> There is an anxious wait as to what they might bring today. Because it is as if the pavement that was built is still very raw, very wet, if such a thing happens, its mark will remain again. There is a concern about this, I think there is a side like I can trust their processes more or I can trust them a little more, as if I remind myself. (Neslihan, aged 29, core skills training and supervision in EFCT, >1000 clinical hours)

Here, the therapist's anxiety stemmed from what the high-conflict couple could bring to the session. Also, if there was a mistake, the progress made until that time could be undone. The therapist was worried about their therapeutic progress and not being helpful to the couple. In line with this, Ayşe also explained her anxiety about the destructive communication and safety of the couple she worked with:

> I was worried. My couple had very high conflicts and the wife called her husband "a pimp" or some other swear words during sessions. It is something I am not used to, something I have never experienced in my life. That is why it was bothering me a lot when a woman in front of me said such things to her husband. (Ayşe, aged 58, externship in EFCT, >1000 clinical hours)

Theme 2: Sun After the Storm

"Sun After The Storm" has emerged as the second main theme. This theme refers to the feeling of relief after sessions with high-conflict couples and was the only theme with a positive emotion. Twelve participants described a sense of relief right after the sessions ended. To illustrate, Enise shared her emotional experiences by describing the metaphor of the Sun After The Storm as follows:

> After the session, it is a great relief, and I say 'oh,' that is, 'oh,' you know. It's like you came out of a whirlpool or chaos like this, or you can think of it like a ship going into a storm and then after a while the sun comes up and life is normal now I feel like maybe you can switch to a place where that tension is even more stable. I feel some relief. (Enise, aged 27, core skills in EFCT, 500-1000 clinical hours)

Similarly, Duygu described her experiences as follows:

> I usually feel relief because when we work with the emotionally focused model, the place where we finish the session is generally softer than the point where they

> started. That softer, more emotionally focused state at the end is more compassionate because there is something in the model. ...we are tying a bow as we finish. Tying that bow feels good because it calms me down, too. (Duygu, aged 28, core skills in EFCT, >1000 clinical hours)

Theme 3: Triggers of the Therapists' Emotions

Another main theme concerning the emotional experiences of the therapists in their work with high-conflict couples was the emotional triggers. The two subthemes that emerged were Experiences from Family-of-Origin and Relationships and High-Conflict Couples Themselves.

Subtheme 3a: Experiences from Family-of-Origin and Relationships

Eleven therapists' narratives and emotional experiences were related to their early experiences with their families of origin, especially their parents and siblings. Therapists whose parents had marital conflict were triggered when there was high tension and conflict in couple therapy sessions; these therapists were reminded of their early experiences, and they struggled to be emotionally present for their clients. For instance, Sibel explained:

> ... my parents were also a very high-conflict couple, and it was probably the fact that I had been a buffer zone for them for years that led me unconsciously to study couple and family therapy. I realized this much later, when I was in graduate school, and when my couple clients had conflict during the session, I became just a little girl. There were moments when I felt great fear and anxiety, as if my mother and father were fighting in front of me. So, I wanted to run away from there. It was like I was their daughter as if I wasn't the therapist there. They were already a little old; they were about forty-five. For example, they don't look like my parents, even though their roles were different, the topics they discussed were very different, and their family structures were very different. Normally, there is no similarity, but just because that conflict situation is very similar, as I said, I wanted to be such a little girl and run away from there. I remember my eyes filled with tears. (Sibel, aged 27, externship in EFCT, 500-1000 clinical hours)

Moreover, some therapists overidentified with the high-conflict couples due to resemblances of that relationship to their past romantic experiences. This theme relates to the self-of-the-therapist issues for the therapists.

Subtheme 3b: High-Conflict Couples Themselves

In addition, 11 therapists reported that high-conflict couples and safety problems were triggers for them. In this theme, therapists perceived clients as "external triggers" aside from their self-of-therapist issues. One of the therapists, Suna, stated:

> I think that the couple triggered me. I was probably triggered because they were very harsh toward each other, using terrible language, and were able to say words to each other very easily, for example, words that I would never accept in my personal life. (Suna, aged 47, core skills training and supervision in EFCT, >1000 clinical hours)

Theme 4: Perceived Adaptive Emotion Regulation Strategies

The therapists reported several intrapersonal and interpersonal emotion regulation strategies that helped them to navigate the emotional experiences of working with high-conflict couples. Participants' adaptive strategies included using their bodies (i.e., grounding techniques, breathing exercises), Using Professional Resources (i.e., supervision, getting professional training, preparing for the session), processing their own emotions, Distancing After Sessions, Engaging in Self-Care Activities (i.e., eating-drinking, physical exercise), social support from family, peers, and partners, and Positive Self-Talk. Each participant stated at least three different emotion regulation strategies, revealing that therapists were well-equipped with emotion regulation skills and strategies.

Subtheme 4a: Interpersonal Regulation Strategies

Interpersonal Regulation Strategies refer to regulating one's emotions with the presence or help of others (Barthel et al., 2018). Participants reported two interpersonal adaptive regulation strategies: Using Professional Resources and Seeking Social Support.

4a-1: Using Professional Resources

One of the subthemes of interpersonal emotion regulation strategies was Using Professional Resources. This strategy was quite common among therapists, with 19 participants reporting seeking supervision or further clinical training to prepare for upcoming sessions with high-conflict couples. Participants stated that supervision not only focused on case consultation but also helped them regulate their own emotions. Additionally, attending further clinical workshops advanced their professional skills, which, in turn, promoted their skills for effective emotion regulation.

The following quote was extracted from Yeşim's experiences with supervision:

> ... supervision is so valuable, knowing that many people have similar experiences in supervision makes me feel very comfortable. And I bring those thoughts to my mind, and I say, 'You are not the only one, and you can take a crisis that may occur right now to supervision,' and this makes me a little more comfortable. (Yeşim, aged 27, core skills training and supervision in EFCT, >1000 clinical hours)

This quote illustrates that supervision provides a safe haven for therapists. Supervision helps therapists regulate their emotions by creating a road map for the therapy process and validating the therapist's compelling emotions when they see that they are not alone.

Most therapists added that the EFCT training was effective, and yet, some also stated the benefits of further training in other models such as strategic therapy, psychodrama, and cognitive behavioral therapy. Enise explained:

> The model tells you what to do, like 'catching the bullet.' It gives you something, and you are using it. Assessment is very important for these couples. Is there any violence, is there abuse? Should I make a nonviolence contract? If there is violence, is it intimate partner violence in high conflict, or is it intimate terrorism? I have to do an assessment. There, you have to intervene and you should not let them experience what they went through in their life during the session. Of course, it (the model) encourages you a little more, and you intervene. Knowing that the clients will do well with it also comforts me. It is thanks to those training. Enise, aged 27, core skills training in EFCT, 500-1000 clinical hours)

4a-2: Seeking Social Support

Narratives from 11 therapists highlighted the importance of social support as an interpersonal emotion regulation strategy. Therapists sought support mostly from family members, partners, peers, and colleagues to regulate their difficult emotions. For example, Barış and Alya, therapists with different levels of clinical experience, explained:

> Apart from this, I usually tell my two closest friends about what challenges me in the sessions while maintaining the clients' confidentiality and ethics. You know, it's like how I felt personally during the session. 'Something happened, and I was triggered, angry, scared.' I guess it's a relationship of trust that comes from being open to my friends, I think, to two friends I trust, and my coping mechanism is that I apply there. (Barış, aged 28, core skills and supervision in EFCT, 500-1000 clinical hours)

> I have to share it with someone for sure. Even if I feel inadequate and label myself, I think it is good for me to talk to someone from this field (profession) and to talk to someone from my close circle, for example... Sharing those emotional sides with my husband is probably the most important thing to share on that side. I think there is a place where at least someone says, "You are not alone, we understand you". In the meantime, I can go to my mother when I have such difficult feelings. It's good to talk to her too, in a way, not from a professional place, but from a soothing side. (Alya, aged 31, core skills training in EFCT, >1000 clinical hours)

Subtheme 4b: Intrapersonal Regulation Strategies

Intrapersonal Regulation Strategies refer to one's internal efforts to deal with their own emotions (Gross, 2015). Narratives from participants revealed five different adaptive intrapersonal emotion regulation strategies as follows:

4b-1: Using the Body as a Source of Regulation

Interviews showed that therapists used their bodies to regulate their emotions by engaging in grounding techniques ($n = 10$) and/or doing breathing exercises ($n = 13$). The therapists

grounded themselves by touching their bodies or changing their positions and regulating their breaths. For example, Enise referred to her experiences with grounding techniques:

> I deal with these feelings, so when I feel very anxious, I use grounding techniques. Squeezing my hand, touching the chair, leaning back, if there is an object around that might make me happy, like looking at it or breathing, you know like 'I'm here right now, and maybe it's safer here.' (Enise, aged 27, core skills training in EFCT, 500-1000 clinical hours)

Another example of breathing exercises is as follows:

> Breathing, I do breathing exercises myself very often. I check my body. What is happening in my body, I definitely do it a lot... I also use breathing during the sessions, so breathing helps me to calm down. (Pırıl, aged 29, core skills training and supervision in EFCT, 500-1000 clinical hours)

4b-2: Engaging in Self-Care Activities

Fourteen therapists referred to self-care activities as ways to regulate their emotions before and after the sessions. Different examples of self-care activities included walking, drinking coffee, eating, writing, physical exercise, listening to music, putting on lotion, watering plants and flowers, watching movies or series, and resting. All of these activities helped therapists to decompress before and after sessions with high-conflict couples. For example, Barış described his routine before sessions with the high-conflict couple as follows:

> I have a routine for the last fifteen minutes of each of my cases. I start by listening to 'The Final Countdown' from Europe and uplift myself as if I am going into a war. As a routine, I brush my teeth before those high-conflict sessions. I have a perfume that I only spray with my high-conflict clients. I apply myself a hand lotion. (Barış, aged 28, core skills training and supervision in EFCT, 500-1000 clinical hours)

4b-3: Positive Self-talk

The fourth subtheme was Positive Self-Talk based on the experiences of 13 therapists. Participants engaged in positive self-talk as a cognitive strategy of emotion regulation. Through self-talk, therapists came up with suggestions to themselves, normalized and validated their feelings, reminded themselves about the hardship of working with high-conflict couples, and that they did their best. One of the therapists, Gamze, reported:

> Sometimes I do a lot of self-talk in a session like this. It works for me at those times because I get this message. I mean, I need to get out of that moment a little bit, so when my anxiety increases or it goes out of control. For example, there I say, 'Okay, it's hard. Okay. But come back. You know, you're not the client here right now, you're the therapist, take control and come back.' So maybe a millisecond self-talk or two-second self-talk, but its frequency can increase as a reminder to myself during sessions. It's good to be reminded of it. (Gamze, aged 27, core skills training and supervision in EFCT, >1000 clinical hours)

In this example, Gamze used self-talk as a method to bring herself to the "here and now" and reclaim her therapist position in the session, rather than becoming lost in her own and the couple's feelings.

4b-4: Distancing After Sessions

Distancing After Sessions was reported as an emotion regulation strategy of 11 participants. After a challenging session, distancing, not engaging in anything related to the session and the case, and focusing on other things helped therapists regulate their difficult emotions. Özge described her distancing experience as follows:

> There were times when I turned off the screen and the computer, shutting down everything, and completely distracted from the issue in my mind. After some tiring sessions, I said, 'Okay, turn it off' and looked out the window like this, you know, there were sessions like that, standing away from the subject in my mind. (Özge, aged 40, core skills training in EFCT, >1000 clinical hours)

4b-5: Processing Own Emotions

Narratives from 10 participants revealed processing their own emotions as a way of regulation. Processing emotions comprises making meaning of the emotion, opening space for that emotion, staying on the emotion, reflecting, allowing it, and accepting it. This regulation strategy might not provide immediate relief, but it helps in the long term. To illustrate, Sibel shared her experiences with processing her emotions with the help of her individual therapy:

> The only sustainable and effective thing is to talk about these feelings with my therapist. What goes through my mind at those trigger moments during the session, what I feel in my body, what emotions appear, and how I act as a result... A full-blown observation. They (the clients) can't hear me in that session anyway; I can't get in between them anyway; at least I'm in the mood to go back and observe myself... basically, turning around and staying with that feeling, staying in the moment, and realizing what's going on in my mind. Maybe I can say that it helped me the most to examine my triggers during the session with more conscious awareness. (Sibel, aged 27, externship in EFCT, 500-1000 clinical hours)

Also, Ada reported her experiences:

> As said before, allowing (the emotions) works. Not immediately, but visiting those feelings... Oh, okay, if it takes me to a memory that I lived with my mother and my father, "Yes, there is an understandable reason why you feel that way," and it feels good in a way. (Ada, aged 28, core skills training and supervision in EFCT, >1000 clinical hours)

Theme 5: Positive Impact of the Therapist's Adaptive Regulation Strategies on the Therapy Process

This theme emerged from 14 interviews across the data. When therapists effectively regulated their emotions, they believed that the therapeutic process progressed well.

Therapists reported that their adaptive emotion regulation strategies impacted the three core parts of the therapy process: building the therapeutic alliance, conducting assessment, and delivering effective interventions. On the other hand, when therapists failed to engage in adaptive emotion regulation, they struggled in all three areas due to low tolerance for and avoidance of intense feelings, moving away from their therapeutic plan and theoretical model, and difficulties in empathizing with the clients. For example, Neslihan explained:

> It always sounds two-pronged. If I can regulate myself, the interventions go better, and I see this as a constructive and educational experience. But if I can't regulate myself, I can't regulate the clients, and when I can't regulate the clients, interventions don't work if we are not already in a grounded place. So, they are screaming and I'm screaming, no one hears anyone there anyway. (Neslihan, aged 29, core skills training and supervision in EFCT, >1000 clinical hours)

In terms of building a therapeutic alliance, Fatma shared her experience:

> ... When my tolerance is very low, I can sometimes fall into a position as if I do not understand the client's experience. In other words, I can fall into a position as if I did not validate them enough, did not calm them enough, or did not prepare the environment for them to calm down. If my tolerance is high or if I enter the session by regulating myself, that relationship seems to be different. So they can feel that I'm making room for them. So, I feel like I'm building an alliance better. (Fatma, aged 29, externship in EFCT, >1000 clinical hours)

The following statement was made by Sibel about the effect of emotion regulation on the assessment process:

> When I could remove the focus from myself in a healthy way and regulate myself, I could do the assessment much more comfortably. Before that, I couldn't see what was happening between the couple because I couldn't observe. That's why my assessment got better, as I could cope, understand, and regulate my feelings. I started to formulate and see better. (Sibel, aged 27, externship in EFCT, 500-1000 clinical hours)

DISCUSSION

The present qualitative study explored emotionally focused therapists' emotional experiences and emotion regulation strategies while working with high-conflict couples. The findings indicated five main themes: Different Compelling Emotional Experiences of the Therapists, Sun After Storm, Triggers of the Therapists' Emotions, Perceived Adaptive Emotion Regulation Strategies, and Positive Impact of the Therapist's Regulation Strategies on the Therapy Process.

Emotional experiences of psychotherapists who use EFT while working with high-conflict couples

Two themes emerged for the first research question: Different Compelling Emotional Experiences of the Therapists and Sun After Storm. The first theme indicated that the participants experienced difficult emotions such as anger, hopelessness, anxiety, and incompetency while working with high-conflict couples. These findings are parallel to the research showing that working with high-conflict couples is difficult to the extent that it can lead to therapist burnout (Negash & Sahin, 2011). Second, since primary emotions are used as a change mechanism in EFT (Johnson, 2019), and EFT therapists learn to be more open to feelings (Montagno et al., 2011), the participants of our study might be more aware of their own feelings and report them openly. Besides these difficult emotions, the "Sun After Storm" theme represents the relief that comes after the end of sessions with high-conflict couples. Thus, even though therapists in the current sample experienced compelling emotions during sessions, they were able to regulate themselves and experienced relief after the sessions.

Therapists' emotion regulation strategies

We found that therapists engaged in a variety of adaptive emotion regulation strategies stemming from seeking professional and social support to self-care activities and Positive Self-Talk. Also, each participant reported using more than one regulation strategy. This finding is similar to previous studies on affective processes, showing that individuals use multiple emotion regulation strategies spontaneously (e.g., Aldao & Nolen-Hoeksema, 2013). This may be due to the increased need for regulation while working with high-conflict couples.

Of note, the interpersonal emotion regulation strategies that the participants reported included the strategies that they could use before or after the sessions. However, intrapersonal strategies included the ones that could be used during the sessions as well, such as Using Their Body and Positive Self-Talk. Since intrapersonal strategies were used before, during, and after the sessions, different strategies were reported among the intrapersonal ones compared with the interpersonal ones. However, the most frequently used strategy reported by the participants was seeking supervision, which is an interpersonal strategy under Using Professional Resources. A previous study on emotion regulation found that interpersonal regulation strategies were more effective than intrapersonal strategies in reducing stress (Levy-Gigi & Shamay-Tsoory, 2017).

A qualitative study conducted by de Lima and Vandenberghe (2021) revealed that it is common for couple therapists to use emotion regulation strategies such as monitoring their own feelings, having restorative moments, and seeking supervision, and personal therapy to regulate their pain during and after the sessions. Consistent with de Lima and Vandenberghe (2021), therapists in our study also regulated their emotions by processing them, Engaging in Self-Care Activities, and Using Professional Resources. It appears that some emotion regulation strategies are beneficial for therapists regardless of their therapeutic model and the group that they have been working with. Moreover, Shamoon and his colleagues (2016) recommended several strategies for affect management in couple therapy, especially anxiety, by discussing the necessity of it during the therapy process: Embracing your anxiety, using feedback mechanism, self-of-the-therapist courses, ongoing introspection, ongoing supervision as well as support groups, self-care, model flexibility, and heightened self-identity. Our findings provide empirical

support for these recommendations. However, we also acknowledge that therapists who work with high-conflict couples may need a greater number of emotion regulation strategies to regulate these compelling emotions.

In terms of applying EFCT in the Turkish cultural context, Zeytinoğlu-Saydam (2018) mentioned a number of cultural barriers reported by therapist trainees, such as difficulties that male clients have in expressing their emotions, prevalent but underreported violence between partners in Turkey, and clients' expectations from therapy process regarding hearing solutions rather than validating or reflecting. To deal with these cultural barriers while applying EFT for couples, Zeytinoğlu-Saydam suggested that enhancing therapists' self-compassion and seeking supervision would be beneficial for them (2018). Aligned with these suggestions, the current study revealed that supervision as a professional resource, breathing and grounding exercises, self-care activities, and positive self-talk as examples of self-compassion help therapists regulate their difficult emotions.

Even though Turkish people have difficulty in expressing negative emotions in their relationships (Bolak Boratav et al., 2011; Sunar & Fişek, 2005), therapists in the current study reported a number of negative emotions such as anger, hopelessness, and incompetency and they had various emotion regulation strategies. The first possible explanation for this difference can be the trend of more emotional expression in younger generations (Akyil et al., 2014; Sunar & Fişek, 2005). The second explanation could be the professional characteristics of the sample since therapists are better at emotion regulation than other professionals (Pletzer et al., 2015) and EFT therapists are more open to emotions (Montagno et al., 2011). Interestingly, couples therapists in Brazil revealed their "emotional pain" (de Lima & Vandenberghe, 2021), and yet, Turkish couple therapists named a wide range of negative emotions and regulation strategies in the present study. Working with high-conflict couples could also be a factor for this difference.

The impact of therapist's emotions and emotion regulation processes on the therapy process

The participants reported the positive impact of their adaptive emotion regulation strategies on the therapy process regarding alliance, assessment, and intervention. Also, the three phases of the POTT model suggested that professionals know, access, and use themselves and their experiences, such as signature themes in therapy (Aponte et al., 2009). The last phase is the use of self for the sake of the therapeutic process, which includes building a therapeutic alliance, assessment, and intervention. In the current study, the participants reported that when they regulate themselves better, they build better therapeutic alliances, conduct better assessments, and intervene effectively. Thus, these are examples of how therapists, even when working with high-conflict couples, could use their experiences by integrating them into therapy for the client's benefit.

The POTT model suggests that therapists realize and work on their wounds and struggles (Aponte, 1992). Realizing and processing their signature themes help therapists to be less triggered personally and manage the therapy process more professionally by building a human-to-human connection with the clients. Family-of-Origin and Relationship Experiences as one of the subthemes of therapist triggers could be explained within this main premise of the POTT model. Similarly, the therapists in the current study reported that their negative emotions were triggered by their early experiences and relationships with their family and others. Since the person of the therapist always remains with the therapist in the therapy room, these

experiences influence the therapist personally and professionally. Thus, becoming aware of triggers and inner processes could be helpful for therapists in terms of personal and professional aspects.

Furthermore, there were some differences in the frequency of the themes or subthemes reported by the participants based on the level of EFCT training that they received. These differences should be interpreted with caution due to the limitations of the thematic analysis. The subtheme of the Therapist's Hopelessness was reported mainly by all of the participants who received core-skills training and was not reported by any participants who received only externship. In addition, the group of participants who have core skills and supervision mostly reported that they felt incompetent while working with high-conflict couples, even though they were the most experienced in EFCT. This difference could be interpreted in a way that EFT training contributes to therapists being aware of feelings (Montagno et al., 2011), and when the therapists receive advanced-level EFCT training, as in, having completed core skills training and supervision, they become more aware of their own feelings. In turn, they could report more about their feelings since they were aware of them. The fact that the participants who completed only an externship in EFCT did not report more about these feelings might not mean that they did not feel those emotions. Also, Seeking Social Support and Using Their Body sub-themes were mainly reported by the participants who had the highest level of training. As the last difference, the main theme of the Positive Impact of Therapists' Adaptive Regulation Strategies on the Therapy Process was mostly reported by almost all of the therapists who completed the core skills training and sought supervision. Since they were at the most experienced level in EFT, they were more aware of their emotions and the importance of emotion regulation since they used their bodies, social support, and emotion regulation strategies for the benefit of the clients.

Overall, the current study revealed three main findings: (1) Emotionally focused therapists experienced hardships by experiencing compelling emotions while working with high-conflict couples, (2) despite these difficult emotions, they regulated their emotions by engaging in several different adaptive strategies, and (3) their adaptive regulation strategies influenced the therapy process of the clients positively. The POTT model aims to help therapists by getting through three phases, which are knowledge of self, access to self, and use of self purposefully for the benefit of the clients (Aponte et al., 2009); findings of the current study could be discussed in this frame. The findings related to the therapists' compelling emotions could be a part of the knowledge of self in the first phase. As the therapists' emotions are part of their inner process, they have knowledge and awareness of their emotions. Not only POTT but also EFT training contributes to therapists in terms of better emotion processes such as being more open to feelings (Montagno et al., 2011). Experiences from families-of-origin and relationships as emotional triggers of the therapists could be explained by the second phase of the model: access to self. When therapists know about their struggles and wounds better, they can track their triggers and access them better. Lastly, the adaptive emotion regulation strategies of therapists and their positive impact on the therapy process could be interpreted as examples of the use of self. When the therapists experienced compelling emotions, they had strategies to regulate them; in turn, they used those experiences, emotions, and emotion regulation strategies for the sake of the therapy process and the client. This could be an example of the use of self in this model.

Strengths, limitations, and future research

This study is the first study to focus on the emotion regulation of EFT therapists working with high-conflict couples. Thus, it contributes to the literature by filling a gap by exploring the emotional experiences and strategies of EFT therapists while working in a more stressful environment. In terms of limitations, the data were collected retrospectively from some participants who worked with high-conflict couples, not currently. The memory effect could play a role in the recollection of experiences among participants. This might impact the depth of the data since they could not sometimes remember the details of their experiences. As another limitation, therapists decided whether their couples were in high conflict or not based on the definition that was provided to them. Not being able to objectively measure couples' conflict by a scale could be a limitation of this study.

As another limitation, the study sample included only one male participant. This could be because there are fewer male therapists practicing in Turkey. In addition, the specific inclusion criteria that the therapists had to be trained in EFCT as well as have experience working with high-conflict couples might have limited the number of participants who could participate altogether. However, further studies should investigate the emotion regulation of male, queer, and binary therapists with a more diverse sample. Also, participants' demographics in terms of ethnicity and religion were not collected; these would have perhaps helped to interpret their emotional experiences in the cultural context. Another limitation is that the interviews were conducted in Turkish, while the publication of this qualitative study is in English, which makes it challenging to translate the quotes literally. Since verbal expression of emotions differs in different cultures and languages, and some words related to emotions cannot capture the exact meaning in another language, this might create a difference and pose a limitation while sharing results.

Future research could address the emotional experiences and strategies of therapists who use other approaches that do not use emotions as a change mechanism to understand whether they experience similar or different emotions and strategies. Also, to expand this study, the recording of sessions could be used as additional data sources to understand better when the therapist experiences particular emotions, is triggered, and engages in which strategies. A match between interviews and session recordings could provide a deeper understanding of the therapists' experiences. Another research idea for future studies could be understanding which emotion regulation strategies are better while working with high-conflict couples.

Clinical implications

The findings of this study could provide a significant resource for therapists who work with high-conflict couples, supervisors, and training programs. Since there is not enough research on working with high-conflict couples, this study provides a better idea for therapists who might work with such couples. Supervisors could benefit from the findings of this study by validating their supervisees' compelling emotions, working on their self-of-the-therapist issues, and directing them to engage in adaptive emotion regulation strategies. This study especially revealed the importance of working on the person-of-the-therapist regarding the compelling emotions that therapists reported experiencing and their triggers when working with high-conflict couples. In the code of ethics of American Association for Marriage and Family Therapy, therapists are also required to seek professional assistance, such as supervision, when

they need it to maintain their competency (American Association for Marriage and Family Therapy, 2015). Therefore, therapists would also be acting ethically as they work on the person-of-the therapist since it could help alleviate their own emotional triggers, and they can regulate their emotions more adaptively to provide better therapy for their clients. In the EFCT externship manual, helpful interventions with highly escalated couples are suggested such as directing sessions actively, soothing the couple with validation by using touch and soft voice, catching the bullets, interrupting quickly if they get into their cycle in the sessions, and using clients' names (ICEEFT, 2021). These could be beneficial for therapists to manage both the case and their difficult personal experiences. Also, training programs could include more workshops or trainings about how to work effectively with high-conflict couples in their curriculum. Besides this, these programs could incorporate self-of-the-therapist work such as the POTT model in their programs as well to strengthen the therapist's self and develop their insights about how to use themselves in the therapeutic process.

CONCLUSION

Overall, the current study was conducted to understand the emotional experiences and regulation strategies of EFT therapists working with high-conflict couples. The results provide information about challenges, strategies of therapists, and how their experiences influence the therapy processes. Also, clinical implications of the results could be applied in the therapists' practice, supervision, and training processes. Yet, the results of the current study should be interpreted with caution, and future research is needed to understand therapists' emotion regulation processes and their influences on the therapeutic process while working with more stressful client groups.

ACKNOWLEDGMENTS

The authors would like to thank Buse Aday, Deniz Yolsal, and Elif Cilmeli for their support in conducting interviews. This article has been produced from the first author's master's thesis.

ORCID

Cemile Yıldızhan https://orcid.org/0009-0001-0121-0742

REFERENCES

Akyil, Y., Prouty, A., Blanchard, A., & Lyness, K. (2014). Parents' experiences of intergenerational value transmission in Turkey's changing society: An interpretative phenomenological study. *Journal of Family Psychotherapy*, *25*(1), 42–65. https://doi.org/10.1080/08975353.2014.881690

Aldao, A., & Nolen-Hoeksema, S. (2013). One versus many: Capturing the use of multiple emotion regulation strategies in response to an emotion-eliciting stimulus. *Cognition & Emotion*, *27*, 753–760. https://doi.org/10.1080/02699931.2012.739998

American Association for Marriage and Family Therapy. (2015). *AAMFT code of ethics*. https://www.coamfte.org/Legal_Ethics/Code_of_Ethics.aspx.

Anderson, S. R., Anderson, S. A., Palmer, K. L., Mutchler, M. S., & Baker, L. K. (2010). Defining high conflict. *The American Journal of Family Therapy*, *39*, 11–27. https://doi.org/10.1080/01926187.2010.530194

Anderson, T., Crowley, M. E. J., Himawan, L., Holmberg, J. K., & Uhlin, B. D. (2016). Therapist facilitative interpersonal skills and training status: A randomized clinical trial on alliance and outcome. *Psychotherapy Research*, *26*(5), 511–529. https://doi.org/10.1080/10503307.2015.1049671

Aponte, H. J. (1992). Training the person of the therapist in structural family therapy. *Journal of Marital and Family Therapy*, *18*, 269–281. https://doi.org/10.1111/j.1752-0606.1992.tb00940.x

Aponte, H. J., & Kissil, K. (2014). "If I can grapple with this I can truly be of use in the therapy room": Using the therapist's own emotional struggles to facilitate effective therapy. *Journal of Marital and Family Therapy*, *40*, 152–164. https://doi.org/10.1111/jmft.12011

Aponte, H. J., Powell, F. D., Brooks, S., Watson, M. F., Litzke, C., Lawless, J., & Johnson, E. (2009). Training the person of the therapist in an academic setting. *Journal of Marital and Family Therapy*, *35*, 381–394. https://doi.org/10.1111/j.1752-0606.2009.00123.x

Aponte, & Kissil, K. (2016). *The person of the therapist training model: Mastering the use of self*. Routledge.

Barthel, A. L., Hay, A., Doan, S. N., & Hofmann, S. G. (2018). Interpersonal emotion regulation: A review of social and developmental components. *Behaviour Change*, *35*(4), 203–216. https://doi.org/10.1017/bec.2018.19

Barzilay, S., Gagnon, A., Yaseen, Z. S., Chennapragada, L., Lloveras, L., Bloch-Elkouby, S., & Galynker, I. (2021). Associations between clinicians' emotion regulation, treatment recommendations, and patient suicidal ideation. *Suicide and Life-Threatening Behavior*, *52*(2), 329–340. https://doi.org/10.1111/sltb.12824

Blow, A. J., Sprenkle, D. H., & Davis, S. D. (2007). Is who delivers the treatment more important than the treatment itself?: The role of the therapist in common factors. *Journal of Marital and Family Therapy*, *33*, 298–317. https://doi.org/10.1111/j.1752-0606.2007.00029.x

Bolak Boratav, H., Sunar, D., & Ataca, B. (2011). Duyguları sergileme kuralları ve bağlamsal belirleyicileri. *Türk Psikoloji Dergisi*, *26*(68), 90–101. http://www.turkpsikolojiyazilari.com/PDF/TPD/68/06.pdf

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guideline for beginners*. Sage Publications.

Chui, H., Hill, C. E., Kline, K., Kuo, P., & Mohr, J. J. (2016). Are you in the mood? therapist affect and psychotherapy process. *Journal of Counseling Psychology*, *63*(4), 405–418. https://doi.org/10.1037/cou0000155

Chui, H., & Liu, F. (2021). Emotional experience of psychotherapists: A latent profile analysis. *Psychotherapy*, *58*(3), 401–413. https://doi.org/10.1037/pst0000379

Cummings, E. M., & Davies, P. (1994). *Children and marital conflict*. Guilford.

Durtschi, J. A., & McClellan, M. K. (2010). The self of the therapist. In L. Hecker (Ed.), *Ethics and professional issues in couple and family therapy* (pp. 155–169). Routledge/Taylor & Francis Group.

Ekman, P. (1972). Universals and cultural differences in facial expressions of emotion. In J. Cole (Ed.), Nebraska Symposium on Motivation*, 1971* (Vol. 19, pp. 207–282). University of Nebraska Press.

Finlay-Jones, A. L., Rees, C. S., & Kane, R. T. (2015). Self-compassion, emotion regulation and stress among Australian psychologists: Testing an emotion regulation model of self-compassion using structural equation modeling. *PLoS One*, *10*(7), e0133481. https://doi.org/10.1371/journal.pone.0133481

Göregenli, M. (1995). Kültürümüz açısından bireycilik-toplulukçuluk eğilimleri: Bir başlangıç çalışması [Individualism-collectivism orientations in the Turkish culture: A preliminary study]. *Türk Psikoloji Dergisi*, *10*(35), 1–14. https://psikolog.org.tr/tr/yayinlar/dergiler/1031828/tpd13004433199500000m000286.pdf

Gottman, J. M. (1993). The roles of conflict engagement, escalation, and avoidance in marital interaction: A longitudinal view of five types of couples. *Journal of Consulting and Clinical Psychology*, *61*, 6–15. https://doi.org/10.1037/0022-006x.61.1.6

Gottman, J. M. (1994). *Why marriages succeed or fail: And how you can make yours last*. Simon & Schuster.

Gottman, J. M., & Levenson, R. W. (1992). Marital processes predictive of later dissolution: Behavior, physiology, and health. *Journal of Personality and Social Psychology*, *63*, 221–233. https://doi.org/10.1037//0022-3514.63.2.221

Gross, J. J. (2015). Emotion regulation: Current status and future prospects. *Psychological inquiry*, *26*(1), 1–26. https://doi.org/10.1080/1047840x.2014.940781

Hagaman, A. K., & Wutich, A. (2017). How many interviews are enough to identify metathemes in multisited and cross-cultural research? Another perspective on Guest, Bunce, and Johnson's (2006) landmark study. *Field Methods*, *29*(1), 23–41. https://doi.org/10.1177/1525822X16640447

International Centre for Excellence in Emotionally Focused Therapy (ICEEFT). (2021). *Externships in emotionally focused therapy (EFT). Participant's manual*. International Centre for Excellence in Emotionally Focused Therapy.

International Centre for Excellence in Emotionally Focused Therapy (ICEEFT). (2024). *Emotionally focused therapy for couples (EFCT)*. https://iceeft.com/what-is-emotionally-focused-therapy-for-couples/

Johnson, S. (2019). *Attachment theory in practice: Emotionally focused therapy with individuals, couples and families*. Guilford Press.

Kağıtçıbaşı, Ç. (1996). The autonomous-relational self. *European Psychologist*, *1*, 180–186. https://doi.org/10.1027/1016-9040.1.3.180

Kissil, K., Carneiro, R., & Aponte, H. J. (2018). Beyond duality: The relationship between the personal and the professional selves of the therapist in the person of the therapist training. *Journal of Family Psychotherapy*, *29*(1), 71–86. https://doi.org/10.1080/08975353.2018.1416244

Krompinger, J. W., Moser, J. S., & Simons, R. F. (2008). Modulations of the electrophysiological response to pleasant stimuli by cognitive reappraisal. *Emotion*, *8*(1), 132–137. https://doi.org/10.1037/1528-3542.8.1.132

Laska, K. M., Gurman, A. S., & Wampold, B. E. (2014). Expanding the lens of evidence-based practice in psychotherapy: A common factors perspective. *Psychotherapy*, *51*(4), 467–481. https://doi.org/10.1037/a0034332

Levy-Gigi, E., & Shamay-Tsoory, S. G. (2017). Help me if you can: Evaluating the effectiveness of interpersonal compared to intrapersonal emotion regulation in reducing distress. *Journal of Behavior Therapy and Experimental Psychiatry*, *55*, 33–40. https://doi.org/10.1016/j.jbtep.2016.11.008

de Lima, C. A., & Vandenberghe, L. (2021). The couple therapist's emotional pain: Negative affect and the person of the therapist. *Professional Psychology: Research and Practice*, *52*(2), 165–172. https://doi.org/10.1037/pro0000368

Lincoln, Y., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications.

Matsumoto, D., Takeuchi, S., Andayani, S., Kouznetsova, N., & Krupp, D. (1998). The contribution of individualism vs. collectivism to cross-national differences in display rules. *Asian Journal of Social Psychology*, *1*, 147–165. https://doi.org/10.1111/1467-839x.00010

Montagno, M., Svatovic, M., & Levenson, H. (2011). Short-term and Long-term effects of training in emotionally focused couple therapy: professional and personal aspects. *Journal of Marital and Family Therapy*, *37*(4), 380–392. https://doi.org/10.1111/j.1752-0606.2011.00250.x

Murphy, M. J., & Hecker, L. (2017). *Ethics and professional issues in couple and family therapy*. Routledge.

Mutchler, M. S. (2017). Family counseling with high-conflict separated parents: Challenges and strategies. *The Family Journal*, *25*(4), 368–375. https://doi.org/10.1177/1066480717731346

Negash, S., & Sahin, S. (2011). Compassion fatigue in marriage and family therapy: Implications for therapists and clients. *Journal of Marital and Family Therapy*, *37*(1), 1–13. https://doi.org/10.1111/j.1752-0606.2009.00147.x

Niño, A., Kissil, K., & Apolinar Claudio, F. L. (2015). Perceived professional gains of master's level students following a person-of-the-therapist training program: A retrospective content analysis. *Journal of Marital and Family Therapy*, *41*(2), 163–176. https://doi.org/10.1111/jmft.12051

Niño, A., Kissil, K., & Cooke, L. (2016). Training for connection: students' perceptions of the effects of the Person-of-the-therapist training on their therapeutic relationships. *Journal of Marital and Family Therapy*, *42*(4), 599–614. https://doi.org/10.1111/jmft.12167

Nouwen, H. J. M. (1979). *The wounded healer*. Doubleday.

Palma, E. M. S., & Gondim, S. M. G. (2021). Psychotherapists' psychological well-being: The role of epistemic orientation and emotion regulation. *Counselling and Psychotherapy Research*, *23*(2), 478–486. https://doi.org/10.1002/capr.12507

Parady, A. M., Anderson, S. R., Bradford, A. B., & Johnson, L. N. (2018). Difference in therapeutic alliance: High-conflict co-parents vs regular couples. *The American Journal of Family Therapy*, *46*(5), 405–420. https://doi.org/10.1080/01926187.2019.1570830

Parkinson, B., Fischer, A. H., & Manstead, A. S. R. (2005). *Emotion in social relations: Cultural, group and interpersonal processes*. Psychology Press.

Patterson, J., Williams, L., Edwards, T. M., Grauf-Grounds, C., & Chamow, L. (2009). *Essential skills in family therapy*. Guilford Press.

Pletzer, J. L., Sanchez, X., & Scheibe, S. (2015). Practicing psychotherapists are more skilled at downregulating negative emotions than other professionals. *Psychotherapy*, *52*(3), 346–350. https://doi.org/10.1037/a0039078

Pope, K. S., & Tabachnick, B. G. (1993). Therapists' anger, hate, fear, and sexual feelings: National survey of therapist responses, client characteristics, critical events, formal complaints, and training. *Professional Psychology: Research and Practice*, *24*(2), 142–152. https://doi.org/10.1037/0735-7028.24.2.142

Rubin, H. J., & Rubin, I. S. (2005). *Qualitative interviewing: The art of hearing data* (2nd ed.). Sage Publications.

Shamoon, Z. A., Lappan, S., & Blow, A. J. (2016). Managing anxiety: A therapist common factor. *Contemporary Family Therapy*, *39*(1), 43–53. https://doi.org/10.1007/s10591-016-9399-1

Sowan, W. (2023). A conflict escalation comparison: Couples from the general population and couples engaged in high-intensity conflict. *Family Relations*, *73*(2), 858–873. https://doi.org/10.1111/fare.12939

Sunar, D., & Fişek, E. (2005). Contemporary Turkish families. In U. Gielen & J. Roopnarine (Eds.), *Families in global perspective* (pp. 169–183). Allyn & Bacon/Pearson.

Vandenberghe, L., & Silvestre, R. S. (2014). Therapists' positive emotions in-session: Why they happen and what they are good for. *Counseling and Psychotherapy Research*. *14*(2), 119–127. https://doi.org/10.1080/14733145.2013.790455

VERBI Software. (2019). *MAXQDA 2020* (Version 20.3). VERBI Software. https://www.maxqda.com

Willis, K. L., Miller, R. B., Anderson, S. R., Bradford, A. B., Johnson, L. N., & Yorgason, J. B. (2021). Therapist effects on dropout in couple therapy. *Journal of Marital and Family Therapy*, *47*, 104–119. https://doi.org/10.1111/jmft.12473

Zeytinoğlu-Saydam, S. (2018). Cross-culturally responsive training of emotionally focused couple therapy: International experiences. In S. Singh Poulsen & R. Allan (Eds.), *Cross-cultural responsiveness & systemic therapy. Focused issues in family therapy* (pp. 53–67). Springer. https://doi.org/10.1007/978-3-319-71395-3_4

How to cite this article: Yıldızhan, C., Kafescioğlu, N., Zeytinoğlu-Saydam, S., Erdem, G., Söylemez, Y., & Yumbul, Ç. (2024). Emotion regulation in emotionally focused therapists working with high-conflict couples. *Journal of Marital and Family Therapy*, 1–27. https://doi.org/10.1111/jmft.12725