

**The Integration of Somatic Therapies for the Treatment of Couples Who Have Experienced
Childhood Trauma**

by

Brittany Ennis

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APPROVED BY

Dr. Jason Walker, PsyD, Ph.D., CPHR, C. Psychol, Capstone Instructor, Master of

Counselling Faculty

School of Health and Social Sciences

Abstract

This capstone specifically examines how integrating somatic therapies into couples counselling may improve relational satisfaction, trust, and communication for partners with a history of childhood trauma. The central research question guiding this inquiry is: How does the integration of somatic therapy into traditional couples counselling impact these relational outcomes? While conventional therapeutic approaches such as the Gottman Method and Emotionally Focused Therapy (EFT) offer valuable tools for improving relational dynamics, they often emphasize cognitive and emotional processing without adequately addressing the embodied effects of trauma. Emerging research supports the use of somatic, or bottom-up, interventions as a critical complement to traditional talk-based therapy, particularly for individuals with trauma histories who may experience physiological dysregulation, dissociation, or difficulty accessing emotion through language alone. Through a systematic literature review, this paper synthesizes current findings on the benefits of incorporating somatic techniques, such as breathwork, grounding, and body-based psychoeducation into couples therapy. It also outlines how somatic interventions can enhance emotional attunement, co-regulation, and relational safety between partners. The findings reveal a growing consensus on the value of holistic, trauma-informed frameworks that engage both the body and mind. However, the integration of somatic practices remains underutilized in mainstream couples counselling, and further empirical and longitudinal research is needed to establish best practices and training guidelines. This thesis argues for a more embodied, integrative approach to trauma-informed couples counselling and highlights its potential to support healing, trust, and connection in intimate relationships.

Keywords: Couples Counselling, Trauma-Informed Care, Somatic Therapy, Childhood Trauma, Bottom-Up Processing, Gottman Method, Emotionally Focused Therapy, Polyvagal Theory, Somatic Therapy for Couples.

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Chapter 1: Introduction

Childhood trauma refers to any event or circumstance during developmental years that overwhelms a child's ability to cope, often resulting in lasting emotional, physical, and psychological consequences (Petruccelli et al., 2021). It encompasses various forms of maltreatment, including physical, emotional, and sexual abuse, neglect, exposure to domestic and community violence, and even natural disasters (Afifi et al., 2020). Childhood trauma remains a significant public health concern, both in Canada and globally. According to Statistics Canada (2023), approximately 60% of Canadians aged 15 and older report experiencing some form of child maltreatment before the age of 15. A meta-analysis by Whitten et al. (2024) found that around 17% of children worldwide have been exposed to physical or domestic violence as victims, while 16.5% have witnessed it. These statistics emphasize the need for early intervention and trauma-informed care to mitigate the long-term effects of trauma on individuals and communities (Afifi et al., 2020).

The study of childhood trauma is vast, with one of the most influential investigations being the Adverse Childhood Experiences (ACEs) study by Felitti et al. (1998). This research established a strong correlation between early trauma and adverse health and relational outcomes in adulthood. The study identified 10 types of adverse experiences, including physical abuse, emotional abuse, sexual abuse, physical neglect, emotional neglect, household substance abuse, parental separation or divorce, domestic violence, mental illness in the household, and incarceration of a household member (Felitti et al., 1998). Since Felitti et al. (1998) original study, researchers and practitioners have recognized additional adverse experiences including: community violence, bullying, racism, poverty, refugee trauma, and medical trauma (Afifi et al., 2020).

Studies have consistently found that higher ACE scores are linked to chronic illnesses, mental health disorders, and maladaptive behaviors, with individuals who have four or more ACEs being significantly more likely to suffer from depression, substance abuse, and relationship difficulties (Petruccelli et al., 2021). Hughes et al. (2022) further explored these connections, highlighting the physiological impacts of ACEs, including dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, chronic inflammation, and altered stress responses, which contribute to both physical and emotional distress in adulthood. These findings reinforce the need for holistic, body-based therapeutic approaches that address both cognitive and somatic manifestations of trauma.

Currently the leading treatment approaches for addressing childhood trauma are cognitive-behavioral (CBT) and exposure-based therapies, however, these modalities do not always meet the needs of individuals with trauma histories (Kuhfuß et al., 2021). CBT relies heavily on a client's ability to process and articulate their experiences verbally, which research has shown is challenging or impossible for those individuals with trauma-related dysregulation or dissociate symptoms (Levine, 2015). Additionally, exposure-based interventions, though effective, have high dropout rates due to the distress they can evoke (Kuhfuß et al., 2021).

Couples counselling presents an additional challenge when one or both partners have a history of childhood trauma. Established approaches such as the Gottman Method and Emotionally Focused Therapy (EFT) have demonstrated effectiveness in improving relationship satisfaction and emotional connection (Carr, 2019). The Gottman Method, developed by John and Julie Gottman, is based on decades of research and focuses on strengthening relationships through conflict management, emotional attunement, and the "Sound Relationship House"

model, which includes components like trust, commitment, and shared meaning (Garanzini et al., 2017).

EFT, developed by Sue Johnson, is rooted in attachment theory and emphasizes the importance of emotional bonding, helping couples recognize and reframe negative interaction cycles while fostering deeper emotional security (Davoodvandi et al., 2018). While both methods have proven successful in many cases, they operate primarily from a cognitive, top-down perspective, assuming that partners are regulated enough to engage in reflective dialogue and emotional processing. However, individuals with significant trauma histories often experience dysregulation, heightened stress responses, and difficulty accessing emotional vulnerability (Davoodvandi et al., 2018).

Given these limitations, it is critical to explore alternative methods, particularly somatic therapies, that work with the body's physiological responses to trauma (Kuhfuß et al., 2021). By addressing both the cognitive and somatic aspects of trauma, therapists can better support couples in building trust, improving communication, and fostering deeper connections (Kuhfuß et al., 2021). This approach aligns with contemporary understandings of trauma's impact on the body and mind, suggesting that a holistic, trauma-informed methodology could lead to more successful therapeutic outcomes (Waheed, 2023).

Peter Levine is a leader of somatic therapy research and information and developed somatic experiencing® (**SE**) therapy. Peter Levine explains that trauma not only leaves psychological and emotional scars, but also tangible physical ones; somatic components (Levine, 2015). The theory operates on the understanding that trauma can disrupt the nervous system, leading to dysregulation and a range of physical and psychological symptoms (Levine, 2015). By guiding individuals to become aware of their internal bodily sensations, SE facilitates the

completion of the body's natural defensive responses, such as fight, flight, or freeze, which may have been suppressed during traumatic events (Levine, 2015). This process helps restore the nervous system's equilibrium, promoting resilience and reducing trauma-related symptoms (Levine, 2015). Recent studies have highlighted SE's effectiveness in treating post-traumatic stress disorder (PTSD) and other trauma-related conditions, emphasizing its role in enhancing bodily awareness and self-regulation (Kuhfuß et al., 2021; Ogden, 2019; Payne et al., 2015). By addressing trauma through a somatic lens, SE offers a holistic pathway to healing that complements traditional cognitive approaches for couples (Kuhfuß et al., 2021).

Current literature emphasizes the importance of a holistic approach and integrating somatic therapies when working with clients who have experienced trauma (Kuhfuß et al., 2021; Levine, 2015); however, there is a limited amount of research that looks at how somatic therapies can be utilized in the treatment of couples (Caldwell & Harris, 2021; Ogden, 2019; Schieffer, 2021). Integrating somatic therapy into couples counselling has the potential to enhance traditional approaches by addressing physiological dysregulation that may underlie relational conflict (Caldwell & Harris, 2021).

Research suggests that dysregulated nervous systems contribute to heightened reactivity, difficulties in communication, and barriers to intimacy (Darnell, 2023; Shuper, 2019). By incorporating somatic techniques, such as breathwork, grounding exercises, and body-based interventions, therapists can help couples co-regulate, build a felt sense of safety, and foster deeper nonverbal communication (Levine & Frederick, 2019; Ogden, 2020). Emerging evidence suggests that somatic approaches can be particularly beneficial in improving trust, reducing conflict, and enhancing emotional and physical intimacy (Caldwell & Harris, 2021; Ogden,

2020; Schieffer, 2021). However, further research is needed to examine the long-term efficacy of these methods in couple's therapy.

This thesis aims to synthesize existing research on the integration of somatic therapy into couples counselling, focusing on its potential to improve relational satisfaction, intimacy, and conflict resolution in couples where one or both partners have experienced childhood trauma. Given that relational distress is a significant predictor of divorce and separation, with Statistics Canada (2023) reporting that 41% of marriages end in divorce, enhancing therapeutic approaches to support distressed couples is a crucial area of study.

Studies have shown that unresolved childhood trauma can manifest in adult relationships through attachment difficulties, emotional dysregulation, and communication barriers, ultimately increasing the risk of relational dissatisfaction and breakdown (Johnson et al., 2021; Zhu et al., 2024). By incorporating a somatic lens into mainstream couples counseling methods, therapists can more effectively address these underlying issues, leading to better long-term outcomes for both individuals and their relationships (Caldwell & Harris, 2021; Ogden, 2020; Schieffer, 2021).

This research will explore how somatic therapies can be integrated with established couples counseling modalities to optimize therapeutic outcomes for trauma survivors. Specifically, it will examine how body-based interventions can enhance nervous system regulation, foster deeper emotional and physical connection, and provide a more comprehensive approach to healing relational wounds. While preliminary studies indicate promising results, there remains a gap in empirical research on the long-term impact of somatic therapies in couples counselling (Ogden, 2020). This thesis will contribute to the growing discourse on trauma-informed relationship therapy by advocating for a more holistic, body-centered approach that

acknowledges the profound connection between mind, body, and relational well-being. The literature review that follows will cover several key areas: (1) principles of trauma-informed care, (2) attachment theory as it applies to adult relationships, (3) evidence-based couples counselling approaches such as the Gottman Method and Emotionally Focused Therapy (EFT), and (4) the integration of somatic therapies with these established models. Together, these areas establish the foundation for exploring how somatic approaches can enhance couples counselling for trauma survivors.

Purpose Statement

The purpose of this capstone is to examine the potential benefits of integrating somatic therapy into traditional couples counseling for partners who have experienced childhood trauma. Specifically, this study aims to explore how a trauma-informed, bottom-up approach can improve relationship functioning, enhance communication, foster trust, and strengthen emotional rapport and intimacy. Given that individuals with a history of trauma often struggle with emotional regulation, traditional cognitive-based (top-down) therapies may not be sufficient in addressing their relational challenges (Caldwell & Harris, 2021). By incorporating somatic therapy, which focuses on the body's role in processing trauma and promoting safety, couples may experience deeper connection and relational satisfaction (Kuhfuß et al, 2021). This capstone will contribute to the growing body of trauma-informed therapeutic practices and highlight the need for further research on the efficacy of somatic interventions within couples counselling.

Research Question

This capstone research project will examine the following research question: *How does the integration of somatic therapy into traditional couples counselling impact relationship*

satisfaction, communication, trust, intimacy, and rapport among partners with a history of childhood trauma?

Theoretical Framework

The theoretical framework utilized in this capstone project to explain somatic therapies is the Polyvagal Theory (PVT). PVT is important for somatic therapists to understand because it describes the neurobiological mechanisms that trigger emotional and psychological responses and highlights the mind-body connection (van der Kolk, 2015). According to this theory, the vagus nerve, which connects the brainstem to numerous vital organs including the heart, stomach, and lungs, is responsible for relaying critical information about the safety of the body to the brain for the nervous system to turn on the appropriate defense response (Porges, 2021).

This automatic unconscious process of activation is called interoception. One of three possible defense pathways is activated unconsciously by the autonomic nervous system (ANS) based on the information received (Porges, 2021). The three possible pathways are the ventral vagal complex (VVC), sympathetic nervous system (SNS), and the dorsal vagal complex (DVC) (Porges, 2021). There is a hierarchical order to these responses; first, when under safe conditions, the VVC is activated; connection and social engagement are possible and promoted here (Porges, 2021).

When danger is perceived, the SNS is activated, and the body releases hormones to prepare for fight or flight. Here, a person will be hyper-alert and less likely to engage in effective communication and decision-making (Porges, 2021). Finally, when a threat is extreme and danger is inescapable, the system will completely overwhelm, and the DVC is activated (Porges, 2021). Here, the system shuts down in what may look like a freeze or dissociative response and will have no ability to engage in communication or decision-making (Porges, 2021).

Understanding this system has important implications for counselors working with traumatized individuals or couples, as it highlights the need to build safety, relationship, and comfort first, ensuring the client can access their VVC prior to beginning any talk therapy. PVT attributes post-traumatic stress symptoms to “a permanent overreaction of the innate stress system due to the overwhelming character of the traumatic event” (Kuhfuß et al., 2021, p. 3). Chronic or prolonged stress responses triggered by trauma can lead to a long-term heightened stress response activation, leaving individuals prone to exaggerated and unnecessary ANS activation (Levine, 2008).

Exaggerated and unnecessary ANS activation, or fight/flight response, is physiologically and emotionally exhausting and can create social problems as well (Levine, 2008). For example, if a person is experiencing a fight/flight response every time they hear a car alarm, this becomes exhausting for them and challenging for those around them. Furthermore, the stress hormones released by fight/flight activation, which prepare for fighting or running, can wreak havoc on organ function and the immune system (van der Kolk, 2000). Van der Kolk (2015) explains that the stress response systems are managed by the primitive brain and therefore are difficult to access through traditional talk and cognitive-based therapies, which rely on the prefrontal cortex. The researcher further highlights the need to utilize body-based or bottom-up interventions to treat the lower brain areas that are impacted in traumatized populations. Using psychoeducation and body-based interventions like breathing, movement, and grounding, counselors can begin to build clients' awareness of their physiological states and help them to influence their ANS (van der Kolk, 2015). Polyvagal Theory not only provides the conceptual foundation for understanding trauma responses, but it also frames the analysis throughout this paper. For example, in the literature review, somatic practices are interpreted as interventions that help

couples shift from sympathetic or dorsal vagal states into ventral vagal safety. Similarly, in the discussion section, applications of somatic interventions are linked to the theory's emphasis on co-regulation and relational safety.

Methodology

This research project utilized a comprehensive literature review to examine the integration of somatic therapy into couples counseling for partners who have experienced childhood trauma. Academic sources were collected from reputable online databases, including the City University of Seattle library database and Google Scholar. To ensure the inclusion of high-quality and relevant studies, filters were applied to limit results to peer-reviewed research published within the last five years. However, when reviewing foundational theories and frameworks, publication date restrictions were removed to include seminal works and original theoretical contributions.

A diverse range of research methodologies was considered to provide a well-rounded understanding of the topic. The literature review incorporated qualitative studies, quantitative research, systematic reviews, meta-analyses, and theoretical articles related to trauma, couples counseling, and somatic therapy. Key search terms used to identify relevant articles included: "childhood trauma and relationships," "trauma-informed couples counselling," "couples counselling," "Somatic Experiencing," and "somatic therapy for couples." These search terms were selected to capture studies on the effects of childhood trauma on adult relationships, existing couples therapy models, and the application of somatic approaches within relational therapy. This methodology ensured a thorough and integrative review of existing research, highlighting both current best practices and gaps in the literature that necessitate further study.

The choice of a systematic literature review is intentional, as it allows for a comprehensive synthesis of existing research on somatic therapies within couples counselling. This design is aligned with Polyvagal Theory, which emphasizes autonomic regulation as a central construct, and with attachment theory, which highlights secure bonds as an outcome of regulation. Although empirical studies would provide original data, the relative scarcity of existing work on somatic therapies in couples counselling makes a literature review the most appropriate method at this stage. It allows for the identification of patterns, gaps, and theoretical connections that can inform future empirical research.

Contribution to the Field

Although many mental health practitioners today integrate trauma-informed principles into their practice, there remains a gap in trauma-informed approaches specifically tailored for couples counselling. Mainstream couples therapy modalities, such as the Gottman Method and Emotionally Focused Therapy (EFT), primarily rely on cognitive, behavioral, and emotion-based interventions (Carr, 2019; Mosavi et al., 2023). While these approaches have demonstrated effectiveness in improving relationship satisfaction, they may not fully address the physiological and nervous system dysregulation experienced by trauma survivors (Kuhfuß et al., 2021). Given that individuals with a history of childhood trauma often struggle with emotional regulation, trust, and vulnerability, integrating somatic therapies into couples counseling may offer a more comprehensive and effective treatment approach.

Current research on the integration of somatic therapy in couples counselling is limited; however, emerging studies suggest promising outcomes in improving relational functioning, emotional safety, and co-regulation among trauma-impacted couples (Darnell, 2023; Kailanko et al., 2022; Shuper Engelhard, 2019). By synthesizing existing literature and highlighting both the

theoretical and practical implications of incorporating somatic therapy into couple's work, this thesis contributes to the growing discourse on trauma-informed relational therapy.

This research aims to underscore the necessity of a holistic, integrative approach to couples counselling; one that considers the profound impact of trauma on both mind and body. By advocating for the inclusion of bottom-up, body-based interventions, this thesis highlights the importance of equipping couples' therapists with foundational knowledge of somatic therapies. Furthermore, this work identifies a significant gap in the literature and calls for further empirical research, particularly longitudinal studies that examine the long-term efficacy of somatic interventions in couple's therapy. By bridging this gap, future studies can help refine clinical applications, improve therapeutic outcomes, and ultimately support couples in fostering deeper emotional connection, trust, and relational satisfaction.

Reflectivity and Positionality Statement

Immediately following obtaining my undergrad in 2011, I began working frontline in the social services field. Starting out as a full-time staff member at a group home for children ages 2-12, then in a women's shelter, and finally as a family preservation worker where I worked in collaboration with child and family services (CFS) for the last 10 years. My various professional roles, and personal experiences have shaped me to believe that mental well-being is directly linked to the quality of one's interpersonal relationships. I believe that for children to thrive and lead happy, healthy lives they must be the product of happy, healthy caregivers. I believe that a healthy home starts with a healthy relationship, and that so much positive change can be made for an entire family system when the parents are connected, aligned, and happy with one another. On the flip side, I believe that difficult and stressful intimate relationships can create significant distress for a couple and their children. Being careful not to overgeneralize, I believe the intimate

relationship is often at the core of a family system's health and this is why I have a passion for working with couples upon completing this Maters program.

My personal journey with mental wellness has been extremely connected and intertwined with my physical health. I noticed in my recent adult years that my support network could only account for a portion of my mental well-being. The other seemed to be manifested in my body and directly connected to physical activity. I began taking yoga classes and exercising regularly about 4 years ago and was amazed at the impact it seemed to have on my anxiety and overall mental health. I noticed that when I was exercising regularly and engaging in somatic exercises such as breathing, mindfulness, stretching, and grounding I felt calmer, and happier than ever. I noticed that my energy was better, my confidence increased, and my marriage reaped the benefits as well. Due to this personal experience, I place a great deal of emphasis on the mind-body connection and believe that a wholistic approach is necessary when dealing with mental health concerns.

As I completed my practicum and gained more experience working directly with clients, it became clear to me that the mind-body connection cannot be overlooked. I had one client in particular who suffered from extensive childhood trauma, was diagnosed with generalized anxiety, and was on a plethora of pharmaceutical medications. She explained to me that she wanted me to use CBT to help her overcome her anxiety and lead a more normal life. After a few months of weekly sessions and "one step forward, two steps back" type progress with CBT, I began to take a real notice in her body language and non-verbal's. I noticed that her jaw was clenched, hands were fisted, shoulders tight, and she chewed her fingernails. I started to ask her about her any physical symptoms, and she reported headaches, stomach aches, and dizziness. When I asked her what her daily activity consisted of, she reported little to none. With the

client's consent and permission, I decided to begin to integrate some common somatic practices into our sessions.

We started with deep breathing, visualization, and a vague nerve stimulation exercise. Her homework switched from journaling to yoga and dancing. It was then that I started to see a real transformation in this client. She reported that she had never felt so light and free. Although I was acutely aware of the fact that I am not a specialized somatic therapist and was mindful of using only evidence-based practice practices, I could see the immense benefit of what I was offering to this client. After speaking with my colleagues and supervisor, there was a push for me to become trained in somatic therapy.

Although I loved the idea, it made me wonder about the level of basic somatic knowledge that all counsellors have. It appears my limited knowledge was groundbreaking for many of my peer counselling students. As a fallout of this experience, I believe that every trauma informed counsellor should have a basic knowledge of somatic therapy and how to implement it in sessions. I hope that this paper will highlight the importance of utilizing a holistic integrated approach with couples and provide counsellors with an understanding of the potential benefits of integrating somatic practices in couples counselling sessions.

Due to my personal experiences, I have a set of values and beliefs that are unique to me which I innately bring with me into this process of research. I understand that my values and beliefs do not apply to everyone and that I must be careful to notice my biases and not make assumptions. To minimize this impact and produce valid and meaningful work, I will engage in a reflexive process, noticing my biases and challenging myself to maintain a neutral stance when seeking information. When searching for articles relevant to this project, I will ensure I am seeking valid, relevant research by pulling from peer reviewed articles within the last 5 years.

Lastly, I will also have my work critically reviewed and evaluated by my capstone professor, as well as an anonymous second reader. This will help to point out any gaps in my research and ensure it is well balanced information.

Definition of Terms

Attachment Trauma

Attachment trauma refers to the emotional and psychological wounds caused by disruptions or neglect in early bonding between a child and their primary caregiver. This trauma can lead to difficulties in forming secure, healthy relationships later in life, and may manifest in patterns of mistrust, fear, or anxiety in interpersonal relationships (Bowlby, 1988). Attachment theory is an important grounding block for most couple counsellors.

Co-regulation

Co-regulation is the ability to regulate emotions and soothe behavioural responses between two or more people (Stanley, 2016). In terms of couples, it refers to the mutual act of tuning into and regulating one another through physical touch, showing empathy, and modelling calmness (Stanley, 2016). Co-regulation has been found to reduce stress and improve the relationship between partners (Stanley, 2016).

Somatic Empathy

Somatic empathy refers to having a deep understanding and emotional response to another person's experience that comes from noticing their reactions through their body (Stanley, 2016). Somatic therapists must have strong somatic empathy to fully understand and form a strong connection to their clients; not only listening to their words but also noticing their body language and non-verbal cues (Stanley, 2016). In couples counselling somatic empathy refers to a couple's ability to identify one another's state, feelings, and have compassion for their physical

experience (Shuper, 2019). Somatic empathy in couples improves closeness and marital satisfaction (Shuper, 2019).

Somatic Mirroring

Somatic mirroring is sometimes used in couples counselling and involves having a partner mimic or echo the body movements, expressions, stance, rhythm and so on. Somatic mirroring of partners is said to increase empathy, atonement, and marital satisfaction (Shaper, 2019).

Somatic Therapy

Somatic Therapy is a catch all term for therapeutic modalities that recognizes and emphasizes the mind-body connection and works to reduce the impact of trauma by accessing the nervous system through a bottom-up approach (Payne at al., 2015). For the purposes of this paper, it includes Peter Levine's Somatic Experiencing, and Body Psychotherapy.

Somatic Experiencing

Somatic Experiencing was developed by Peter Levine and focuses on releasing trauma that becomes stored in the body by drawing attention to the body using techniques like tracking, pendulating, titration, grounding, movement, imagery, and resourcing (Levine, 2015).

Body Psychotherapy

Body Psychotherapy encompasses various approaches under the somatic therapy umbrella that integrate physical movement such as stretching, yoga, or breathwork and bring body awareness into the therapeutic process (Ogden, 2019).

Trauma

Trauma is defined as a response to an intensely stressful event or situation that overwhelms you psychologically and leaves a negative lasting impact (Swerdlow et al., 2023).

Trauma has been shown to create a great deal of turmoil in relationships (Mitchell, 2022).

Chapter 2: Literature Review

Introduction

The purpose of this paper is to examine how integrating somatic therapy into traditional couples counselling affects key relationship dynamics such as communication, trust, intimacy, and relational satisfaction, among couples where one or both partners have experienced childhood trauma. This chapter will first provide an overview of trauma-informed counselling principles, then discuss the Gottman Method and Emotionally Focused Therapy (EFT). Finally, it will examine how somatic therapies are currently being integrated with couples, and the effectiveness of this approach. Despite the growing emphasis on trauma-informed care, little research has been conducted that looks at the efficacy of integrating somatic interventions with couples therapy models such as EFT or Gottman Method. By synthesizing current research, this review aims to highlight the benefits of integrating somatic therapies into couples counselling.

Trauma-Informed Care

In recent years, the phrase “trauma-informed care” has exploded and become a buzz term in psychotherapy. Trauma-informed care (TIC) was initially developed by Harris & Fallot (2001) and has continued to gain momentum and popularity since then (Burger et al., 2023). TIC is the recognition of the multidimensional and complex impacts that trauma leaves with a person and the shift from “what’s wrong” to “what happened” (Swerdlow et al., 2023). Trauma-informed care generally refers to the necessity of approaching every client intentionally, so as not to cause harm or retraumatize, and to minimize drop-out rates, which has become a standard practice for clinicians (Burger et al., 2023). TIC focuses on creating safety for clients through relationship and rapport, as well as utilizing a non-threatening atmosphere, offering clients the opportunity to

land in the therapeutic space, offering choices and emphasizing autonomy, meeting the client where they are at, and modelling a regulated posture (Swerdlow et al., 2023).

Goddard (2021) points out that children who experience trauma tend to have more lasting effects as it impacts their development and changes their brain structure and ability to regulate internal states. Often trauma symptoms show up in the form of disembodiment, dissociation, and a lack of self-awareness. In these cases, utilizing bottom-up somatic therapies to address trauma may be more effective than top-down cognitive based therapies (Kuhfuß et al, 2021; Rowe, 2024). Lee et al. (2022) points out that various trauma types and population characteristics can impact the effectiveness of treatment; therefore, highlighting the need for individualized and trauma-type specific treatment plans.

Trauma-Informed Couples Counselling: Current Practices

Trauma-informed practice has led to the development of multiple trauma-informed therapeutic approaches like TI-CBT (Palfrey et al., 2023), TI-Art therapy (Lyne, 2023), TI-Music therapy (Hillman, 2023), TI-Wilderness therapy (Tucker et al., 2024) and many more. Although it is not a totally new idea, trauma-informed couples counselling (TICC) is still quite under researched. Trauma-informed couples counselling incorporates trauma sensitivity ideas into the therapeutic process with the understanding that trauma often impacts people and their relationships.

The leading themes of current TIC practices are empowerment, choice, safety, trustworthiness, and teamwork (Hopper, Bassuk, & Olivet, 2010; Palfrey et al., 2023). These concepts are changed for use in TICC to focus on the particular and shared trauma experiences of both partners and how they influence the dynamics of their relationship (Brown & Gill, 2021). TICC includes a thorough assessment of both partners' past and present traumatic events (Brown

& Gill, 2021). Mental health practitioners are advised to create a safe and motivating environment so that clients may freely express their emotions and work with trauma-related behaviors that could surface throughout treatment (Brown & Gill, 2021).

Due to their structured nature, which aligns closely with the principles of TICC, providing clients with predictable, safe sessions that minimize the risk of triggering, CBT and EFT are frequently incorporated into TICC frameworks (Gurman, 2021). Somatic practices and mindfulness techniques alongside psychoeducation can also be incorporated to help the client regulate their emotional responses, specifically when it comes to trauma cues (Briere & Scott, 2019). This multimodal method is particularly helpful when addressing complex trauma, such as those resulting from childhood abuse or attachment trauma (Briere & Scott, 2019).

A qualitative case study conducted by Mitchell (2022) discusses generational trauma and its potential effects on a couple and family. The researcher notes that relationships are impacted by trauma that often manifests in symptoms including compassion fatigue, maladaptive coping, role shifting, and isolation. The researcher aimed to create a trauma-informed workshop curriculum for couples who had symptoms of PTSD. The researchers two-day workshop included 8 modules with a focus on relational system repair while acknowledging the impact of generational trauma by fusing evidence-based practices with strengths-based resilience, post-traumatic growth, and atonement.

The growing body of research surrounding the impacts of trauma, and generational trauma on a couple and relational satisfaction has led to the development of comprehensive, trauma-informed interventions that focus on a holistic approach and overall healing and well-being (Gurman, 2021; Mitchell, 2022). As research continues to evolve, refining and expanding

TICC methods will be crucial in effectively assisting couples to navigate the lasting effects of trauma and engage in healthy relationships (Briere & Scott, 2019; Mitchell, 2022).

Bowlby's Attachment Theory Lens

Attachment theory has become a prominent conceptual framework for most mental health practitioners and is widely used to better understand the behaviour of individuals in romantic relationships (Lafortune et al., 2022). Attachment theory was developed by Bowlby (1973) who posits that infants develop healthy or unhealthy internal working models based on the quality of the relationship with their primary caregiver (Zeanah et al., 2011). Attachment bonds typically develop within the first year of life and can have lifelong impacts on a person's ability to engage in healthy adult relationships (Peloquin et al., 2014; Waters et al., 2000). Bowlby's theory (1973) outlines four possible types of attachment and how they impact a child.

When an infant has a consistent positive experience with a caregiver they develop trust, security, and what Bowlby (1973) calls a secure attachment style. A person with a secure attachment style will develop a positive internal working model about himself and the world and can engage in healthy trusting relationships. When an infant is met with an emotionally unavailable or rejecting caregiver, the child will develop an insecure-avoidant attachment and an internal working model that people cannot be trusted or depended upon and struggle with being vulnerable and close in adult romantic relationships (Zeanah et al., 2011).

When an infant's primary caregiver is inconsistent in how and when they respond to the child, the child develops an insecure-ambivalent or anxious attachment and an internal working model of I don't know when my needs will be met so I better stay here in case they are met at some point (Bowlby, 1982). This looks like clinginess and overdependence on the partner in romantic relationships (Bowlby, 1982). The theory describes that if a child is met with a

caregiver who is chaotic and frightening to the child, this will lead to a disorganized attachment style where the partner in a relationship has no consistent ways of managing stress and may behave in confusing, contradictory ways (Bowlby, 1982). In infant and early childhood years, attachment bonding takes place with one primary caregiver; however, as the child grows the attachment figure can include friends and/or romantic partners (Merhi, 2022). Research shows that if an insecurely attached individual partners with a securely attached one, the insecurely attached individual can shift towards becoming more securely attached by adopting their healthy behaviors (Merhi, 2022).

Understanding attachment styles when working with couples can provide insight for mental health practitioners about whether the client/s has experienced childhood trauma and if a TI or attachment-based treatment approach is needed (Merhi, 2022)). Situations in childhood that lead to the development of insecure attachment styles are often referred to as attachment trauma/s (Mehri, 2022). For treating trauma in couples counselling, insecure attachment styles should be conceptualized as childhood trauma.

Current research studies are also beginning to examine the link between attachment styles and sexual satisfaction in relationships (Lafortune et al., 2022; Mark et al., 2018). These studies found that insecure attachment styles are both directly and indirectly linked to sexual satisfaction. Lafortune et al., (2022) found that mindfulness techniques (that are often utilized in somatic therapies) were effective in treating sexual anxiety in individuals with insecure attachment bonds.

Bottom-up vs Top-down Processing

Top-down and bottom-up processing are the two ways the brain assesses and responds to stimuli. Top-down processing is driven by higher-level cognitive processes such as expectations,

prior knowledge, and memories that influence how we perceive and interpret incoming sensory information (Bennett & O'Connor, 2021).

Cognitive therapies, which aim to modify how people think and understand their experiences, are commonly linked to this approach because of their focus on mental functions like thoughts, beliefs, and interpretations of events (Fossum & Bråten, 2020). On the other hand, bottom-up processing is more sensory-driven and focuses on unprocessed information from the environment, relying less on expectations or prior knowledge (Thompson, 2022). This mechanism is especially important in trauma-informed therapy since it emphasizes the body's immediate responses to stimuli and helps regulate emotional states without requiring cognitive reasoning (Kuhfuß et al., 2021).

Research suggests that trauma survivors may benefit more from bottom-up processing due to the overwhelming impact of trauma on the autonomic nervous system (ANS), which is more physiological and instinctual (Schauer et al., 2020). More specifically, trauma often overwhelms the ANS and triggers the fight or flight response, making it difficult for trauma survivors to engage in rational thought or verbal processing. Bottom-up approaches utilize bodily awareness and sensory experience which can help restore a sense of safety and regulation, making cognitive interventions possible (Schauer et al., 2020). Both top-down and bottom-up processes are essential in therapeutic interventions. However, by addressing emotional dysregulation and fostering bodily awareness, bottom-up approaches, such as somatic therapies, offer substantial benefits to individuals who have experienced trauma (Levine, 2019).

Evidence-Based Couples Treatments

Gottman Method

Since the 1970's Gottman & Gottman have been world-renowned leaders in the research and creation of theoretical frameworks in couples counselling (Yoo, 2019). In 1996 Gottman & Gottman launched the Gottman Institute where they conducted research on thousands of couples and developed the "Gottman method couples therapy" (GMCT); a structured, evidence-based approach designed to strengthen relationships by helping couples increase emotional intimacy, manage conflict effectively, and build shared meaning (Mosavi et al., 2023). The method is grounded in over four decades of research and is still widely used today in clinical couples' practice.

At the heart of the Gottman Method is the "Sound Relationship House Theory", a model that outlines key components of healthy relationships, including trust, commitment, emotional connection, and effective conflict resolution. The therapy integrates psychoeducation with interventions that help partners develop friendship, regulate conflict, and create shared goals and meaning (Gottman & Gottman, 1999). Through their research, Gottman & Gottman developed scales and formulas that could predict if a newlywed couple would divorce with over 90% accuracy (Gottman & Gottman, 1999). The four predictor scales were later labelled "the 4 horsemen of the apocalypse" and are considered red flags for relational breakdown. The four horsemen which include: criticism, contempt, defensiveness, and stonewalling are addressed directly through therapy using specific antidotes (Gottman & Gottman, 1999).

Criticism refers to an attack on one's character; something that they most likely cannot change, rather than expressing a specific complaint. Noting the difference between complaint and criticism is important here. Vocalizing a complaint in hopes of creating change is acceptable

behavior but criticizing them leaves them feeling attacked and demoralized (Payne et al., 2015). An example of a complaint might be “It bothers me when there are dirty dishes in the sink” vs a criticism “You never do the dishes”.

Contempt refers to a mean, deeply rooted dislike towards your partner. Contempt goes beyond criticism and leaves partners feeling rejected and worthless (Plouffe et al., 2022). Contempt can look like mocking, ridicule, name calling, and usually comes from a place of moral superiority (Mosavi et al., 2023). Gottman & Gottman (1992) believe that contempt is the number one predictor of divorce and must be eliminated through counselling. An example of contempt might be “You are such a lazy slob. If you think normal people live like this, you are delusional”.

Defensiveness is described as self-protection or a reversal of blame (Mosavi et al., 2023). Defensiveness is often a response to criticism or feeling attacked. Although it is often a “normal” response to feeling criticized, it does not create peace or solve the problem in relationships. A defensive response might sound like “I am the one making more money in this relationship. I shouldn’t be expected to clean as well”. The antidote for defensiveness is responsibility taking. Learning how to accept responsibility for your part, however small, can prevent a conflict from escalating and move the conversation towards a resolution where both parties are owning their role (Schieffer, 2021).

Lastly, stonewalling is a withdrawal from the conversation or situation and shutting the partner out. Typically, the partner who is being criticized or feeling attacked is the one to resort to stonewalling if/when they feel completely flooded and unable to engage in the conversation at all. Stonewalling can become an unhelpful response that is difficult to break. Often the stonewaller is experiencing a fight-flight reaction and is outside of their window of tolerance,

rendering them unable to engage in a conversation. The antidote for stonewalling is physiological self-soothing (Spengler et al., 2024). Taking a break or time-out from the interaction to calm the system, lower the heart rate, and re-enter in the window of tolerance before re-engaging in the conversation.

The Gottman method works by teaching couples' constructive communication, conflict resolution, and emotional connection techniques while assisting them in recognizing and breaking harmful interaction patterns like the Four Horsemen (van der Kolk, 2015). The Gottman Method's focus on creating a culture of respect and gratitude in relationships is one of its main features (Mosavi et al., 2023). Couples are urged to consistently show their appreciation and affection for their partner and to concentrate on their positive traits; thus, promoting a greater sense of intimacy and trust while balancing out harmful habits (Gottman & Gottman, 2019). Teaching couples how to resolve disagreements amicably is another essential component of the Gottman Method. Couples learn how to have constructive arguments that result in resolution rather than attempting to completely avoid conflict.

The method is based on emotional intelligence and emotional regulation, which are the ability to recognize one's own emotions and express them in a way that promotes understanding between people (Gottman & Gottman, 1999). This sets the Gottman method apart from other cognitive or emotion-focused models as it helps couples build emotional regulation skills that support constructive dialogue even during conflict, rather than simply encouraging emotional expression (like EFT) or targeting distorted thoughts (like CBT) (Mosavi et al., 2023). In addition, the Gottman Method teaches couples how to keep their emotional and physical closeness even in the face of adversity by participating in rituals of connection.

Recent studies have found that the Gottman Method is a successful therapy choice for improving problem-solving abilities, conflict resolution, emotion regulation, trust-building, and general marital satisfaction (Davoodvandi et al., 2018; Mahvelati et al., 2023; Mosavi et al., 2023). Unlike CBT which tends to focus on restructuring negative thoughts, the Gottman Method emphasizes behavioural and emotional interaction patterns within the couple's dynamic. In a comparative study, Mosavi et al. (2023) found that the Gottman Method produced significantly greater improvements in marital satisfaction and conflict resolution skills than CBT. Similarly, Jalali et al. (2019) demonstrated that the Gottman Method was more effective than Emotionally Focused Therapy (EFT) in enhancing couples' communication habits, suggesting it may be particularly useful for couples struggling with chronic negative interaction cycles.

In terms of efficacy, a semi-experimental study by Davoodvandi et al. (2018) found that the Gottman Method produced statistically significant gains in intimacy, trust, and marital adjustment, with improvements maintained at a three-month follow-up compared to the control group suggesting lasting impacts. The researcher further noted that couples who received Gottman Method treatment demonstrated statistically significant increases in closeness and marital happiness compared to the control group who received no therapeutic interventions.

The Gottman Method specifically urges couples to have a more positive outlook on their relationships by highlighting each partner's abilities and strengths rather than concentrating only on disorders. Long-term marital satisfaction depends on the development of mutual understanding, good communication, and self-disclosure, all of which are encouraged by this non-pathological approach (Mosavi et al., 2023).

Emotion Focused Therapy (EFT)

Emotionally Focused Therapy (EFT) is a modern evidence-based approach to couples counselling that is widely used by mental health professionals due to its effectiveness in reducing relational distress and improving emotional connection. EFT was originally developed by Sue Johnson and Dr. Greenberg in the 1980's and is rooted in attachment theory, which states that adult relationships are shaped by early attachment experiences and that secure attachment bonds are crucial for engaging in healthy and secure adult relationships. The primary objective of EFT is to assist couples to recognize and transform negative conflict patterns; often fueled by attachment needs, into secure, emotionally responsive, and supportive dialogue (Johnson & Greenberg, 1988).

This is done by encouraging and fostering emotional awareness and vulnerability, and changing their negative conflict patterns to develop healthy attachment bonds (Johnson, 2019). EFT consists of three structured phases: de-escalation of negative cycles, restructuring emotional interactions, and consolidation of new, healthier relational patterns (Johnson, 2019). Through these stages, couples learn how to identify and articulate deep rooted emotions, respond to one another with empathy and atonement, and create new cycles of interactions that are safe and healthy. A comprehensive review of empirical studies and meta-analysis conducted by Spengler et al. (2024) found that EFT consistently improved emotional engagement, communication, and attachment security across diverse populations.

The review noted that EFT demonstrates high efficacy with success rates ranging from 70% to 75% in reducing relationship distress and promoting long-term relationship satisfaction. These outcomes were collected from randomized controlled trials and follow-up assessments

conducted 12-24 months post treatment, suggesting that EFT provides lasting benefits for many couples.

Additionally, EFT has proven effective for couples where one or both partners have experienced some form of attachment trauma (Kailanko et al., 2022). A qualitative study by Kailanko et al. (2022) explored the integration of somatic cueing with EFT by observing couples during therapy sessions and documenting how therapists' attunement to body signals, such as changes in posture, tone of voice, or breath, helped partners stay emotionally present and engaged during difficult conversations. The researchers found that incorporating bodily awareness techniques increased emotional experiencing and deepened connection in emotionally withdrawn partners. However, despite the value of EFT in allowing the rehabilitation of emotional traumas, it has limited merit in addressing the physiological dysregulation often associated with trauma (Kuhfuß et al., 2021).

Furthermore, EFT 's emphasis on emotional vulnerability and attachment can lead to emotional flooding or re-traumatization in individuals with unresolved trauma (Linder et al., 2022). EFT primarily focuses on the emotional and relational aspects of distress, often overlooking the need for specialized trauma interventions that address the physiological and psychological impacts of trauma. Integrating trauma-focused therapies such as somatic therapies or Eye Movement Desensitization and Reprocessing (EMDR) with EFT has been noted to provide a more comprehensive treatment for couples who have experienced complex trauma (Kailanko et al., 2022; Linder et al., 2022).

Somatic Therapies

Somatic therapies are a broad spectrum of body-oriented approaches using touch, movement, and physical sensations to heal trauma (Waheed, 2023). These techniques are based

on the knowledge that the body hangs onto traumatic events and that recovery requires re-connecting with and processing of these sensations (Levine, 2015). Developed by Peter Levine, Somatic Experiencing® (SE) is one of the most well-known somatic therapy modalities since it stresses the control of the nervous system and the release of imprisoned energy by physical motions and awareness (Levine, 2015). Focusing on what Levine calls "pendulation," or softly cycling between a trauma memory and a sense of safety, SE lets the nervous system reset and prevents re-traumatization (Levine, 2008).

Somatic therapies can provide a way for mental health practitioners to help control emotional and physical reactions that impede healthy communication (Petruccelli et al., 2021). Somatic exercises including grounding techniques, breathwork, or guided body scans can help a partner who is overwhelmed by emotion or stress bring the person back into their "window of tolerance," so lowering the likelihood of escalation or disconnection (Petruccelli et al., 2021). For example, grounding techniques that focus on bodily awareness, such as noticing how your feet feel on the ground or tracking sensations in the body can help individuals reorient to the present moment and reduce dissociation or emotional flooding (Petruccelli et al., 2021). Breathwork has also been found to activate the parasympathetic nervous system which can support co-regulation between partners by creating a calmer physiological baseline which positively impacts therapeutic outcomes (van der Kolk, 2021).

Integrating Somatics and Couples Counselling

In the field of couples therapy, there is increasing recognition of the necessity for more holistic approaches, especially when one or both partners have experienced trauma (Kuhfuß et al., 2021). While traditional couples counselling techniques, such as Emotion Focused Therapy (EFT) and the Gottman Method, are grounded in cognitive-behavioral and attachment theories,

there is an emerging acknowledgment that these approaches may be more effective when combined with somatic therapies such as somatic experiencing, grounding, and breathing exercises. (Levine, 2015; Petruccelli et al., 2021). Although there is a lack of large-scale randomized controlled trials that directly compare the outcomes of couples therapy with and without the use of somatic interventions, emerging research suggests that integrating somatic interventions into couples therapy can support emotional processing and relational outcomes (Kailanko et al., 2022; Petruccelli et al., 2021; Plouffe et al., 2022; Schieffer, 2021).

Somatic therapy recognizes that trauma is not solely a mental or emotional experience but is deeply embedded in the body (Levine, 2015; Petruccelli et al., 2021). Levine (2019) explains that healing from trauma often requires individuals to re-engage with their bodies through slow, titrated attention to physical sensations, discharging unresolved survival energy and shifting clients out of the fight-flight-freeze response. Plouffe et al. (2022) supported these findings in their study that examined integrating somatic techniques into couple's therapy. Their research found that applying somatic elements like breathing, touch, postures, or movement helped clients recognize early warning signs of stress activation and reduce stress activation that can lead to confrontational responses.

In their sample of couples, those who used somatic interventions showed an increase in emotional regulation and decrease in relational volatility when compared to those who did not incorporate any somatic strategies. These approaches are beneficial for partners whose trauma has led to instances of distrust and alienation in the couple's relationships (Schieffer, 2021). A study by Schieffer (2021) explored the impact of therapist and client use of "micro-cues", such as shifts in breathing, posture, and facial tension as pathways to deeper relational attunement and emotional insight. The research highlighted that increasing awareness of these somatic cues

improved emotional understanding and empathy between partners. While further robust longitudinal studies are needed, current research suggests that integrating somatic components with emotional and cognitive couples counselling models leads to more complete and long-lasting healing in relationships when one both partners have experienced trauma (Plouffe et al., 2022; Schieffer, 2021).

Somatic Mirroring and Atonement in Couples Counselling

A significant method employed in somatic therapy for couples is the principle of somatic mirroring and atonement. Somatic mirroring in couples counselling involves one partner observing and reflecting non-verbal cues of the other partner, such as body posture, facial expressions, and gestures (Shuper Engelhard, 2019). This process helps increase self-awareness and encourages couples to attune to each other's emotional and physical states, which has been shown to create comfort, build empathy, increase emotional availability, heighten intimacy, and enhance relational communication (Schieffer, 2021).

Somatic therapists also emphasize the importance of atonement to their own bodies, as therapist presence and awareness can provide important insights and profoundly influence the therapeutic process (Ogden & Fisher, 2019). By exploring their own emotions, a mental health practitioner can model emotional awareness and improve relationships and rapport in the therapeutic setting. When working with partners who have experienced trauma, building a strong therapeutic alliance helps couples feel secure in exploring and processing their feelings more deeply. This leads to greater healing and change (Kailanko et al., 2022).

Couples often feel emotionally distant from each other due to unspoken tensions. Body language like crossed arms, stiff shoulders, or anxious fidgeting can be some non-verbal cues of this tension. (Kailanko et al., 2022). Somatic mental health practitioners can help couples

become more emotionally aware and build deeper relationships with one another by observing and studying these subtle physiological cues. When partners can recognize and talk about one another's physical and emotional conditions, they can communicate more effectively and compassionately (Schieffer, 2021).

The Role of Somatic Therapy in Trauma-Informed Couples Counselling

Trauma-informed care, which has become a standard practice in mental health, recognizes the widespread impact of trauma on an individual's psychological, emotional, and physiological well-being (Burger et al., 2023). Somatic therapy offers a holistic treatment option for individuals who have experienced trauma by addressing the physiological and emotional effects of trauma simultaneously (Kuhfuß et al., 2021). Individuals who have experienced trauma often experience dysregulated nervous systems, which can show up as intense emotional reactivity, hypervigilance, or emotional numbing, all of which can significantly impact intimate relationships (Kuhfuß et al., 2021; Ogden & Fisher, 2019).

In couples counselling, these dysregulated responses often create barriers to effective communication and empathy. Integrating somatic practices like mindfulness, breathing, movement, and touch, allows mental health practitioners to assist couples to work through their trauma in a way that doesn't rely on verbal cognitions and speech, which are often inaccessible for individuals in states of emotional or physiological dysregulation (Petruccelli et al., 2021). By re-engaging the body and creating a safe space for clients to release tension, somatic therapies can foster a deeper emotional connection and restore trust within the relationship (Ogden & Fisher, 2019).

Petruccelli et al. (2021) supported these findings in their study of the use of somatic interventions with couples. Their research demonstrated that methods like grounding,

breathwork, body scans, and movement-based techniques helped individuals stay in their window of tolerance which reduced emotional escalation and promoted emotional atonement between partners. More specifically, couples in the study who incorporated these somatic strategies showed measurable improvements in emotional regulation, conflict resolution, and mutual empathy compared to those in the “treatment-as-usual” group. These outcomes support the hypothesis that bottom-up techniques work best for those who have experienced trauma because they bypass compromised cognitive processing pathways and go directly to the neurological system (Petruccelli et al., 2021).

Porges & Dana (2018) compiled essays and case studies that integrate the polyvagal theory into therapeutic modalities into a book, yielding similar findings and themes to those found by Levine (2015). Porges & Dana (2018) explain that trauma often interferes with the body’s natural ability to return to homeostasis after a perceived threat which leaves individuals in a lingering state of stress and hyperarousal. Staying in a stress response for an extended period of time creates physical and psychological problems, including interpersonal relationship struggles (Porges & Dana, 2018).

Through somatic techniques like breathing, co-regulated touch, movement, and grounding, individuals can discharge the survival energy and, over time, re-train their bodies to enable greater neurophysiological integration and proper ventral vagal functioning (Porges & Dana, 2018). In the context of couples, this allows partners to develop greater atonement and embodied awareness of one another’s internal states, which fosters deeper empathy, trust, and emotional intimacy (Porges & Dana, 2018; Ogden & Fisher, 2019; Petruccelli et al., 2021).

In summary, integrating somatic therapy with couples counselling provides a pathway to recovery that goes beyond verbal and cognitive treatments. Rather, it works with the body to

create change. This method is even more critical when working with people who have experienced trauma as studies show their memories, and cognitive functioning can be impaired by those negative experiences (Levine, 2015; Porges & Dana, 2018). Recent literature points to the value of combining top-down with bottom-up approaches when working with couples who have experienced trauma as it can lead to greater therapeutic outcomes and longer-lasting relational impacts (Ogden & Fisher, 2019; Petruccelli et al., 2021; Plouffe et al., 2022).

Neuroscientific Insights and the Importance of Somatic Interventions

Neuroscientific studies have shown that early attachment experiences, specifically the first few months of life, are very important for shaping the developing brain, especially the right hemisphere, which controls emotional regulation, stress response, and nonverbal social communication (Iyengar et al., 2019; Montirosso et al., 2022).

Recent neuroimaging studies continue to support these ideas and demonstrate that early caregiving interactions, especially those that involve eye contact, vocal tone, and physical touch, have a direct effect on the development of neural circuits involved in emotional atonement and interpersonal trust (Montirosso et al., 2022; Feldman, 2020). The research notes that an infant's brain is very sensitive to sensory-affective input and attachment behaviors like gaze, vocalizations, and body posture are stored in subcortical and limbic structures like the amygdala, hippocampus, and anterior cingulate cortex. These structures are important for emotional regulation and relational memory (Immordino-Yang, 2019; Coan & Sbarra, 2015).

These early relationship patterns create internal working models of attachment that last into adulthood and affect how people engage in romantic relationships (Coan, 2016). Recent research in affective neuroscience and attachment theory found that individuals use these implicit memory systems when they are having emotionally charged interactions with their partners

(Coan, 2016; Iyengar et al., 2019). In mature romantic relationships, attachment injuries or insecure habits that started in childhood often show up in the body (Diamond & Fagundes, 2021). For example, people with an anxious-preoccupied attachment style may have a faster heart rate, shallow breathing, or more tense muscles when they think they are being abandoned or that someone is emotionally unavailable (Diamond & Fagundes, 2021). On the other hand, those with avoidant-dismissive styles may have less expressive faces, less physiological responses, or behaviors that signal they are withdrawing as a way to protect themselves from closeness (Zilcha-Mano et al., 2020).

These embodied patterns, which stem from implicit memory and the autonomic nervous system, can have a big impact on how happy and safe individuals feel in a relationship, even if they are not consciously aware of them (Coan, 2016; Iyengar et al., 2019) This is why it is so important to notice and address these physical signs in therapy settings. Mental health practitioners who understand somatic and attachment-based methods might pick up on little physical signs, including changes in posture, gaze avoidance, or breathing, that show attachment insecurities (Shuper Engelhard, 2019; Plouffe et al., 2022). This noticing of physical signs is called therapeutic atonement and is an important tool for somatic therapists as it has been found to deepen the therapeutic relationship and allow for more effective interventions that integrate the emotional and physiological aspects of relational trauma (Shuper Engelhard, 2019; Plouffe et al., 2022). Using this knowledge of the brain and body in couples therapy helps repair wounds from early attachments and fosters safe romantic relationships (Porges & Dana, 2018; Siegel, 2021).

Evidence Supporting the Integration of Somatics with EFT

Recent empirical studies continue to support the efficacy of integrating somatic therapies into Emotionally Focused Therapy (EFT) to enhance emotional engagement and promote healthy attachment when working with couples who have experienced trauma (Carr, 2019; Kailanko et al., 2022; Schieffer, 2021; Shuper Engelhard, 2019). For example, Kailanko et al. (2022) found that somatic cueing interventions, such as therapists verbalizing clients' bodily signals during sessions, significantly enhanced emotional experiencing, particularly in partners experiencing withdrawal behaviours.

Their mixed-methods study, which included observational coding and client interviews, demonstrated that somatic cueing helped deepen vulnerability and increase emotional responsiveness which are key outcomes of EFT. In a related study, Kailanko et al. (2021) highlighted the importance of therapists' somatic awareness, arguing that when mental health practitioners attend to their own bodily sensations and regulate their nervous systems, it enhances co-regulation within the session and increases emotional safety for clients. These findings compliment EFTs focus on secure attachment, underscoring that somatic awareness can serve as a vessel for greater emotional responsiveness and relational repair.

Furthermore, Shuper Engelhard (2019) noted that integrating somatic awareness helped clients access their ventral vagal complex (VVC), which is critical to empathy and emotional attunement. The researchers qualitative study observed that clients who engaged with somatic cues like facial expressions, breathing patterns, and posture developed greater interoceptive awareness which improves their ability to name, tolerate, and regulate emotional states during partner conflict. This somatic-emotional insight, which Schieffer (2021) refers to as "felt sense" allowed partners to move from intellectualizing their problems to experiencing and responding to

them with emotions in the moment, creating an opportunity for deeper understanding and repair. Carr (2019) reported similar findings and describes these bodily expressions, which he calls “soma-signs”, as key therapeutic indicators that provide mental health practitioners with the ability to track emotional states and move clients towards increased regulation and openness.

Miller (2022) looked into how somatic action techniques could be used in telemedicine couples therapy during the COVID-19 epidemic. Even though they were delivered remotely, couples were able to work through trauma and build their relationship using movement-based trust exercises. While this study was limited by a small sample size and self-report measures, it offers encouraging new evidence that somatic EFT can be adaptable and utilized effectively in modern digital environments.

Neuroscientific studies, like Reddan et al. (2024), used functional magnetic resonance imaging (fMRI) to show that emotional experiences activate the somatosensory and motor cortices, reinforcing the notion that emotions are embodied. This study supports the rationale for integrating somatic techniques into EFT, as it demonstrates a direct connection between bodily sensations and emotional experience. These findings suggest that utilizing somatic techniques which help clients notice and modify bodily responses to emotions, may be a neurobiologically grounded way to deepen emotional atonement and promote secure attachment; the main objectives of EFT.

A literature review by Invitto & Moselli (2024) highlighted the importance of embodied and bioenergetic approaches, which focus on integrating sensory and somatic experiences into therapeutic practices. Invitto and Moselli (2024) present a detailed review of these methods, emphasizing how embodied memory and grounding techniques can aid with PTSD symptoms. Their research demonstrates that incorporating sensory modalities like smell memory may be

beneficial in trauma work as they can be powerful ways to deal with and manage emotions. This emphasis on embodied experience is quite similar to somatic therapies utilized in couples counselling, where grounding and interoceptive awareness are vital for controlling emotions and healing attachments.

It is important to note that this study is a literature review, and thus, doesn't give us any fresh empirical data, rather, it organizes data from studies that already exist, which makes it challenging to demonstrate efficacy, reliability, and generalizability. The results depend on the quality and scope of the studies that were looked at, as well as any biases that may have affected how the research was selected and understood. There is a lack of standardized definitions and conceptual variability within embodied and bioenergetic therapies that pose a challenge when measuring the reliability and generalizability of the findings.

While this review details helpful theoretical information about how somatic and sensory integration can aid with trauma therapy, its ability to be effectively utilized among different populations and settings is not clear. Mental health practitioners interested in integrating various treatments should do so carefully and continue to be up-to-date with new clinical findings. The findings by Invito and Moselli (2024) encourage further investigation into embodied and bioenergetic methods, especially how they can benefit couples therapy, where physiological and sensory regulation is vital for healing relational trauma.

Together, these findings strengthen the case for incorporating somatic interventions into EFT. By supporting interoceptive awareness, enhancing regulation, and fostering emotional engagement, somatic methods offer valuable tools for improving relationship satisfaction and healing trauma within intimate partnerships (Carr, 2019; Kailanko et al., 2021, 2022; Schieffer, 2021; Shuper Engelhard, 2019).

Somatic Therapy and Attachment Theory in EFT

Since somatic therapies offer ways to change the physiological dysregulation resulting from attachment trauma, somatic therapies fit well into the attachment perspective which is at the heart of EFT (Plouffe et al., 2022). Somatic therapies attend to the physical manifestations of that occur from attachment trauma (Plouffe et al., 2022).

Plouffe et al. (2022) points out that insecure attachment modes include anxious, avoidant, or disordered attachment and usually lead to heightened activation of the sympathetic nervous system or dissociation. They discovered that when regulating healthy relational and emotional functioning, calming techniques such as deep breaths and focusing on physical sensations and movements help recharge the nervous system (Plouffe et al., 2022). The above methods are valuable in couples therapy because they help individuals develop awareness of each other's nervous system regulation. This creates a safe space for the two individuals to express their feelings and problems (Plouffe et al., 2022).

Kailanko et al. (2022) noted that somatic signals like breath, gaze, and muscle tone often changed before an emotion was verbalized. The researchers mix-method design gathered data through analyzing observer sessions and interviewing clients and found that mental health practitioners could impact therapeutic change in fewer sessions by recognizing and bringing attention to the client's bodily patterns. For instance, when faced with rejection, an anxiously connected partner may develop bodily cues like rigid posture or increased breathing rates, which often manifests in anger or vigilance (Plouffe et al., 2022). Conversely, avoidantly attached partners are expected to display defensive behaviors, including diminishing the affection shared or physically removing themselves from the interaction (Plouffe et al., 2022).

Identifying those somatic markers is integral to EFT as they provide a way to elaborate emotions, gain a sense of repair, and give valuable information regarding attachment-related feelings (Plouffe et al., 2022). Through evoking the present now, EFT assists partners in engaging more meaningfully by producing emotional experiences in the present now, which enhances physical signals in experiencing and thus facilitates the repair of attachment (Plouffe et al., 2022).

Somatic Cues as a Gateway to Deeper Emotional Experiencing

Studies have further evidence that the intensity of emotions experienced during the therapy positively relates to the therapy outcome (Plouffe et al., 2022). Emotional experiencing based on the Experiencing Scale has been linked to relational satisfaction, attachment security, and treatment retention (Knobloch-Fedders & Narayan, 2021; Greenberg & Watson, 2023). However, what the regulators describe as therapeutic change, specifically how emotions are enhanced throughout therapy, is a topic for discussion (Plouffe et al., 2022).

Somatic cueing is a promising intervention used by somatic therapists to improve emotional experiencing. It focuses on the body's non-verbal manifestations of emotion, such as changes in posture, facial tensions, or breathing. Somatic signals are techniques designed to access implicit emotional states that may not be accessible through verbal communication alone (Feldman, 2020; Mehling et al., 2023). Mental health practitioners are increasingly using moment-to-moment tracking of somatic signals in EFT and other integrative approaches to help clients name and identify their feelings, especially when partners are having emotionally charged interactions (Johnson et al., 2020).

These somatic based treatments are in line with neurobiological research that shows how the body can store and trigger emotional memories (Porges, 2022; Schore, 2021). Mental health

PR actioners who are educated in trauma-informed somatic awareness say that focusing on little physical cues can help clients control their emotions, connect with others more deeply, and feel more comfortable in the therapeutic setting (Geller et al., 2022).

A study by Karantzas et al., 2021 found that bodily synchrony, which includes similar somatic patterns like mirrored motions or postural attunement, was strongly linked to higher relational satisfaction and therapeutic partnership in couple's therapy. Similarly, Mehing et al. (2023) showed that therapy made people more aware of their internal bodily feelings which helped them understand their emotions and act more appropriately in social interactions.

Additionally, therapists who pay attention to somatic signals can help couples access and process "felt sense" experiences, which are non-verbal emotional data stored in the nervous system. This is especially significant for clients who have been through developmental trauma or emotional neglect (Wagner et al., 2020). This means that somatic cueing is not only a way to help individuals feel more emotionally present, but it is also an important tool for helping people heal their attachments and become emotionally stronger (Wagner et al., 2020). To summarize, adding physical cueing to couples counselling is a research-based way to improve emotional engagement, support regulation, and promote deeper relational healing (Karantzas et al., 2021; Mehing et al., 2023; Wagner et al., 2020).

Improving Emotional Awareness with Somatics

Somatic therapies included with EFT have been found to enhance couples' emotional processing and marital dynamics (Kailanko et al., 2021; Shuper, 2019). Couples commonly start therapy in a state of elevated emotional arousal, which can impede their capacity to access their ventral vagal complex (VVC); the region of the neural system that controls emotional awareness and empathy (Shuper, 2019). Kailanko et al. (2021) point out a crucial first step is grounding and

controlling emotional reactions. In this sense, somatic therapies help people to regulate their emotional reactions and rebuild emotional and interpersonal relationships (Shuper, 2019). Integrating somatic awareness into EFT will enable therapists to help couples increase their emotional involvement.

Physical events help to promote emotional awareness and empathy by enabling a more complete emotional processing. Simple body language signals like clenched fists, turning away, or tapping the legs are essential markers for emotional introspection; they help people to tone down reactive behaviors and raise their sensitivity to their emotional states (Kailanko et al., 2022). This improved emotional awareness helps increase the emotional link between spouses, thereby producing a more grounded and sympathetic dynamic. As research continues to explore the role of somatic experience in EFT, somatic interventions will likely become an integral part of therapeutic practice, furthering our understanding of how body and emotion interact in the context of attachment and relational healing.

Evidence Supporting the Integration of Somatic Therapy with Gottman Method

For couples navigating trauma and seeking to improve relationship dynamics, combining somatic therapy with the Gottman Method offers a comprehensive approach that enhances communication, resilience, and long-term relational satisfaction (Swerdlow et al., 2023). The Gottman Method focuses on addressing negative interaction patterns such as criticism, defensiveness, and stonewalling, which often contribute to relationship distress (Gottman & Gottman, 2019). Somatic therapy expands on these principles by targeting the physiological responses underlying these behaviors, providing a holistic approach to relational healing (Waheed, 2023).

Research supports the use of somatic-based interventions to enhance physiological and emotional regulation in relationships (Okur Güney, 2022). Techniques such as grounding and breathing exercises can amplify the effectiveness of the Gottman Method by helping couples regulate emotions during conflict (Privat, 2020). Mindfulness-based interventions, which emphasize bodily awareness, have been found to increase relationship satisfaction and improve emotional management (Lyne, 2023; Okur Güney, 2022). Additionally, Dance/Movement Therapy (DMT) techniques such as mirroring; where one partner mimics the other's movements, can foster empathy, understanding, and intimacy (Roderick, 2024). Somatic strategies also help partners regulate physiological arousal, such as elevated heart rate and muscle tension, promoting a shift from conflict to problem-solving discussions (Waheed, 2023).

One of the Gottman Method's key interventions, physiological self-soothing, aligns well with somatic approaches (Whitten et al., 2024). By increasing awareness of body tension and practicing relaxation techniques, couples can enhance their ability to regulate distress responses (Whitten et al., 2024). Comparative research by Hanna (2021) indicates that couples therapy integrating both emotional regulation strategies and cognitive-behavioral techniques, such as those in the Gottman Method, produces more lasting improvements in marital satisfaction. This supports the growing body of evidence suggesting that somatic interventions enhance the Gottman Method's effectiveness by addressing both cognitive and physiological dimensions of emotional regulation.

Approaches for Couples Navigating Complex Trauma

Couples in which one or both parties have suffered childhood or complex trauma can experience unique relational difficulties (Lyne, 2023). In close relationships, trauma often shows up as emotional withdrawal, hypervigilance, reactive behavior, or communication and

connection problems (Lyne, 2023). These responses can hinder emotional safety, intimacy, and trust. An integrated method that combines somatic therapies with relational modalities can provide the greatest benefits for healing and connection, helping to solve these problems holistically (Porges, 2022). Partner Yoga and Trauma-Sensitive Yoga (TCTSY) has been found to be highly beneficial for healing complex trauma in couples and can be easily integrated into any traditional couples counselling method such as the Gottman Method (Ogden, 2019).

While the Gottman Method offers organized strategies for enhancing communication, emotional atonement, and conflict resolution, somatic therapies address the physiological imprints of trauma (Porges, 2022). Recent work in interpersonal neurobiology emphasizes that unresolved trauma may impair interoception, the body's ability to detect safety, which can lead to emotional dysregulation, difficulty with mentalization, and dissociation (Geller et al., 2022; Porges, 2022). These disruptions can interfere with one's ability to attune to their own states and their partner's state, leading to lowered emotional connection (Geller et al., 2022).

Trauma-sensitive yoga for partners (TSY-P) is a new therapeutic approach to couples counselling that shows promising results (Lyne, 2023). TSY-P has been found to help with trauma processing and increase emotional intelligence by improving interoception, or the ability to be aware of one's internal physical feelings (Lyne, 2023). TCTSY helps individuals get in touch with their bodies through purposeful movements and reflection. TSY-P takes utilizes this approach with couples to create a shared rhythmic experience, improve non-verbal atonement and communication; all of which have been found to increase relationship satisfaction (Fariba, 2023). TSY-P offers partners a safe and regulated space where they can build trust, improve their bond, and learn to control their bodies.

The purpose of this ten-session therapy is to help couples make decisions jointly, develop their interoceptive abilities, and build connections through synchronized movement and breath (Lyne, 2023). This embodied method helps couples become more aware of their bodies, and helps them to break down emotional and physical walls; leading to safety and security with one another. Couples that use this technique learn how to cope with emotional triggers, manage conflict better, and re-establish trust that may have been broken (Lyne, 2023). This approach can help couples move from robotic interactions and routines to emotionally connected and engaged partners (Farbia, 2023).

Somatic Therapy and Intimacy: Addressing Sexual Trauma and Dysfunction

Couples coping with sexual trauma or dysfunction have found especially great benefit from the combination of somatic methods (Price et al., 2022). Recent research has found that somatic approaches can be particularly effective at addressing the embodied impacts of trauma that affect sexual connection, trust, and intimacy (Price et al., 2022). Trauma that involves violations of one's bodily autonomy can be particularly impactful when it comes to safety in sexual relationships (Schäfer & Meston, 2020). Sexual abuse or trauma can disrupt an individual's sense of safety in their own bodies and lead to sexual avoidance, dissociation, shame, and difficulty with arousal (Schäfer & Meston, 2020). Somatic interventions such as trauma-informed touch, breathwork, movement, and body scans can help regulate the ANS and re-establish safety within the body and within the couple (Kailanko et al., 2021; Price et al., 2022).

These methods allow individuals to experiment with physical closeness without feeling overwhelmed or threatened, thus building a pathway towards intimacy and consent-based physical closeness (Price et al., 2022). Lafortune et al. (2021) highlighted the role of attachment

trauma in sexual dissatisfaction, noting that insecure attachment, especially disorganized and avoidant patterns, were strongly associated with relational and sexual disconnection.

Current literature emphasizes that traditional cognitive-behavioral therapies may not sufficiently address the “felt sense” of disembodiment or fear that often accompanies sexual trauma. Bottom-up therapies like SE, TCTSY, and Sensorimotor Psychotherapy are being integrated into couples therapy to address this gap (Van der Kolk & Fisher, 2023; Kaley-Isley et al., 2020). These somatic approaches foster interoceptive awareness which is key to rebuilding trust in the body and restoring safe and pleasurable touch (Kaley-Isley et al., 2020).

Other emerging research by Karantzas et al. (2021) suggests that dyadic somatic practices such as co-regulated breathing, guided movement, and partner-assisted mindfulness can improve physiological synchrony, increase emotional attunement, and support post-traumatic sexual healing. These practices offer a safe way for couples to navigate intimacy while enhancing consent, presence, and regulation. These experiences can help partners shift from threat-based survival responses into comfort and the reintegration of sexuality into their relationship (Kaley-Isley et al., 2020).

Conclusion

Integrating somatic therapies into couples counselling provides a powerful means of addressing trauma at both the emotional and physiological levels (Kailanko et al., 2022; Plouffe et al., 2022; Swerdlow et al., 2023). Somatic interventions can help couples deal with relationship problems, especially those related to trauma and attachment issues, by making them more aware of their bodies, helping them control their nervous systems, and encouraging them to process their emotions more deeply (Lyne, 2023; Okur Güney, 2022).

As research in this area continues to grow, the integration of somatic practices into mainstream couples counseling approaches, such as the Gottman Method and Emotion Focused Therapy, holds great promise for enhancing therapeutic outcomes and helping couples build healthier, more secure relationships (Fariba, 2023; Kailanko et al., 2022; Lyne, 2023; Swerdlow et al., 2023).

Further exploration of the long-term effects of somatic therapies on couples' relational satisfaction, intimacy, and trauma recovery will be essential in advancing the field and providing more comprehensive treatment options for couples dealing with trauma. In the following chapter, I will use the findings of this literature review to discuss the application of somatic techniques within specific counseling modalities, as well as the implications for future research and clinical practice.

Chapter 3: Discussion And Applied Practices

Discussion

The primary objective of this capstone project is to highlight the benefits of integrating somatic therapies into traditional couples counselling methods when working with couples who have experienced childhood trauma, examine how it is currently being done, and highlight the need for further research in this area. The research question guiding this capstone is “How can integrating somatic therapy into traditional couples counselling enhances treatment outcomes for couples impacted by childhood trauma?”

The literature review provided an in-depth look at how somatic therapies can create deeper healing and connection for couples experiencing a wide range of relational problems due to past trauma and identified several interrelated themes including trauma-informed care (TIC), attachment theory, the distinction between top-down and bottom-up processing, existing evidence-based couples counselling models, and the emerging role of somatic approaches in trauma treatment. In this chapter, these themes are synthesized and discussed to demonstrate how they collectively inform a holistic, trauma-informed framework for couples who have experienced trauma.

The literature review emphasized that trauma-informed practices are a fundamental basis for any therapeutic modality when working with individuals who have been affected by trauma. TIC emphasizes creating safety, understanding the impact of trauma on developmental behavior, and adapting interventions to avoid re-traumatization and high drop-out rates (Burger et al., 2023; Swerdlow et al., 2023). In couples therapy, this often means recognizing that trauma can impair emotional regulation and communication, making conventional approaches less effective without a supportive, attuned environment. Somatic therapy complements TIC principles by

addressing trauma's physiological imprint through body-based practices that foster safety and grounding (Levine, 2015; Kuhfuß et al., 2021). Somatic integration can enhance the trauma-informed therapeutic framework by helping clients access a sense of physical and emotional regulation (Swerdlow et al., 2023).

Attachment theory provided another key framework for understanding how childhood trauma can influence adult relationship dynamics (Bowlby, 1982; Merhi, 2022). Individuals with insecure attachments, whether avoidant, anxious, or disorganized, often bring patterns of mistrust, hypervigilance, or emotional withdrawal into their romantic relationships (Lafortune et al., 2022). These behaviors are often unconscious and embedded in the nervous system (Coan & Sbarra, 2015). Somatic therapies support attachment wound healing by helping individuals recognize and regulate these embodied attachment responses (Ogden & Fisher, 2019; Plouffe et al., 2022). When applied to couples, somatic awareness can enhance attunement, empathy, and connection between partners which all support the development of secure relational bonds (Shuper Engelhard, 2019).

Conventional therapies such as the Gottman Method and Emotionally Focused Therapy (EFT) operate primarily through top-down processes that engage cognition, insight, and verbal expression (Carr, 2019; Davoodvandi et al., 2018). Trauma often impairs access to these higher-level functions, especially during states of arousal or dissociation (van der Kolk, 2015). Bottom-up approaches like Somatic Experiencing® (Levine, 2015) prioritize nervous system regulation through breathwork, grounding, and interoceptive awareness, enabling clients to move from survival states into relational engagement (Porges & Dana, 2018; Kuhfuß et al., 2021). By incorporating bottom-up practices into couple's work, mental health practitioners can help

partners remain in their "window of tolerance" during difficult conversations which improves therapeutic efficacy (Petruccelli et al., 2021).

Evidence reviewed in Chapter 2 supports the integration of somatic methods into established models such as EFT and the Gottman Method (Kailanko et al., 2022; Plouffe et al., 2022; Schieffer, 2021). For example, somatic cueing in EFT; where mental health practitioners draw attention to changes in posture, breath, or muscle tension, has been shown to deepen emotional engagement and improve vulnerability between partners (Kailanko et al., 2022). Similarly, integrating somatic practices such as breathing, movement, and touch into Gottman Method interventions can help regulate the physiological stress responses underlying the "Four Horsemen" patterns of criticism, defensiveness, contempt, and stonewalling (Gottman & Gottman, 1999; Waheed, 2023). These integrative techniques support improved communication, trust, and intimacy, which are all core areas addressed in the research question.

Finally, somatic practices were found to improve emotional awareness, empathy, and connection between partners, particularly in relationships impacted by trauma (Ogden & Fisher, 2019; Shuper Engelhard, 2019). Studies demonstrate that embodied awareness (e.g., noticing subtle shifts in breath, posture, or tone) can help partners co-regulate and develop deeper emotional intimacy (Petruccelli et al., 2021; Plouffe et al., 2022). This aligns with the goals of trauma-informed couples counselling, which seeks to create a safe, attuned space for emotional exploration and healing (Schieffer, 2021). Integrating somatic empathy and mirroring, where partners attune to each other's nonverbal cues, has also been linked to improved satisfaction and closeness (Shuper, 2019).

Together, these themes provide a comprehensive answer to the research question. The integration of somatic therapy into couples counselling offers a trauma-informed, body-centered

pathway to enhance emotional safety, communication, trust, and intimacy. Where traditional models may fall short for dysregulated or dissociated clients, somatic practices bridge this gap by directly engaging the nervous system. Although more empirical research is needed, particularly longitudinal and randomized studies, current research strongly supports the clinical value of combining top-down and bottom-up approaches for trauma-impacted couples (Kuhfuß et al., 2021; Ogden, 2020).

Limitations

There are several challenges and limitations associated with the incorporation of somatic therapy in conventional couples' counselling. First is the current professional education for many mental health practitioners, which most often does not include somatic approaches for treatment (Darnell, 2023). Although some mental health professionals are familiar with cognitive and behavioral strategies, they may not have the necessary knowledge that would enable them to practice body-based techniques. Furthermore, somatic therapies often lack standardized protocols, which creates significant practitioner and treatment variability (Kuhfuß et al., 2021). These inconsistencies can affect treatment outcomes and create challenges in measuring the efficacy of treatments. Because of the highly individualized nature of somatic therapies, it is challenging to establish universal treatment guidelines or replicate successful interventions across settings and practitioners (Kuhfuß et al., 2021).

Furthermore, regulations by insurance companies for reimbursement, specific treatment protocols, and professional associations can hinder the utilization of somatic in practice. However, each of the presented challenges has evidence in the recent literature on the effectiveness of somatic therapy to argue for the incorporation of somatic interventions in couple's therapy (Kaley-Isley et al., 2020). Because somatic therapy equally attends to

psychological and physiological experiences of trauma, it holds excellent potential to expand and strengthen the realm of relational and non-violent practices to overcome the negative impact of trauma in the long term (Lyne, 2023; Porges, 2022).

While this capstone contributes to the growing literature on trauma-informed couples counselling and the integration of somatic therapies, several limitations regarding this capstone should also be acknowledged. First, this project utilized a literature review methodology rather than original empirical research. As such, the findings are dependent on the scope, quality, and availability of existing studies. Without the collection of primary data, the conclusions drawn remain interpretive and theoretical rather than experimental or statistically valid. Secondly, the body of research specifically addressing the integration of somatic therapies into couples counselling remains relatively limited.

Although somatic therapies are gaining popularity and evidence is growing in individual trauma treatment, few peer-reviewed studies have examined their application in couples work (Caldwell & Harris, 2021; Schieffer, 2021). This limits the ability to generalize my findings or offer evidence-based guidelines for clinical practice with a high level of confidence. Third, many of the existing studies cited in this capstone utilize a small sample size, qualitative designs, or are theoretical in nature. This creates challenges when attempting to evaluate the reliability, replicability, and broader applicability of the results (Invitto & Moselli, 2024).

Additionally, some included studies may be subject to publication bias, as positive findings are more likely to be published than studies with null or negative outcomes. Finally, while the literature was carefully selected using peer-reviewed academic databases and filtered for recency and relevance, it is possible that some relevant studies were inadvertently missed,

particularly those in languages other than English or in disciplines outside of counselling psychology.

These limitations highlight the need for future empirical studies, especially longitudinal, mixed-methods, or randomized controlled trials, to more clearly evaluate the long-term effectiveness, implementation feasibility, and best practices for integrating somatic therapies in couples counselling contexts.

Applied Practices

The incorporation of the somatic experiencing approach into couples counselling aims at extending the model of interventions that target physiological dimensions of distress and trauma in relationships. Conventional talk therapy remains a powerful approach to managing emotional issues, but is less effective at assisting individuals in processing and releasing the neurobiological effects of trauma (Caldwell & Harris, 2021). Somatic methods offer a bottom-up approach to healing that compliments top-down methods by restoring the nervous system and enhancing embodied awareness (Payne et al., 2022). Integrating somatic practices can support couples in co-regulating their emotional states, increasing interoceptive awareness, and fostering deeper relational attunement (Zhu et al., 2024).

This section applies the findings from chapter two to demonstrate how somatic therapies can be practically integrated into couples counselling to improve relationship satisfaction, trust, communication, and intimacy which are key elements of the current research question. Drawing from the literature, four interrelated domains are presented: 1) Psychoeducation to help couples understand the nervous system and trauma responses, 2) Somatic interventions to support regulation and co-regulation, 3) Integration strategies for combining somatic practices with evidence-based models such as EFT and the Gottman method, and 4) Culturally responsive and

ethical considerations for trauma-informed couples' practice. Together, these applied practices illustrate how a somatic approach can improve therapeutic outcomes for couples who have experienced childhood trauma.

Somatic Psychoeducation

The first component is somatic psychoeducation, which involves orienting clients and therapists to somatic principles; the effects of trauma on the nervous system and the body's role in emotional processing (Levine, 2015; Kuhfuß et al., 2021; Ogden & Fisher, 2019). Many trauma survivors are unaware that the symptoms they may be experiencing such as chronic tension, dissociation, or emotional reactivity are rooted in neurophysiological dysregulation (Waheed, 2023). Educating clients about the concepts associated with somatic practices such as the automatic nervous system (ANS), the vagus nerve, and polyvagal theory empowers them to better understand and regulate their physiological responses to relational stress (Darnell, 2023).

The polyvagal theory (PVT) was introduced by Stephen Porges (1995) and has since been expanded on in other clinical research (Dana, 2021). The PVT outlines three primary states of the ANS, including social engagement (ventral vagal), mobilization (sympathetic), and immobilization (dorsal vagal) (Dana, 2021). Mental health practitioners can use these concepts to help couples recognize when they or their partner are in a dysregulated state and learn tools to bring them back to social engagement. This enhances empathy, reduces conflict escalation, and supports secure relational bonds (Swerdlow et al., 2023).

Somatic Interventions in Practice

Besides psychoeducation, SE involves direct body-based interventions that support nervous system regulation and embodied presence. Core practices include grounding, orienting, breathwork, and movement-based techniques that work to restore connection to the

body and promote co-regulation between partners (Spengler et al., 2023). Grounding and breathwork techniques help clients return to the present moment and return to their window of tolerance during emotionally activating moments cite. Practices like progressive muscle relaxation and body scans can facilitate reconnection with bodily sensations and reduce dissociation and hyperarousal (Shuper Engelhard, 2019). Breathwork methods including diaphragmatic breathing, alternate nostril breathing, and box breathing, are clinically supported ways to enhance parasympathetic activity and lower stress responses (Price et al., 2021). These techniques can be incorporated into couples' sessions during emotionally charged discussions or conflict resolution strategies to enhance mutual regulation.

Relational movement practices. Such as mirroring, synchronized movement, or partner-based exercises like shared touch or eye gazing can promote attunement and safety. Current research shows that synchronized movement increases feelings of trust and cooperation by enhancing non-verbal communication and stimulating oxytocin release (Schieffer, 2021; van der Kolk, 2021). For example, couples may be guided to hold hands while breathing together to engage in co-regulation which fosters safety and connection (van der Kolk, 2021).

Somatic techniques that enhance interoception, or the capacity to sense internal bodily signals, have also been found to increase emotional intelligence and improve communication in intimate relationships (Farb et al., 2022). Techniques that emphasize mindfulness of sensation, such as pendulation (moving between states of activation and rest), titration (processing trauma in manageable doses), and resourcing (focusing on internal strengths), are foundational in Somatic Experiencing and can be adapted to relational contexts (Schieffer, 2021).

Integration with Evidence-Based Couples Therapies

Somatic methods are highly compatible with evidence-based couples counselling methods like EFT and the Gottman Method (Kailanko et al., 2022; Waheed, 2023). Recent studies highlight the benefits of incorporating body-based awareness and regulation strategies into these modalities (Hetherington & Luna, 2023; Mendelson, 2024). The Gottman Method, known for its structured interventions that promote emotional atonement and conflict resolution, can be strengthened by integrating somatic tools (Kailanko et al., 2022; Mendelson, 2024). For instance, during conflict-resolution exercises, therapists can guide couples to pause, ground, and practice slow breathing before continuing difficult conversations (Mendelson, 2024).

Somatic check-ins, or brief moments to notice bodily sensations, can be incorporated into "stress-reducing conversations" or the "Aftermath of a Fight" protocols to lower arousal and foster repair (Mendelson, 2024). Emotionally Focused Therapy (EFT) emphasizes attachment needs and the emotional signals partners send and receive (Slahi et al., 2019). By adding somatic practices such as safe touch, synchronized breathing, and co-regulation exercises, therapists can help partners embody feelings of safety and responsiveness (Ogden & Fisher, 2019; Petruccioli et al., 2021; Shaper Engelhard, 2019). Hetherington and Luna (2023) found that integrating somatic atonement practices with EFT facilitated the release of oxytocin and strengthened the formation of secure emotional bonds. These integrations allow EFT practitioners to move beyond verbal processing and help clients shift physiological states that maintain attachment distress (Ogden, 2023).

Research supports that trauma survivors often struggle with verbal articulation and benefit more from felt-sense experiences that create safety in the body (van der Kolk, 2021; Ogden, 2023). Thus, somatic tools can enhance both the accessibility and effectiveness of

traditional couples' modalities, particularly for those with a history of adverse childhood experiences (ACEs) or complex trauma (van der Kolk, 2021).

Cultural and Ethical Considerations

Applying somatic therapy within couples counselling requires sensitivity to cultural norms, individual trauma histories, and ethical standards (Hughes et al., 2022). Touch, bodily expression, and emotional display are experienced differently across cultures, and what is therapeutic for one client may feel intrusive or inappropriate for another (Kailanko et al., 2022). For example, clients from collectivist cultures may initially resist movement-based or expressive practices that prioritize individual embodiment or overt emotionality. To address this, mental health practitioners should conduct culturally informed assessments and adapt somatic interventions accordingly, for example, using visualization or grounding instead of touch when culturally or personally appropriate (Hughes et al., 2022).

Ethically, mental health practitioners must follow trauma-informed principles, including informed consent, client empowerment, and safety (Hughes et al., 2022). Since some somatic techniques involve physical contact or nonverbal closeness, it is crucial to obtain clear verbal and written consent and to provide alternatives when necessary. Offering clients choice and control over how and when they engage in somatic practices supports autonomy and reduces the risk of re-traumatization (Burger et al., 2023; Swerdlow et al., 2023). Clear communication about therapeutic goals and an emphasis on transparency can build trust and safety in the therapeutic alliance (Brown & Gill, 2021; Ogden & Fisher, 2019).

Moreover, somatic therapy should be introduced gradually, especially for clients with dissociative tendencies or unresolved trauma. Starting with resourcing and containment strategies before progressing to more evocative practices respects the client's pacing and

promotes sustainable healing (Levine, 2015; Rothschild, 2021). If this project were conducted as an empirical study, additional safeguards would be necessary. Informed consent documents would explicitly address the possibility of emotional triggers when recalling trauma, and participants would be provided with clear explanations of their right to withdraw at any time. To manage distress during sessions, counsellors would implement grounding techniques (e.g., breathwork or guided sensory awareness) and provide referral resources to external supports if needed. These measures would ensure that participants are protected while contributing to the research.

Reflections on Personal Learning

Writing this capstone has been both an academic and deeply personal journey. Throughout the research and writing process, I have developed a richer and more embodied understanding of how trauma influences not just the individual, but also their relationships, emotional regulation, and capacity for intimacy. One of the most powerful insights for me was realizing that trauma is not just a psychological event but is stored in the body and can shape relational patterns long after the original incident has passed (Rutter et al., 2009). This understanding shifted trauma from being something abstract to something deeply lived and physiological, reinforcing the importance of a person-centered approach that honors the whole person; mind and body.

I also came to appreciate the extent to which unresolved trauma impacts interactional regulation between partners. Many distressed couples struggle not because of a lack of love or desire to be together, but because they are operating from dysregulated nervous systems that are constantly scanning for threat. This realization helped me see the limitations of strictly cognitive or emotionally focused techniques. While those methods hold merit and are valuable, they often

fall short when trauma has disrupted the body's capacity for safety (Mendelson, 2024).

Integrating somatic tools like grounding, breathwork, and co-regulation exercises into couples therapy offers a powerful way to support relational repair (Lyne, 2023). I've learned that physiological signals, like calm breathing, a grounded posture, or soft eye contact, can serve as therapeutic markers and bridges to trust and emotional safety (Ogden, 2019).

Another important takeaway was understanding how the nervous system plays a central role in relationship dynamics. The Polyvagal theory has offered me a clear framework to recognize the shifts between states of safety, mobilization, and shutdown. This knowledge will guide how I support couples in identifying and naming these states, and in finding practices that help them return to a place of connection, such as deep breathing, movement, or stillness (Payne et al., 2015). These practices are deceptively simple, yet their effects on relational safety and intimacy are profound.

This research also highlighted why some widely accepted mental health practitioners can fall short for trauma-impacted couples. Although traditional cognitive and emotional approaches are effective for many clients, they do not always address somatic memories or nervous system dysregulation (Petruccelli et al., 2021). I now understand the importance of blending top-down and bottom-up strategies. This interdisciplinary awareness, rooted in neuroscience, attachment theory, and somatic psychology, has expanded my therapeutic lens. Moving forward, I plan to deepen my training in somatic practices so I can offer clients more holistic care that speaks not just to their stories, but to their embodied daily experience.

Another key area of learning for me was around cultural and social dimensions of trauma. The knowledge that trauma does not occur in a vacuum, it is shaped by historical, societal, and cultural contexts (Hughes et al., 2022). I've become more attuned to how cultural beliefs about

touch, emotion, and healing can influence a client's understanding and openness to somatic interventions (Mendelson, 2024). As a mental health practitioner, I now see cultural sensitivity as more than a guideline but a fundamental component of ethical and effective care. In couples work, this means asking thoughtful questions about a couple's cultural background and being flexible with interventions, choosing options like visualization or movement over physical touch when appropriate.

Ethical considerations have also stood out to me throughout this research. Somatic therapy, by nature, involves deeply personal and sometimes vulnerable practices. This demands a high level of ethical responsibility. Mental health practitioners must prioritize informed consent, clearly explain why certain somatic interventions are being used, and ensure clients feel empowered to say yes or no at every step (Spengler et al., 2024). This research has reminded me of the importance of humility and continuous training, particularly when working with trauma. Misuse of somatic tools, especially without adequate training, can be harmful and retraumatizing (Levine, 2015). This is something I take very seriously as I prepare for future clinical work.

I was also inspired by the emerging innovations in this field. Technologies like biosensors, wearable devices, and biofeedback tools may offer exciting new ways to support somatic awareness and regulation in therapy. Tools that measure heart rate variability, for instance, can give clients real-time feedback about their nervous system state, which can be empowering for couples learning to co-regulate (Jacob et al., 2014; Kuhfuß et al., 2021). These advancements remind me that the integration of somatic practices is not only clinically sound but adaptable to future developments in psychology and neuroscience.

On a personal level, this capstone has significantly shaped my identity as a mental health practitioner. I now view human relationships through a more compassionate and nuanced lens. I

have come to deeply appreciate how trauma can disrupt our ability to connect, yet also how healing can occur when we feel safe in our bodies, with our partners, and in the therapeutic space. I am more committed than ever to practicing integrative therapy, and to continually updating my knowledge to provide care that is evidence-based, trauma-informed, and rooted in the soma-psyche connection (Hughes, 2022; Waheed, 2023).

Ultimately, this project has reaffirmed my belief that the future of couples counselling lies in holistic and body-aware approaches. Talk therapy is powerful, but it is not always enough; especially for those whose trauma is wordless and stuck in the nervous system. Including somatic practices in couples work allows for healing on multiple levels: it opens space for safety, intimacy, and connection to be rebuilt not just cognitively, but physically and emotionally (Lyne, 2023). As somatic science continues to evolve, I believe mental health practitioners have a responsibility to integrate these tools into their work and help clients reconnect with both themselves and their partners (Hetherington & Luna, 2023).

Conclusion

Integrating somatic therapy into couples counselling represents a critical evolution in trauma-informed practice. As this capstone has explored, trauma is not simply a cognitive or emotional experience; it is stored and expressed in the body (Levine, 2015). For couples impacted by trauma, especially childhood trauma, verbal interventions alone often fall short of fostering deep healing. Somatic approaches offer a holistic pathway by addressing nervous system dysregulation, facilitating co-regulation between partners, and restoring a felt sense of safety and connection in relationships (Petruccelli et al., 2021).

The applied practices discussed, such as somatic psychoeducation, grounding, breathwork, movement-based interventions, and integration with established models like the

Gottman Method and Emotionally Focused Therapy (EFT) demonstrate how body-based strategies can enhance relational functioning and promote intimacy. Furthermore, the emphasis on cultural responsiveness, ethical care, and interdisciplinary knowledge reflects the complexity and nuance required to implement these approaches safely and effectively.

Throughout the research and writing of this project, my understanding of trauma, relationships, and the therapeutic process has deepened significantly. I have come to recognize that effective couples work must not only address communication or attachment styles, but also the physiological imprint of trauma on each partner's body. This capstone has reinforced my commitment to integrative, holistic therapy that honors both the psyche and the soma, and that recognizes healing as an embodied, relational process.

While challenges remain, including the need for widespread therapist training, institutional support, and culturally sensitive adaptations, the potential of somatic therapy to transform couples work is substantial. As neuroscience, psychology, and somatic studies continue to intersect, the field must move toward standardizing trauma-informed somatic practices within relational therapy. Future research should focus on the long-term efficacy of these interventions, the development of best-practice frameworks, and the inclusion of emerging technologies such as biofeedback and virtual tools to support nervous system regulation.

In sum, the integration of somatic therapy into couples counselling is not only a promising innovation but also a necessary one. This capstone has demonstrated that while traditional models such as the Gottman Method and EFT are effective in many cases, they often overlook the embodied effects of trauma. Integrating somatic therapies offers a way to address nervous system dysregulation, strengthen co-regulation between partners, and promote deeper relational safety and intimacy. Grounded in Polyvagal Theory and attachment theory, this work

highlights the need for future empirical studies and training guidelines to better integrate somatic interventions into couples counselling. By synthesizing current knowledge and identifying clear gaps, this paper contributes to the ongoing development of trauma-informed relational therapy.

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