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Empathy-Based Strain Among Social Workers Working With Couples Experiencing Infidelity

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Walden University
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Abstract

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Infidelity

by

Jared Taylor

MSW, Walden University, 2018

BS, Liberty University, 2016

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Emotionally focused therapy (EFT) social workers engaged in the practice of couples therapy often work with the issue of infidelity, which can be traumatizing to clients. EFT relies heavily on empathy-based interventions that allow the therapist to experience the pain of clients in the process of facilitating the repair of a couple's attachment bond. Yet the nature of EFT with infidelity can increase social workers' risk of developing empathy-based strain (EBS), which can lead to personal and professional detriment and practice that harm clients. The purpose of this study was to identify and describe how social workers who practice EFT with couples in counseling for infidelity experience, conceptualize, and cope with emotional strain in their professional practice. A basic qualitative design was employed for this study. The conceptual framework for this study was constructivist self-developmental theory, which explained the development of EBS as an adaptive response to protect the self. Data were collected using semistructured interviews and analyzed through the use of thematic coding. The results of this study illustrated the experiences and conceptualization of EBS among EFT social workers. Multiple themes suggested that a significant amount of coping with EBS is found through the model and framework of EFT, although additional coping outside the model is still needed. The data also suggested a need for EFT training protocols to promote awareness and identification of EBS and ways that EBS can be managed. With more knowledge of EBS and how to cope with it, clinicians may be able to promote their own resilience while also providing better care for clients leading to positive social change.

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Dedication

To all those in this profession who dedicate their week ministering to hurting souls and lending your limbic system in the process of healing, this work is dedicated to you.

Acknowledgments

The completion of this project would not have been possible without the support of many individuals. Hence, I first want to thank my chair, Dr. Davis, for guidance on the process and the belief that I could complete this study in the time frame needed. Second, I want to thank my committee members, Dr. Fakunmoju and Dr. Yick, for providing a quick response with valuable feedback that helped enhance the quality of this study. Most importantly, I want to share my gratitude to Rachel, my lovely supportive wife. It's been 9 years of me working and going to school mostly full time; during that time we also had a half dozen children and made two moves over the Atlantic. Without your support, patience with me always being busy, and belief in me, I would not have made it far. Lastly, to the emotionally focused therapy social workers who participated in this study, you are amazing! I want to thank you for being vulnerable in sharing your experience of working with the pain of others.

Table of Contents

ii

List of Tables

List of Figures

Section 1: Foundation of the Study and Literature Review

Introduction

Social work frequently leads to engagement with those who have experienced profound emotional pain that is often traumatic (Lewis & King, 2019; Wilson, 2016). In a state-wide study, Caringi et al. (2017) found that 40.9% of Montana social workers had posttraumatic stress disorder (PTSD) symptoms from their secondary engagement with trauma material. Some studies indicate rates of secondary trauma in helping professionals to be as high as 85% (Mathieu, 2012). The empathy-based strain (EBS) experienced by social workers is exacerbated when clients present with specific stressors. Of those stressors, infidelity is increasingly prevalent (Jahan et al., 2017; Negash et al., 2018), with some estimates indicating that 40% of marriages in the United States will incur infidelity (Marin et al., 2014). Half of the couples who seek therapy are dealing with infidelity (Roos et al., 2019; Timm & Hertlein, 2020). For the betrayed partner, infidelity is often experienced traumatically, leading to a trauma or stress-related disorder (Lonergan et al., 2020; Warach & Josephs, 2021). Therefore, social workers who provide couples therapy are at high risk of exposure to couples with the presence of infidelity (Jahan et al., 2017; Shimberg et al., 2015) and are at increased risk of developing EBS (Negash & Sahin, 2011; Razo, 2018; Shamoon et al., 2017).

As a leading form of therapy to treat the trauma of infidelity (Negash et al., 2018; Warach & Josephs, 2021), emotionally focused therapy (EFT) enables social workers to extract the emotional pain through description, use of imagery, and empathetic

engagement with the pain to facilitate recovery (Johnson, 2018). EBS results from empathetic engagement with another's pain (Can, 2018; Cummings et al., 2018; Ireland & Huxley, 2018; Melzer, 2019; Mento et al., 2020; Merwe & Hunt, 2019; Rodriguez, 2019; Schiff & Lane, 2019). Ergo, the nature of EFT leaves social workers at an increased risk of developing EBS as they engage experientially with the traumatic pain of those seeking recovery from infidelity.

The development of EBS can be detrimental for a clinician and client. As Branson (2019) noted, clinicians are "being physically, cognitive, emotionally, mentally, socially, and/or spiritually affected by bearing witness to other's trauma" (p. 2). Symptoms of EBS are often identical to PTSD symptoms and include anxiety, depression, hypervigilance, and social isolation (Ireland & Huxley, 2018; Killian et al., 2017; Lloyd, 2020; McNeillie & Rose, 2020). However, with the shift in the schema that occurs (McCann & Pearlman, 1990), the behavioral and cognitive changes can often lead to ethical violations and a lack of professional and personal boundaries, which can have devastating personal and professional consequences (Golden, 2021; Ireland & Huxley, 2018; Killian et al., 2020). Given the deleterious impact EBS can have on clinicians and clients, social workers have an ethical obligation to advance research on EBS (National Association of Social Work [NASW], 2017). Further, this study aligns with Branson's call to further research on EBS to address secondary trauma and the devastating impact it can have on clients, organizations, and clinicians.

This capstone is organized into four sections. In Section 1, I provide an overview of the study, including the problem statement, the purpose statement and research questions, the nature of the study, the significance of the study, the conceptual framework, and the ethics inherent in the study. Section 1 also includes the literature review. Section 2 includes information on the research design and data collection. In Section 3, I present the findings of the study. The presentation of results begins with an introduction and presentation of the data analysis and the techniques used and concludes with a summary of the study's findings. In the concluding section, Section 4, I elaborate on the study's application to professional practice and potential contribution to positive social change.

Problem Statement

In social work, helping those in need often leads to work with those who have intense emotional and traumatizing experiences and listening empathetically to individuals' pain (Hussein, 2018; Moudatsou et al., 2020). Social workers using the EFT model with clients recovering from affairs are more exposed to emotional affliction. As will be discussed further, this exposure puts EFT social workers at an increased risk of experiencing EBS. According to constructivist self-developmental theory (CSDT), there are five aspects of the self that are influenced by empathic engagement with trauma: a frame of reference, cognitive schemas, memory and perception, ego resources, and self-capacities (McCann & Pearlman, 1990). Changes in the self from EBS lead to a stress response that impacts the physical, cognitive, emotional, and behavioral aspects of a

person (Rauvola et al., 2019), which can result in personal and professional detriment and practice that harms clients. The problem, based on reviewing the literature, is that social workers who use EFT with couples experiencing infidelity are at high risk of experiencing EBS. To reiterate, EBS results from an empathy-based stress process and is often labeled as compassion fatigue (CF), secondary traumatic stress (STS), and vicarious trauma (VT). The experience of EBS consequently results in detriment to the physical, cognitive, emotional, and behavioral aspects of a person. The focal point of this study was not on the differences in STS concepts but on the experience that results from secondary trauma. The extent of that experience and its impact should be examined as there are limited suggestions on how to combat that strain.

Padmavathi et al. (2013) noted that up to 40% of couple and family issues brought to therapy stem from infidelity. For many individuals, infidelity causes deep emotional pain that leads to symptoms of PTSD (Dean, 2010; Roos et al., 2019). Therapists view infidelity as one of the most onerous issues to address (Stamps, 2020; Whisman et al., 1997; Wilkinson et al., 2012) and often experience it as taxing work (De Lima & Vandenberghe, 2021; Lusterman, 2005; Stamps, 2020). In EFT, profound emotional experience is sought and seen as the primary factor in the internal experience of the world and romantic interactions, in particular (Greenman & Johnson, 2012; Johnson, 2019b; Zuccarini et al., 2012). Social workers using EFT seek to empathetically explore, attune, heighten, expand, and validate a client's emotional world to facilitate change (Johnson,

2019b). EFT social workers who work with couples recovering from affairs thus, are exposed to emotional and traumatic material.

EFT is rooted in Rogers's humanistic theory (Johnson, 2019b), which asserts that therapists must have psychological contact with a client for therapeutic change to happen (Tudor, 2011). Thus, EFT focuses on interventions that facilitate this contact. Further, it is accepted that the self of the therapist is the primary mechanism for which therapy is carried out (Aponte et al., 2009; Kissil et al., 2017; Regas et al., 2017). The person of the therapist is influenced by the personal characteristics and relationships of therapists (Sandberg et al., 2013). Central to the efficacious practice of EFT is the development of the therapeutic alliance (Johnson, 2019b; Johnson & Talitman, 1997), and the therapeutic alliance is built as the self of the therapist evinces in the joined experience of clients' emotional experience (Lum, 2002; Krietemeyer & Prouty, 2003). Hence, recent researchers have identified the therapeutic alliance as a predictive element of progress in couples therapy (Tilden et al., 2021). Thus, changes to the self that occur with the development of EBS can be detrimental for effective EFT practice.

Social workers join clients' emotional experiences through empathic engagement. EBS develops from working with people who are suffering and becoming involved empathetically in their pain (Abendroth & Figley, 1999; Cocker & Josh, 2017; Figley, 1995; Hensel et al., 2015; Moudatsou et al., 2020; Negash & Sahin, 2011). The nature of EFT, with interventions including validation of experience, heightening of emotions, and empathetic attunement, leaves the EFT social worker continually exposed to emotional

and traumatic experiences, often through imagery that captures the experience of the client's emotional pain (Johnson, 2019b; Turgoose & Maddox, 2017). EBS can have detrimental personal and professional consequences for social workers (Ben-Porat & Itzhaky, 2014; Choi, 2016; Fahy, 2007; Finzi-Dottan & Kormosh, 2016; Kelly, 2020; Owens-King, 2019; Pelon, 2017). Specifically, it can limit the ability of the therapist to engage in a secure therapeutic relationship (Van Mol et al., 2015) and engage empathetically (Elwood et al., 2011; Golden, 2021; Turgoose & Maddox, 2017), which is needed for efficacious EFT work (Johnson, 2019b).

Despite the risk inherent in EFT with interventions focused on empathic engagement with clients' pain, there is a paucity of research on how therapists, EFT social workers in particular, experience EBS. Social work researchers have focused on the interventions social workers use to effect change (Sandberg et al., 2013). Researchers studying EBS (Ben-Porat & Itzhaky, 2014; Dasan et al., 2014; Ray et al., 2013; Zeidner et al., 2013) have primarily focused on the consequences of EBS symptoms and the contributing factors that lead to the development of EBS. The focus on interventions, symptoms, and effects of EBS has led to a neglect of qualitative insights into counselor development and coping (Kapoulitsas & Corcoran, 2014; Skovholt & Jennings, 2016) that could be useful in combatting EBS. Some researchers have found that coping with STS may be influenced through means including mindfulness (Brown et al., 2017; Yip et al., 2017), engaging with social support (Brady, 2017), and self-care (Anne Dombo et al., 2016; Zhang et al., 2018). Thompson et al. (2014) stated that the level of EBS may relate

to the use and type of coping in combination with a perception of coping resources and environmental conditions. Resilience to the development of EBS is thought to stem from a complexity of psychosocial processes and external influences (Kapoulitsas & Corcoran, 2014; Ludwick & Figley, 2017). The type of coping and the benefit of coping may vary based on external contributing factors (Thompson et al., 2014). Because the development of EBS varies based on contextual factors, investigating EFT social workers' experiences of coping with EBS was an integral part of this study.

With the person of the therapist being an essential component to efficacious EFT, understanding EFT social workers' experience of EBS as it relates to the self of the therapist is essential not only to practice with clients but to ensure the continuance of social workers in couples therapy work. Although researchers have identified general consequences of the experience of EBS, there has been inadequate qualitative research on the experience of EBS, which can be unique based on the type of social work provided and the setting (Cuartero & Campos-Vidal, 2018; Fay, 2007; Finley & Sheppard, 2017). Rauvola et al. (2019) noted that the development and experience of EBS can differ based on individual and contextual factors. Thus, vulnerability to EBS may be increased in work where the use of empathy is required and where trauma is more frequently encountered (Rauvola et al., 2019). For the EFT social worker working with couples experiencing infidelity, there is a grave need to understand how EBS is conceptualized and how it is managed. As EBS impacts the self, grasping the experience of EBS on the self of the therapist can inform practice leading to social worker and client well-being,

professional development, improvement of practice, and the retention of social workers in couples therapy who practice with couples experiencing infidelity. The problem is that there is a lack of research on how social workers who use EFT with couples experiencing infidelity experience EBS as it relates to the self of the therapist.

Purpose Statement and Research Questions

The purpose of this study was to identify and describe how social workers who practice EFT with couples in counseling for infidelity experience, conceptualize, and cope with emotional strain in their professional practice. I conducted this qualitative inquiry to fill a gap in knowledge as it relates to how social workers, who are using EFT with couples in counseling for infidelity, experience EBS as it relates to the self of the therapist. This research provides insights on social workers' experiences, thoughts, and conceptualizations of EBS. Additionally, this study may inform social work practice leading to improved delivery of services, professional development, and the retention of social workers in the practice of couples therapy. I sought to answer the following research questions:

Research Question 1. What are the experiences of EBS among social workers who use EFT as their primary modality in working with clients experiencing infidelity?

Research Question 2. How do social workers who use EFT as their primary modality conceptualize EBS in their work?

Research Question 3. How do social workers who use EFT as their primary modality cope with EBS in their work with clients experiencing infidelity?

Nature of the Doctoral Project

The purpose of this research was to explore the experience of EBS among social workers, how they conceptualize the phenomenon of EBS in their work, and how they cope with EBS in their work. This research is compelling because when social workers empathetically engage with the pain of another, they are vulnerable to developing EBS, which leads to personal and professional detriment and practice that harms clients (Ben-Porat & Itzhaky, 2014; Choi, 2016; Fahy, 2007; Finzi-Dottan & Kormosh, 2016; Kelly, 2020; Owens-King, 2019; Pelon, 2017; Turgoose & Maddox, 2017; Van Mol et al., 2015). With the purpose of the study to explore experience, it was ideal for qualitative inquiry (Rubin & Rubin, 2012). The exploration of social workers' conceptualizations of EBS fit with a constructivist approach (Kahlke, 2014). From a constructivist paradigm, meaning is shared and understood in the context of the sharer and the receiver (Rubin & Rubin, 2012). I used CSDT to explore social workers' experience and making of meaning as it relates to EBS.

Participants for this study were social workers who use EFT in a private practice/group setting. I used purposive sampling to recruit participants. Specifically, I recruited participants through a Facebook EFT support group (https://www.facebook.com/groups/EmotionallyFocusedTherapy/) and by contacting potential participants through Psychology Today. To gather data, I conducted individual interviews using a semistructured interview process. The interviews were recorded and

then transcribed, which allowed for coding. Coding allowed for subthemes and themes to be identified that generated knowledge on social workers' conceptualizations of EBS.

<h2 style="text-align:center">Significance of the Study</h2>

I sought to fill a gap in the literature surrounding the experience of EBS among social workers practicing EFT with couples experiencing infidelity. The purpose of this research was to identify the unique challenges and difficulties EFT social workers face that can hinder them individually and professionally and hinder clients based on the delivery of service. Although it is documented that EBS is often experienced by social workers working with trauma and in working with couples (Negash & Sahin, 2011), there is a paucity of research on EFT social workers' experience of EBS. Because EBS can develop and be experienced differently based on the type of social work provided and the setting, there is a need for further research into social workers' experience of EBS in various settings and practicing different modalities (Cuartero & Campos-Vidal, 2018; Fay, 2007; Finley & Sheppard, 2017; Kwong, 2018, Thompson et al., 2014).

There currently is an exiguity of research concerning the experience of EBS among EFT social workers in private practice settings who work with couples dealing with infidelity. Results from this study may lead to positive social change by increasing social worker and client well-being. Symptoms of EBS are deleterious to social workers' personal and professional life and can lead to practice that harms clients (Benuto et al., 2018; Branson, 2014; Caringi et al., 2017; Centrano et al., 2017; Figley & Ludick, 2017; Graham et al., 2015; Hopwood et al., 2019; Ireland & Huxley, 2018; Mento et al., 2020;

Pross, 2014; Puig et al., 2014; Taylor, 2018). Exploring EFT social workers' experience of EBS may help to identify training protocols that can be added to EFT training to increase awareness of risk and promote interventions that enhance coping when working with another's trauma. Knowledge of EFT social workers' experience of EBS can also empower social workers by furthering their understanding of how their engagement with secondary trauma can lead to changes in themselves and impact their view and interaction with the world. Certain self-care and coping skills may also be identified as more beneficial for EFT social workers, informing EFT social workers of best practices in reducing the risk of developing EBS. Advocates can undertake efforts to prevent or abate EBS, which may prevent practice that can be harmful to social workers and clients. Because of the detriment that can result to social workers and clients from the experience of EBS, filling this gap in the literature is needed to inform best practice that can lead to social worker and client well-being, professional development, improvement of practice, and the retention of social workers who practice with couples experiencing infidelity.

Theoretical/Conceptual Framework

This study's theoretical framework was CSDT, which explains the development of EBS (Branson, 2019) and the aspects of self that are influenced by trauma (Pearlman, 1997; Saakvitne et al., 2010). McCann and Pearlman (1990) were the original developers of CSDT. CSDT explains why those exposed to trauma experience various degrees and varieties of symptoms (McCann & Pearlman, 1992). The theory builds on constructivism in explaining that realities are subjectively created based on the schemas held by an

individual (McCann & Pearlman, 1992). From CSDT, EBS is seen as the result of empathic interaction with trauma material and perceptions that result in a cognitive shift of the self to adapt to the environment (McCann & Pearlman, 1990, 1992; Millard, 2017). According to CSDT, the aspects of self that are influenced by trauma include a frame of reference, cognitive schemas, memory and perception, ego resources, and self-capacities (Pearlman, 1997; Saakvitne et al., 2010). Using CSDT provides a way of understanding how traumatic stress impacts the self of social workers.

Values and Ethics

A bedrock of ethical social work practice is the value of contributing to social change that enhances human well-being (Lawrence, 2019; NASW, 2017; Reamer, 2018). This includes contributing to social change by improving social work practice (NASW, 2017; Shdaimah & Strier, 2020). The problem is that EBS leads to an array of issues for social workers that can prevent the provision of effective therapy and may lead to a personal and professional detriment. I explored EFT social work practitioners' experiences with EBS as it relates to the self of the therapist. Social worker awareness of the self is critical to promoting self-development, ensuring management of stress, and sequentially ensuring clients' well-being (Choi, 2017; Kaushik, 2018; Kwong, 2016; Poulin et al., 2018; Urdang, 2010). Implications for positive social change include a wavelet effect informing social work therapy with couples experiencing infidelity, enhanced treatment, social worker development, self-care practices, and social worker training protocols. There is a lack of published research on EFT social workers'

experience of EBS as it relates to the self of the therapist. This research, thus, can fill a gap in knowledge and promote positive social change that potentially leads to better practice. It may achieve this by expanding knowledge on EFT social workers' experience of EBS as it relates to the self. This may promote therapist self-awareness and development, ethical care, and client well-being.

Review of the Professional and Academic Literature

The problem is that social workers who use EFT with couples experiencing infidelity are at high risk of experiencing EBS. The purpose of this research was to explore social workers' experience of EBS and its impact as there are limited suggestions on how to combat that strain. I conducted this research to further identify social workers' experience, thoughts, and conceptualizations of EBS and inform social work practice leading to improved delivery of services, professional development, and the retention of social workers in the practice of couples therapy.

I performed a systematic analysis of recent academic and professional literature to contextualize this study. The literature review focuses on articles published from 2017 to 2021. However, in limited cases when information was lacking and to find seminal works, the date was broadened all the way back to 1989. The keywords searched, individually and in combination, included *vicarious trauma*, *secondary traumatic stress*, *burnout*, *constructivist self-development theory*, *emotionally focused therapy*, *trauma*, and *infidelity*. Using Walden University's library as a primary source, I searched the

databases of APA PsycInfo, Social Work Abstracts, SocIndex, Academic Search Complete, APA PsycArticles, Sage Journals, and Taylor and Francis.

The appellation of the strain therapists experience due to secondary exposure to trauma is a source of "perplexity" (Branson, 2018, p. 2). However, having consistency in operational terms was essential to the study's internal and external validity and replicability (Mohajan, 2017). Additionally, in this section I seek to orient readers to the phenomenon of EBS, which composes several terms. Therefore, I will review the most common terms used to define the phenomenon of EBS and provide ratiocination for the use of the term *EBS* in this study. This will be followed by a review of literature pertaining to requisite aspects of the study, including the concept of infidelity and its impact, the impact of EBS, the risk inherent in EFT practice with infidelity, and the gaps in the literature on EBS.

Empathy-Based Strain

In the early 1990s, research began to emerge that considered the effect working with traumatic material had on clinicians. McCann and Pearlman (1990) first introduced the term *vicarious trauma* (VT) to understand this phenomenon. Boyle (2011) noted that Joinson (1992), in exploring the fatigue of burned-out nurses, then coined the term *compassion fatigue*. However, Figley (1995) also introduced the term *compassion fatigue and secondary traumatic stress* with a different conceptualization than Joinson's term that referred to burnout (BO). The emergence of similar concepts in response to secondary trauma has led to inconsistency in the use of terminology as well as using terminology

interchangeably. I will review the terms *VT*, *CP*, *STS*, and *BO* and provide justification

for the use of the term *EBS* to provide context and enhance understanding of this study.

Burnout

Some researchers (Pross, 2014; Singer et al., 2020) have used the term *burnout*

(*BO*) interchangeably or as a subconstruct of VT, STS, and CF. However, there is

significantly more distinction in the term *burnout* than other forms of secondary trauma

(McCann & Pearlman, 1990). As a construct, BO is described as a result of an

environment that lacks support and is overwhelming to helpers (Branson, 2018; Newell

& Nelson-Gardell, 2014; Pross, 2014). Further, as Pross (2014) noted, there is a lack of

literature that supports the idea that BO causes EBS. The environmental strain can occur

from things including poor organizational practices and feeling helpless to meet clients'

needs that result in emotional exhaustion, depersonalization, and a reduced sense of

personal accomplishment (Newell & MacNeil, 2010; Newell & Nelson-Gardell, 2014).

Further, as opposed to VT, STS, and CF, BO is considered less severe in symptoms and

can improve quickly with changes in one's environment (Branson, 2018; Pross, 2014).

Vicarious Trauma

McCann and Pearlman (1990) described *VT* as distinct from vicarious

countertransference and BO. VT, as defined by McCann and Pearlman, is a result of

engagement with another's pain, resulting in a negative shift in one's cognitive schema of

self, others, and the world. To further understand VT's development, they noted that they

developed CSDT, which will be discussed further in this section.

As research into secondary trauma has accumulated, the use of the term VT has grown. *VT* is often used interchangeably with terms specifying similar constructs (Diaconescu, 2015; Greinacher et al., 2019; Haddock, 2020; Hazen et al., 2020; Lachman, 2016; Pross, 2014; Singer et al., 2020; Nikischer, 2018; Russell & Brickell, 2015; Williamson et al., 2020). Even when defined as a unique construct, VT is delineated with "overlapping characteristics and symptoms" (Branson, 2018, p. 3) with CF and STS. To advance the definition of secondary trauma, Branson noted that VT, CF, and STS are unique constructs, with a primary distinction being that VT is an accumulation of trauma, whereas CF and STS can have an acute onset. This distinction, however, has not been fully adopted in the literature, which will be discussed further.

Compassion Fatigue

In his dissatisfaction with terminology to describe the phenomenon of secondary trauma, Figley (1995) proposed the term *CF*. He described CF as the "cost to caring" and as "secondary traumatic stress disorder" (p. 1) that resulted from compassionate engagement with the pain of others. Figley noted that CF often results in PTSD symptoms but was excluded from being diagnosed as PTSD due to its secondary nature.

Secondary Traumatic Stress

Figley (1995) introduced the term *STS* alongside *CF*, which established its interchangeable use. Branson (2018) stated that there is no difference between CF and STS. However, others (Berger, 2020; Diaconescu, 2015; Kanno & Giddings, 2017) have suggested a distinction between CF and STS constructs. For example, some suggest that

CF more closely resembles BO as it leads to fatigue of empathic ability and a negative outlook on life and that STS is nearly identical to PTSD (Berger, 2020; Diaconescu, 2015). Sorenson et al. (2016) stated that the literature is "unclear" (p. 457) on whether there is a difference between STS and CF.

Symptomology of CF, STS, and VT

Concerning symptomology, VT symptoms are occasionally defined in the literature as a result of engagement with the pain of another that results in a cognitive shift with negative consequences (McCann & Pearlman, 1990; Rauvola et al., 2019). Often, however, the symptoms of VT are described as PTSD symptoms (Guitar & Molinaro, 2017; Ireland & Huxley, 2018; McNeillie & Rose, 2020; Pross, 2014). Symptoms of CF are occasionally said to be the loss of compassion that is also present with symptoms similar to the client's trauma (Sinclair et al., 2017) or leads to PTSD symptoms (Lloyd, 2020; Pross, 2006). However, some (Pross, 2006) described VT symptoms as resulting in various symptomology, including loss of sympathy and empathy. With STS, symptoms are occasionally described as symptoms that mimic PTSD (Rauvola et al., 2019). With the interchangeable use of *VT*, *CF*, and *STS*, some researchers have made no attempt to make a distinction. As Greinacher et al. (2019) noted concerning VT, CF, and STS, symptoms overlap, and definitions are often "contradictory" (p. 3). What is consistent in the literature is that VT, CF, and STS lead to PTSD symptoms (Greinacher et al., 2019; Hazen et al., 2020) that lead to personal and professional detriment to a therapist and can harm clients (Benuto et al., 2018; Branson,

2014; Caringi et al., 2017; Centrano et al., 2017; Figley & Ludick, 2017; Graham et al., 2015; Hopwood et al., 2019; Ireland & Huxley, 2018; Mento et al., 2020; Pross, 2014; Puig et al., 2014; Taylor, 2018).

Inconsistency in Use of Terminology

Although some researchers have used similar definitions for the terms *VT*, *CF*, and *STS*, there is a lack of consistent use of these definitions for the terms. Also, there is interchangeable use of the terms. Some have suggested that a prime distinction between VT and STS is that VT relies more on a cognitive shift than STS (Newell & MacNeil, 2010). However, Merwe and Hunt (2019) suggested that the unique characteristic of STS is a cognitive shift. Others suggested that a prime difference between VT and STS and CF is that VT is accumulative and STS and CF are acute (Branson, 2018; Nikischer, 2018). Others, however, suggest that VT involves an abrupt onset (Merwe & Hunt, 2019). In Kanno and Giddings (2018), CF, STS, and VT are described as accumulative, directly contradicting Branson's (2018) principle distinction. Some also suggest differences in STS and CF terms (Berger, 2020), whereas others (Branson, 2018) suggest they are the same. One consensus is that the terms *CF*, *STS*, and *VT* are often used interchangeably in the literature (Diaconescu, 2015; Greinacher et al., 2019; Haddock, 2020; Lachman, 2016; Nikischer, 2018; Pross, 2014; Russell & Brickell, 2015; Singer et al., 2020; Williamson et al., 2020). Given that there could be differences in the terms *VT*, *CF*, and *STS*, the use of consistent terminology is imperative to conducting research, communicating research findings, and spearheading prevention efforts (Branson, 2019).

However, given the nature of the terms, a broad encapsulating term can be beneficial when researching the impact of secondary trauma (Greinacher et al., 2019; Newell & MacNeil, 2010; Rauvola et al. 2019).

Although some have attempted to clarify secondary trauma definitions, the literature is yet to adopt universal terms for VT, CF, and STS (Greinacher et al., 2019). Researchers have used *VT*, *CF*, and *STS* interchangeably (Diaconescu, 2015; Greinacher et al., 2019; Haddock, 2020; Lachman, 2016; Pross, 2014; Singer et al., 2020; Nikischer, 2018; Russell & Brickell, 2015; Williamson et al., 2020). Some (e.g., Molnar et al., 2017) have navigated this dilemma by referring to all three constructs at once, and some (e.g., Sorenson et al., 2016) have used "related concepts" (p. 456). Still, some have captured all three concepts and referred to them as *trauma-related stress* (Newell & MacNeil, 2010), *secondary trauma* (Berger, 2019), *secondary traumatization* (Figley & Ludick, 2017; Greinacher et al., 2019), *empathic distress fatigue* (Klimecki & Singer, 2015), *compassion stress injury* (Russell & Cowan, 2018; Russell & Brickell, 2015), *compassion stress* (Russell & Brickell, 2015), or *EBS* (Rauvola et al., 2019).

Each of these terms used to capture various conceptualizations of trauma brought on secondarily may have distinction but are also tautological without universal adoption of definitions. While Branson's (2018) conceptualization of the terms could have been used, other recent literature presents alternative conceptualizations of the terms. In reviewing secondary trauma terminology, Sinclair et al. (2017) noted that a new conceptualization of the stress response could add clarity for research and practice. With

similar findings of inconsistent use of terminology in the literature but desire to capture

the secondary trauma response in first responders that is inherent in VT, CF, and STS,

Greinacher et al. (2019) chose to use the term "secondary traumatization" to capture all

three terms (p. 3). Newell & MacNeil (2010) suggest a benefit in conceptualizing social

work's psychological risks into categories of trauma-related stress and professional BO.

Since BO is distinct from CF, VT, and STS and since there is a lack of evidence to

suggest BO can lead to secondary trauma (Pross, 2014), BO's conceptualization is

excluded in this study. Withal, this study is interested in secondary trauma experience

that can be, based on the literature, described as CF, STS, or VT. Russell & Cowan

(2018) state that using a term to capture all three responses can enhance research into the

phenomenon that is seeking to capture "the biopsychosocial processes and outcomes" (p.

7). Because this study aims to capture social workers' experience of the phenomenon that

can cause detriment, a single term is adopted. Early researchers (Figley & Ludick, 2017)

liken CF, STS, and VT to the breathing in of emotions that result in detriment just as

someone who breathes in secondhand smoke. For this study, the conceptualization of

EBS is used to avoid pleonasm that could muddle understanding of the study.

 Although precedence has been set in the literature for using one term to capture

secondary trauma responses that may be different but are similar and overlapping,

Rauvola et al. (2019) elaborated on their concept. Given the need for consistent

terminology in the study of secondary trauma (Branson, 2018), a term's conceptualization

clarifies what is being studied. Rauvola et al. discussed two terms related to VT, CF, and

STS constructs. The first term is empathy-based stress, and the second is empathy-based

strain (abbreviated as *EBS*). Empathy-based stress is described as "the process of trauma

exposure (i.e., a stressor) combined with the experience of empathy (i.e., an individually-

and contextually-driven affective reaction) that results in empathy-based strain, adverse

occupational health reactions, and other work-relevant outcomes" (Rauvola et al., 2019,

p. 298). With inconsistent terminology in the literature, what is often being captured and

communicated as an outcome is convoluted. For this study, it is the experience of the

result of empathy and trauma exposure that leads to VT, CF, and STS, that is of concern.

After all, it is the result of empathy and trauma that leads to adverse outcomes negatively

impacting social workers and clients. Figure 1 illustrates Rauvola et al.'s

conceptualization of empathy-based strain.

Figure 1

Construct of Empathy-Based Strain (Ravoula et al., 2019)
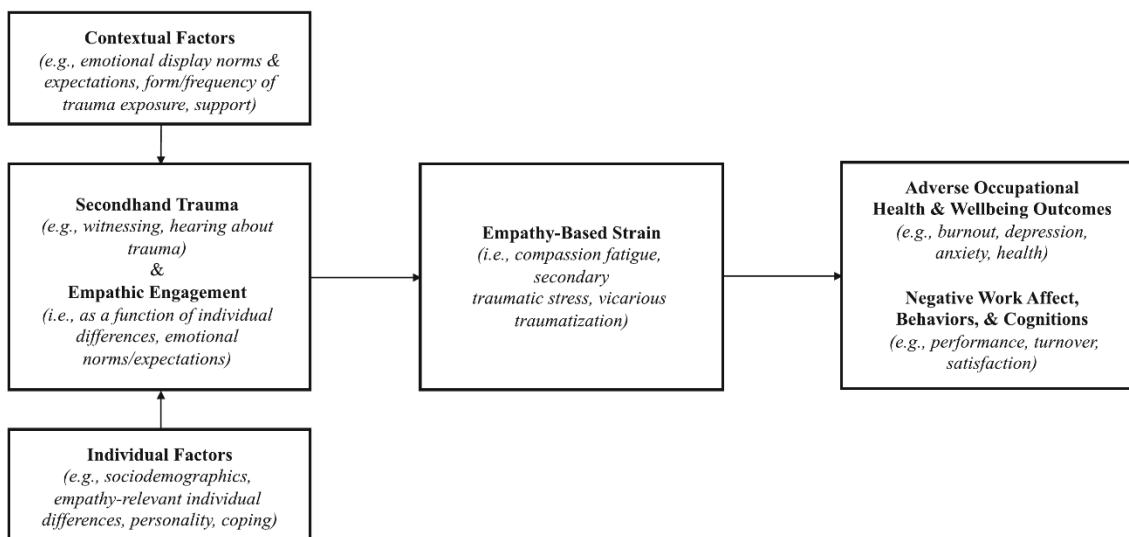
Note. From "Compassion Fatigue, Secondary Traumatic Stress, and Vicarious

Traumatization: A Qualitative Review and Research Agenda," by R. S. Rauvola, D. M.,

Vega, and K. N. Lavigne, 2019, *Occupational Health Science, 3*, p. 298

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Infidelity

Near half of the couples presenting to couples therapy are for reasons that involve

injury from infidelity (Roos et al., 2019; Shimberg et al., 2015). Some estimate a

prevalence rate of infidelity as high as 40% (Marin et al., 2014; Shimberg & Josephs,

2015). The severity of infidelity has led to infidelity being the number one cause for

divorces (Fincham & May 2017). Infidelity is increasing in popularity (Jahan et al., 2017;

Marin et al., 2014), for which many contribute to environmental stress (Gordon &

Mitchel, 2020) and the emergence of technology (Maas et al., 2018; Vossler & Moller,

2019). While infidelity is often damaging and is increasing, the literature indicates many

therapists feel unprepared for treating infidelity and see it as one of the most challenging

issues to deal with successfully in therapy (Abrahamson, 2020; Peluso, 2018; Stamps,

2020; Whisman et al., 1997). In this discussion of EBS, infidelity is appurtenant as it is a

difficult issue for most therapists to deal with, can be traumatizing for clients, and creates

conditions for which social workers may develop EBS.

Infidelity and Conceptualization

Infidelity involves the quintessence of contravening core beliefs a person has of a

partner that create emotional and physical safety (Gordan et al., 2015; Lusterman, 2005;

McAnulty & Brineman, 2007; Negash et al., 2018), which is traumatic and can lead to

irreparable damage on a relationship (Darab et al., 2020). Historically in the West,

infidelity has been conceptualized as the violation of sexual fidelity between a couple

(Lee & Sullivan, 2019; Lusterman, 2005; McKeever, 2020; Stein, 2020). However, as

research on infidelity has expanded, the concept of infidelity has broadened too. That is,

what constitutes infidelity can differ based on how an individual conceptualizes it

(Morrissey et al., 2019; Nasir et al., 2019). The lack of a universal definition of infidelity

has led to varying statistics in the literature (Stamps, 2020).

Notwithstanding the breadth of action that could be seen as infidelity, there are

dominant themes about infidelity in the literature. In an extensive sense, infidelity

involves physical and/or emotional intimacy that violates the fidelity assumed in a

relationship (Guitar et al., 2017; McAnulty & Brineman, 2007; McKeever, 2020;

McQueen, 2021). For most of Western society, monogamy is still considered the norm

(Dominguez et al., 2017; Stein, 2020; Wilkinson et al., 2012). Thus, for many coming to

therapy in the West, betrayal is dealt with in the context of a monogamous relationship.

However, infidelity can be observed in relationships established with broader bounds

when those bounds are violated without the plurality's consent (Azhari, 2021; Conley et

al., 2017; McKeever, 2020; Pichon et al., 2020).

Whereas men used to commit infidelity at a higher rate than women, there is now

little difference in the rate of infidelity between men or women (Guitar et al., 2017). Both

men and women strongly share a view of sexual intimacy outside a relationship to

constitute as infidelity (Conley et al., 2017; Guitar et al., 2017). However, there are

prodigious differences between conceptualizations of what constitutes emotional

infidelity (Guitar et al., 2017). An emerging form of infidelity is occurring via the

internet, and conceptualizations of infidelity widely vary with an online context of

emotional and sexual behaviors (Vossler & Moller, 2019). However, online engagements

are oft perceived as sexual infidelity because of their nature in sexual engagement with

another responsive individual (McQueen, 2021). Behaviors of infidelity online include an

emotional connection in chatrooms, masturbating while chatting or engaging with

another via video, pornography, and sharing pornographic pictures (Vossler & Moller,

2019). While pornography use has not been found to cause infidelity in a traditional

sense, pornography use has been associated with lower spousal commitment (Maas et al.,

2018). An emerging field of research is also exploring perceptions people have of infidelity with sex robots (Rothstein et al., 2021) and sex chat bots such as sex bot, Ciran (Seering et al., 2019) as bots are being programed to provide emotional connection (Rousi, 2018). While research on online infidelity is still in its infancy, Jain & Sen (2018) found that infidelity online was as painful to the betrayed spouse as infidelity that involved physical contact. Despite its conceptualization, infidelity is often traumatic.

Traumatic Impact of Infidelity

Many people who experience infidelity have PTSD symptoms (Darab et al., 2020; Ghonochanie et al., 2020; Josephs, 2020; Warach & Josephs, 2019; Lonergan et al., 2020). The PTSD symptoms from infidelity impact the physical, emotional, behavioral, and cognitive functioning (Darab et al., 2020; Negash et al., 2018; Warach & Josephs, 2019). Because infidelity does not involve the experience of actual or threatened death or perceived serious harm, it does not meet the criteria in the diagnostical and statistical manual (DSMV) for being described as PTSD (Warach & Josephs, 2019), even though the symptoms are the same (Ghochani et al., 2020; Negash et al., 2018; Warach & Josephs, 2019). Further, it can lead to sexually transmitted diseases, and it has been described in the literature as feeling like "emotional murder" (Kumar et al., 2018, p. 519). Because of its often powerful and detrimental impact, infidelity is described as a form of betrayal trauma (Birrell et al., 2017; Lonergan et al., 2020; Lonergan, 2019), small-t trauma (Negash et al., 2018), attachment trauma (Darab et al., 2020; Warach & Josephs, 2019), and a form of PTSD (Ghochanie et al., 2020; Warach & Josephs, 2019).

Emotionally Focused Therapy

Social work ethics emphasize practice built upon best practices that can lead to improvement in well-being (NASW, 2017). Messing (2019) notes that using evidence-based practices aligns with social work's value of social justice. EFT is among the most effective couples therapies with an appreciable empirical basis (Beasley & Ager, 2019; Dalgleish et al., 2014; Rathgeber et al., 2018; Welch, 2019). With EFT's empirical basis for effectiveness, some have suggested the practice of EFT should become standard in social workers' training (Beasley & Ager, 2019). Ergo, EFT is a model of therapy that has long grabbed the attention of social workers and, with the increased adoption using evidence-based practices in social work training (Wike et al., 2019), will continue to be adopted by many social workers.

Emotionally Focused Therapy and Its Relevance to Practice With Infidelity

EFT has been called the theory of trauma (Johnson, 2005) and has demonstrated the ability to address infidelity (Dehghanie et al., 2020; Greenman & Johnson, 2012; Negash et al., 2018; Rheem & Campbell, 2019; Warach & Josephs, 2019). With infidelity, an attachment injury occurs that must be repaired for the security of the relational bond (Brubacher, 2018; Darab et al., 2020; Naaman et al., 2005; Warach, 2019). As a result, the EFT model further developed with the attachment injury and resolution mode (AIRM; Brubacher, 2018; Dehghani et al., 2020). A primary function of AIRM is to facilitate the injured partner's expression of deep pain that, if responded to with validation and asseveration of regret, can heal the attachment injury (Brubacher,

2018; Dehghani et al., 2020; Ho, 2018; Negash et al., 2018; Wiebe et al., 2017). In this process, both the injured and offending partners explore primary emotions that are unpacked and shared to identify their construction of reality. The sharing of primary emotions and the impact of infidelity are facilitated through powerful imagery, analogies, and poetic description that work that capture the traumatic impact (Darab et al., 2020; Greenman & Johnson, 2012; Ho, 2018; Meneses, 2017; Wiebe et al., 2017).

Protective and Risk Factors for Developing Empathy-Based Strain

It is axiomatic that EBS results from coming into secondary contact with traumatic material. However, some factors increase one's risk for developing EBS. Research has identified that risk and protective factors vary among helping professionals, highlighting a need for further research to identify unique protective and risk factors present in different types of practice and settings (Benuto et al., 2018b; Singer et al., 2020). As research into EBS is emerging, some have highlighted the need for additional research into EBS development and factors that may be protective (Branson, 2019; Hunt et al., 2019; Turgoose & Maddox, 2017). Some recent research has suggested a potential protective factor against developing EBS using mindfulness (Turgoose & Maddox, 2017) and experience. However, some studies suggest experience may not be influential as a protective factor (Zhang et al., 2018). Compassion satisfaction (Cummings et al., 2018) and purpose in life (Singer et al., 2020) have also been associated with lower rates of EBS. Research also suggests a potential protective factor of spirituality in developing EBS (Koslowski, 2012; Lusung, 2018; Turgoose & Maddox, 2017; Yanakakis, 2018).

While the negative effects of traumatic stress have been of primary focus in the literature on traumatic stress, the positive effects of working with trauma have gained increased attention over the last decade.

Based on my review of the literature, much published research on this subject is quantitative, and there has been neglect of qualitative inquiry into perception and experience of EBS. This has led to findings that demonstrate quantitative impact but neglect identifying differences in experience that are influenced by other factors. For example, quantitative literature (Benuto et al., 2021; Benuto et al., 2018) acknowledges that EBS can develop and be managed differently by those in different fields of practice. Benuto et al. (2018) conducted quantitative research by identifying victim advocates in 75 agencies. Through email, they invited participants to take their survey. Their research validated the victim trauma scale, but they note that the results demonstrated significant differences from other studies with a different population of social workers. They suggest that meaning-making from working with trauma may be significant in the differences in results as well as other factors including types of practice and there settings.

While the quantitative research on EBS contributes to the validation of EBS presence and symptoms, it neglects critical aspects of the EBS experience. As was suggested in Benuto et al. (2018), other studies acknowledge a need for research that considers the influence of meaning making and contextual factors in a social workers coping with secondary trauma (Cummings et al., 2018; Foreman, 2018). Research indicates that EFT brings about a high rate of recovery compared to other marital therapy

approaches. Further, Sandberg et al. (2013) found that those who learned EFT had positive shifts in how they practice and in fostering relationships. It may be that aspects of EFT practice lead to meaning-making and other contextual factors that are influential in developing EBS. However, published research on EFT social workers' experience of EBS has been neglected. Having knowledge of the experience can inform social work in practice, prevention measures, and training protocols that will eliminate and reduce the risk of EBS development.

While some factors have been identified that may protect social workers from developing EBS, the literature has identified many risk factors. A well-researched variable in developing EBS is a therapist's previous trauma history (De Figueiredo et al., 2014; Ivicic & Motta, 2017; Turgoose & Maddox, 2017; Van der Merwe & Hunt, 2019). Longer hours worked (Singer et al., 2020), caseload (Quinn et al., 2019) and greater exposure to secondary trauma through caseload is a risk factor for developing EBS (Benuto et al., 2021; Benuto et al., 2018a; Benuto et al., 2018c; Campbell & Bishop, 2019; Foreman, 2018; Turgoose & Maddox, 2017). Studies have indicated that BO is a risk for the development of EBS (Cieslak et al., 2014; Diaconescu, 2015; Shoji et al., 2015). Poor self-care is also seen as a risk factor for developing EBS (Figley, 2002; Newsome et al., 2012). Not surprisingly, poor wellness related to aspects of the self are risk factors for the development of EBS (Singer et al., 2020).

Similar to the research on protective factors, many investigations into risk factors have stemmed from quantitative inquiry. Quantitative inquiry has led to the identification

of many things, including general risk and protective factors in the development of EBS. However, there is a neglect of qualitative inquiry that has identified risk factors that may be unique to social workers in different practice areas. Molanr et al. (2017) reviewed the literature on secondary trauma and noted how further research is needed that can address traumatic stress in workplace settings where exposure to trauma is quotidian. They note that much research related to prevention is focused on the positive and negative effects of engaging with trauma in one's profession. It is stated in Molnar et al. (2017) that more research is needed that can identify risks and protective factors for EBS and, in particular, how contextual factors influence how clinicians respond to trauma material. Without this research, social workers in different fields of practice are left vulnerable (Molnar et al., 2017). Hence, this study focused on EFT social workers' experience of EBS while working in a private practice setting with couples experiencing infidelity.

Risk Particularly Present with EFT Work

While there are many external influences in the development of EBS, the practice of EFT creates ideal conditions for developing EBS. Based on their review of the literature, Van der Merwe and Hunt (2019) state that the more details shared of trauma, the more likely it is to be "cemented" in the memory of the hearer (p. 12). Unlike many other modalities, EFT is not primarily concerned with content but with primary emotions (Johnson, 2018). However, this is not to say that EFT avoids content, as can be observed in the short vignette to follow below. However, the primary concern in EFT is on underlying or primary emotions as "emotion is an information-processing system focused

on survival" (Johnson, 2018, p. 34). As attachment disconnection is traumatic, the EFT

therapist works to access the attachment emotions of one spouse that can facilitate an

adaptive response in the other spouse of emotional care (Johnson, 2019b). Thus,

identifying the primary emotions can lead to changes in perception in the other spouse.

Thus, that which is perceived as a limbic system threat to connection, such as a spouse

shutting down, will now be seen as a spouse's desire to keep a connection. However,

empathic engagement with a client's painful experience of content and primary emotions

also leads to conditions that facilitate EBS.

In Johnson et al. (2013) workbook on becoming an EFT therapist, they provide

examples of the content desired that facilitate the adaptation of self that can lead to a

secure connection.

Therapist: "Jane, last week you were telling Ed some of the details of the rape,

things that are very, very hard to talk about, things that you hadn't really told him

before." (Jane nods) "I remember you mentioning that during the rape you kept

passing out, and that was completely terrifying for you. You were bleeding and

your body was going away on you—you were totally helpless." Jane: "Yes, I

remember." (weeps)

Therapist: "You also said that you still have dreams of this—of drifting in and out

of consciousness and of seeing the phone, just out of reach. You tried to reach for

it each time you came to, but your body wouldn't respond—you couldn't reach it.

And you were thinking, 'If I could call Ed—if I could just call him and he would

come and help me,' yes?" Jane: (nods vigorously) "I couldn't reach it. I couldn't

get to it—I couldn't get Ed." Therapist: "Right, and you were bleeding, dying. So

now when you can't reach him, that same panic comes up and takes you over,

yes? Is that right?

In the short vignette above, details of the trauma can be divided into content and

emotions. For example, a description of the bleeding and passing in and out would be

content. Content is covered but only to access the primary emotion behind the

relationship's current disconnection. Thus, the emotion that is sought and crucial to

creating change is the feeling of helplessness and inaccessibility to the husband.

Deep engagement in this pain by social workers is seen as a systematic step through

which the therapeutic relationship is built, and healing can be facilitated (Furrow et al.,

2011). Hence, a myriad of EFT specific interventions enable this access of emotional

pain, including repetition of evocative imagery, use of metaphors and poetic language,

evocative responding, empathetically exploring emotional experience, empathetic

attunement, and responsiveness, empathic absorption, empathic conjecture, empathic

interpretation, expanding and heightening the emotional experience, accessing and

unfolding emotional responses and using images that capture the depth of partners

experience (Johnson, 2019b).

A brief illustration reveals the different types of evocative and poetic imagery that

occur and to which the EFT therapist engages empathically. Ho (2018) documents shared

poetic material where a betrayed spouse shares what it was like: "the loneliest moment in

my life," "Like a vase, shattered," "he stabbed right into the core of my heart," "first he used me, then he hurt me (Ho, 2018, p. 53, 54) and "frosting in the heat of summer" "when I was thrown out like a paper towel (Darab et al., 2020). An example of the somatic impact would be "I felt choking" "it seemed something was slammed on my head" (Darab et al., 2020). This traumatic content is not ignored but heightened to embellish the depth of experience. Heightening can include repeating an impactful emotional phrase or word and emphasizing images that capture the experience (Johnson, 2019b). The heightening and extraction of profound emotional pain can lead to somatic and cognitive symptoms in those engaged with the material, which are further used to capture the profundity of pain (Naaman et al., 2005).

Empathy is considered an essential element that facilitates the change process in EFT. Empathy-specific interventions in EFT, according to Johnson (2019a), include a reflection that requires "empathic absorption" (p. 78), "empathic immersion" (p. 84), empathic conjecture, and empathic interpretation. The literature indicates that more empathy (Can, 2018; Mento et al., 2020; Rodriguez, 2019), empathic response (Can, 2018; Turgoose & Maddox, 2017), and empathic attunement, and understanding (Turgoose & Maddox, 2017) leads to greater risk of EBS. Can (2018) explored the relationship between multiple variables, including empathy and CF. To do this, Can conducted a correlation study with 84 participants that were recruited using convenience sampling. Data for the study was gathered using multiple scales that could take measurements of the variables. One of the findings indicated a positive correlation

between empathy and wellness. The depth of pain a social worker empathetically connects with is heightened when using EFT and working with infidelity. Yet, there is a dearth of literature published on EFT social workers' experience of EBS. This is troubling as EBS develops intrinsically from empathic engagement in a client's traumatic pain (Cocker & Josh, 2017; Figley, 1995; Moudatsou et al., 2020; Ravoula et al., 2019), and contextual factors such as deeper engagement may make EBS more puissant (Ravoula et al., 2019).

CSDT explains how EBS develops as an adaptive response to trauma. Why EBS would develop in use of EFT practice with those experiencing infidelity is further understood in a current understanding of the neurobiology process. Rauvola et al. (2019) note that EBS cannot occur when mirroring through empathy does not occur in exposure to secondary trauma. The significance of empathy in developing EBS is highlighted in a brief discussion of mirror neurons. Isobel and Angus-Leppan (2018) note that empathic engagement creates a propitious condition for developing EBS based on the current understanding of neuroscience. It was not until the 1990's that scientists became aware of the mirror neuron process that occurs in engagement with others (Acharya & Shukla, 2012). As an individual experiences emotional pain and this is shared, the parts of the brain that experience pain are also activated in the hearer's brain if they are engaged empathically (Johnson, 2013). As explained by Isobel and Angus-Leppan (2018), empathic engagement with trauma can set off an automatic neuro-reciprocal process. This process is an adaptive response to the perception of danger that activates the

neuroendocrine, autonomic, and limbic system. In continual engagement with trauma, the

defense mechanism may lead to changes in adaptation meant to protect. This aligns with

the theory of CSDT that suggests the strain therapists experience as a result of empathic

engagement with the pain of others is meant to protect the therapist self. In conclusion,

the practice of EFT with those experiencing infidelity naturally exposes social workers to

hearing, feeling, and engaging with traumatic material, which creates vulnerable

conditions for developing EBS.

Much of the literature base on EBS is quantitative (Can, 2018). Rauvola et al.

(2019) suggest a need for research into EBS that delineates the differences in

development that stem from different workplace factors and empathic practices and

considers things leading to resilience in developing EBS. These findings further

substantiate the need for research into EFT social workers' experience of EBS. That is,

EFT requires accessing and engaging with the pain of an individual in a unique way.

Further, social workers in a private practice setting may experience contextual factors

that are protective or put them at greater risk of developing EBS. The nature of EFT

creates contextual factors, including the use of empathy and accessing emotion, that put

EFT social workers at an increased risk of developing EBS.

Coping with EBS

As Victor Frankl (2017) documented during his time in Nazi concentration

camps, a positive transformation can occur with sitzfleisch through trauma. Research has

documented some positive transformational experiences that can materialize with

secondary engagement with trauma. Compassion satisfaction can occur in clinicians who have engaged secondarily with trauma material. While research is limited on compassion satisfaction (Ludwick & Figley, 2017), compassion satisfaction is believed to result when numerous variables are present in one's work. The variables influential in determining compassion satisfaction include supportive environment, self-care, and satisfaction with the work one is doing (Ludwick & Figley, 2017; Sacco & Copel, 2017). Research on compassion satisfaction suggests it may be a protective factor against developing EBS (Cummings et al., 2018; Yilmaz & Ustun, 2018). Based on their meta-analysis, Zhang et al. (2018) state that sociality is influential in developing compassion satisfaction. This may also suggest that those in private practice are at increased risk of EBS as they may be more isolated than their peers who work in organizations.

With the impact of EBS on functioning, efforts have identified general protective factors that may prevent EBS. Meta-analysis indicates that education and training on EBS and self-care can increase resilience and reduce the risk of developing EBS (Zhang et al., 2018). In addition to training, Merwe and Hunt (2019) suggest that supervision should become mandatory for those who listen to trauma narratives. In conducting their qualitative study, Van der Merwe and Hunt (2019) utilized case illustrations to gather narratives of trauma researchers' secondary trauma experience. Data was collected from 169 participants in three religious groups that were conveniently contacted for recruiting purposes. From the narratives, Van der Merwe and Hunt (2019) stated that it suggests it is the listening to trauma and not the purpose of listening that is significant in EBS

development. Having support in processing one's work (Bridger et al., 2019; Kanno & Giddigns, 2017; Zhang et al., 2018) and organizational support is a protective factor in preventing EBS (Kanno & Giddings, 2017; Knight, 2020; Steel, 2019). Administrative support can be facilitated in numerous ways, including reducing client load and clinician exposure to secondary trauma material (Kanno & Giddings, 2017) and cultivating a climate of peer support and trauma-informed supervision (Steel, 2019). Further, self-care (Anne Dombo et al., 2016; Sansbury et al., 2014; Steinlin et al., 2017) is invaluable in preventing EBS, which can be encouraged through organizational policy (Kanno & Giddings, 2017; Sansbury et al., 2014).

Among self-care practices that have received attention in preventing EBS are mindfulness and spirituality. Mindfulness as a practice can be separate from spirituality. However, many religious practices incorporate the use of mindfulness (Lazaridou & Pentaris, 2016). Russell (2017) describes mindfulness being the awareness of the present in an open and nonjudgmental way. Silver et al. (2018) conducted a cross-sectional quantitative study exploring the protective factor of mindfulness. This was carried out amongst 3500 participants using a survey. Yip et al. (2017) utilized snowball sampling to find participants for their study. The initial participants were recruited through Facebook and by sending emails to those belonging to two professional psychological organizations. For those that consented to the study, they were directed to an online survey. Silver et al. (2018) and Yip et al. (2017) found that mindfulness led to increased empathy and a reduction in EBS. This is significant in that empathic engagement with

trauma is considered a prime factor in the development of EBS. Mindfulness, however, leads to resilience and interception that facilitate the management of stress (Crowder & Sears, 2016). Interceptive awareness has been found to help with emotional regulation and the maintenance of a clinician's sense of self and engagement in self-care (Price et al., 2019; Price & Hooven, 2018). Brown (2018) found a lack of mindfulness practice among social workers was associated with higher rates of EBS. Mindfulness can enhance self-kindness, often not found with those suffering from EBS (Yip et al., 2017). Self-compassion, however, can further facilitate a sense of purpose (Kissil & Nino, 2017). This is potentially significant in that satisfaction with one's work is a contributor to compassion satisfaction.

Spirituality may use mindfulness in practice, but the essence of spirituality is that it is transcendental of the body (Lazaridou & Pentaris, 2016). Spirituality involves making meaning that is often connected to religious beliefs but can be separate (Koslowski, 2012). Practicing spirituality has an inverse relationship with EBS (Koslowski, 2012; Newmeyer et al., 2016) and can lead to reduced stress (Lusing, 2018) and can lead to restoring the ability to empathize (Rodriguez, 2016). Engaging in spiritual practices is significant in the meaning-making process (Mason, 2017; Rodriguez, 2016) for which lends to transformational growth (Frankl, 2017; Mason, 2017). In qualitatively exploring the contribution of spirituality, Mason (2017) utilized purposive sampling. Mason recruited 13 participants and used in-depth, unstructured interviews and narrative sketches to gather data. Mason's findings were significant in noting that coping was

enhanced with different conceptions of meaning. Compassion satisfaction is said to be

fostered when a clinician feels enriched in their work, has good well-being, and a sense

of accomplishment in what they are doing (Sacco & Copel, 2017). Indeed, while

exposure to secondary trauma can be taxing, knowing one is making a difference in the

lives of others can be rewarding and meaningful (Foring, 2020). This is significant in the

discussion of working with infidelity as therapists identify working with infidelity to be

one of the most challenging issues. There is a lack of research on the effectiveness of

couples therapies to treat infidelity, but research indicates 53% of couples entering

couples therapy for infidelity will divorce within 5 years after therapy and 80% if there is

a non-disclosed affair (Marin et al., 2014). Despite the high failure rate of couples

therapy to treat infidelity, spirituality could give clinicians a way to make meaning, even

with work that is perceived as difficult. Exploring EFT social workers' conceptualization

of working with infidelity can identify how factors, including the rate of success,

influences the development of EBS.

Therapists who learn EFT also report changes that lead to positive growth and a

greater understanding of one's own inward processing. (Sandberg et al., 2013). Johnson

(2019b) asserted that couples therapy enhances emotional intelligence and leads to

improvement in functioning. Thus, if practicing EFT leads to individual growth, EFT

may present as a protective factor for some. After all, positive growth and self-care are

associated with lower rates of EBS (Kissil & Nino, 2017). Additionally, EFT focuses on

providing empathic engagement. Hansen et al. (2018) indicate that long-term

engagements in empathy may decrease the negative impact that can occur through empathic engagement. Interoceptive and mindfulness practices are also thought to be protective factors in developing EBS. Interceptive practice is done in EFT as the EFT therapist utilizes their emotional reaction in engagement with clients' emotions to further guide clients in their experience (Johnson, 2019b). Lastly, meaning-making is influential in the development of EBS (Wiebe, 2001). The practice of EFT requires therapists to understand emotions and reactions in terms of attachment (Johnson, 2019b), which could be influential in how meaning is made of experience. Knowledge on how EFT social workers experience EBS can identify specific risks and protective factors related to practice. Gaining further understanding of how EFT social workers conceptualize EBS will further fill the gap in knowledge related to this specific practice area.

Yi et al. (2018) conducted a qualitative study of pediatric oncology social workers' experience of CF. Using purposive sampling from those on a listserv of the Association of Pediatric Oncology Social Workers, they sent out emails with an invitation to the study. In total, they recruited 27 social workers for their study. The findings resulted in knowledge about several things. First, pediatric social workers often experienced the death of patients and struggled with being unable to prevent it. Many pediatric oncology social workers felt emotionally burdened due to the situations they were presented with, which led to CF. Further, many social workers felt their efforts were not seen as significant by other medical professionals, which devalued their work and contributed to the development of their EBS.

Despite the significant findings for pediatric oncology social workers, the results are potentially insignificant for many other social workers in fields with different contextual and structural factors. For instance, with regards to this study, many EFT social workers work in private or small group practices. This is vastly different from the environment of pediatric oncology social workers. Yi et al. (2018) study is valuable in supporting the need for qualitative research among different social work fields where there are different contextual and structural factors present. Yi et al.'s study demonstrate the evolution of the knowledge base that is beginning to explore the experience of EBS in different social work practice fields. To reiterate, it is the purpose of this study to contribute to the knowledge base by exploring EFT social workers' EBS experiences as the structural and contextual factors are vastly different from other social work fields and can produce different experiences.

Impact of Empathy-Based Strain on Social Workers

Social workers engaged in hearing trauma are at a high risk of developing EBS (Fahy, 2007). The literature often refers to EBS as an occupational hazard (Branson & Keller, 2014; Harr et al., 2014) but is perhaps best described as the "cost of caring" (Figley, 1995). EBS impacts the self of therapists, leading to symptoms in the cognitive, physical, emotional, spiritual, and social domains (Molnar et al., 2020). As will be discussed in further detail, the impact of EBS can lead to a personal and professional detriment and practice that harms clients.

Impact on Client Care

Research into EBS reveals that clinicians with EBS deliver subpar care (Harr et al., 2014; Molnar et al., 2020; Negash & Sahin, 2011; Sinclair et al., 2017; Taylor, 2018). However, the symptoms of EBS, if left ignored, naturally lead to inadequate care. First, the clinician experiencing EBS may have the same trauma symptoms as their clients (Figley & Ludick, 2017; Ireland & Huxley, 2017) or other PTSD symptoms, including dysregulation of emotions (Harr et al., 2014; Mento et al., 2021; Molnar et al., 2020). This may lead clinicians to avoid engagement with their client's trauma material and neglect counselor responsibilities (Harr et al., 2014; Mento et al., 2021; Taylor, 2018) or engage poorly with clients due to general symptoms of pain and irritability (Negash & Sahin, 2011).

Difficulty in keeping boundaries is also often impacted by the development of EBS (Mento et al., 2021; Yilmaz & Ustun, 2018). A clinician may also experience vicarious countertransference that leads a counselor to adopt a position as a rescuer and does not facilitate client independence (Branson, 2019). The experience of EBS hinders essential elements of EFT practice, including emotional connection (Isobel & Angus-Leppan, 2018) and ability to provide empathy (Negash & Sahin, 2011; Yilmaz & Ustun, 2018). If not addressed, the experience of EBS by one or more clinicians can lead to the traumatization of an organization that impacts that organization's overall care (Ireland & Huxley, 2017; Pross, 2014). The traumatization to organizations that can impact client

care throughout an organization has led some (Knight, 2020) to call for trauma-informed organizations to prevent EBS.

Armes et al. (2020) noted that there is a dearth of literature exploring how STS impacts a social workers' function in the workplace. Undoubtedly, this is the result of much research focusing on quantitative inquiry into EBS. For Armes et al. (2020) study, they mailed out 2500 surveys to a national sample of social workers. Through social worker self-report, they explored the distress and impairment STS had on child protective service social workers functioning in the workplace. There were several things found from the study: 1. They found that the presence of STS was positively correlated with distress and impairment. 2. They found that a higher load of clients with PTSD was positively associated with STS, distress, and impairment. 3. The increased STS, distress, and impairment were also positively associated with more hours spent addressing trauma. 4. STS, distress, and impairment were positively associated with work that addressed trauma.

Armes et al. (2020) research identified that personal and professional factors impacted the development of STS. For social workers practicing EFT in a private practice setting with couples experiencing infidelity, their experience may differ from child protective service social workers experience. Armes et al. (2020) note that knowledge of the impact may be tangential to different social work practice fields. For example, they cite Itzick & Kagan and Sprang et al. (2011) as identifying different rates of STS between general practice social workers and child welfare workers. Knowing social workers'

experience of EBS in different settings and practices can inform each field of practice of contextual factors that impact the development and experience of EBS. Further, qualitative inquiry allows for collecting rich narratives that are not bound by closed-ended survey questions. Thus, qualitative inquiry allows for the exploration of contextual factors that may not be identified by quantitative inquiry.

Impact on Social Workers Personal Lives

While EBS can lead to poor client care, EBS can be harmful to social workers' personal lives. EBS symptoms can lead to poor self-care and unhealthy relational boundaries (Mento et al., 2021). Further EBS symptoms that impact a social workers' personal life are a sense of loneliness, desire to isolate, increased personal conflict (Hart et al., 2014; Taylor, 2018), and decreased desire for intimacy (Branson et al, 2013; Hart et al., 2014). Branson et al. (2013) conducted quantitative research to explore the relationship between sexual desire and VT,. Participants were 163 professionals who were recruited conveniently from those listed with a Missouri licensing board. They found that those with higher levels of EBS had decreased levels of sexual desire. As with much research on EBS that is quantitative, understanding of perceptions and experience that contributes to positive or negative effects of EBS are missing. As a result of EBS, there may also be engagement in risky behavior outside of work to cope with the impact of listening to trauma material (Middleton et al., 2021). Additional interpersonal conflict can stem from being overprotective and less trusting, and emotionally avoidant (Brady, 2019; Molnar et al., 2020). CSDT explains that EBS is the result of an adaptive response

to trauma that is to enhance security of the therapist self but inadvertently causes negative changes to the therapist self and leads to dysfunction (McCann & Pearlman, 1990). For the EFT therapist, a change to their schema of relationships could be detrimental in their practice as EFT therapists utilize their own "theory of close relationships as a map" (Johnson, 2019a, p. 218) to guide the process. In addition to EBS's negative effect on social and interpersonal relationships, clinicians can experience physical issues, including pain, headaches, exhaustion (Negash & Sahin, 2011), and gastrointestinal disorders (Mento et al., 2021).

Leaving the Field of Couples therapy or Social Work

The negative impact EBS can have on one's performance can lead to difficulties in the workplace that result in leaving (Graham et al., 2016). However, the personal impact can lead to clinicians feeling overwhelmed and exhausted in the work they do. Emedo-Anene (2018) suggests there may be other variables in conjunction with EBS that can lead to clinician's desire to leave, such as a need for flexibility. This aligns with others research on BO and clinician's desire to leave that results from the workplace and a lack of personal care outside the workplace (Malaquin et al., 2017; Purnawati et al., 2020; Putranti, 2018). However, the literature has identified that EBS can increase the desire to leave one's profession (Hanson, 2020; Middleton & Potter, 2015; Middleton et al., 2021). EBS has been described as "unbearable fatigue" (Fahy, 2007, p. 199) and feeling as if one's soul is "bruised" Middleton et al. (2021, p. 5). The cost to social workers alone

demands that research be made to prevent suffering and sustain social workers in their field.

Constructivist Self Developmental Theory

CSDT stems out of the work of McCann and Pearlman (1990) to explain the development of VT. As McCann and Pearlman (1990) state, they desired to understand why there were differences in how people responded to trauma. According to CSDT, the self of the therapist is changed from the development of EBS. It is from the changes in oneself that the symptoms of EBS stem. From CSDT, EBS is seen as a response to trauma material for which understanding must be made in the construction of reality (Branson et al., 2013; Trippany et al., 2004). Thus, for example, to understand the perfidy of a client's spouse, a therapist may develop a schema that any spouse can be disloyal. This then leads to adaptive responses for which may manifest as trauma symptoms such as hypervigilance and depression.

A key aspect of CSDT is the view that the impact on the self of the therapist is pervasive and accumulative (Trippany et al., 2004). Hence, once the adaptation has occurred in response to the trauma, the changes are reinforced and continue to impact the therapist's functioning. This explains why research finds risk factors associated with higher client load and amount of trauma exposure. The adaptations to the self also explain the broadness of symptoms that impact a person's life professionally and personally. McCann and Pearlman (1990) identified seven aspects of the self that were affected by secondary trauma and include frame of reference (i.e., view of the world and

self), cognitive schemas, memory, and perception (i.e., personal need for safety, esteem, trust, control, and intimacy), ego resources (i.e., capacity for empathy and self-awareness and ability to manage boundaries), and self-capacities (i.e., ability to manage emotions, and feel worthy of loving and being loved). The impact on the self of the therapist is particularly relevant to the practice of EFT. With EFT's roots in humanistic theory, the self of the therapist is seen as the primary factor through which change is facilitated. If this self is negatively changed, which occurs with EBS, this can lead to negative adaptive responses. The EFT social worker experiencing EBS may experience many symptoms related to secure therapeutic work and find it hard to engage empathically, or work with painful emotions. Further, the EFT social worker experiencing EBS may begin declining professionally and personally and may unintendedly harm clients with poor boundaries and practice. Thus, how the self of the therapist is impacted is essential to social work practice when using EFT with clients experiencing infidelity.

The Need for Qualitative Research on Empathy-Based Strain

The literature has identified that those who listen empathetically to clients' trauma are at risk of developing EBS. This puts social workers at an increased risk of developing EBS. Consequently, it was in the social work field where conceptualizations of EBS were developed (Sacco & Copel, 2017). This risk is furthered in that the practice of social work is broad in the type of modalities used and the setting in which it takes place. Even in organizations, social workers are often given large client loads and have limited support. This has led to more focus in the literature on the impact of EBS (Ben-Porat &

Itzhaky, 2014; Dasan et al., 2014; Ray et al., 2013; Zeidner et al., 2013) and responding to secondary trauma rather than preventing it (Kapoulitsas & Corcoran, 2014; Molnar et al., 2017).

While research has been made into general risk and protective factors, the research has found that the development of risks and protective factors can vary based on the setting and type of work performed (Benuto et al., 2018; Cuartero & Campos-Vidal, 2018; Fay, 2007; Finley & Sheppard, 2017; Kwong, 2018, Molnar et al., 2017; Masson, 2019; Rauvola et al., 2019; Thompson et al., 2014; Yi et al., 2018). Newell and Nelson-Gardell (2014) state that with the research on EBS being nascent, EBS may be of a more significant risk than previously thought. This has led to a call in research for focus on knowledge development of EBS that can delineate the difference of how EBS develops and the particular risk and protective factors that may be unique to different sectors of social work where engagement with trauma is made secondarily (Berger, 2020; Molnar et al., 2017; Rauvola et al., 2019). As Bercier and Maynard (2015) note, research into EBS, especially with effective interventions, is fledgling but needed due to its impact on clinicians. Foreman (2018) states, "the meaning-making process of how to manage the exposure to the client trauma experiences warrants further evaluation" (p. 151). While there is a need for general research into EBS, it is particularly true for social work practitioners. Fox (2019) states "personal narratives are lacking" (p. 1) that explore social workers' conceptualizations of EBS that can inform well-being. Further research is thus

needed to address the gap in the literature that is leaving social workers in various fields of work vulnerable to EBS.

Because of the harm that can result from EBS leading to personal and professional detriment and harm to clients, there is a need for research that can expand knowledge of how social workers conceptualize EBS. This is particularly true for social workers using EFT with infidelity as it leads to increased exposure to trauma material. Ethically, social workers have a responsibility to ensure competent practice that can lead to clients' well-being (Brady et al., 2019). Knowledge from social workers' conceptualizations of EBS can lead to further identification of protective factors and risk factors and result in professional development, improvement of practice, the retention of social workers in couples therapy, and social worker and client well-being.

Summary

This section reviewed the literature on key elements of the study. While the concepts of EBS are young, general research into the phenomenon of EBS is not diminutive. However, with EBS, there has been little published that has focused on sectors of social work practice. This has led to a call for research on EBS that can explore the experience of EBS with consideration to various individual and contextual factors that will further inform social work practice. Undoubtedly, there is a need for research into social workers' experience of EBS that can lead to social worker development and the promotion of ethical practice. Because EBS is experienced differently by those in different areas of social work practice, the need to fill the gap is paramount to the well-

being of clients and social workers. This is particularly true concerning social work

practice using EFT with couples experiencing infidelity. The experience of infidelity

leads to deep traumatic pain. The practice of EFT envelops social workers in this pain,

which makes them vulnerable to develop EBS. Understanding the experience of EBS

among EFT social workers is paramount as it can have devastating consequences for

social workers personally and professionally, and in seriatim, their clients.

A failing of the current literature base is the use of inconsistent terminology that

has befuddled the application of research. The use of consistent language is essential to

exploring the phenomenon of EBS so that findings can inform practice. The use of the

term EBS enhances participants' ability to accurately describe their experience of the

phenomenon of strain that results from empathy-based strain, leading to social worker

and client detriment. In identifying social workers' experience of EBS, this research can

inform social work practice and lead to the improved well-being of clients and social

workers, professional development, improvement of practice, and the retention of social

workers in couples therapy practice.

Section 2: Research Design and Data Collection

Introduction

The purpose of this study was to identify and describe how social workers who practice EFT with couples experiencing infidelity experience, conceptualize, and cope with emotional strain in their professional practice. In this section, I will further elaborate on the research design, the research questions, the methodology used, the participants, data saturation, the researcher's role, the instrumentation, and the data analysis. In the conclusion of the section, I will discuss the ethical procedures used in the study.

Research Design

In this study, I explored the impact of EBS on the self of social workers, how social workers perceive EBS impacting their work, how social workers manage EBS, and how they make meaning of their experience. Because of the study's focus on experience, a basic qualitative approach was appropriate (see Ravitch & Carl, 2021). I relied on the assumption that learning is based on how an individual conceptualizes their reality. Thus, I drew from the epistemological framework of basic qualitative approach, constructivism (Merriam & Tisdell, 2016). In the exploration of meaning-making, I sought to understand the phenomenon of EBS among EFT social workers who work with couples experiencing infidelity. Understanding how social workers conceptualize EBS is helpful in identifying the challenges and difficulties in the practice of EFT with couples experiencing infidelity. Further, it can illuminate aspects of meaning-making that may be protective of the self of the therapist and contribute to compassion satisfaction and adequate client care. This

study's nature required the extraction of rich descriptions of meaning, which was achievable through qualitative inquiry (see Pessoa et al., 2019).

In exploring the description of meaning using a basic qualitative approach, researchers can use various methodologies and forms of analysis (Kahlke, 2014). Basic qualitative designs are less rigid than other qualitative approaches that rely on grounded theory or phenomenological theory (Kahlke, 2014). Thus, those in the applied practice field will often adopt a basic qualitative approach to better understand a phenomenon in terms of promoting human well-being over methodological cultism (Hostetler, 2005; Thorne, 2016). The nature of a basic qualitative approach allows for freedom and creativity in how one answers the research questions (Kahlke, 2018). Many sampling methods can be used (Neergaard et al., 2009); however, purposive sampling is most common in basic qualitative designs to extract rich data (Jahja et al., 2021). Further, to gather rich data, researchers often conduct semistructured interviews with open-ended questions (Neergaard et al., 2009). Researchers using basic qualitative approaches do not attempt to stray from the data. Thus, codes that stay close to the data are often used to ensure integrity, including in vivo coding (Kahlke, 2014).

Definitions of Key Terms

In this section, I define the key terms used in the study to enhance understanding. Defining key terms is particularly important when discussing the strain social workers experience as a result of working with trauma. As Newell et al. (2015) noted, conflicting terminology with EBS terms has led to issues in understanding the research. Thus,

identifying terms that could be misunderstood is essential, particularly for researching and communicating findings on secondary trauma (Branson, 2018). The following terms are important for understanding the study:

Attachment injury: A form of deep emotional pain from betrayal that creates a traumatic wound. It is an injury that results from a violation of assumption in connection (e.g., fidelity) and leads to attachment insecurity (Johnson, 2018).

Constructivism: The weltanschauung that knowledge is constructed by a personal conceptualization of experience (Ackermann, 2001).

EFT initial training: An International Centre for Excellence in Emotionally Focused Therapy-endorsed externship and core skills training.

Emotionally focused therapy (*EFT*): Johnson's (2019b) empirically supported treatment for emotional disconnection that is based on attachment theory and the idea that using emotions in therapy is key to therapeutic change. This form of therapy is distinct from Greenberg's emotion-focused therapy, which is also referred to as *EFT* (Brubacher, 2017), and from emotion freedom technique.

Empathy-based strain (*EBS*): The grouped construction of CF, STS, and VT that result from an EBS process that consequently impacts the physical, cognitive, emotional, and behavioral aspects of a person (Rauvola et al., 2019).

Infidelity: The violation of assumed fidelity in a relationship.

Secondary trauma: A term that is used synonymously to describe EBS.

Social work: The professional practice of engaging with others in effort to improve well-being.

Social worker/clinician/therapist: Terms that are used interchangeably to refer to a social worker engaged in social work.

Methodology

In the theory of constructivism, knowledge of a phenomenon is not objective; rather, it is a participant's and researcher's construction (Kahlke, 2014). Because I explored the construction of experience, I did not rely on static interviewing. Rather, and unlike questionnaires that are limited in ability to collect rich data (Ravitch & Carl, 2021; Tran et al, 2017), I used semistructured interviews. This form of interviewing enhances flexibility to construct meaning of the phenomenon and is most commonly used in basic qualitative research designs (Neergaard et al., 2009).

Role of the Researcher

In qualitative research, the researcher joins in the construction of meaning-making (Austin & Sutton, 2014; Ravitch & Carl, 2021; Saldina, 2016). This is done in data analysis as the researcher identifies the themes based on their perspective. Additionally, in using semistructured interviews, the interviewer contributes to the facilitation of meaning-making with follow-up questions; although, these questions are wrought from the participant and not the researcher. Ravitch and Carl (2021) noted that the researcher is the "primary instrument" (p. 375) of the research. With less reliance on theory, the researcher engages in reflexivity to enhance the rigor of a basic qualitative approach

(Kahlke, 2014). With the researcher being involved in the construction of knowledge, identifying reflexivity is essential to ensure transparency and leave a data trail for validity purposes.

When this study was conducted, I had no personal relationship with any of the prospective participants and I was not in an authoritative role in the EFT community. As a master's-level social worker who had completed an EFT externship and regularly used EFT with couples experiencing infidelity, I would have been a part of the potential participant pool for this study. To be aware of biases, I took journal notes to reflect on my experiences, feelings, and thoughts that arose during the interview and coding processes. For this study, I approached the interviewing, coding, and interpretation with a constructivist paradigm. This involved utilizing the view that truth is an individual or group construct that can be interpreted for relaying experience.

Data Collection

I used purposeful sampling to extract rich data (Ravitch & Carl, 2021). Additionally, purposive sampling allowed for the recruitment of participants who could provide the data desired on the experience of social workers who use EFT with couples experiencing infidelity. Recruitment for this study was done through an online support group for EFT social workers that I am a member of and by inviting potential participants through Psychology Today.

Recruitment through online platforms has increased in popularity over the last several decades and has been found to be a tenable source for data collection (Gelinas et

al., 2017; Rife et al., 2014). Psychology Today offers one of the largest directories of licensed mental health professionals (Wandrei, 2019). Thus, researchers who seek therapists practicing specific therapy forms may turn to the open Psychology Today directory to find participants. For example, Stevens (2015) conducted a quantitative study and recruited participants from a board listserv and the directory of Psychology Today. Spinney (2019) used the Psychology Today directory to identify 100 eye movement desensitization and reprocessing social workers that she contacted to be part of her qualitative study involving seven participants.

After obtaining Institutional Review Board (IRB) approval, I posted a recruitment flyer (see Appendix A) on the EFT support group board, with instructions for reaching out by text or email. To ensure recruitment could be done on the EFT support group page in the manner proposed, I contacted the group administrator and obtained permission to post an invitation to this study. The EFT support group has a member base of 7,100 members who are licensed mental health practitioners. I could find no data on the number of members in the EFT support group who are social workers. In the Psychology Today directory, I initially identified a minimum of 100 EFT social workers who practiced in the United States. The emails of Psychology Today members are freely accessible through the directory. Potential participants identified through Psychology Today were sent an email invitation to join the study that they could respond to via email (see Appendix A). Once a volunteer responded to either invitation, they were contacted by phone or email to ensure they met inclusion criteria, and the next steps of participation

were explained. Those who met inclusion criteria were sent an email with informed

consent documentation that they could respond to with the words "I consent."

Appointments were scheduled with each participant that volunteered. Participants for this

study were 18 years old or older; were licensed in the United States to practice therapy as

a social worker; had completed, at minimum, an EFT externship; used EFT as the

primary modality for treating couples experiencing infidelity; and worked with some

couples experiencing infidelity.

Because of the use of purposive sampling, the concept of saturation is relevant

(Guest et al., 2006). Data saturation refers to the amount of data that has been gathered to

the point it is sufficient, and no new data will come forth (Guest et al., 2006). However,

there is debate among researchers on achieving data saturation (Mason, 2010). Mason

(2010) opines that saturation is not about the number of interviewers but the quality of

the interview. Onwuegbuzie et al. (2009) stated that saturation is about the nature of the

questions and follow-up questions. However, in comparing saturation levels between

groups and individual interviewers, Namey et al. (2016) found that saturation with

individual interviews took roughly between eight and 16 interviews to achieve. Similarly,

in their analysis of when saturation occurs, Guest et al. (2006) found that saturation

occurred between seven and 12 interviews. Hennink et al. (2017) found it took roughly

nine interviews to achieve saturation. With there being a lack of guidelines for

determining saturation (Gueste et al., 2006), Malterud et al. (2016) suggested the concept

of information power. For this study, no more than 20 interviews were planned. The interviews were conducted online using a secure telehealth platform, BlueJeans.

To enhance the quality of research inquiry, semistructured interview questions were used, which allowed for follow-up questions that could enhance saturation. Because rich data were desired, the questions developed were open-ended (Roulston & Choi, 2018). Follow-up questions were based on the content of data provided by the interviewee (Roulston & Choi, 2018). A concluding question was made with each participant to facilitate any thoughts they had that were not elicited by the interview questions but that they felt should be known (Sowicz et al., 2019). The initial questions were also developed based on the nature of the study and the drafting of questions by myself. The questions were then further developed in collaboration with my chair and committee. This process ensured questions were utilized that would gather the data desired on EFT social workers' conceptualizations of EBS (Ravitch & Carl, 2021). Further, data were gathered in line with IRB procedures to ensure ethical research (Mertens, 2018). The interview guide can be found in Appendix B.

Data Analysis

Data analysis began on Quirkos after the transcription of the interviews. Each interview lasted at least 45 minutes but no more than 1 hour. Interviews were conducted over the telehealth platform, BlueJeans. Participants were provided a link that allowed them to securely log in to the platform on a web browser for the interview. Using this platform allowed for the procurement of the audio and video of the interview. The audio

recordings were then downloaded and stored securely. As professional transcription

services can be unfamiliar with jargon which can lead to errors (Eller et al., 2018), I

listened to and transcribed the audio for accuracy. Transcribing the data allowed me to

become further acquainted with the data and gestate the coding (Elliott, 2018).

   After transcription, the data was coded. Coding is not synonymous with data

analysis, but the process of analysis often begins with coding (Ravitch & Carl, 2021).

Coding allows for further analysis, including identification of themes (Linneberg &

Korsgaard, 2019). Content of sentences, paragraphs, and pages were identified and

ascribed a label that could epitomize the material. In the process of coding, subthemes

and themes emerged. This process allowed for a great amount of empirical material to be

condensed that could answer the research questions (Elliot, 2018).

   Coding involves engagement with the data and decisions about what material

captures what was being said (Elliot, 2018). The process of coding is not mechanical but

a process of "craftmanship that enables artful and creative interpretation and analysis of

the data" (Linneberg & Korsgaard, 2019, p. 7). Coding is a time-consuming process

(Saldana, 2016). Therefore, to assist data analysis, software can aid in the organization

and presentation of findings (Linneberg & Korsgaard, 2019). For this study, Quirkos was

utilized. First cycle coding identified terms that were pertinent in describing content, and

second cycle coding allowed for further analysis that identified themes in the content

(Linneberg & Korsgaard, 2019). The data analysis was done to extract the

conceptualizations EFT social workers have of EBS, how they cope with EBS and how they experience EBS.

Some methods, including descriptive coding and in vivo coding, are ideal for those new to coding (Saldana, 2016). In vivo coding relies on the participants' words to code, which emphasizes the voice of participants (Manning, 2017; Saldana, 2016). Because of its reliance on the words of participants, it is an ideal method for those wanting to explore the reality of the participants (Matteucci & Gnoth, 2017; Mitchel, 2018). For this study, In vivo coding was used for the first cycle of coding, and this was followed with 2nd cycle pattern coding, which allowed for further grouping of coded summaries in identifying themes. Saldana (2016) describes the use of multiple methods of coding as a form of eclectic coding.

Validity

An important consideration in qualitative research is trustworthiness. During coding, trustworthiness can be increased through things, including verifying interpretations with the interviewees, recording, and reflexivity (Korstjens & Moser, 2017; Ravitch & Carl, 2021; Saldana, 2021). Trustworthiness, however, is not synonymous with the quantitative definition of validity (Ravitch & Carl, 2021). However, trustworthiness helps ensure the quality of the research through its credibility, transferability, dependability, and conformability (Ravitch & Carl, 2021; Korstjens & Moser, 2017; Williams & Morrow, 2014). A description of the coding and analysis has been provided, as well as some reflection on the use of reflexivity. This allows for an

audit trail that increases dependability and confirmability (Korstjens & Moser, 2017).

Various strategies can be used when gathering data to ensure trustworthiness, including

the use of in-depth interviewing (Rubin & Rubin, 2012; Saldana, 2016). Member

checking is also a valuable tool that can increase trustworthiness as research participants

can review the transcript for accuracy and be able to add clarification or changes if

needed (Candela, 2019; Chase, 2017; Chang, 2014). A researcher's description of how

coding and analysis were conducted provides transparency on the authenticity of the

research and further establishes trustworthiness (Connelly, 2016; Korstjens & Moser,

2017; Nowell et al., 2017). Reflexivity provides rigor to research by ensuring

consideration is given to the role of the researcher on the research, which

provides transparency (Rettke et al., 2018). Throughout the process of coding, I engaged

in reflexive journaling. The epistemological lens of constructivism has been identified.

  The idea of transferability in qualitative research is not the same as

generalizability in quantitative research (Ravitch & Carl, 2021). With qualitative

research, transferability relies on context (Ravitch & Carl, 2021). To increase

transferability, then, thick descriptions allow for readers to note differences in setting and

determine if the data is transferable (Connelly, 2016; Korsjens & Moser, 2017). That is,

the less description a researcher provides of the participants, methodology, and research

process, the data and findings are less transferable to other settings.

  To enhance credibility, a participant validation strategy was utilized through

member checking (Ravitch & Carl, 2021). This approach involved providing the

completed transcript of the interview back to the participant. Participants were then provided opportunity to review the transcription for accuracy. By allowing a review of transcription, participants were given a chance to clarify their words and provide correction to anything they believed could be misunderstood (Ravitch & Carl, 2021).

Ethical Procedures

Inherent in social work practice are ethics that promote the well-being of humanity (NASW, 2017). This implicates research practice specifically concerning research participants and their well-being. The social worker Code of Ethics (NASW, 2017, par. 1.07) states that social workers should keep the information confidential, "except for compelling professional reasons." Often, what is shared in research is of a sensitive nature (Piettia et al., 2019). Confidentiality in research promotes participant's non-restricted sharing for fear of reprisal in disclosing experience. The data set for this study will be stored in a secure manner for 5 years and destroyed when the time period is over.

Another essential element of qualitative research is informed consent. This is particularly relevant to social work ethics, where the worth and dignity of individuals is to be respected (NASW, 2017). To ensure participants were voluntary, consent forms were utilized (Iphfen & Tolich, 2018). In line with standard informed consent practice (Ravitch & Carl, 2021), participants were provided with a document on informed consent that included a description of the study, the study's voluntary nature, and the risks and potential benefits to participants.

Summary

In this section, the general framework for the study was distinguished. This provided context for the qualitative methods utilized. Discourse on methodology included elaboration on the type of sampling, participants, the instrumentation used, the data analysis, and the ethics inherent in the methodology. With an inquiry into the phenomenon of EBS, a basic qualitative framework allowed for the gathering of rich data. The gathering of rich data was enhanced with the use of semistructured interviews and purposive sampling. This section was followed by a discussion on the analysis of the data and its trustworthiness. The next session will present the findings from this study.

Section 3: Presentation of the Findings

Introduction

The purpose of this study was to explore how social workers who practice EFT with couples in counseling for infidelity experience, conceptualize and cope with emotional strain in their professional practice. To achieve the study's purpose, I obtained data through semistructured interviews. The study's three research questions were used to inform the instrumentation. The first research question was, What are the experiences of EBS among social workers who use EFT as their primary modality in working with clients experiencing infidelity? The second research question was, How do social workers who use EFT as their primary modality conceptualize EBS in their work? The third research question was, How do social workers who use EFT as their primary modality cope with EBS in their work with clients experiencing infidelity? I begin this section by reviewing the data analysis techniques used. I then present the findings by research question.

Data Analysis Techniques

After I obtained IRB approval on July 28, 2021 (# 07-28-21-0675017), I commenced participant recruitment. The recruiting first involved the posting of a flyer to an EFT Facebook support group. An initial posting of the flyer was made on the main board, and two additional posts were made in the group's weekly *Top Swap Thursday* post that is dedicated to promoting one another's activities. A total of two people were recruited from these posts. This measure was followed by sending out email invitations to

EFT social workers identified on the Psychology Today directory. Twenty invitation emails were sent out at a time, and recruiting was ceased once no new data came forth. A total of 250 email invitations were sent out, with a total of 35 responses. Due to the time it took for participants to respond to the invitation, data collection lasted for 30 days. I contacted social workers who responded positively to the invitation, explained the next steps of the process, and confirmed participant eligibility. Based on their responses, 11 individuals did not qualify. Another 11 individuals did respond but did not set up an interview. There were a total of 13 participants who completed the interview for this study. All participants were sent an invitation to join the interview on the telehealth platform of BlueJeans.

After collecting data, I downloaded the audio file to a hard drive and began transcription. During this time, I also engaged in reflexivity as was described in Section 2. I worked to complete transcription within a week and a half. Once transcription was complete, I emailed the transcript back to each participant for the second form of member checking. Participants were allowed the opportunity to correct or clarify their responses if they felt it was needed. During the interviews, I restated what I heard participants communicate to allow participants the opportunity to clarify or correct my understanding when required. This process is considered a form of in-interview member checking (Harper & Cole, 2012). For privacy purposes, the names of participants were stored on an encrypted hard drive and replaced with a code. The code was then associated with a pseudonym that participants were given for privacy purposes.

I used Quirkos for data organization. As a leading qualitative data analysis software package, Quirkos provides a simple and unique way of facilitating the organization of data for further analysis. For instance, in contrast to NVivo, Quirkos (2021) provides visual ways of categorizing and exploring the data such as the use of colorful categorized bubbles that expand as codes are added. Coding software does not do the coding but allows one to organize and explore the data further than traditional means (Linneberg & Korsgaard, 2019). Once the transcripts were transferred into Quirkos, I began with first-cycle in vivo coding in the memo section. Similar codes were then grouped. This allowed for the data to be condensed into a more manageable size by similarities. The in vivo coding was followed by pattern coding, which allowed for the grouping of the data by patterns. As the pattern coding progressed, themes and subthemes began to emerge from the data. Due to the number of categories that arose, those that were similar were slowly merged to form themes, as will be presented in the next section.

I engaged in practices to enhance the trustworthiness of the data. To enhance credibility, I provide description of the coding and analysis procedure and utilized two forms of member checking. The first form of member checking was in-interview member checking, where I reflected on what I heard and asked clarifying questions. As a second form of member checking, I sent back the transcribed interview to each participant to review the interview and correct or clarify anything if they felt it was needed. In the Findings subsection, I discuss participants' experiences, behaviors, and work setting to enhance transferability. Dependability for this study is enhanced through describing the

research steps taken from the start of the study to the reporting of findings. Last, I engaged in some reflexivity during the process to examine my own biases and how they could impact the research in the phase of data collection and presentation of the findings.

Findings

I conducted interviews with a total of 13 social workers who used EFT as their prime modality for treating couples experiencing infidelity. Pseudonyms are used in place of participants' actual names, and any identifying information was removed for the protection of participant anonymity. The findings from this study are presented in response to the study's three research questions over three parts. In Part 1, I address the findings for the first research question, which was, What are the experiences of EBS among social workers who use EFT as their primary modality in working with clients experiencing infidelity? Part 2 includes findings that answer the second research question, which was, How do social workers who use EFT as their primary modality conceptualize EBS in their work? In Part 3, I present themes that answer the third research question, which was, How do social workers who use EFT as their primary modality cope with EBS in their work with clients experiencing infidelity?

In each part, I discuss themes and the subthemes that emerged from coding the data. A summary is provided at the ending of each section that highlights key findings that will be discussed further in Section 4. The purpose of this study was to explore how social workers who practice EFT with couples in counseling for infidelity experience, conceptualize and cope with emotional strain in their professional practice. To present the

findings in a coherent manner, I organized key findings into three parts. The findings of this study are presented in Table 1. The table shows the themes for each part. The subthemes are presented in the subsequent discussion of each theme.

Table 1

Presentation of Findings

	Part		
	Part 1: How Do EFT Social Workers Cope With EBS?	Part 2: How Do EFT Social Workers Experience EBS?	Part 3: How Do EFT Social Workers Conceptualize EBS?
Theme	Coping through reliance on the model. Coping through reliance on the framework. Coping done outside the model. Coping through supervision/consultation.	Indicators of the experience of EBS. Difficulties in EFT practice.	Conceptualized as exhaustion and fatigue. A need for preparation and awareness of strain in EFT initial training.

Note. EFT = emotionally focused therapy; EBS = empathy-based strain.

As is shown in Figure 2, approximately 30% of participants were EFT supervisors, 15% were certified in EFT, 8% had completed an EFT externship, and 46% had completed core skills and additional training and EFT supervision. The demographic in training demonstrates that participants are well versed in the EFT model. All participants were licensed social workers at the master's level and located in the United States. Additionally, the majority of participants were in a private practice setting (see Figure 3).

Figure 2

Amount of Emotionally Focused Therapy Training

30.77% Supervisor

15.38% Certified

7.69% Externship

46.15% Core Skills Plus
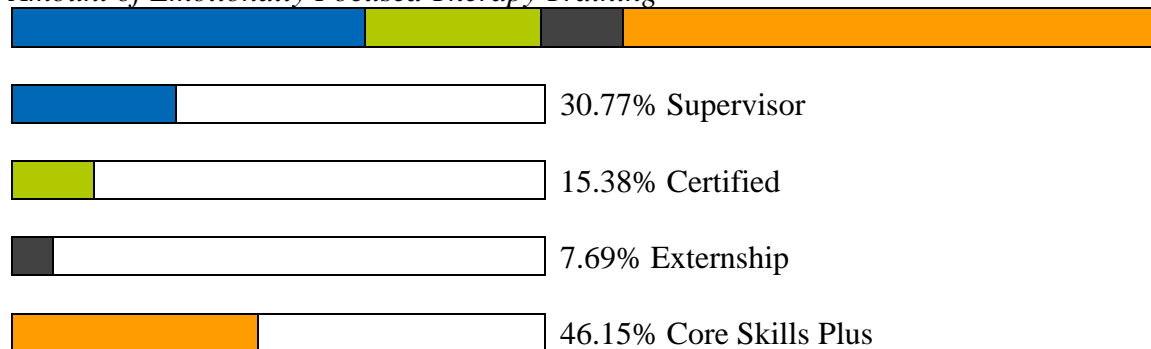
Note. Supervisor = an ICEEFT certified EFT therapist and supervisor. Certified = an ICEEFT certified EFT therapist. Core Skills Plus = completion of an ICEEFT endorsed externship and core skills, pursuit of additional EFT training and engagement in additional supervision under a certified EFT supervisor. Externship = completion of an ICEEFT endorsed externship.

Figure 3

Type of Practice

92.31% Private Practice
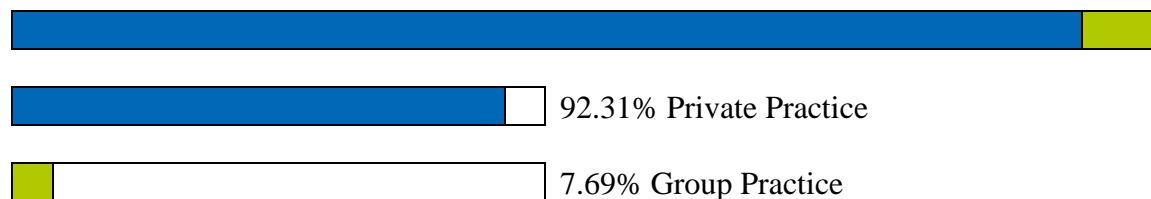
7.69% Group Practice

Note. Private Practice = an independent private practice. Group Practice = a practice that allows for independent practice but shares overhead expenses and provides some support structure that allows access to colleagues for support and consultation.

Part 1: How Do Emotionally Focused Therapy Social Workers Cope With

Empathy-Based Strain?

Five overall themes emerged concerning how EFT social workers cope with EBS: (a) coping through reliance on the model, (b) coping through reliance on the framework, (c) coping done outside the model, (d) coping through supervision/peers, and (e) coping and the role of work setting. This was by far the largest section in terms of themes, and this is in part including what was categorized under the theme of coping through supervision/peers. The themes discussed in this section answer the question of how EFT social workers cope in their work with clients experiencing infidelity.

Coping Through Reliance on the Model

In the interviews, I asked participants questions to elicit their experiences of EBS, how they coped with EBS, and how they conceptualized EBS in their EFT work with couples in counseling for infidelity. In eliciting descriptions of participating social workers' experiences of EBS and how they cope with EBS, a large theme emerged that the model of EFT made working with deep painful emotions safer. That is, participants coped through reliance on the model and framework. There are several subthemes that compose and communicate these findings discussed further. Although it was noted that the model of EFT aids coping when intensely working with emotions, it did not make clinicians immune to EBS, as will be discussed further. Additionally, given the depth to which the EFT social worker goes with emotions surrounding pain, the resiliency to EBS has significant findings that have application not only for social workers who use EFT

but for therapy professionals who are exposed to secondary trauma. The findings under this theme also speak to the value that comes from exploring EBS in various fields of practice where the development of EBS and ways of coping with empathy based stress can differ. In the case of this study, participating social workers identified that the schema they received from the model of EFT lent resiliency in working deeply with emotional pain.

   Stating That Working With Deep Emotional Pain Was Beautiful. Towards the beginning of the interview, I asked participants if they could reflect and describe their experience of taking clients deep into their traumatic emotions around betrayal. Prior to this, participants were asked if they had ever heard of EBS and what they knew of EBS. Participants were frank in their response but noted that it may seem off to what one may expect. As will be discussed further in this section, why participants responded this way is contributed to the theory and framework used in EFT. The findings may be pertinent to other fields of practice where clinicians work with patient trauma material and are vulnerable to developing EBS. In the interview, all 13 participants spoke in a numinous way about their experience of taking clients deep into their traumatic emotions of betrayal. Nine participants, however, noted this aspect directly through 22 codes. Daniel first pondered the question "My experience of taking clients deep into their traumatic emotions of betrayal" and then noted the following

   We say weird things in this work. But my first response is, I love it. And that's,

   that's a weird thing. It sounds because I'm picturing these clients who have been,

who have honored me so deeply, and been so generous with letting me walk with
them in their experience, that I'm picturing the times when people are just getting
in touch with their heartache, and their soul wounds and, and let me go there with
them. In that moment, one of the overriding thoughts in my head is we're really
doing it. I love the opportunity to be with someone in their stuff because that's
when the healing happens, is when they're not, they don't, they're not so alone in
it. Um, but just getting, reflect and describe my experience of taking them there,
it's a sacred experience. It's hard. This is not the part that stresses me out. Um, I
love this part.

What Daniel noted at the end concerning a part that contributes to stress will be
discussed in the next section as a subtheme of difficulties that contribute to the EFT
social workers' experience of EBS. However, most participants described working with
the deep pain around infidelity in this ethereal way. For instance, Jessica stated

I'm very comfortable getting right into the heart of what that feels like for the
person who has been betrayed, what that experience has been like for them, with
what it's been like in their bodies, how it's affected their life, their trust their
everything, you know, really going there. And so I'm comfortable with that, I
guess, is an important piece of it.

Jessica also noted it was "beautiful," and led to her "Zen place." In describing the process
of going deep, Michael stated, "I know that probably sounds really exhausting, (…) but I
feel energized." Amanda noted, "I don't really have trouble with that. I don't have trouble

with pain, you know, or sorrow, like, those kind of difficult feelings." Christopher noted "it doesn't have to be scary" and that the experience was changing for him and that he experienced it as a "privilege and honor" as he was able to show his couples one could go into the deep pain and hurt safely. In addition to stating she felt comfortable and at ease, Sarah stated, "Um, my experience with taking clients deep into betrayal. Is that, wow. I think when I reflect on it, they are some of the most powerful sessions I've had. I typically feel very energized after those sessions, actually." Stephanie noted that the EFT training helped to desensitize her from the heaviness of emotion and made her see this work differently. Mellissa spoke of feeling clear and hopeful when engaging the pain around betrayal.

Understanding From Attachment Theory

In hearing what it is like for the EFT social worker to engage with deep emotional pain around betrayal, the question is begged, How or why is the EFT social worker positively impacted? Participants spoke of going into the deep emotional pain in an ethereal way due to the schema they had from attachment theory. The EFT social workers described how their view of attachment allowed them to understand infidelity and the hurt and pain that was around it in a transcendental way. This allowed them to engage both the betrayer and the betrayed in a way that made it safe for both. It allowed them to view lashes of anger or silence as bids for connection and as two people desiring connection and safety. Further, it allowed them to see going deep into pain as safe and ultimately the path of healing. As a result, it was described as making it easier for them to

work with the emotions around betrayal. Additionally, the framework of EFT contributed to the safety in working deeply with emotions as will be discussed in this section under the heading of "*Coping Through Reliance on the Framework*." This was captured in the response of participants who noted that EFT gave them a new way of understanding emotions and behaviors.

Among eight of the 13 participants, they described not seeing infidelity as good or bad, but stemming from insecure attachment. They noted that this view gave them compassion and empathy for the betrayer. However, they also noted how EFT gave them an attachment lens and allowed them to view behaviors and emotions as a tool for repairing the connection and finding healing. Some spoke through the lens, such as Michael, who stated, "There's like this Wounded Child part that one just doesn't want to feel ashamed anymore that you're trying to nurture. But then there's the adult logical part that comes in like, no, no, I did a bad thing. I should be ashamed." Similarly, Amanda spoke through the lens, stating, "So when, when our needs go unmet, we tend to try to meet them, even when we're not conscious of it."

Other participants spoke through the lens but also made direct reference to the utilization of the attachment framework, such as Christopher, who stated

Because when she's struggling, and I start to freak out, I start, I can slow down and go, wait a second, I'll bet you she needs something more important too. And it just it just helps me get into that frame of mind. (...) So ill I'll attachafi, use the attachment-based speech, which really just kind of helps, helps me remember why

they're doing this, because they're fighting because they care about each other so

much.

In a similar statement, Ashley captured how the attachment schema allowed working

with emotion and infidelity to be more safe in saying

Whereas now, I feel like I have a way of understanding. Like, with infidelity, I

have a way of understanding the anger that's different from how I saw it before

because now I have an attachment lens. And I can see it in this different way that

doesn't feel quite as intimidating to me.

In the majority of participants' responses, they spoke of how their view of

infidelity changed through working with infidelity using EFT. In total, there were 45

items of text among 11 of the participants that captured this. This allowed them to engage

equally with both the betrayer and the betrayed and feel good when taking clients deep

into the pain around betrayal due to the healing that could happen from doing that.

Ashley and Sarah spoke of this entire process in a cogent manner:

Ashley shared

You know, I think that, you know, there's such a stigma, right? And it's easy for

people to sort of, like stand on the sidelines and be like, Oh, you know, I can't

believe that person cheated, or whatever, you know? Or, how could that person

stay with someone who did that to them, right? And, like, having that attachment

lens, and that hope for a deep repair that can get people to a different place allows

me to have so much compassion for both people's experience, and I feel so like

privileged to be able to go, you know, because, on both sides, there can be so

much shame, you know, shame for I can't believe I did this. And it's one of the

deepest, most important things that someone's going to go through.

Sarah shared

And also, I think it's really beautiful that it really allows you to see people

differently, like, you get to see inside of it, of so many things that you don't

experience yourself. And so, in a way, it also is protective, because it allows you

to expand your heart and, and feel and understand things that you've never

experienced. But you kind of have to know what I mean?

The Model Helps in Increasing Interoceptive Awareness and Use of Self

In working with emotion, 10 of the participants spoke heavily (i.e., 50 quotes)

about being aware of their internal processing and using self in their work with client's

emotions. Daniel was forthright, noting that EFT work allowed him to get "daily

practice" in working with "countertransference in the space of intensity, emotional work

with [his] clients so in that way it keeps [his] tool sharp." Michael stated, "Yes, and

that's, that's a big tool I use in general, in therapy, is, was, it's been a big part of my

training, just the use of self." Christopher elaborated

If I'm always looking at what somebody else's internal experience is, well what's

my internal experience, you know? And so when I feel I, it helps me be more

mindful of myself too which self the therapist says, says, what, you know, what

are my blocks, what am I feeling what's coming up for me?

Similarly, Sarah alluded to how EFT training had made the difference in her awareness and use of self:

> So EFT skills have helped me immensely with managing the things that I feel as a result of sitting with clients. That's for sure. Mostly, it's my ability to have any kind of template of what I'm feeling. I didn't have that before EFT, I would never have known, I would never have even thought, What do I feel about this client or what, what's happening to my nervous system, I would never have keyed into that.

In the participants' narratives regarding interoceptive awareness and the use of self, they alluded that the EFT training they had engaged in prepared them to use self and that the model, in general, naturally led to interoceptive awareness. The interoceptive awareness was also noted to be beneficial in preventing strain in working with elements of the work that were stressful for the EFT social worker. "And those instances, especially with the more explosive, I always have to make sure I'm really own my stuff too" (Michael). Ashley shared, "I've learned to use that better and how to resource myself and to have awareness for when I do get miss-attuned or dysregulated and to have a strategy for what I'm going to do to get back on track." Sarah stated, "First of all, just for me, noticing what I'm feeling and being aware of it is really big. So that's, that's what I'm trying to do is I try to cope by slowing it down for myself."

Several participants noted that they would make their internal experience known, which had not only a positive impact for clients but on themselves in dealing with their internal experience. Ashley unambiguously shared

sometimes the other thing that I do is just naming it like, Oh, this is a tough moment, or this feels a little scary for me right now. But this is, you know, getting escalated. Like that calms me down every time.

Melissa similarly shared, "Sometimes I'll just say let's just stop. like, Whoa, that was brilliant. Just stop. How about we all take a breath. You know, let's all take a breath. This is stressful for me, it's stressful for you."

The subtheme of the model providing increased interoceptive awareness is significant in that greater interoceptive awareness has been found to help with therapist sense of self and an increased ability for emotional regulation and engagement in self-care (Price et al., 2019; Price & Hooven, 2018). Additionally, many traditional models for trauma work do not emphasize using the self in the process of working with a patient's trauma (Ziv-Beiman, 2013). Yet, as indicated in this study, the emphasis on using self allowed for engagement with a client's emotions around the trauma for client benefit and was protective of the therapist self.

Not only did the participants in this study report interoceptive awareness, but they utilized self and utilized EFT on themselves as Christopher captured

And so whenever I feel something I use EFT on myself constantly. Yeah, it's just like, Yeah, what am I experiencing right now? feeling really frustrated working

with this guy? Why am I so mad? Oh, it's because he seems like a jerk. Oh, but

maybe he's, maybe that comes across because, you know, he's been hurt too. And

he doesn't know how to express this. And, and so what if I could find empathy?

Like, you know, and, and stay with it. And so it just allows me that framework to

do that.

Emotionally Focused Therapy Works and Provides Meaning and Purpose.

EFT social workers reported an increased ability to work with infidelity and emotions

due to it working, being meaningful, and rewarding. It was noted that the practice of EFT

made it worth going through the hard work because it healed. Of course, this aligns with

what was noted above in that participants reported feeling energized and hopeful when

working with deep emotional pain around betrayal. It should also be known that just

because the EFT social worker finds energy in working with deep pain, it does not

exclude them from elements of difficulty in their work and need for coping as will be

discussed in the next section.

That EFT works, provides meaning, and was rewarding was made substantive

with 81 quotes from 12 of the 13 participants. Unabashedly, participants spoke of having

the path that led to healing and made a difference in working deeply with clients' trauma

experiences. In some instances, participants spoke of satisfaction they had with seeing

healing. Other participants alluded to meaning in the work they did through their success

with some couples in healing attachment wounds and restoring love bonds. There was

one exception to this with Jessica, who noted:

So I think it's not that I always feel very grounded and make meaning around it.

But I really think what I'm saying is that it's not that personally frightening to me,

because I've already been to the dark side, you know?

The latter part of what Jessica noted was shared by several participants. That is, they

spoke of personal experience lending to the ability to work with those experiencing

infidelity because they had been there and come out.

Being able to work safer with deep emotions and the issue of infidelity was

contributed to knowing the path that was provided due to the EFT model. As Jessica told:

I have the healing path. If I didn't have the healing path, it might not be as

comfortable, right? If I didn't know what to do with it, or where we were going, or

they're just, I think I see this with supervisees.

What Jessica acknowledges in the latter part of her statement leads to another theme that

will be discussed in the section under EFT social workers' experience of EBS. That is, it

was alluded to in the narrative of participants that EBS is more likely to occur before

committing to the model and knowing it as the path of healing.

Much like Jessica, Amanda noted the significance of EFT and its ability to heal,

"I don't know if I, I felt like I would have been very hopeful about someone dealing with

an affair before I did that work. Yes, but now it feels like I feel like, yeah, you can, you

can, you can overcome this." Ashley similarly shared, "and so for me, I have that sense of

hope, I have that sense of experience that I know that we can get there. And so for me, it

makes it worth it. It makes it easier in a lot of ways to do that, that repair work, even

when its hard." Comparably, Sarah noted how the success of deep healing "is really reassuring and makes me want to continue doing EFT where other experiences don't quite get, give me that some time." In like manner, Joshua noted how being able to do the deep healing work was positive in that it led to purpose, "I think it's the best thing ever, like, right, whatever reason, that's what I was made for." In similar fashion to the others, Elizabeth stated that EFT work, "it's given me confidence, hope, there really is a path through betrayal." David similarly spoke of the efficacy of EFT being something that he liked. Christopher noted how the EFT model and interventions had a positive impact stating, "Its so life-changing the therapy, the therapeutic intervention is just life changing." Regarding EFT, Daniel noted how the "principles and the tools, it gives a, the way through." Many other participants similarly shared how the success in the model and sharing that experience with clients positively impacted them.

Experience In and Of the Model was Enhanced Coping

In sharing their experience of working with the emotions and betrayal trauma, participants shared how the model allowed them to manage their emotions, feel connected to clients, and have an overall positive experience. Participants shared how their experience in the model helped them cope with their work around the emotions stemming from infidelity. Several subthemes emerged on the subtheme of experience in the model being for coping and contributed to the belief in the model that gave meaning, purpose, and a humanistic reward. The subthemes included experience in the model and trusting the process and personal experience of finding healing through EFT.

Learning to Trust the Model. Learning to trust the model was reported as leading therapists to feel hopeful and that it is worth doing the hard work that leads to healing. Experience in the model was reported as leading to trust in the model, which was accompanied by less EBS. Once participants trusted the model, they reported understanding that going deep is the healing path, which allowed them to have a different relationship with the pain. Among eight of the participants, they spoke of resting in the process and their role as contributing to the work being easier to do. In this manner, Jessica noted

> Like in the beginning, it feels like the end of the world, you hear some awful thing
> that's happened to your poor client and your child client even, and it feels
> devastating and horrific. And then the more you work in those realms, the more
> you do know that life goes on and you feel that love, and you do, you do your job,
> you know.

Ashley noted how she had learned to trust the model, which made a world of difference in her coping. She observed

> And so I think that's a piece of the developmental process of, of becoming an EFT
> therapist is in the beginning, I think we can have some doubts about like, Oh,
> really? Is it really good to get people deep deep into their emotions? Or is that just
> making them feel like crap?

This process of not fully adopting the model leads to a theme of difficulties and risk as will be discussed further under the section on the experience of EBS. In like manner,

Ashley alluded to persistence in the model as beneficial stating, "I think it's harder before it gets easier." Similarly, Sarah spoke of remaining in the model leading to her ability to trust it, "I'm just that it is powerful work. And it actually does heal. There was a time I didn't know that, you know, I mean, and now I know it." Reflecting on supervision she had received, she noted an encounter, "Well why didn't you follow the model? And like, I just don't know if it's gonna work. And it didn't feel like it was gonna do what it was saying. And she would just look at me and like, just trust the model and do it just do what the model says." Other participants reflected on how they had to experience the healing, which led to trust in doing the emotional work. Sarah noted how her first engagement observing EFT led her to ponder, "Why? Why would you? Why would you leave that person in their emotion?" She noted how doing the deep emotional work was "Scary" for her and how it took the experience to see it could be done safely and bring healing. Now she states, "I go straight for the emotion now. And I sit with it and stay with it. And I see what it's trying to the need that's coming out of it. Just completely different thought process for me." Perhaps Stephanie summed this theme best when she stated

> Yeah, I really think you end up building trust in the process and in that belief that
> if we go to these places, there's an experience and ability to connect with a part of
> the self that is really needing attention.

Jessica, Amanda, Christopher, Sarah, and Heather all spoke of how exposure to working with deep pain helped them to cope. This was alongside, however, with being able to learn to work with pain safely. For instance, Amanda noted, "over time, I kind of

feel like I've sort of built up my capacity to handle it more or some, it's almost just like you do it enough and, it's a little less distressing, to me, more now. And I am not really sure why except I think it might just be exposure." Christopher noted, "and the other thing, too, is I'm not, I'm kind of over the shock factor. Now. Once you have enough infidelity, you just it's not surprising anymore." Sarah noted how her exposure to infidelity, it led her to see that "now it's like, oh, there's always a really good reason why anyone does anything." Heather frankly stated, "it really doesn't have an impact on me. I've been working with clients who are, have, have experienced infidelity and to either assimilating it, dealing with it, not assimilating it, not dealing with it, for my entire clinical career." With what these five participants shared, it speaks of how exposure to the process of working with trauma increased the ability to cope.

Another large part of this theme that helped several participants in coping was learning to accept their role in the process. The role was that they were a process consultant and could not make people do the work and go to the places needed for healing. Once they accepted this and rested in the process, this helped them cope with an element of strain (i.e., imposter syndrome). For instance, Christopher shared, "So part of that is remembering that my purpose is to be a mirror. And to or to be, I have to be a master facilitator." Melissa also discussed benefit in being able to rest in the process and not get caught up on how fast clients are going:

> No one wants to be in the burning building. But you're there. We've all been there.
>
> We've all got out. So kind of that collective EFT works, then the way you do it is

you run into the burning building. And you come out sometimes with the client.

Sometimes they want to stay in there. I think that it just takes much longer than

we would want it to take. And sometimes you just have to rip the band aid off

slowly. Yeah. And that doesn't feel good. Because I'd rather just rip it off. But

then that's not good. And so just patience is I think more.

Homogeneously, Amanda shared

I think I've had to really split it like, okay, come on these kids, some people have

such serious trauma histories. And they, the dysregulation, I might not be able to

manage or handle in every session and like I'm not doing anything wrong.

Amanda similarly noted, "So I think there's a little more forgiveness, they don't show in

the training, they just don't show the level of difficulty that I see in my own work."

Personal Experience With the Model. Not every participant stated that they had

personal experience of healing with the model. However, all noted that that EFT work

had been significant and changing for them in a positive way. Jessica, Michael,

Christopher, Sara, Mellissa, and Daniel, however, all referred to the use of EFT in their

relationships as contributing to their belief in the model. Additionally, four of these

participants spoke about experiencing healing as leading to confidence in doing the deep

work they do. Jessica noted that she had been "through a lot of things" and "kind of know

the painful places and the path out of pain." Michael noted how, from his "attachment

history," he knew what "shame feels like" and how it could be addressed. Sara reflected

on her own history of betrayal and stated, "I remember feeling some similar things and

and recognize, I don't feel that anymore, and it's because of EFT like I, my husband, I went through EFT therapy." She further noted, "I don't have the pain surrounding it. And so I can help them see, it's not gonna stay here forever. Like, if you allow this process to really do what it can do." Similarly, doing the deep work was purposeful and protective from Daniels experience as he noted, "So it's, I've been through all of it personally, I guess is what I'm saying, though when they need to go to a dark, painful place, I can say I think I've been in a hole something like this before and and I know what the after feels like to, we can do this." In these reflections, participants spoke of how they had the experience of healing and knew the path, which made it easier to work with deep emotions in the process of healing.

Christopher, Sara, Mellissa, and Daniel reported that they had the experience of healing from using the model or going through EFT, which made it easier to work with deep emotions in the process of healing. This also substantiates the earlier theme of EFT being protective or enhancing coping due to it working and that there is meaning and purpose that can result from doing the deep emotional work. Concerning what EFT has done for him in terms of his relationship with his wife, Christopher noted

I remember what I usually need when I'm in an argument with my wife. When I'm feeling well, really I'll just say when I'm feeling disconnected from my wife, what I really need is to be heard, and to be seen, and to really have her emotional presence.

However, he also noted

> And it helps me remember what my wife needs (…) because when she's
>
> struggling, and I start to freak out, I start, I can slow down and go, wait a second,
>
> I'll be you she needs something more important too.

Similarly, Sarah reflected on this multiple times during the interview. In particular, however, she reflected, saying

> Yeah, where the things I've experienced personally, I might have drawn a
>
> different conclusion before where, you know, I, I'm not, I'm not I'm not a good
>
> wife, or, you know, like, something like that, where I would, I would now say,
>
> Oh, that's really not about me, you know?

With less example, Melissa stated, "So I mean, I think this has had a huge impact on our marriage." In reflecting to being changed through his work with infidelity, Daniel once again reflected on how EFT made a difference for him in awareness of deeper processing. He noted how he knew the way, and that being more aware of his internal processing was "helpful for me as as a partner." Further, he noted "I try to practice EFT in all my relationships," enabling him to be "present" and "with people as opposed to fixing them." The participants' claims provide further explanation why the EFT model allows them to cope with doing such deep emotional work.

Coping Through Reliance on the Framework

> "And it's, it's impacted me in the sense of, I feel good knowing that I know,
>
> have a framework for hard things. And it just makes me feel like a more
>
> competent therapist." Christopher

This section is distinguished separately from "*Coping Through Reliance on the Model*." That is, the model being protective is based on the experience with EFT being healing and the lens that is provided and makes it easier to work with deep emotion. The framework of EFT making it safer to work with infidelity is based on elements of practicing the model and engaging in the emotions clients are working through from betrayal. Hence, this portion notes how the model stalls going too deep until Stage 2, which creates some safety in working intensely with emotion. This is followed by specific EFT interventions that had a dual impact on making it safer for the clinician to engage painful emotions. Lastly, EFT clinicians reported using self as an EFT intervention that helped them cope.

While specific subthemes emerged from the framework, the framework as a whole was referred to numerous times by 12 of the 13 participants. In responding to the skills she gained from EFT training, Jessica noted how she would rely on the framework which, if feeling lost, allowed her to find her grounding by going "back to the tuning to the client, making sure that's really where I am is with them." However, she also noted how EFT gave her

> permission to really be in the deep emotional space with the client. So I think
> maybe before when I wasn't an EFT therapist, I probably felt more pressure to
> stay in an intellectual realm, even though I do deeply feel and I am deeply
> empathic. And I think there's such a focus on kind of really dropping down
> dropping in and being right alongside your client's experience that it's really not

just ok, but even necessary to the healing process to be really fair with them in

that experience?

Others such as Amanda spoke directly about finding solace in having a

framework that allowed working with infidelity. Amanda stated

The attachment injury repair model that that move in EFT, it's very nice, you

know, it can be just to have that structure, it can be very reassuring to people and I

even early on, I would share that the steps of that would just be very transparent

about it. Here's what we're going to do. And they seem to take comfort in Oh,

there's a process here for healing."

Similarly, Christopher spoke numerous times of the framework providing safety, "And

my purpose is to definitely have empathy. And I feel that naturally because of the passion

of the work, and I think EFT helps me be passionate, and it gives me a really beautiful

framework." His speaking of the framework at times also was in the context to work with

hard things, "And it's, it's impacted me in the sense of, I feel good knowing that I know,

have a framework for hard things. And it just makes me feel like a more competent

therapist." Due to the framework, Ashley comparably noted how it gave her ability to do

the work, "And, and I feel like, I just have so much more empathy and an ability to be

with people in those emotions, because I feel like EFT has given me a framework to do

that." In being able to work with emotions in a healing way for clients and a safer way for

her, Sarah stated that EFT gave her a "scaffolding" for how to do the work. Melisa spoke

of feeling good using the model deeply as the EFT "tango gives handles into going

deeper" and that "EFT is about first and foremost, is creating a safe place for people to kind of unfold."

Waiting Until It Is Safe. The EFT process is broken up into three stages: de-escalation, restructuring, and consolidation. In the first stage of EFT, the EFT social workers work to de-escalate the couple. This process stalls going deep but slowly begins to access the deeper emotions and how they contribute to the cycle of disconnection. In fact, the bulk of deep emotional work is not started until Stage 2. It is this way of doing deep emotional work that six participants alluded to or directly referenced EFT as creating safety in their ability to do deep emotional work. In line with the model, Jessica noted, "But I try to deal with the crisis if it's a crisis when I'm starting to see them and then wait until things are a bit safer to really dive deep." As she reflected later when responding to her experience of taking clients deep into their traumatic emotions around betrayal, she noted, "when we are working on attachment injury repair work, more Stage 2 type work, then I'm going to delve more deeply into, you know, really, when the couples are ready to be able to hold those deep, deep emotions." Amanda noted that if the couple's interaction is reactive, "I'm working on getting them out of reactivity." Sarah likewise noted how Stage 1 work can be scary but Stage 2 work is where it gets deeper:

> Like that was what this is all about, all of that worry, and not worry, but like the work, the work to be certified and to get through all of de-escalation. Because it, it can be a roller coaster, right? Yes. Getting people to that deeper work. And then you finally it's like, and I will even tell that to the clients like, this is what this

work has been leading up to, like, this is where the healing comes. Stay with me,

you know what I mean?

After noting something similar to Sarah, Elizabeth noted that in Stage 2 "I would say it's there's a lot more clarity because the dance is fully flushed out. And everyone's very clear about it. And so there's, there's a lot, there's still reactivity, but there's a lot less reactivity." What six participants spoke to was that the framework increases safety by helping the couple to de-escalate before they started doing the bulk of the deep emotional work. In the context of this study, what Sara referred to as a roller coaster speaks to a theme of Stage 1 work that will be discussed in the next section under difficulties participants noted in their EFT work that can lead to EBS.

Certain EFT Interventions Aid in Coping. In their work with reactive and secondary or deep and primary emotions, eight participants noted aspects of EFT that made it easier to do the work. Consequently, some things they spoke of are EFT interventions and ways of working with clients. EFT interventions that were identified and used by participants include going slow and pausing, naming the emotions, using self of the therapist, and bringing focus to the present process. The largest subtheme was going slow and pausing as a helpful coping mechanism. After discussing a challenge he faced occasionally, Michael discussed self-care he engaged in to cope. Some of the coping was related to intervention outside of EFT, but Michael had this to say

The biggest thing too, and this is just a big tenant of EFT as well, too, is. I mean,

it's part of the Tango, if we really think about it, me constantly remembering to

slow down is a big form of self-care for me in session, as well as I don't have to respond right away.

Michael also noted how slowing down was beneficial in managing reactivity, "Or I got really heated during this. It still happens to me. But when I can remember to slow down and slow the couple down. That's the biggest form of self-care." Comparably, Christopher shared how he will say

Can we just slow this down for a second? Can we just slow this down, and I'.. use my hand, I'll go like this. Can we just slow down. Let me just, lets just take a break for one second. And I'll take a breath and say you guys are working so hard. And (…) complimenting and showing positivity helps me cope.

Sarah also noted the benefit of going slow, "So that's, that's what I'm trying to do is I try to cope by slowing it down for myself." Along these ways of coping Melissa stated that what helped was

Sometimes I'll just say let's just stop. like, Whoa, that was brilliant. Just stop. How about we all take a breath. You know, let's all take a breath. This is stressful for me, it's stressful for you. Let's just take a breath here. And then I can kind of get my balance. But sometimes, it's hard to have that enough. So that's where it's hard because you have to have enough distance to be able to do that. So you have to be drawn in to help them but not drawn in too much that you're all drowning together.

Jessica also noted how, "I give myself a little bit of space in the therapy to not respond right away, but to take a moment and pause and you know, think about really what's going on and where we're at and getting, making sure I'm really in attunement with the client." Amanda also noted, too, "Im like slowing myself down, reminding myself that they're suffering and stay in contact with myself." What can be observed from the narratives of these participants is that inherent in EFT intervention are practices, such as moving slowly, which allowed for emotional work to be safe. Lastly, moving slow allowed for processing and separating a clients' pain from their own pain. Further, the EFT practices of engagement with client emotion is in line with practices that help regulate a limbic system response.

Given the protective nature of the model, it is not surprising that getting to know the model better was identified as self-care. For instance, Christopher stated the following

So self-care could be, get to know, get to know the model and get to know how to work with infidelity is the first thing that comes to my head is maybe that part of that self-care is if you find yourself getting really anxious or overwhelmed or stressed with working with infidelity, maybe you don't know your role.

Finding Ways to Cope Outside of the Model

While a significant amount of coping the EFT social worker had was due to the model, that alone was not sufficient for most. Of the 13 participants, 11 participants identified things they did outside of the EFT model that helped them cope with the stress in their work. It should also be known that some individual trainers in the EFT model

may discuss these forms of coping, but they are not part of the training model of EFT as can be observed in EFT training books (Johnson, 2019a, 2019b; Johnson & Bradley, 2011, Johnson et al., 2005) and initial training presentations (Brubacher, 2019; Woolley, 2019). The structure of EFT training is designed to enhance the learning and application of the model (Koren et al., 2021). The various forms of coping outside the model are too broad to concisely discuss at length. However, forms of coping composed: using self-talk (18 codes), thinking to previous experience (8 codes), ensuring one kept solid family and friendships (20 codes), breathing (13 codes), caseload management (9 codes), engaging in mindfulness and self-compassion (15 codes), grounding and self-regulation practice (5 codes), exercise and bodywork (6 codes), the maintenance of boundaries (20 codes), engaging in training (6 codes) and a category of other self-care practices (16 codes).

Self-Talk. Participants engaged in self-talk differently, but it was identified as helpful in working with a client's emotions around betrayal. Jessica noted, "And I also remind myself, sometimes that's not my trauma. That's someone else's trauma, and that's their path. And I don't need to carry that with me." Michael candidly stated, "Also my own my own self-talk as well, too." Similar to Jessica and in response to managing responses to the strain she can experience, Amanda stated what helps is "reminding myself that they're suffering and stay in contact with myself." Sarah noted engaging in internal dialogue to identify what is happening for her, "Like, okay, what what am I feeling right now? Okay, that that just, yep. I'm feeling that same kind of, not capable of this, kind of feeling." Melissa noted using self-talk humor to help her manage escalation:

Oh, I get mad at myself. Just jump in! Stop dipping your toe in! So some of it is

annoyance with me. Some of it is, someone has to be when they're fighting, I'm

like, Oh, my God, who's gonna stop this? Like, you are. You're the one with 25

years of experience. Somebody's got to know what they're doing here. Oh, that

would be me. I think for me a little humor with myself.

Case Load Management. Five of the participants spoke of using caseload

management to cope with the stress they experienced in their EFT work with clients

experiencing infidelity. In responding to emotional management, Michael noted how self-

care was valuable to cope and deal with self of therapist issues. In particular, he noted

when a couple works at getting him in the cycle, "that's where a lot of, I'll do a lot of self-

care, I really try to be conscious of how, of what my caseload looks like, when I take

those cases on." Christopher also noted managing his caseload and taking breaks as

helpful for coping with EBS:

I was thinking one other thing is, I don't take a ton of clients. So max per week, on

a good week is like 30. Because I just can't do 40, you know, and sometimes, and

so sometimes also, this way of helping with the fatigue that does come because it

does come, like don't get me wrong. It definitely does come even if I know my

purpose, because you're just doing it all the time, Is, is take a break, I take breaks.

So like I'll definitely, like be like, Look two weeks ahead and be like no, I'm

taking Wednesday off. Or look, look two months ahead and be like, Okay, I'm

going to plan this trip for two weeks. And and doing that really helps me stay

focused on living intentionally and giving myself something to look forward to.

It's self-care."

Ashley also spoke of caseload management by seeing only so many patients and filling in the rest of her work week with seeing supervisees and teaching. Summing it up, she stated, "I'm a big advocate of that having diversity, definitely helps sustain in this career." Stephanie, too, directly referred to caseload management, stating, "And so recognizing, part of that, I think is caseload and learning how to manage." After experiencing what he referred to as BO, Daniel stated, "So I just drew it up on my dry erase board, no more trauma, addiction or partners of addicts until, and just wrote a question mark." A lack of caseload management has been identified as a risk factor for developing EBS (Quinn et al., 2019). Thus, it is not surprising that these participants identified a need to manage their caseload to work with the strain they occasionally experienced from doing deep emotional work.

Some participants took to engaging in mindfulness practices to cope with the strain in their EFT work. Not surprisingly, participants were aware of their inner experience, which allowed them to engage in mindfulness accordingly. Amanda noted, "I might feel my heart, like speed up a little bit. So I mean, those are clues that I need to slow my own breathing down. And I use mindful self-compassion practice." Joshua noted, "You know, I'm a very, I practice a lot of self-awareness as a professional. And so I'm tuned into my body. I meditate. I pay attention to my dreams."

Other coping practices included grounding, exercise, and bodywork. For example, Christopher noted how he holds "tension" in his shoulders. He shared, "And I know where I hold it. So I'll just kind of give it a massage and, and I might stretch my back a little bit and all that all the while saying gosh, this is what happened." A significant and last to be discussed coping mechanism was maintaining boundaries. Maintaining boundaries was spoken about by six participants. The boundaries, however, do vary but protect in some way. For instance, Jessica stated that she will "just find enough of the kind of pain that they're talking about, so I really get it." Jessica noted that she has to feel it first to do the EFT interventions but then will be "back in the process in the room." Amanda spoke of a similar process, "I'm still compassionate and caring, but I'm separate." She also spoke of boundaries in dealing with escalation, "if there's name-calling and stuff, you have to set some limit." Christopher noted, "I don't need to be an empath, and take to take in everybody's emotion and let it drain me. Just know that. I don't know how else to say it. I just know that's not my duty, my job." Stephanie candidly affirmed, "I will say that utilizing emotionally focused therapy for infidelity, I think you do have to watch how much, like almost setting boundaries with your empathy and not taking on more than then you need to own." Melissa noted how being too there could lead to issues as she said, "I think I'm still a little distant. I feel myself whoo, you know, I want to be there, but not too there. I'm afraid I'm gonna get engulfed in it also."

These remarks also speak to the idea that EFT engagement with pain can be wearing, and there is a need for discussion in EFT training on navigating the touching of

pain with carrying the pain around. Johnson et al. (2019) noted that to reflect a client's experience, a clinician must empathically absorb the client's internal process. However, as is noted in participant's narratives, boundaries play an important part in being able to cope in one's EFT work. As an element of this overlaps with the theme of a need for training, additional discussion is made under Part 3.

Supervision/Peers as Being Invaluable for Coping

Supervision and peer groups were described as invaluable for dealing with struggles in applying method and dealing with self of therapist issues. A significance of supervision being invaluable for coping with self of therapist issues is it helps to validate experience and counter imposter syndrome, a difficulty discussed further in the next session under the experience of EBS. Not surprisingly, previous qualitative research has noted that discussing self of the therapist's issues is key for effective supervision in EFT (Palmer et al., 2011). This research further builds on that knowledge in revealing that supervision is at variance with self-doubt and contributes to purpose, which, consequently, counters some exhaustion. A small subtheme also developed under this category in that participants spoke of the value of supervision and support from EFT clinicians as opposed to non-eft clinicians. Seven participants spoke of supervision and support from EFT clinicians as having a role in helping with cases or other issues. For instance, Jessica stated

> I have sort of a couple of therapist friends now that sort of did my EFT journey
> with me. And if I have a really stressful case, I'll call someone to be like, Oh my

gosh, let's talk about this. And so we can kind of and then I'll use supervision to if

I'm really stuck with a client, I'll call an old supervisor and schedule something.

Stephanie avouched, "I mean it, I don't know how I would do this work without being

able to consult, and part of that is having colleagues that can offer, contemplate, like can

offer information when you're feeling really stuck, is invaluable."

While several participants referred to supervision and peer support as being

valuable for helping with difficult cases, another subtheme emerged with twice as many

remarks by 12 of the 13 participants. That is, participants spoke strongly about the value

of supervision and peer support being most valuable for empathy and validation. Amanda

noted, "I do occasionally reach out to EFT colleagues, and that's very helpful. Often just

getting empathy. They don't even really guide me that much. It's just like, wow, I know

what that's like." Christopher made several references to the value he gets from

supervision and colleagues. He stated, "Yeah, just like a confidence boost." Even from

the training, Christopher noted

> And this is what's really helped me, it's like very validating you know. And
>
> continuing education, like having EFT trainers do do really great trainings, where
>
> we're all talking about our stuck points, we're all validating each other. And that's
>
> just like, that's just again, that's the that's the humanity in our work and getting
>
> support that just is so healing for me.

Concerning supervision groups, Ashley analogously enounced, "Like I'm in a group

supervision, and having my peers knowing that they're struggling with the same thing.

Sometimes that definitely helps." Sarah noted how she will reach out at times to other EFT therapist and what it is like is

> Oh, my gosh, you you know what it's like, we're not alone. You can see you see exactly what this is. This is so hard. Yes. It's hard. You know, like, it just it's so validating to have friends and peers that are doing EFT because it's not your typical therapy.

 As noted by Sarah, EFT is not your typical therapy and this contributes to participants discussing the value of having supervision and peer support from those that practice EFT. This will be briefly discussed further later in this section.

Based on seven participants' narratives, supervision was specifically noted as valuable in working on and addressing self of therapist issues. However, Ashley noted that engagement with colleagues also helps in addressing schema's that can develop. For instance, she noted:

> I would get multiple new clients where there was an affair with all of them, you know, and it can create this like oh my gosh, everybody's a cheater kind of feeling sometimes. And that's what I mean by like, the balanced part like being able to, like talk to other people. And sometimes just reminding myself like, No, that's not true.

Jessica noted reaching out to a supervisor to process an element of therapy that got to her. She noted

Is this his stuff? Is this my stuff? What is this, but I had an emotional response to it. And so I thought I actually reached out to an old supervisor, and it felt more like what I need to talk about probably with her is, why am I having this emotional response to this? Like, why is this getting me so unsettled when normally I wouldn't feel that way?

Stephanie noted how supervision helped her to address her showing up and at a faster pace than her clients and not trying to control the outcome. Elizabeth also captured this element in stating, "It also helps us connect to ourselves, and it validates it helps us get grounded back in ourselves." However, she also cogently captured what was shared by most participants but with less brevity articulating

I really think the protective factors are having support and having a supervisor or someone helping you through that self of self of therapist piece so you are growing in your own self, not just gaining skills, but but doing your own healing and growing and you have people there saying you don't have to see them?

EFT consultation and supervision were noted as providing help on difficult cases, guidance for self of therapist issues, and providing support. However, the benefit reported the most by most participants was the validation they received from supervisors and colleagues. The validation also helps combat negative schema's that can lead to EBS as will be further discussed in the next section. These narratives also speak to the value received in combatting negative self of therapist issues and negative schemas that are noted as a symptom of VT.

A small subtheme is also part of this category. That is the theme that non-EFT support groups and supervision is not as valuable in dealing with some issues the EFT therapist face in their work. All 13 participants spoke about the value of EFT-specific support groups and supervision. However, only five participants through 11 codes specifically noted that EFT supervision or colleague support was essential due to the uniqueness of the EFT practice. For example, Amanda spoke of having a local consult group but noted

> You know, I don't have a; there's not a very strong EFT community here. So I
> don't have a good pure, pure consult group either. But I would recommend that.
> So. Because I have a regular consult group, but they're not EFT, therapists, so it
> makes a world of difference. Yeah, it doesn't really help because they don't know
> the model.

Nearly identical, Ashley shared: "I've done I've done mixed peer groups in the past. And I mean, one of the things I love about EFT is it gives us this framework for seeing things, and it's so non pathologizing." Thus she candidly stated that non-EFT groups were, "not helpful for me." Several other participants similarly shared how there was a value of having supervision or colleagues they could talk to due to the understanding they would have for the situation or wisdom in addressing a situation consistent with the model.

Unexpected Findings

There were mixed perspectives on whether having coworkers or colleagues around was supportive. Some participants reported that it was more stressful to manage

the extra socialization in a building with other colleagues. Others reported benefits from

being able to have brief engagement with colleagues in the building where their office

was. Still, some reported feeling more comfortable in their home environment, while

others reported feeling stressed due to managing the house and work. However, it was

unanimous that it was beneficial to have EFT colleagues to reach out to and be involved

in consultation groups and supervision. However, as was noted by those who enjoyed

more isolated practices, they could go out and find the EFT group that was supportive for

them. Five participants referenced that EFT is a different type of therapy and an EFT

therapist will understand the struggle as opposed to non-EFT colleagues. As was noted

above, EFT colleagues can provide relevant advice on addressing struggles in a way that

makes sense to the EFT therapist, given the paradigm they receive once adopting the

model. Johnson (2019b) discussed how the internal experience is "placed in an existential

context" (p. 31). As was noted above, the EFT therapist relies on this lens and thus finds

the most benefit with struggles and case issues from others with the EFT lens.

Summary

The stories from participants as shared in this section speak of multitudinous ways

that participants coped with EBS in their work with couples experiencing infidelity.

Participants strongly spoke about the model of EFT making it worth the work that was

intense or hard at times. An additional unexpected finding was how participants found

meaning in going deep into client's traumatic experiences. Foreman (2018) noted how

there was a need for further exploration into meaning-making when engaging with

traumatic client narratives. The stories of participants also led to discussing the safety they found from the framework EFT provided. In particular, EFT's framework of achieving de-escalation before going deeper into emotion was identified as creating safety for the client and clinician. While the model and framework helped participants cope with the strain experienced in working with couples experiencing infidelity, participants identified many forms of coping outside the model. Connected to a subtheme in Part 3 was the support for a need of coping that was not taught in the model to deal with EBS. Overall, participants reported growth that eventuated from trust in the model that was built due to success they saw as they persisted. The findings from this section have significant implications for EFT social workers and the counseling field, as discussed in section four.

Part 2: How Do Emotionally Focused Therapy Social Workers Experience Empathy-Based Strain

In this section, participants' responses are organized under two broad themes: (a) "*Indicators of the Experience of EBS*" and (b) "*Difficulties in EFT Practice*." The first theme discussed covers indicators of the experience of EBS among EFT social workers. This is followed by discussing the difficulties that present elements and areas of EFT practice that participant identified as creating stress and strain. The themes discussed in this section answer the question of how EFT social workers experience EBS in their work.

Indicators of the Experience of Empathy-Based Strain

Participants reported a wide range of symptoms that indicate the experience of

EBS. This section includes a description of indicators of EBS and symptoms that

participants personally experienced as they engaged in the healing work of EFT.

However, it also includes participants observations of symptoms experienced by

supervisees and EFT social workers' perceptions of what could be indicators of EBS. As

is conspicuous in this section, EBS is an inevitable and troubling result of the "cost of

caring" (Figley, 1995). The symptoms noted by participants are vast but can be

categorized under the following: a. Empathy/Boundaries, b. Emotion

Management/Feeling Worthy, c. Physical Symptoms, d. Behaviors, e. Symptoms & Own

Experience, f. Emotions, g. Frame of Reference, h. Relationships, i. Imposter Syndrome.

As presenting each of these categories at length with supporting quotes could be dreary

for readers, only a few key categories will be presented at length. Other categories will be

briefly described and a single quote that best captures the essence of the subcategory will

be provided.

Empathy and Boundary Issues. Among nine of the 13 participants' narratives

arose a description of difficulty that could occur concerning empathy and boundaries. In

working with pain and emotions, Amanda noted how she still has compassion but a little

more distance and separation from the client's experience as a way of coping. This was

described as a response to working with emotional pain and trying to stay resilient. As

she noted, "I do notice that some of the best EFT therapists are the ones that really feel

intensely with their clients. I also see them very burned out." Melissa similarly spoke

about this noting "I think I'm still a little distant. I feel myself whoo, you know, I want to

be there, but not too there. I'm afraid I'm gonna get engulfed in it also." Melissa and

Amanda's experience and observation capture an adaptation that occurs in a result to

protect oneself from getting hurt. As was discussed at length in the literature review, this

adaptation is expected based on CSDT. Joshua also reflected on this aspect and it playing

out. Keeping some distance and separation with the empathy ensures one can continue in

the work, but an over adaptation can also become problematic. In reflecting on indicators

of EBS among supervisees Jessica stated, "I think sometimes they can empathize too

much with one person and not with the other person's experience enough, they can get

sort of stuck in that kind of one side of it." Ashley similarly reflected on a difficulty she

observed among supervisees and how she has had to point out, "It feels like you're having

a hard time, like connecting with this person or having empathy for this person or your

kinda taking sides here." In reflecting on indicators of EBS for herself personally, she

noted, if "I'm feeling myself having a hard time empathizing, I might be thinking to

myself this person's borderline." Sarah also spoke of strain interfering with empathy,

"Because I have nothing left. Like, I don't have the bandwidth to talk about, and be

empathetic with you. Like I just want to be like, get over it. And that's just so not an EFT

therapists."

      Some participants also spoke of how the stress they experienced in one session

could hinder empathic engagement as they would have difficulty in not thinking about a

session. Stephanie mentioned, "I think even it can roll over, depending on how a previous session goes into being able to be fully present with the next session." Reflecting on the supervisee's Elizabeth noted, "oh so like you get too close to it. So in supervisees I've seen like (…) I can relate to this like thinking about the case too much, you know, playing it over outside of session." Reflecting on personal experience, David candidly spoke of what he termed as bleed over occurring as a result of stress experienced in a couples session:

> Yeah, I would also say if there's any bleed over into other sessions, that that would be another sign. (…) And if, if you are so if session one is with a difficult couple that's dealing with infidelity, and it really shook you, and you're in session two, and now you're working with an individual or maybe you're working with another couple, but you're thinking about the last couple, it's still like kind of affecting you, there's a bleed over. I think that would be a sign as well.

Emotion Dysregulation. Emotion dysregulation was described as a symptom and indicator of the experience of EBS by eight participants over 17 references. However, emotional dysregulation was most spoken about as a result of the strain experienced in Stage 1 work. Emotion dysregulation shows up in a variety of ways and can lead to clinician reactivity if not managed. Jessica noted, "I think sometimes clinicians can just get upset like things can just upset them. Like, that's just disturbing, and they just feel disturbed by it, and then have to work with their own emotions around it." Amanda reflected on coping she will engage in to manage reactivity of wanting to shut down,

"Um, because there are moments when I am a little bit intolerant of the reactivity and that that just doesn't tend to go well." However, she also reflected on another EFT therapist and how "he tends to more get mad back, when, you know, he'll get reactive back and decide to end the treatment or, or just get a little harsh." David noted that he could experience dysregulation with reactive couples. "I do; I would say that sometimes that you know, and this never, this is never an issue with individual clients. But with couples, you know, there are times when I sometimes actually like (…) like I almost want to be like, irritated with them openly." After reflecting on the positive aspect of his EFT work, Daniel noted, "On the other side when I have those experiences like I've described that are so difficult for me it's draining and whatever units of whatever you know reserves that keep me good at emotional regulation and management, when I'm drained like that, I get worse at it." The symptom of emotional dysregulation also overlaps with the category of behaviors. However, to reduce redundancy, aspects of relationships that are impacted by emotional dysregulation are discussed under the category of behaviors.

Physical Symptoms. The experience of EBS can lead to a broad range of physical symptoms. Among six participants, there were 21 references to personal experience of physical symptoms in response to the stress in EFT work with couples experiencing infidelity. Physical symptoms included: sympathetic nervous system responses such as one's heart speeding up and increased breathing, headaches, fatigue, cravings for sweets and alcohol, feeling sick, losing sleep, strain, brain fog, discomfort in stomach and body, stomach pain, sweat, physical soreness, and heaviness on one's chest.

Emotions. Perhaps an unsurprising finding is that participants experienced a wide array of emotions in response to their EFT work with clients experiencing infidelity. In total, 12 participants made 67 references to emotions they experienced in their EFT work in response to various aspects of the work. Emotions included: feeling upset, anger, agitation, exhaustion, anxiety, depression, overwhelm, worthlessness, ineffective, residual bad feelings, fear, heaviness, relief, emotional emptiness, BO, stress, irritability, distress, dysregulation, frustration, and impatience. Stress was the most cited emotion, and this is further captured under the category exhaustion and stress that is also connected with EFT social workers' conceptualization of EBS.

Several narratives are shared from this category to provide example of how emotions showed up for participants. In reflecting on working with escalated clients in Stage 1, Amanda stated, "I might even feel a little anger or agitation in myself, you know, I know that like my, I might feel my heart, like speed up a little bit." Ashley noted, "And it's hard. It can be discouraging sometimes when you hear some of these stories, and, you know." Sarah stated, "You are working deeply with emotion, and you are an emotional creature. You're putting your heart out there every single day to feel pain with somebody else. And you're gonna feel burned out sometimes." In reflecting on a period he had with a caseload of clients with lots of trauma and betrayal, Daniel noted, "Um, I get a little bit of an anxiety response, which for me, is elevated heart rate, start to feel a little warm."

One emotion that should be discussed further and relates to behaviors is the emotion of dread. As a result of feeling exhausted or drained emotionally, several

participants spoke of a sort of dread that would lead to the impulse to cancel or avoid

clients. Many participants indicated this was more experienced when they were newer to

EFT or when seasoned if they had lots of heavy work. For instance, Christopher stated,

"A few times, I actually, I felt the temptation just to be like, Oh, I'm sick today. Sorry,

can we reschedule kind of even sometimes hoping they would stop counseling." Sara

candidly shared a similar experience:

> Where, like, my experience has been walking into the office and sitting down and
>
> turning the computer on and looking at the caseload for the day, you know, who
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> I'm seeing and feeling so relieved when I don't have any couples on my list.

Stephanie closely noted

> It also looks like when I would say this is when I was more. It was in the
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> beginning when I think I was more optimistic about the load and how many
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> people I could see. And my husband calling me on the way home from work late
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> one night and wanting to talk about a vacation and me saying, like, I don't have
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> the energy to think any more thoughts. Let's talk about this in the morning.

David spoke about the emotional exhaustion and dread

> And at the end of the session I just like I feel like I feel physically fatigued and
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> tired, I feel exhausted and then on the on the other side of it, next week, right
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> before I'm supposed to go into that session I feel kind of that sense of dread kind
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> of like you know, if you have a job that you're not crazy about and it's like Sunday
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> night and you're kind of like dreading going into work on Monday morning, it's

something similar to that except like I'm getting it like right before, like you know the 15 minutes before that session starts I'm like I don't know if I don't know if I can do this again. Okay, I gotta kind of you know, toughen myself up I can do this let's go into this session and do this work.

While stress and exhaustion were mentioned and could be categorized and elaborated under this theme, it fits best and is elaborated on under the conceptualization of EBS among social workers. It should also be noted that participants experienced positive emotions concerning the work they engaged in with seeing healing and connecting and being there for others. However, this is captured in Section 1 and does not fit under this category as an experience of EBS.

Impact on Schema. One participant stated that they did not feel their cognitive schema had been impacted. However, there were 48 references among 12 participants of impact of strain on cognitive schema that composed view of self, or other, or the world. For instance, Jessica vulnerably noted, "And I've had the experiences that I've had, I kind of have that, like, God, you know, it's really hard to trust, like, I mean, it kind of impacts my feelings, because I'm not dating." Amanda noted, Because I think you can also start to feel like you're failing, like shit that's out of control here." Ashley reflected on how the hearing of some betrayal incidence has impacted her. She noted that she experienced the most impact to her schema earlier in her career but that

sometimes it does have that, like, How can that be? Like, how could this go on for so long and your partner not know these things? You know? So that can definitely

have an impact. And, you know, sometimes it can get in your head and make you

go like, Well, is there something in my relationship I'm missing?

Stephanie similarly noted, "I think it can have an impact on... it can highlight how unsure

and uncertain the world and people in it can be." Joshua made reference to the impact of

working with betrayal but noted it as a gift:

I think my ego should be challenged, and my basic assumptions about myself

should be shaken and stirred and melted and reformed all the time. And that's,

that's one of the gifts of being a therapist is that you get the chance to kind of like

question your ego.

A subcategory of schema that six participants spoke about was the experience that

could be categorized as imposter syndrome or self-doubt. This was also noted as being an

experience that more frequently was experienced in Stage 1 EFT work or when newer to

the model. Christopher shared, "Yeah, I would just feel kind of like an imposter. I don't, I

don't deserve to hang on to such, to be with somebody on something so painful, and I

really don't know how to heal it." Amanda, "I would I will turn it inward on myself, like

I'm failing as a therapist." Ashley reflected, "But yeah, I think that can be a hard piece

when I'm sort of feeling like man, I'm the worst therapist in the world at the end of the

night." However, for the seasoned EFT therapist, this was noted as a symptom that most

occurred during Stage 1 work with the experience of what will be discussed later under

the category of reactivity. For instance, Sara shares:

Oh, when I'm in Stage 1, I feel a lot of self-doubt. I feel a lot of I don't know if I'm

helping you kind of, like I inadequacy comes up for me, where I start to think,

Why? Why am I doing this? Like, I don't want to be in this room. It's exhausting.

Participants spoke about the imposter syndrome feeling becoming more

manageable with experience and learning that not everyone can be helped. For example,

Amanda noted:

I think I've had to really split it like, Okay, come on these kids, some people have

such serious trauma histories. And they, the dysregulation, I might not be able to

manage or handle in every session and like I'm not doing anything wrong.

Similarly, Heather reflected on how work with some couples can lead to "the feeling of,

of being less competent." However, with time, she has been able to rest in confidence that

she has competence and that one can't help everyone:

But these couples were talking about, and that emotional stress of working with

them can cause one to feel less confident to question your ability to wonder if, if

you should be referring them out, while also knowing like, well, who the heck am

I gonna refer these, these people to? Because everyone's gonna say this is hard.

Hence this subcategory is also connected with the theme of difficulties experienced

earlier in EFT. One participant, however, clarified that her experience was differentiated

from imposter syndrome stating, "I don't think it's imposter syndrome. It's, it's more a

crisis of, of, you know, a crisis of confidence because you don't feel like you have the

answers and the direction that this, this couple needs to gain traction" (Heather). In line

with what others shared, Heather noted that the feeling wasn't something that stuck

around for long. This impart was because of the success of EFT in their work with many

couples, as was discussed in the section under coping. Imposter syndrome or its related

cousins were also reported as being something that was associated with more Stage 1

work. For example, Sarah stated

> Oh, when I'm in Stage 1, I feel a lot of self doubt. I feel a lot of I don't know, if
>
> I'm helping you kind of, like I inadequacy comes up for me, where I start to think,
>
> Why? Why am I doing this? Like, I don't want to be in this room. It's exhausting.

Along these same lines, Stephanie shared

> And then there are times when you walk out of a session, you think I'm the worst
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> therapist in the world. And so there's definitely some of that self-doubt that can
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> creep in. Okay, yeah. So there are times where it gets to one a bit, and it can lead
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> to self-doubt.

In further dealing with couples that don't make progress as quickly as one would like,

Melissa noted how she could begin thinking, "Should I really be doing EFT? How Sure

am I of this process? How Sure am I of my skills?" Elizabeth also captured how the

imposter syndrome can set in, particularly when couples are slow in gaining traction and

are often escalated for greater periods of time. Elizabeth asserted

> I think it makes me if I can't if they can't engage in the EFT work, I think it makes
>
> me really, really sad. I feel really, really sad. If I'm clear, hey, that's not me. Yep,
>
> you can't help all couples, then I'm okay, I'm just sad, and I can handle being sad.

If I lack that clarity, and those doubtful voices get going and start saying oh, I'm

not joining enough or there's something I'm doing or not understanding the model

enough, or there's something going on. If there's some way that I'm attributing it

to me, that's where distress really happens.

Empathy-Based Strain's Negative Impact on Behaviors and Relationships.

As a result of EBS, nine participants spoke directly and indirectly about behaviors with

29 references. This subcategory also captures the impact of EBS with relationships that is

positively countered by the EFT model, as noted above under how EFT social workers

cope with EBS. However, as told in six clients' narratives composed of 15 references,

EBS can lead to behaviors that can hinder personal relationships and work with clients.

What was noted above as bleed over is not discussed here, but it overlaps with this

section as bleed over led to issues including less engagement with clients and personal

relationships. In the area of behaviors impacting personal relationships, Jessica shared, "I

mean, it kind of impacts my feelings because I'm not dating. But if I were to start dating

again, how much do I feel I can really trust out in the world." Jessica further clarified that

this response was impart to her own experiences.

Much of the response under this category is related to feeling emotionally

depleted. The emotional depletion at times would lead to the amount of emotional energy

present for their interpersonal relationships. After lots of deep emotional work, Sara

noted her experience:

Going home, you know, completely empty, and I haven't, I have four kids.
Several of them are out of the house now. But going home to them and thinking,
Oh, my gosh, please don't talk to me about anything personal or emotional,
because I have nothing left. Like, I don't have the bandwidth to talk about, and be
empathetic with you. Like I just want to be like, get over it.

Homogeneously, Stephanie noted, "you know, trying to help couples manage their cycle,
connect, and you go home, and you just don't have the energy to interact the way you
want to." As an example, Stephanie shared

So I'm thinking I've got a 10 year old and a seven year old and so that can look
like me going from sessions to rushing to pick them up at school. And they may
have had a hard day. And either when they're sharing it verbally and fairly
regulated, it's a little easier than when it comes out in like anger or sort of the way
kids and adult do it to like tantrums; not handling it well and getting upset,
frustrated and not offering to them what you've offered to people all day, having
to take a break and come back and apologize. I mean, that's not a fun moment for
a parent.

Stephanie also shared:

It also looks like when I would say this is when I was more. It was in the
beginning when I think I was more optimistic about the load and how many
people I could see. And my husband calling me on the way home from work late

one night and wanting to talk about a vacation and me saying, like, I don't have

the energy to think any more thoughts. Let's talk about this in the morning.

 The social impact was also discussed by Stephanie:

And so finding that if you've done therapy all week, on a Friday night, people

want to have you over and it's like, I just I just don't have it to offer and it's not

even rewarding to me, it would take more effort than it would be fulfilling and

meaningful.

In like manner, Melissa noted how her husband will begin to share a story and she will be

"like, listen, honey, if your going to talk to me, I just think sound bites tonight." In

reflecting how the strain from his work has played out interpersonally, Daniel shared, "So

I've learned more how it plays out in real life is I have less patience for my kids. I snap a

little more, I'll eat more junk food that night." In line with what other participants shared,

Sara noted how it can play out in behaviors related to less self-care. This was captured

well with Melissa noting

Yeah, sometimes I don't recognize it for a couple days. Then I realize I'm kind of

tired, I'm kind of irritable, and I realize I havn't been exercising, you know, not

doing much for myself. I'm not taking my vitamins. You know, and kinda basic

stuff gets out of kilter.

Response to Clients. Amanda observed how she has been aware of times

experiencing "you know, a little bit of a recoiling with a kind of want to move away from

the client." She also noted how when triggered, an EFT colleague "tends to more get mad

back, when, you know, he'll get reactive back and decide to end the treatment or, or just get a little harsh." Stephanie noted, "One of the ways is in other sessions where it can impact ability to be fully present and what else?" Josh stated, "Well, you know, like, I think the worst, the worst thing that happened to me would be that I would become kind of cynical or hardened towards that client, and maybe even just towards the process."

References on Thoughts of Leaving Couples Work. The experience that clients described as indicators and experiences of EBS were not something that always stayed present if addressed. Most participants found ways to cope and push through. As was noted in the section on coping, pushing through struggles characterized in early EFT work led to alleviation of some symptoms such as self-doubt. Still, the narrative of several participants captured how the work can become heavy at times and lead to thoughts of leaving couple work. In fact, one participant for this study noted how he had decided to move away from couples work due to the strain experienced. Sarah shared a conversation that included contemplation of leaving couples work:

> Yeah, my husband will be like, what's, how was, how was today and I'm like, why am I doing this? I want to go work at a hospital. Like, find me out here like, anyway. Yeah, I'll do something. I'll just do psychosocial assessments in a hospital. It's very easy peasy.

In reflecting on the doubts in herself, Melisa noted thoughts, "Should I really be doing EFT? I've mentioned retired like four years ago, and BJs was hiring. That would be an easy job. You know, and so it's like, how much do I want to upset the applecart?" David

similarly shared, "So I decided it actually, my experience with EFT and those difficult couples cases, you know, inspired me to really go out and find, find these types of cases that resonate well with me and I did."

Difficulties in Emotionally Focused Therapy Practice

Participants in Stage 1 identified numerous difficulties as contributing to stress and strain in their EFT work. The first subtheme was difficulties in Stage 1, the second was difficulties due to being new to EFT, the third was dishonesty and the fourth was trying to hard.

Stage 1 Difficulties. In working with couples who experienced infidelity, Stage 1 was consistently reported as being the most challenging stage among participants. However, the issue of infidelity often brings about troubling dynamics. Nine participants made multiple references to the idea that working with infidelity was hard work. In response to how EFT work with clients experiencing infidelity had impacted him, Christopher enounced, "Um, okay, the first thing that comes to mind is just just it's one of the hardest things." Still and in line with the theme in Section 1, he then noted, "And it's, it's impacted me in the sense of, I feel good knowing that I know, have a framework for hard things." Ashley brought up "like infidelity is one of those really difficult content things that comes in, right." Like Christopher, she followed this by stating, "Like this hard work we do, we're going into like dark, painful places with people and again, I think I just, I feel so resourced and lucky to have EFT as a framework."

Five participants in 16 references additionally spoke to why working with infidelity was hard. This reason also aligns with a reason Stage 1 can be hard. In Stage 1, participants reported difficulty being the ups and downs that are experienced before de-escalation is achieved. As Stephanie observed

> And I think that therapists that I've talked to feel the same way, infidelity couples, there tends to be very high, in the beginning reactivity, a lot of intense emotions, a lot of really, I mean, a world of a person just got turned upside down. Everything they thought they knew is no longer, there looking at it through a whole different lens. And so it makes it, I feel like it makes it more challenging because people are coming in not, when there's a lot of fear, you're not in a curious state. Nor are you able to take a whole lot of information in and sort of stay in softer places that are vulnerable we can't do that if there's not enough safety. And for sure, there's not very much safety at all, if any.

Stephanie further recalled how "there's a gravity to doing infidelity that's much more intense" than couple work where there is not "strong attachment wound[s]." She spoke of PTSD symptoms and "rigid and kind of chaotic coping mechanisms" that were often present in Stage 1 of working with couples with infidelity. Elizabeth comparably noted some stress in working with infidelity and spoke of a need for lots of assessment. She noted if both sincerely wanted to work on addressing the infidelity that it made a world of difference. However, she also noted

But if a couple comes into therapy, and there's been a betrayal, and the betrayer won't change their behavior, doesn't see what they've done, and is really reactive. You know, if you've got some really hot personalities in the room. That is extremely stressful, especially when they try to rope you into taking sides.

In reflecting on EBS in couples work, David conjectured, "and maybe that's part of the reason that there's such burnout I think in some of these infidelity cases that some of the couples are not willing to meet you halfway and that just can be really disheartening." Heather further spoke to the dynamics present in working with infidelity that can make it hard noting that the betrayer can have difficulty engaging and the betrayed is not ready "to think about or talk about any role that they have in fueling the couple dynamic." Hence, she stated, "so, it's, it's just like, it's like pushing mud uphill." Additionally, it was noted how infidelity involves two people, which adds a challenge as opposed to working with individuals. Stephanie spoke of this at length

I think in general, couples work takes a lot out of therapists because usually when you're doing individual you're not having someone really reactively fight with with themselves in the session and they get triggered by responses so it just it's a slower pace you can kind of keep it at a pace that feels comfortable and then when you add infidelity on to that I think you see a lot of the uncertainty that people deal with.

Along the lines of what Stephanie shared is the difficulty in working with infidelity having the context of two, which requires dual empathy. Ashley stated, "I mean, again,

particularly around infidelity, it can be hard. It can be hard to have dual empathy, it can be hard not to take sides."

The Reactivity in Stage 1 Can Be Wearing. Among the difficulties spoke of by participants were the stress and strain of reactivity and ups and downs. As was noted above, the issue of infidelity can bring about much reactivity. A major difficulty experienced in Stage 1 and associated with reactivity were ups and downs. The ups and downs were reported as trying for the EFT social worker as they feel the couple is progressing to Stage 2 but then ends back up escalated and with more Stage 1 work that needs to be done. With 41 references, nine participants spoke of Stage 1 work with highly reactive couples as creating times where they could experience stress and strain in their work. Michael captured this saying:

> Now, when I have a couple that's really, either end of the spectrum, either they're both really closed off and protective. It feels like we're really trying to dig or if they're really just, it's all out there. And we're constantly trying to contain, I would say, those two ends of the spectrum are very exhausting for me.

As was noted by Michael but also captured in the discussion above, when a couple is highly reactive, "then you're trying to contain yourself while also trying to be patient." Amanda spoke of characteristics around the pain of infidelity, noting, "I think it's the reactivity, you know, their defenses around that pain can be harder." It should be noted, and this was noted by several participants, that it is not the issue of infidelity so much as the things that come with it, such as anger and cruelty that stems from insecure

attachment strategy. This will be discussed further under difficulties. Amanda also noted

how "There's others who are just so reactive and the trauma histories, it's really hard to

organize them for that." Stephanie noted

> And I think that therapists that I've talked to feel the same way, infidelity couples,
>
> there tends to be very high, in the beginning, reactivity, a lot of intense emotions,
>
> a lot of really, I mean, a world of a person just got turned upside down.

Melisa spoke of the difficulty in helping some get past rage:

> It is really hard. It is hard to get them past their rage, to their deep hurt. They
>
> would much rather stay in their rage, which doesn't help them. It doesn't help the
>
> other person. It doesn't help me. You know, and so that caveat has been hard in
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> helping them see that what triggers their rage is the deep hurt.

> Reactivity can bring other dynamics that make it a challenging time for the EFT

therapist. This includes elements that often accompany reactivity and escalation, such as

"if people are being really cruel to each other in a session" (Amanda). However, another

category with some strength of 16 references among five participants was concerning the

experience of ups and downs that contributed to exhaustion and intensity. As was noted

above, when working with infidelity, the trauma symptoms can lead to challenges.

Hence, this often plays out with the couple appearing to have de-escalated but then

becoming escalated again. For example, Sara shares the experience

> And right when I think it's going well, the next week comes and like they've
>
> turned a corner and it's all twisted around and I can't find air, you know, I mean,

like, it's just, it can be so draining, because you think you're making progress and

boom, it's your it's like, it's like you've been hit upside the head.

David frankly spoke on this noting, "I think for me that one of the things that makes it

like the most straining for me is I I struggle with the kind of like the back and forth of the

toggle a tug of war." Similarly, Heather stated

So with emotionally focused therapy, it's that push pull of, well, I can't really get

to that Stage 2 work of caring for the emotional injury, and doing the, you know,

the AIRM stuff. And, and it's also challenging to do the cycle work in the, in the

front end, because there's a lot going on with the crisis.

Describing the experience of the strain she can experience, Melissa likened it to a

lifeguard experience:

So I had to take a life-saving class. And that's exactly what lifeguards do. Okay.

First, they'll throw the buoy. And then if you have to rescue them, you grab them

by the hair or the arm. And if you really have to, grab and then you grab them by

the chin. Or if they're not flailing, you can do this cross-chest thing, but if they

take you under, you have to take them under and release them. And so that's I

guess that's the push-pull I feel with them. Sometimes I just need to say kind of

release. Everybody needs a break.

Getting Caught in the Cycle. Concerning the reactivity that can occur with

couples and be straining for the EFT therapist, getting caught in the cycle can be

straining. Essential to this discussion is to briefly note how the difficulty experienced

mostly relates to reactivity in Stage 1, where there are the ups and downs and the

experience can lead to the feelings mentioned above, such as, "are we getting anywhere?"

Elizabeth captures this reversal perspective in reflecting on Stage 2 work:

> There's a lot more I guess, I would say it's there's a lot more clarity because the
>
> dance is fully flushed out. And everyone's very clear about it. And so there's,
>
> there's a lot, there's still reactivity, but there's a lot less reactivity.

Furthermore, it was clarified by several participants that if the couple was getting the

cycle and not fighting the process, that the experience of strain was not present. Elizabeth

also captures this aspect that was shared by others

> You know, if you come into, if a couple comes into therapy, and there's been a
>
> betrayal, and the betrayer is like, I really want to work on this, like, I don't know
>
> what to do, but I want to work on this, then I'm good. But if a couple comes into
>
> therapy, and there's been a betrayal and the betrayer won't change their behavior,
>
> doesn't see what they've done and is really reactive. You know, if you've got some
>
> really hot personalities in the room. That is extremely stressful. Especially when
>
> they try to rope you into taking sides.

Anger and Blame as Particularly Straining Experiences. There were three issues

discussed by numerous participants leading to strain in their EFT work and were most

often experienced during Stage 1 work. The first issues were anger and blame, and the

second was lying. These situations, of course, create conditions where deeper healing

work is at a standstill. With eight references, five participants spoke about anger and

blame. In responding to difficulty in emotional management, Amanda candidly stated, "I just have trouble with the reactivity to anger, the blame. So if I can get him out of that, I'm fine with the harder feelings." Ashley similarly stated, "I think the thing, I think when it's difficult. It's harder in the beginning when there's a lot of anger." Stephanie closely spoke of difficulty with anger, "So again, historically, I really struggled with anger. That was an emotion that I would move into a withdrawer position to try and calm it down. And really had to do my own work around that."

Being Set on an Outcome as a Contributor to Strain. The process of trying too hard or being set on an outcome was described as an experience that could cause strain and was most related to a stage 1 issue. For example, Ashly noted

For me, it's easier for me when we're in Stage 2, and we're talking about these deeper things, that feels so vulnerable it's harder for me when they're not quite at the same place, and they can't catch each other yet, because I want to get them there.

Stephanie shared how because one does care that it can lead to working harder than the couple is ready to work. Based on a reflection she stated

And I start to realize that I'm working a lot harder; actually, I'm doing more homework outside of session to really try and help and it's, it's really exhausting when I'm showing up, and I'm really trying to move into some of this stuff, instead of just going at their pace, and making sure that they're putting forth the

same effort, that you are and instead of trying to control the outcome, just
allowing it to be what it is and where they are now.

Several things can be observed in the narratives of participants under this category of

difficulty when being set on an outcome. One is that being set on an outcome can

contribute to more difficulty in connecting as one can miss elements of their experience

and not validate the client. A second difficulty is that being set on an outcome can lead to

exhaustion and contribute to imposter syndrome.

Other Difficulties Outside of Stage 1

Empathy Issues. Several issues were noted around the phenomenon of empathy.

When experiencing strain, some participants spoke of difficulty connecting with clients,

but some participants also spoke of strain they could have because of too much empathy

and how it was important to have boundaries with one's empathy. Stephanie spoke of

how one has to have boundaries with empathy, noting the desire "to help people and you

just have to be careful of watchful of that caring part of you and sort of how you're

managing it." This seems particularly important as others spoke of a greater challenge in

holding empathy for two people who may be coming from two opposing sides. This

subtheme was composed of 24 codes from eight participants. As Michael noted, "I would

say for me, I mean, me specifically, what comes up is I know when I go into it with a

couple, the biggest thing that I bring up in supervision is trying to honor both sides."

However, he was not alone as others shared equivalently such as Ashley who stated, "I

mean, again, particularly around infidelity, it can be hard. It can be hard to have dual

empathy, it can be hard not to take sides." David spoke at length on this struggle with empathy for two people

> But I find it very hard, especially in the early phase of the therapy, and especially in, quite honestly, especially when infidelity is a component because there, you know, it's like I'm, I'm empathically connecting with partner, a, who, who was cheated on by Partner B and you know, she's upset about that. And then I go to talk to Partner B and Partner B, and I am able to get them down to the point where they're talking about you know, what, what are some of their emotional hurts what, you know, what brought them to a place that they made a choice like that, and I'm empathically connecting with them, and for me, there's something about the conflictual nature of you know, people, two people who, especially in that early phase are on opposite sides, kind of against each other and I'm connecting on both sides and feeling very, it's like a very conflictual tug like splitting feeling kind of an uncomfortable thing for me.

Self of Therapist Issues. In describing work with infidelity and the experience, a category arose around non-protective self of the therapist issues. In total, 53 codes from 10 participants made up this category. Like several other categories, this category could be further broken down, but categories were merged for the sake of reducing the data to be presented in a manageable size. Several participants spoke of how previous attachment injury occasionally could mix into their practice. This largely had to do with the recreation of infidelity, which is further elaborated in the next heading. Additionally, the

issue of self-doubt could be categorized and discussed as a subtheme to this category but is discussed in a separate section as a unique issue. However, participants referenced at length how past experiences could be triggering and how they had to do their own work to manage countertransference. In line with the findings under coping, however, the findings demonstrate awareness participants had of their internal process, which aided in managing self of therapist issues. For instance, Amanda noted, "I just had a, just a lot of emotional discord in the house growing up. So it can I think it can trigger my own, like, sort of scary experiences as a kid." Sarah similarly shared, "Because what it sometimes does, is it does bring up like a PTSD kind of thing. of, oh, my goodness, oh, like that was, I remember that feeling." Michael similarly noted, "And those instances, especially with the more explosive, I always have to make sure I really own my stuff too." Similar to Michael, Christopher noted

> You know, and if I find myself getting angry, for example, or irritated with with extremely escalated pursuers, or, or really angry men, you know, and I start to feel that feeling in my stomach that says, like, you know, I'm losing rapport.

Ashley spoke of frustration and how she will then have to examine self:

> You know, I think that's the biggest thing for me is I get frustrated with someone. It's like, Oh, for God's sake, why can't you just yeah, Why can't you see your partner's pain. You know, like, I get frustrated. And so for me, that's an indicator like, Huh, what's going on, with me? Why? Why am I having a hard time here?

Lying. An experience spoken about by five participants as contributing to EBS was when it appeared one partner was not being honest and recreating the infidelity in a sense. A difficulty contributing to EBS is when the betrayer is lying or not being upfront and could recreate the trauma for the betrayed. This often includes reactivity but also places a desire for the EFT social worker to work to create healing, which one can't do with dishonesty. The feeling of tension, the desire to protect, and the desire to be close can be stressful for social workers if they do not get the couple to a place where they are healing. Elizabeth noted this aspect that appears to be related to imposter syndrome:

> I think it's like you know couples come in in pain and I can feel their pain and I want to help you know like why are we in this, we want to help, and it's hard if I don't feel like I'm helping.

As she further noted, "I think it makes me if I can't if they can't engage in the EFT work, I think it makes me really, really sad." Daniel spoke at length about strain he experienced when encountering dishonesty:

> The part that makes my stomach hurt that I think about at night, and just for ease of conversation, I'll keep it heteronormative where, you know, he was unfaithful or betrayed, and he betrayed her in some way in the coupleship. The part that hurts my stomach. He seems verbally, you know, purporting to be in the work and even saying, here's everything. One or both of us on the receiving end of that conversation, can't buy it for some reason. And so that's when I get in my head of Okay, what's my role here? What's my move? What am I trying to do? Am I

trying to be with him, because my operating point of view is they both need the same thing. They both need me to hold that environment and be as safe as possible for them. Because if he's going to open up and be vulnerable, and be that honest, he needs to feel safe with me. But she's the one here being traumatized, because I think she's being lied to right now. And the trauma cycle is being enacted. So it's a lot in that moment, and what I carry with me is okay, what's my move? What's my plan? How did I do today? And if I think he's not being if he's if he's not fully disclosing, what's my role in trying to get him there? How are we going to do this? So that's the part that I find particularly hard. The the part of going there with like, with her and touching her trauma with her is a betrayal trauma experience, it's I mean, it's intense. I wouldn't say hard, it's intense.

Less Time in the Model Leads to Strain. As discussed above, various issues and symptoms could lead to the experience of EBS. A strong theme emerged from 11 participants with over 76 codes, however, concerning less experience leading to an experience of more strain. This is also connected to the issue discussed in Section 1 of more experience helping with coping. Under this subtheme, participants spoke of learning to cope and finding healthy boundaries with empathy. They also spoke back to persistence in the model as leading to trust, which helped them cope.

Learning to cope and developing boundaries with empathy was captured when Jessica shared

And if I feel something residual, I'm going to breathe through it and send them love and kind of give it back to them, like remind myself that that's not mine. Because I do feel very empathic and probably in the beginning, when I was a therapist, it would stay with I'm sure it stayed with me longer." She also spoke to experience and learning to cope stating, "But now I just feel like it's pretty routine for me to move on and, and not take it with me." She also reflected saying, "But I've just been doing this work long enough that I have a natural way to just kind of breathe through it, work through it, acknowledge it, feel my feelings and move on.

After certification, when working with some difficult couples, Amanda divulged

I just struggled. And would, you know, not be that successful not, feeling pretty rattled. Over time, I kind of feel like I've sort of built up my capacity to handle it more or some, it's almost just like you do it enough and, it's a little less distressing, to me, more now. And I am not really sure why except I think it might just be exposure.

In utilizing self-care to cope with the strain, Michael stated something similar, "And I think that just comes with time and experience." Sarah stated, "But just like, and again, I think there's a learning curve of offering some space for some time to breathe before moving into a next session."

Other participants spoke of how experience having helped them learn to manage reactivity better. For example, Sarah shared

And so I think the other thing that you learn to manage better is that reactivity and your own systems response to it. And I think part of that is knowing what to do with it, which I don't know. I don't know how you teach that without just having to sort of have some information and tools but stumble through that a little bit.

Christopher also captures the trust in the model along with not feeling as shocked to hear the narratives of infidelity as he had more practice:

As an intern, you're like, Oh my gosh, you you did that? What was that? You're just kind of surprised because you're not used to hearing such deep things, at least I was wasn't, and so now that I hear it, it's like there's just nothing that's really surprising anymore.

Further, as was noted above, the more one practices EFT and stays with the process, one knows it will work. "and for at least some couples, you know there is this beautiful healing path" (Jessica).

Ashley spoke of the difficulty one can have with symptoms such as imposter syndrome but noted that some of managing it comes with time and trust in the model. Ashley: "I definitely think that there's like a developmental process, you know, as you're learning this model and stuff." She further stated

And some of that comes with experience because when you're first learning EFT, it's sort of like, well, is this gonna work? Is it really going to work if I get this person like talking about their emotions, you know?

Christopher tells this as he reflected on his learning to trust the process, "Yeah, it's just like, Oh, wow, this works. Yeah, we should. I should keep doing it." Sarah stated something similar in reflecting on an encounter with her supervisor when new to EFT:

Well why didn't you follow the model? And like, I just don't know if it's gonna work. And it didn't feel like it was gonna do what it was saying. And she would just look at me and like, just trust the model and do it just do what the model says.

In response to learning to trust the process, Ashly stated, "But again, I think when you can overcome that hump and get to that place of like, Oh, yeah, I think it's hard to go back and do anything else."

Persisting in the model led participants to trust the model and find that it brought about healing. This allowed them to find meaning that made the difficult or intense work worth it. Further, participants shared how they learned to cope and learned there were boundaries with empathy that allowed them to cope. Lastly, it should be noted that the theme of persisting in the model may also relate to the antidote of imposter syndrome. That is, some participants spoke of coming to terms that not everyone could be helped and that some couples are challenging to work with. As Amanda shared, "I think I take a now I'm just like this happens, you know, I can't always help everyone in every session." As participants persisted in the model, they were able to challenge the schema that it is their incompetence that some couples fail.

Unexpected Findings

There were no unexpected findings.

Summary of Part 2

Numerous themes in the data corpus answered the research question of how EFT social workers experience EBS in their work with couples experiencing infidelity. Participants disclosed many challenges that arose in Stage 1 work. The issues described highlighted strain that was experienced and led to diverse symptoms. While engagement in deep pain was not identified as a significant factor in developing EBS, reactivity and its consequential emotions were identified as particularly challenging at times for participants. Indeed, narratives captured the intensity that was experienced in working with secondary emotions before the cycle is tamed. This finding has significance for training recommendations, as will be discussed in section four. Participants also spoke of additional strain stemming from prior adoptions of the model and other issues that could arise and trigger self of therapist issues. The symptoms of strain highlight a cost that can come from working with infidelity.

Part 3: How Do Emotionally Focused Therapy Social Workers Conceptualize Empathy-Based Strain?

While participants spoke at length on various symptoms, reference was often given to strain experience in Stage 1. This theme came forth as participants reflected on various challenges they faced with infidelity and reactivity among couples. Participants spoke of various conceptualizations to describe what they had experienced in their work. However, the largest theme of how participants described EFT work experience with

infidelity was the experience of fatigue and exhaust. Other symptoms of the experience, however, were described as was discussed in Part 2.

Connecting With the Term **Empathy-Based Strain**

In the beginning of the interview, participants were asked if they had ever heard of the term EBS. As a result of these questions, participants responded in several ways. There were, for example, eight participants who noted various conceptualizations of what they would think EBS was. The most cited conceptualization was CF. As Sarah stated "Because I've heard of compassion fatigue. Like, that's the way that I've learned about, about, you know, where you just feel you feel really empty inside, you feel really washed out and exhausted." Others conceived of the strain as more related to "empathy burnout" (Stephanie) or "caregiver burnout" (Christopher).

In connecting with the term after being asked if they had heard of EBS, seven participants stated they got it. For instance, Jessica stated, "no, I haven't. I like it. I think I get it, I think." Amanda stated, "I havn't. But I mean, It makes sense." After the definition of EBS had been provided, Sarah noted having experienced it and stated, "Just I like, I like having a name for it." David also stated he connected with the term EBS stating

> But for some reason you know, that's a term that you would use, that's probably one I would use to describe how I felt at the end of pretty much every couple session I've done over the last several years.

Empathy-Based Strain Conceptualized as Exhaustion and Fatigue. "Because it's, it's not, it's like unavoidable, the exhaustion and the fatigue and that strain it's unavoidable. Like, you're in the deep emotions of attachment injuries. Day in and day out. You're going to be exhausted. Yeah. Especially if you don't know what to do with it." (Ashley)

"This is probably right along the lines of what you're doing, but they need to teach us what to look for in ourselves, how to identify the fatigue and the exhaustion, and that I've never had someone like coin a term of, this is empathy-based strain, thank you. Yeah. Now I'm going to learn it. Empathy-based strain." (Sarah)

The conceptualization participants have of EBS is closely connected with the symptoms they experienced. However, the subjective description of the strain was steadily described as a form of exhaustion and fatigue experienced. As has also been noted in Part 2 under the experience of empathy strain, the feeling of exhaustion was also contributed to reduced emotional energy for interpersonal engagement. Because this was discussed above, discussion on this is left out of this section to prevent redundancy.

Based on the reflection of that strain among 11 participants, 63 codes were provided that identified the description of the strain being subjectively described as exhaustion and fatigue. In reflecting on indicators of the experience of EBS, Michael noted, "I've used the term exhausting before." He used the term exhausting six times to describe various experiences of EFT work with clients experiencing infidelity as exhausting. And in line with what was noted above, he clarified a difference in the

experience stating, "the first stage, I think, can be the most exhausting." Amanda stated

that it was an art to be able to figure how to feel a little bit as "if you're 100% feeling

what the clients are feeling that's exhausting day in and day out." Like many others,

Christopher spoke highly of the model providing safety. However, he did reflect on the

fatigue noting, "this way of helping with the fatigue that does come because it does come

like don't get me wrong. It definitely does come even if I know my purpose, because

you're just doing it all the time." Ashley described fatigue as well, noting "Yeah, and that

feels like a lot more work as a therapist, those are the those are the sessions where, you

know, at the end of the session, or the end of the night, I'm like, I'm tired." She further

described it in this manner

> For me, when I have no, I'm fatigued like that. I feel really tired. Not like,
>
> physically, lagging kind of, I feel. I'm just trying to think. Just, like really just not
>
> wanting to be there. Not wanting to do it today. Like, do I really, for me, it goes
>
> to, Do I really have this in me today?

Like most other participants, Stephanie reflected on exhaustion showing up in her EFT

work. However, she also spoke of it stating that one can feel "pretty emotionally worn

out" and also noted "I think fatigue for sure" and "feeling kind of emotional depletion."

Some participants spoke of feeling burnt out or stress, which led to some fatigue.

For example, Mellissa stated she will notice EBS when, "Um, I find I'm kind of burnt

out. I'm tired. Yeah, I need a lot more rest and play. David stated, "I just, I feel it's like

you know that the strain like I feel like it's like I overused a muscle." He also noted, "and

at the end of the session I just like I feel like I feel physically fatigued and tired, I feel

exhausted." Daniel did state that, "I think relative to just anecdotally, to peers, I feel a

relatively low amount of symptoms after work." However, and similar to the experience

of stressful sessions, Daniel stated, "Um, and it does take I say, it's a calorie burner, it

does SAP energy to be reflective in that way." Similar to what Daniel shared concerning

certain stressful sessions, Heather noted, "So what I experienced is usually after the

session, and after they've left, I'm experiencing a real energy deficit for myself." She

likened it to "It's like yeah, it's like the elephant in the room. But the elephant is sitting on

your chest" and clarified the strain as "intellectual and emotional drain."

The Need for Awareness and Discussion on Preparation for Strain. Sarah

noted the following

> You are working deeply with emotion, and you are an emotional creature. You're
>
> putting your heart out there every single day to feel pain with somebody else. And
>
> you're gonna feel burned out sometimes. That is normal. They should teach us
>
> what should they teach us hold on, to engage with all this emotional pain and be
>
> able to function.

Under the category of need for awareness and coping there were 50 codes from

the narratives of nine participants. Several participants spoke of how initial EFT training

doesn't do the best job of preparing one to mange self of therapist issues. However, it was

noted that it might be assumed one will get it from supervision. Indeed, that one does get

work on self of the therapist in supervision and post initial training was spoken about by

multiple participants. For instance, Ashley noted, "I don't think I don't think I saw as much self of the therapist in externship and core skills. I think I was getting it in supervision in my EFT supervision." Elizabeth also shared

> Oh my god, it's just practice, practice. Practice. They should offer advanced workshops on it, specifically geared to self a therapist A little bit of skill, but mostly self of therapists. Where are you getting triggered? How do you work with that? I noticed I kind of noticed that in my supervisees, especially supervisees who have a hard time with reactivity.

David also captured what several others spoke of concerning addressing self of therapist issues and self-care in training. While many self of therapist issues may be best dealt with in supervision and advanced workshops, awareness of strain and how to cope with that outside of self of therapist issues was reported as not being addressed.

In response to EFT's preparation to manage EBS issues as it relates to engaging in pain, Amanda frankly stated, "You know, I don't think EFT does a great job of that." Hence, and like many other participants who found skills outside the model to cope as discussed above, she noted finding a practice outside of the EFT model that enhanced mindfulness of self and worked to enhance self-compassion. Numerous participants noted that they couldn't recall there being a discussion that they could experience strain in their EFT work or talk on the need of self-care to handle the strain they would experience. As Amanda noted, "I can't I really I'm sure there is some, but I really can't recall a whole lot of self-care that is taught in EFT training." David shared something similar

But something I do think is maybe missing is in the training that I did I don't you

know, it might have come up it probably did to some degree, but I don't think that

there was a major focus on like self-care and kind of preparing for the impact that

you have.

Stephanie noted remembering some discussion on self-care

I don't think, it was not specific to, I think the curriculum. But my trainer,

specifically sharing after doing this work for a long time, you know, he found for

him, there was a certain amount of couples he could see in a day, and learning

how to create space so you can breathe, you can meditate, you can do yoga, you

can take a walk, you can sort of just get that movement that a body needs when

it's held a lot of emotion.

Daniel also stated that he couldn't remember a discussion on the impact of emotional

work or self-care. However, he reflected on the process and model. David shared, "I did

not feel equipped enough from you know, the externship for some of those really raw

intense cases." However, he also noted how some who go through EFT are left

vulnerable:

And I think that I think that what they didn't say, but what was left unsaid is I

think that the emphasis is is that that that component of protecting yourself from

burnout is supposed to come from like the supervision or the group consultation

component, but they also don't, there's, there's no mandate to do that. So it's very

possible. And actually, I know a lot of therapists who do couples work, and they

do they did the externship, and then they go on their practices, and then they start

doing EFT therapy. And for whatever reason, maybe it's a time issue or they can't

afford the cost. They don't, they don't go further, and maybe or maybe they don't

have access to a consultation group or to a supervisor who's experienced in EFT.

So someone in that case, if there wasn't a lot of focus in the externship training on

self-care and empathic burnout and that kind of stuff, then they may be left in a

pretty vulnerable state. So I think that that's potentially like a gap in the training in

that regard.

Like several others, participants spoke of how it would be helpful to have some

discussion on awareness and preparation of EBS. Stephanie noted that they are trying to

cover a lot in the externship and core skills and that using the tools and building

connections are valuable. Yet, she also discussed the need for some discussion on the

humanness of the EFT work and self-care:

I know they're trying to cover a lot. So it's hard to like, you know, how do you but

at least devoting some time then and even moving into the humaneness of being

able to talk about it and not just talk about it from you know, here are some things

you can do for self-care, you can take a walk, you could do these things, but just

really being able to have a conversation because I think a lot of the training that I

experienced, it came from trying to work on the tools, but also that interaction and

really developing those connections with people.

Several others spoke about how it would be helpful to have some discussion in initial

EFT training on engaging with emotional pain and coping. Sarah shared, "They should

teach us what should they teach us, hold on, to engage with all this emotional pain and be

able to function?" Amanda spoke of a need on discussion of "So some kind of moderate

modulation there where you are connected, but you're still in your own body, and

separate is probably a skill that needs to be built and talked about more."

In response to a follow up question on what she thinks EFT training should teach

regarding coping with the impactful experience of engaging with deep emotional pain,

Melissa stated

That we actually have reactions and emotions? I mean, we're not like, stoic. You

know that it's okay. We're gonna, we were built, created to respond. And if you

pretend this stuff doesn't bother you. I mean, it's got to on some level. And we

care. And then how do we care? And then I mean, it's natural. So kind of go with

it, deal with it. Don't deny it and shove it under a carpet. So I don't think I got any

of that in my training. Really, I mean, it's just kind of stoic. Which always seemed

weird. You know?

Sara best captured what she felt would be helpful in initial EFT training:

They need to teach us what to look for in ourselves, how to identify the fatigue,

and the exhaustion. (…) Empathy based strain, knowing that that is something.

That this is a thing, and helping us, Yes, warn us, this is going to happen. You are

working deeply with emotion, and you are an emotional creature. You're putting

your heart out there every single day to feel pain with somebody else. And you're

gonna feel burned out sometimes. That is normal. And here's what it will look

like, here's what it would feel like. And here's what you should do. Like that

would be really nice. Yeah, really, really nice. Because it's almost like you're

being sent into a battlefield without a triage unit nearby. Like you're just gonna

get hit, and you're gonna bleed out sometimes. Because you may not have the

skills to wrap your wound or you might not even notice that you have it until it's

really making you checkout and, and want to like, stop the professional together.

Like, that has happened to me where I'm like, this is not worth it. I don't like this.

This is not fun. And I could be doing something else and making more money

probably and not feel all this, though. They do. They need to help you see what it

might look like if you do get a burnout of some kind.

The way EFT is taught could be contributing to feelings of imposter syndrome.

This was not a very strong theme that was picked up in the data corpus but was alluded to

by several and is worthy of mentioning. While not a strong theme, it is valuable to note

that a few participants alluded to struggle that came from presentation of success in EFT

with couples. While most reported good results in using EFT, it was noted that part of the

process was being able to realize it can take time with some couples. For example,

Amanda noted

the way they teach that is somehow like it's either you can really make it be magic

and artful every session, and if you're not, it's you haven't figured it out a little bit.

I think I've had to really split it like, okay, come on, these kids, some people have

such serious trauma histories. And they, the dysregulation, I might not be able to

manage or handle in every session and like I'm not doing anything wrong. Yeah.

So I think there's a little more forgiveness, they don't show in the training, they

just don't show the level of difficulty that I see in my own work.

David noted how it is taught in initial EFT training that some EFT is better than no EFT.

However, he noted that what would have been nice to see is "how the experts work with

those difficult cases." He then discussed how he had made the move away from couples

therapy due to the fatigue experienced. Heather also noted that only a handful a couples

"stay the course." She noted that this could lead some to have doubt that they were doing

a "good enough job." Thus, she noted that EFT training should ensure they note that any

work with a couple getting them to connect with the authentic self and share it safely was

progress made. What Heather partially spoke to is the need for belief in the model.

However, for those new to EFT who may not have fully adopted the model, there is a

need to know that they are making a difference to prevent fatigue.

Unexpected Findings

There were no unexpected findings.

Summary of Part 3

In Section 3, clients' narratives were organized and presented to answer how EFT

social workers conceptualize EBS in their EFT work with clients experiencing infidelity.

Most content for this section was gathered indirectly through the narratives in response to

probing questions about participants' experience of engaging pain in their EFT work. The exception to this was with interview question seven which asked participants what they would consider as the experience of EBS. With this in consideration, the conceptualization reported stemmed from a unifying theme of the subjective experience of strain. In direct questioning about the term EBS, participants responded with various terms. However, based on the subjective narratives of participants, a consistent reference of exhaustion and fatigue arose. The last subtheme presented discussed a theme that arose as participants noted a lack of discussion in initial EFT training that could leave some vulnerable to developing EBS. In Section 4, I will further discuss the key findings from this study, their application to professional practice, and the implications for positive social change.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of this study was to explore how social workers who practice EFT with couples in counseling for infidelity experience, conceptualize and cope with emotional strain in their professional practice. The research questions answered in this study were (a) What are the experiences of EBS among social workers who use EFT as their primary modality in working with clients experiencing infidelity?, (b) How do social workers who use EFT as their primary modality conceptualize EBS in their work?, and (c) How do social workers who use EFT as their primary modality cope with EBS in their work with clients experiencing infidelity?

Based on the research questions and the intricacy of the data corpus, I grouped the findings presented in this study into three parts. The findings in Part 1 revealed many ways EFT social workers cope with EBS. However, a consistent theme was that the model and framework aided in coping with the strain experienced in EFT work with clients experiencing infidelity. The findings, as presented in Part 2, highlighted the strain experienced that came at some cost individually, interpersonally, and socially. The third part discussed the conceptualization of EBS as subjectively gathered from the data corpus. Significant findings from each section are discussed below. This is followed by a brief discussion on the finding's alignment with social work ethics and then recommendations to social work practice based on the noteworthy results as discussed in this section.

Key Findings From Part 1

In the narratives of participants, multiple themes emerged that answered the research questions concerning how EFT social workers cope with EBS. A noteworthy finding was that a significant amount of coping came through reliance on and belief in the model of EFT. Participants also found enough success in going deep that allowed the difficult times to be "worth it" (Ashley). This finding aligns with others' findings (Ludwick & Figley, 2017; Sacco & Copel, 2017) that compassion satisfaction could occur with the variable of satisfaction in one's work. In the case of the EFT social worker, this satisfaction is influenced by the lens of EFT. Compassion satisfaction is also significant in deterring the development of EBS (Cummings et al., 2018; Yilmaz & Ustun, 2018).

After adopting the model of EFT, participants often used the knowledge of it to enhance their relationships. This is significant in that EBS can often lead to issues that hinder relationships (Branson et al., 2013; Hart et al., 2014; Taylor, 2018). A remarkable subtheme came from participants who stated that working with deep emotional pain was a beautiful experience. Most participants spoke of the model providing a lens of attachment that allowed them to safely engage the deep emotions and interactions around infidelity. These findings are significant in responding to Foreman's (2018) call to further evaluate "the meaning-making process of how to manage exposure to client trauma experiences" (p. 151). Indeed, the model of EFT lent to participants' meaning-making

process and enhanced their ability to engage and cope with clients' traumatic
experiences.

A noteworthy finding is that the framework of EFT is composed of ways of
working that make treating traumatic emotions around infidelity safer. In particular, EFT
social workers in the study noted that going slow helped them to internally separate the
client's experience from their experience and to engage in limbic system regulation. The
regulation and ability to separate experience was enhanced by moving slowly, which
allowed for staying in emotion safely and not spiraling into content that could escalate.
Additionally, as participants learned to trust in the model, they found themselves in the
role of process facilitator who did not have to carry the weight of client progress. This,
along with supervision or peer support, also appeared to address participants' struggles
with imposter syndrome.

Key Findings From Part 2

Although the model and framework made working with infidelity safer, it was not
reported as making the EFT social worker immune to EBS and consequential outcomes.
However, as is suggested in Part 1, the development of EBS may be reduced from
elements of the framework and in reliance on and trust in the model. In Part 2, I identified
participating EFT social workers' experience of EBS. Several significant findings came
forth in this section. In experiencing EBS, participants noted that it could lead to bleed
over or not having the energy to empathize with another client. Another consequence of
doing deep emotional work was holding empathy for two opposing sides or over

empathizing and becoming fatigued as a result. A bulk of issues leading to EBS were identified in Stage 1 work. However, the continual exposure of issues that could arise in working with infidelity was identified as straining over time if care was not taken. This speaks to the value of using the term *EBS* as it captures multiple conceptualizations of the strain that can unfold and be experienced differently.

As a result of reactivity, participants noted several things. First, the reactivity of clients can be stressful as it is seen as counterproductive to healing. Second, the reactivity among clients can lead to reactivity in clinicians that can hinder progress or entangle the clinician in the cycle, which can be straining for the therapist. As a result of symptoms of EBS in general, previous researchers (Harr et al., 2014; Molnar et al., 2020; Negash & Sahin, 2011; Sinclair et al., 2017; Taylor, 2018) have identified that negative client interactions can result. However, what is notable is that in the practice of EFT, it is in Stage 1 that the strain is most conspicuous.

Among the themes was that learning to trust the model was imperative for reducing some strain and combating imposter syndrome. Working with certain issues such as anger, blame, and lying were reported as stressful for the EFT therapist and noted as occasionally leading to self of therapist issues. Some of these difficulties recreate the infidelity in the room for the betrayed and clinicians, and because of the therapist's presence, this can lead to clinicians getting caught in the cycle. Awareness of these difficulties can lead to EFT social workers taking care when faced with these circumstances that are reported as particularly straining.

As a result of EBS as reported in this study, not only can client interactions be hindered, but clinicians' relationships can be hindered. As observed in client narrative, clinicians can feel fatigued and not have the emotional energy to be present with their interpersonal relationships. This aligns with findings from Brady (2019) and Molnar et al. (2020) that relationships could be hindered from EBS due to avoidance. Additionally, the findings from this study indicate that EBS can lead to moods being impacted leading to things including irritability that can hinder relationships. This aligns with previous research (Harr et al., 2014; Mento et al., 2021; Molnar et al., 2020) that identified emotional dysregulation resulting from EBS. However, as noted in Section 1, the model can often help EFT social workers cope with EBS symptoms that hinder their relationships. Further, many participants in this study reported utilizing knowledge from EFT in their personal relationships in ways that strengthened them. This allowed many to be able to go to their significant others and find comfort from the strain they experienced in their work. This finding has significance for other fields of practice; professionals may be able to avoid interpersonal consequences through the use of EFT or knowledge of attachment theory to strengthen their relationships.

Participants noted that engaging with couples experiencing infidelity did take a toll on them at times. Hence, and consistent with other findings on the result of EBS (Hanson, 2020; Middleton & Potter, 2015; Middleton et al., 2021), multiple participants noted that at some time, they had thought about leaving couples therapy work due to the strain experienced. This speaks to the need to identify best coping methods for EFT

therapists and the need for initial EFT training to provide awareness and preparation for addressing EBS.

Key Findings From Part 3

Though the term *EBS* was unbeknownst to participants, this should not be surprising as the construct of EBS is relatively new. Most participants had a conceptualization of strain but there was a lack of consistent terminology to describe the concept of strain. In particular, some participants referred to the strain they had experienced as a form of burnout or compassion fatigue. Based on the data corpus with description of symptoms and experience of fatigue, the experience of EBS for EFT social workers could be classified separately based on symptoms and onset. That is, the fatigue experienced in Stage 1 work appeared to be of sudden onset. However, some described an onset of fatigue that was more accumulative from the day in and day out work with trauma material and issues that could arise in Stage 2 work.

For some participants, the experience of EBS through a related term was unbeknownst. However, with reflection on experience, most participants described personally experiencing EBS, which led to various symptoms and need for coping. A consistent overlap in the description of strain led to the identification of EBS in EFT work as being perceived as a form of emotional exhaustion or fatigue. Based on a conceptualization of EBS being fatigue or exhaustion experienced, this explains why participants often referred to the terms *burnout* or *compassion fatigue* to describe their experiences of EBS. Participants' conceptualization of the strain suggests that it is

influenced by reactivity and an accumulation of empathy that is combined with intense emotions and various difficulties commonly experienced with couples who have experienced a form of trauma. These findings are significant in identifying the unique conceptualization of EBS. Knowledge of this conceptualization can be used to identify the development of EBS and how it is perceived by EFT social workers. Knowledge of EFT social workers' conceptualization of EBS further fills the gap that Fox (2019) noted was present concerning narratives on the conceptualization of EBS among various professionals.

Participants spoke highly of the EFT model in terms of its ability to heal many and provide a form of coping. However, the model and framework alone were identified as not completely sufficient for coping. Hence, participants utilized various forms of coping to manage the strain they experienced. Multiple participants noted that there was a lack of discussion in their initial training on the impact that one could have from doing deep emotional work. Hence, many participants spoke to the need in EFT initial training curriculum to include some inclusion of discussion of the potential of EBS in EFT work and ways that can be helpful to cope. As David noted, a saying in the EFT world is that "a little EFT is better than no EFT." Although this may be true, using EFT and not being prepared for the strain one can experience leaves some clinicians vulnerable. This is perhaps best stated by David

So it's very possible. And actually, I know a lot of therapists who do couples work

and they do they did the externship, and then they go on their practices, and then

they start doing EFT therapy. And for whatever reason, maybe it's a time issue or

they can't afford the cost. They don't they don't go further and maybe or maybe

they don't have access to a consultation group or to a supervisor who's

experienced in EFT. So someone in that case, if there wasn't a lot of focus in the

externship training on self-care and empathic burnout and that kind of stuff, then

they may be left in a pretty vulnerable state. So I think that that's potentially like a

gap in the training in that regard.

Application to Professional Ethics in Social Work Practice

A core social work ethic is a commitment to clients in which social workers

promote the well-being of clients (NASW, 2017). Commitment to clients is closely

aligned with the social work value of service in which social workers try to address social

problems. Accordingly, social workers should make an effort to address practice-based

problems that can lead to disservice. This research informs the social worker of the signs

and symptoms of EBS and ways of coping that can prevent EBS and consequently

prevent disservice to clients. Hence, committing to clients also means committing to and

taking care of oneself.

In line with the value of service to clients is the social work ethic of competence

(NASW, 2017, par. 4.01). Social workers are to practice competently. The experience of

EBS can, unbeknownst lead to difficulties with boundaries and behaviors that are a

disservice to clients. Ergo, preventing EBS and managing self of therapist issues are

essential for competent practice. EFT social workers can utilize the findings of this study

to identify EBS in their work and engage in practices such as individual coping and supervision that can help them manage EBS symptoms and other self of therapist issues.

The NASW code of ethics (par. 5.02) particularly speaks to the engagement in research that can expand knowledge and be useful in practice. This ethic guides social work practice to investigate areas of practice where the lack of knowledge could hinder the well-being of clients or social workers. A noteworthy finding from this study was the identification of the lack of discussion in initial EFT training on the potential for EBS and ways to identify and cope with EBS. The findings of this study enable the EFT social work administrators and supervisors to provide education on a risk inherent in EFT practice. Further, the application of this study's findings can lead to EFT training protocols that can help social workers prevent or manage EBS through coping. In particular, EFT training curriculum can include discussion on the potential for strain in working with emotion, signs to be aware of the development of EBS, and effective ways of coping with EBS.

Recommendations for Social Work Practice

The model and framework are two consistent elements of EFT practice that were reported to aid clinicians in coping with the stress and strain experienced in EFT work. In particular, the lens of attachment and the slow movement through trauma material allowed for an enhanced ability to cope with the disclosure of traumatic emotions. One thing this study shows is that working with pain and emotional trauma can be a beautiful experience. Hence, how one works with emotions can make a difference. Not

surprisingly, EFT opines that the proper utilization of emotions stabilizes the therapeutic

process (Palmer-Olsen et al., 2011). As such, EFT social workers utilize emotions to

facilitate the healing of attachment wounds. Social work practice, in general, can learn

from what EFT social workers have shared about facets of EFT that make working with

emotion safer. The finding from this study should be further investigated into how the

attachment lens and protective elements of the EFT framework could be used to lessen

the strain in other fields of trauma practice.

Outside of the model and framework, social workers utilized an array of activities

to cope. As one participant noted, they had to "stumble" (Stephanie) their way through

learning to cope. While some forms of coping may be preferable among various people,

some forms of coping are ideal to address certain struggles EFT social workers face in

their work. For instance, given the struggle that social workers can face with reactivity or

with self-doubt or imposter syndrome, several practices are ideal. For example, one

participant spoke of utilizing a mindful self-compassion program to address self of

therapist issues. Mindful self-compassion (Yip et al., 2017) and mindfulness (Brown et

al., 2017) have been identified as beneficial tools in staying off the development of EBS.

Further, given the strain experienced from imposter syndrome, a practice such as mindful

self-compassion may be ideal.

Many participants spoke of struggle at times with reactivity. As a result of a

struggle with reactivity, participants spoke of engaging in self-regulation strategies. No

participant, however, discussed engaging in the social regulation of emotion. The social

regulation of emotion works similarly to the self-regulation strategy but impacts not only the regulator but the target (Reeck et al., 2016). Even so, aspects of the EFT framework such as moving softly and slowly due partially facilitate the social regulation of emotion.

Work in Stage 1 was identified as the stage where EBS was most likely to occur in some form. EFT is designed as a short-term therapy noted to provide recovery in 8-20 sessions (Johnson, 2019a). However, as noted by participants, trauma and other attachment histories can lead to issues extending the treatment of couples with infidelity. Those practicing with a couple for a long time who remain in Stage 1 should note that this makes them particularly vulnerable to the development of EBS in EFT work.

Based on the findings under the theme of colleagues and peer support. It was reported that having EFT supervisors and peer supports as opposed to non-EFT supervisors and peers made a difference in coping as they had the same lens and could understand the unique struggles. Administrators of larger social work organizations should note that while it may appear an EFT social worker has support based on the presence of social work colleagues, they may feel a level of isolation based on the unique practice issues an EFT social worker experience. Though initial EFT training was not identified as helpful in managing EBS outside the model, consultation groups, supervision, and further training were identified as helpful, particularly with self of therapist issues. Social workers in private and group practices should take note of risks with isolation and the need to be intentional in self-care and connecting with other EFT social workers.

The experience of EBS as it showed up for EFT clinicians should be shared to those that practice EFT. As was noted in the literature review, EBS can develop and display differently for those in different fields of counseling practice. EFT training should take notice of how the experience of EBS can lead to a decrease in interpersonal well-being and efforts that can be taken to stay off its development. Additionally, due to the experience of EBS, there could be value in ensure clinicians practicing EFT have strong interpersonal relationships they can rely on to deal with the strain. Further, interpersonal relations of clinicians should be aware of how strain can play out so that it can be identified and put in the context of a reaction versus it being personal. Providing psychoeducation to family members of someone with PTSD is an established practice as it helps the family members to understand the symptoms and provide support (Reuman & Thompson-Hollands, 2020).

Based on the knowledge that EBS is experienced in EFT work and the identification that many were not prepared in initial EFT training for the strain that was experienced, EFT initial training should include in the curriculum discussion on the potential for EBS, how to recognize EBS, and how to cope with EBS. To that end, a lack of discussion on EBS in initial EFT training leaves some vulnerable to the consequences of strain. Ergo, in line with what Sara cogently stated, adding some discussion of EBS in initial EFT training will help clinicians to notice a "wound" and "wrap that wound" and escape personal and professional consequences of that strain.

As was observed in multiple narratives, the strain experienced in EFT work can lead to social workers thinking about leaving the field of couples therapy. Further, the experience of EBS can lead to difficulties in engaging clients that can hinder overall treatment effectiveness. While some trainers in initial EFT training may discuss coping to some degree, the discussion should be officially added to the externship and core skills training to reduce the potential for strain or unrecognized strain that leads to BO and other personal and occupational consequences.

Knowing that Stage 1 work can present the biggest challenges and that adopting the model fully helps one cope, especially when there is reactivity and anger, EFT training would benefit in discussing ways new therapists can cope with this. Practitioners that are new to EFT are particularly vulnerable and should be prepared with an additional element of training focused on discussing EBS and ways they can cope and healthy boundaries with empathy.

Impact on Personal Practice

As an advanced social work practitioner, the findings from this study will be useful for my personal practice and practice with supervisees. In personal practice, for example, I can use the findings to be further aware of the development of EBS and then engage in coping to ward off EBS development. Further, I can be knowledgeable that much strain stems from difficulties in Stage 1 EFT work. This knowledge transfers to practice in that if I am working with a couple that fails to progress to Stage 2, I should be particularly cognizant of the strain I am experiencing and engage in self-care and

supervision practices to deal with this as is warranted. Further, the knowledge that Stage 1 can be particularly straining with some couples normalizes the experience and helps prevent imposter syndrome.

For my work with supervisees, the findings of this study are applicable in many ways. For instance, I can be aware that supervisees who are new to EFT may struggle with adopting the model. During this time, they can be particularly vulnerable to strain and experience of imposter syndrome. As a result, I can inform them of this experience, normalize their experience, and aid them in managing their symptoms. For example, I can share how symptoms and doubt can be normal early in the practice of the model, which leads to strain, but how if they persist through this time and adopt the model and manage EBS, they can find alleviation of the struggle. As supervisees progress, I can also utilize this study's findings to identify strain and share beneficial ways they can cope.

Transferability and Usefulness

Due to the desire to gain a rich narrative of experience, this study did not engage in random sampling. Social workers that were identified as practitioners of EFT were contacted for recruiting. Ergo, the study is not necessarily generalizable. Natheless, the findings of this study do have transferability to clinicians engaged in the practice of EFT with couples experiencing infidelity. Transferability is enhanced through studies that provide a description of study characteristics such as inclusion criteria, interview questions, and sample size (Korstjens & Moser, 2018). The concomitant of rich description of data allows for the reader to assess the application of the findings to their

setting (Korstjens & Moser, 2018). The participants for this study were located throughout the United States in different private/group practices. Even so, there was similarity of each narrative that led to strength in each category identified.

Multiple findings proceeded from the data that are useful to address the practice-based problem of EBS. Roller (2019) notes that usefulness is the "so what?" That is, if the study revealed information, is that information useful to practice in some way? The findings from this study have relevance for social work practice specifically and counseling practice in general. As was discussed above, the findings can be transferred to improve training protocols that will make clinicians aware of EBS and how to prevent and cope with EBS. Further, the knowledge gained from this study informs social workers of how their engagement with secondary trauma impacts them individually, interpersonally, socially, and occupationally. The value and need for coping skills to deal with the strain in EFT were identified. Additionally, the unexpected finding of the model and framework being useful in coping can inform the counseling profession as a whole on practices and a lens that enables coping with engagement in the deep layers of traumatic emotion.

Limitations

This study does have limitations. The experiences of EBS among social workers is underexplored. Participants were stakeholders whose narratives allowed for the obtaining of rich data. Inclusion criteria ensured that participants had experience using EFT with couples that experienced infidelity. Consequently, the requirement that

participants work with couples experiencing infidelity restricted the narrative of social workers who began to engage in EFT but left the practice of couple work due to the strain they experienced. However, this limitation leaves one of many areas for future research. Howbeit, this study is among the first that has explored EBS among EFT social workers who work with couples experiencing infidelity. The narratives in this study from EFT social workers have led to numerous findings that can improve training protocols, client well-being, and social work practice.

A limitation in data collection is the use of a semistructured interview which means there is some variability in the follow-up questions I used. However, I based follow-up questions on what participants shared, which prevented leading but allowed deeper exploration into participants' responses (McGrath et al., 2018). Additionally, semistructured interviews are common in qualitative research as it allows for obtaining rich data (McGrath et al., 2018; Neergaard et al., 2009). Another limitation in the data analysis was that I only had the audio on which to reflect. This was due to the IRB restricting the recording of interview data to audio-only. Some have expressed concerns about the ability to keep video recordings anonymous (Kuckartz, 2014). However, the restriction to audio recording only was a significant limitation in that non-verbal communication such as visual expression could not be reflected on that would have led to richer collection and communication of data (Kuckartz, 2014). While I did take notes during the interview, I failed to capture the expressions that presented.

This study filled a gap in identifying ways EFT social workers experience, cope, and conceptualize EBS in their work with couples experiencing infidelity. A remarkable finding of the study expanded knowledge of the meaning-making that was done in EFT practice and how it allows for coping. Additionally, this study identified how participants relied on elements of the framework for safety. Even so, the model and framework were not solely sufficient to stay off the development of EBS, and multiple forms of coping were utilized by participants. While some forms of coping may be more beneficial to participants, future research could quantitatively explore types of coping that are beneficial to address the unique situations encountered by the EFT social worker that leads to strain. Additionally, with this study indicating that elements of the framework were beneficial in staying off the development of EBS when working with emotions around betrayal trauma, researchers should consider investigating the application of these practices to other approaches and fields that work with trauma.

Dissemination of Findings

With the usefulness of the findings from this study, dissemination is important. Those in helping professions who work with infidelity are potential stakeholders. To reach the audiences that could benefit, the findings from this study will be further formed into articles and presentations on EFT and EBS. Articles of scholarly nature will also be submitted for publication in various journals. Additionally, I will disseminate the findings by presenting at university workshops, conferences, and local EFT community events. The study's findings will be organized and presented in publications and presentations in

a way for easy retention. Additionally, when presented to a live audience, the floor will be opened to allow audiences a colloquy on the strain in their work and ways EBS can be further prevented and treated.

Implications for Social Change

The exploration of EBS among EFT social workers working with couples experiencing infidelity has a potential impact for positive social change on the micro, mezzo, and macro levels of social work practice. On a micro level, clinicians can use the findings to be informed of signs of EBS and ways to cope with EBS. For example, a clinician who is new to practicing EFT may experience imposter syndrome. The findings of this study indicate that this often happens to those who are newer to the model or run into struggles in Stage 1. This can lead to occupational consequences. However, this study also noted how engaging in consultation and supervision were invaluable for addressing symptoms of self-doubt and imposter syndrome.

On a mezzo level, the findings of this study have significance for larger organizations and EFT training communities. For instance, the findings of the study revealed that the struggles and lens used by EFT social workers lead to unique experiences. Hence, participants revealed that having supervision and group support from EFT social workers made a significant difference because they "get it" (Melissa).

Lastly, the findings from this research have implications for future studies that could inform macro practice. The therapy profession can learn a lot from EFT social workers who work intensely and go deep into the psyche of emotion and yet manage to

stay off and cope with EBS. To illustrate, participants noted how the framework of EFT

has them go softly and slowly as they repeat painful imagery and heighten a client's

emotional experience. As reported by participants, this allowed them to regulate and

organize their internal experience apart from the clients, which allowed them to remain

stable. The attachment lens also aided participants in viewing the pain in an ethereal way

that made it easier with which to work. This may have significance for allied mental

health professionals who engage with client trauma material but only utilize coping

outside of the engagement with clients. That is, certain EFT practices allow for coping

during engagement with secondary trauma material. This finding should be further

researched in its applicability to other forms of practice.

Summary

In this study, I explored how EFT social workers experience, cope, and

conceptualize the strain experienced in their work with couples experiencing infidelity.

As was noted by Stephanie, "people respond to infidelity with (…) PTSD symptoms" and

engage in "rigid and kind of chaotic coping." This can lead to reactivity in Stage 1 EFT

work and a roller coaster as couples appear ready for Stage 2 work. The reactivity and

push and pull combined with emotional engagement can lead to the experience of EBS

that can hinder client progress and be detrimental to clinicians' physical wellbeing and

take a toll on their social and interpersonal relations. This is perhaps best described by

Figley (1995) who stated this strain was the "cost of caring" (p. 1). Due to the lack of

discussion in EFT training material and externship and core skills training on the

potential for EBS, signs of EBS, and ways to manage EBS, EFT social workers are left

vulnerable to the cost of caring. This undoubtedly leads some to abandoning the practice

of couples work as they begin in the work and experience strain or as they practice over

time and experience the accumulative impact of engagement with emotion and become

fatigued. To prevent the strain one can experience in EFT work with couples

experiencing infidelity, social workers should be informed of the findings of this study.

To be informed on the findings and engage further with the concepts of EBS in this

context can only strengthen the symbiotic relationship between the social worker and

client.

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Appendix B: Recruitment Material

Recruitment Flyer Posted on the EFT Support Group Page

Study seeking EFT social workers experience of empathy-based strain

There is a new study called *"Conceptualizing the Emotional Strain on Social Workers working with Couples Experiencing Infidelity"* that could help inform social work practice, and lead to the improved well-being of clients and social workers, improved professional development, and the retaining of social workers in couple therapy practice. For this study, you are invited to describe how you experience, conceptualize and cope with emotional strain in your emotionally focused therapy work with couples experiencing infidelity.

This survey is part of the doctoral study for Jared Taylor, a DSW student at Walden University.

About the study:
- One 40–75-minute audio recorded semi-structured interview (conducted over a telehealth platform)
- To protect your privacy, no names will be collected, and data collected will be encrypted and password protected

Volunteers must meet these requirements:
- 18 years old or older
- Licensed in the United States to practice therapy as a social worker
- At minimum, have completed an EFT externship

- Utilize EFT as the primary modality for treating couples experiencing infidelity
- Must work with couples experiencing infidelity

  To confidentially volunteer, please text [telephone number redacted] or email [email redacted]

Recruitment Email for *Psychology Today*

Jared Taylor, MSW, CSW
Walden University

Date:

To Whom It May Concern:

I am a doctor of social work student at Walden University. As a final project in this program, I am conducting a research project study titled *"Conceptualizing the Emotional Strain on Social Workers working with Couples Experiencing Infidelity"* that could help inform social work practice, and lead to the improved well-being of clients and social workers. For this study, you are invited to describe how you experience, conceptualize and cope with emotional strain in your emotionally focused therapy work with couples experiencing infidelity.

Your participation in this study is voluntary. If you choose to participate, I will interview you over a telehealth platform. Only the audio will be recorded, and data will be stored with password protection and encryption. Your name or any other identifying information about you will not be included in the study reports.

Here are some sample questions:

1. What effect, if any, does working with emotional experiences around infidelity have on your ability to manage emotions?

2. How would you describe how your EFT work with clients experiencing infidelity has impacted you?

3. How would you describe your ability to feel connected with clients as you process their emotionally painful experiences?

Volunteers must meet these requirements:

• 18 years old or older

• Licensed in the United States to practice therapy as a social worker

• At minimum, have completed an EFT externship

• Utilize EFT as the primary modality for treating couples experiencing infidelity

• Must work with couples experiencing infidelity

To confidentially volunteer, please email [email redacted].

Thank you for your consideration in participating in this study. If you have any questions or concerns, please reach out to me at [telephone number redacted] or [email redacted].

Warmly,

Jared Taylor

Appendix C: Interview Guide

Background Info

1. What is your current position?

2. What percentage of client load do you have that has some trauma from infidelity?

3. How much EFT training do you have?

Re: Research Question 1. What are the experiences of EBS among social workers who use EFT as their primary modality in working with clients experiencing infidelity?

4. Have you ever heard of the term empathy-based strain (EBS)?

5. What do you know of EBS?

6. If you can briefly go into personal reflection, how would you describe your experience of taking clients deep into their traumatic emotions of betrayal?

7. What effect, if any, does working with emotional experiences around infidelity have on your ability to manage emotions?

8. How would you describe how your EFT work with clients experiencing infidelity has impacted you?

9. How would you describe your ability to feel connected with clients as you process their emotionally painful experiences?

Re: Research Question 2. How do social workers who use EFT as their primary modality conceptualize EBS in their work?

10. What would you consider as indicators of the experience of empathy-based stress by social workers who use EFT to work with couples experiencing infidelity?

Re: Research Question 3. How do social workers who use EFT as their primary modality cope with EBS in their work with clients experiencing infidelity?

11. What knowledge and skills gained from professional EFT training have you found helpful in preparing you to manage self of the therapist issues as it relates to engaging with the pain of others?

12. How would you say your work setting influences your ability to cope with stressful situations that we have discussed?

13. How does co-worker and supervisory support influence your ability to cope with the disclosure of traumatic experiences by clients?

Concluding Interview Questions

14. Is there anything else you think I should know about empathic engagement with couples experiencing infidelity?

15. Is there anything else you think I should know about the practice of EFT with clients experiencing infidelity?

16. Is there anything else you think I should know about the risk or protective factors in EFT practice as it relates to EBS?