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# Body and movement in couple therapy: The intake phase

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ABSTRACT

The study explored the somatic and kinetic aspects of relationships during the intake process in couple psychotherapy. Nine heterosexual couples, who had turned to body-oriented couple psychotherapy, were invited to an intake session, including a joint interview and an individually administered questionnaire. The findings converged on issues of gender based self-image and sexual identity; pre-verbal memories in the adult body; and attunement to the other through joint movement. The analysis indicated that couple communication involves polyphonic discourse, both somatic and verbal, which the partners and the therapist alike should learn to recognize and articulate, and that focusing on somatic and kinetic levels during the intake stage may be conducive to an understanding of the "implicit bodily knowledge" that each partner brings to the relationship.

## Body and movement in couple intake

Couples who turn to therapy often find it difficult to account for and articulate the causes of the dissatisfaction experienced in their relationship. Indeed, the reasons for difficulties in couples' relationships are diverse and quite often not fully recognized or acknowledged by the partners themselves (Duman et al., 2007). The initial stage of couple psychotherapy includes an intake process, where the psychotherapist's primary purpose is to diagnose the many aspects of the partners' experience in the relationship, to understand how conflicts are triggered and how they affect the dysfunction of the relationship (Haynes, Yoshioka, Kolezeman, & Bello, 2009). The understanding that accumulates during these first sessions may play a role in determining some of the goals and methods of treatment. It is, therefore, important to develop various techniques for the couple interview/intake in order to solidify this understanding; to develop sensitivity to cultural and gender diversity and other factors which may have a contributing role in the couple's difficulties; and to adapt the treatment approach to the particular needs of each couple (Balderrama-Durbin, Fissette, & Snyder, 2016; Duman et al., 2007).

### *Couple assessment*

The "couple intake" sessions are the primary means for diagnosing the difficulties and strengths in the relationship and the couple's expectations from therapy (Fife & Weeks, 2014). In addition to getting to know the partners' individual and marital histories, the initial interview is designed to examine the couple's commitment to the therapeutic process, to establish the therapeutic contract, to set the treatment goals, and to determine the most suitable therapeutic intervention method (Abbott & Snyder, 2010; Haynes et al., 2009). In order to attain a full picture, the therapist may use a wide variety of diagnostic methods, including observations, questionnaires and individual or couple interviews with the partners. However, in the actual practice of clinical work, the use of observations for assessment may be less feasible, inasmuch as this tool requires an expensive and lengthy training process, which would enable the therapist to produce a highly reliable assessment (Balderrama-Durbin et al., 2016). Individual interviews with the partners also offer a limited source of information, inasmuch as they may reflect the interviewees biased interpretations regarding their partners' attitudes, motivations, and feelings, as well as their own contribution to conflict-related situations (Duman et al., 2007; Middelberg, 2001). Conversely, if the couple interview is the exclusive source of information about the relationship, the therapist may only

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obtain a partial picture, in view of the fact that issues such as sex, violence, and marital infidelity may remain undisclosed in an interview, whether due to concern about the therapist's criticism or fear of exposure (Whisman & Snyder, 2007).

Alongside these limitations, the advantage of the couple interview over the individual interview is the psychotherapist's direct exposure to the characteristics of the verbal and nonverbal communication between the partners, as expressions of aggression, tenderness, warmth or rejection are visible throughout the encounter (Heyman & Slep, 2004). The therapist is, therefore, required to pay close attention to behavioral patterns, physical actions and gestures, and style of discourse of the couple in the conversation, and to be active in the search for information and connections between observed behavior, spoken contents, and feelings reflected and projected in the course of the interaction (Haynes et al., 2009). In order to gain further insights into each individual's internal processes, the therapist may also resort to direct questions regarding the partners' feelings or thoughts as they are elicited by particular behaviors (Duman et al., 2007; Heyman & Slep, 2004).

In addition to communicating through behavior, expressions of emotion and thought, the therapist may gain additional information about the complexities of the relationship by attending to the physical communication of the partners. The basic register of communication in any relationship is somatic – each partner sees the other's body, listens in his/her body, processes, interprets and responds to the other through the body (Behrends, Müller, & Dziobek, 2016; Chaiklin & Wengrower, 2009). Following this understanding, the current study was designed to examine the ways in which such embodied knowledge may be incorporated and enhanced during the intake stage.

### *The body in couple therapy*

Recent research findings in the field of neuroscience have contributed to understanding the place and importance of embodied knowledge in cognitive and emotional processes. Sensory and motor perception systems affect the way we feel and act in different social situations (Damasio, 2011), and physical movement affects emotional experiences and cognitive perceptions (Shafir, Taylor, Atkinson, Langenecker, & Zubieta, 2013). These and similar studies have led to the development of new therapeutic approaches, which emphasize somatic and motor experiences in couple therapy (Chatara-Middleton, 2012; Cunningham, 2014; Engelhard, 2018; Kessel, 2013; Murphy, 2011; Shuper-Engelhard & Vulcan, 2018; Wagner & Hurst, 2018).

The basic assumption in body-integrated psychotherapy is that kinesthetic experiences are an initial channel through which one can meet primary somatic experiences, which have not yet undergone a process of symbolization and mentalization. This assumption is also relevant to the couple's relationship, as subjective experiences are anchored in the body. Bringing the body in by focusing on body sensations, thus lays the ground for symbolic discourse, insight and processing of psychic materials that influence the couple's relationship (Carson & Becker, 2014; Wagner & Hurst, 2018). Examples of this direction may be found in the integration of ballroom dancing which combines elements of leadership, trust and dependency (Hackney & Gammon, 2010; Hackney, Kantorovich, & Gammon, 2007; Hawkes, 2003; Lima & Vieira, 2007), the introduction of breathing techniques (Hendrix, 1988) and Mindfulness (Kimmes, Mallory, Cameron, & Kose, 2015; Lord, 2017).

Previous studies have shown that changes in physiological parameters during conflict can influence both changes in emotional and behavioral responses and cognitive perceptions of the relationship. In 1988 Gottman & Levenson led a pioneering study that found a link between the physiological changes during conflict and the degree of satisfaction with the relationship later on in life. When couples are emotionally involved in conflictual interactions, the autonomic system responds in a "survival mode", which limits the partners in their ability to process information, listen to the other, or demonstrate empathy. When this is the case, the partners may express contempt and criticism towards each other, instead of exhibiting behavior that enables a way out of the conflict (Gottman & Gottman, 2008). Right brain to right brain couple communication has also been described extensively by Badenoch (2008) and Fishbane (2007), 2008, 2010). But while these studies have clearly highlighted the importance of physical regulation during conflict, it seems that research literature in this field is still in its infancy (Pietrzak, Hauke, & Lohr, 2017) and few studies have so far examined the relationship between movement-related intervention in couple therapy and the outcomes of treatment (for notable examples, see Kim, Kang, Chung, & Park, 2013; Launay, Dean, & Bailes, 2013; Lumsden, Miles, & Macrae, 2014; Pietrzak et al., 2017).

### *The current study*

As researchers and therapists who combine couples psychotherapy with mind-body theories (Mindfulness and Dance and Movement Psychotherapy), our work is based on the assumption that pre-verbal, pre-mentalized bodily memories play an important role in the relationship, and influence the intimate experience of the couple. We propose that a central goal in this approach to couple psychotherapy is to raise the partners' awareness of somatic and kinetic aspects of their interaction, and to articulate verbally the somatic-sensory experiences that affect feelings and actions in the relationship. The aim of the study was, thus, to access and articulate knowledge that does not come up explicitly in verbal discourse during the intake process. Looking at this yet unformulated information may allow a first glimpse of the expression and impact of non-verbal contents in the relationship. The research questions that guided this study focused on the processes which allow access to pre-verbal materials during the couple interview, and the reflection of body sensations and kinesthetic experiences in the couple's communication and intimacy. The clinical rationale was that getting familiar with those unformulated processes and contents in the relationship will support the development of a more comprehensive approach to couple intake, including the body and its movement.

## Method

### *Research participants*

The inclusion criteria for the research participants was based on Middelberg's definition of a couple (Middelberg, 2001) as "any couple that has made an emotional commitment to make each other their primary attachment figure" (p. 342) and on Chenail et al. (2012) who defined being a couple according to the partners' self-definition and their willingness to engage in couple therapy. This study included nine couples who shared the same household and were about to join movement integrated couple therapy. At the outset, no specific couple configuration was determined, but only heterosexual individuals answered the call for participation. The homogeneity and size of the sample allowed us to focus on the significance of intake in this particular group, but also brought up questions regarding this turn-up. The participating couples lived together for at least three years (mean 7.8), and their ages span between 28–50 (mean 37.8). They all came from a variety of backgrounds in terms of their religious affiliation and country of origin, their professional and educational background was varied and three of the participating couples did not share the same mother tongue and communicated through a third common language. Table 1 provides demographic information about each participant.

### *Data collection*

The participants were contacted and recruited through purposeful sampling, designed to select key informants who can best testify to the phenomena under research (Mason, Gunst, & Hess, 2003; Patton,

**Table 1**
Respondents' demographic information by ID number.

| ID | Pseudonym | Age group | Country of origin | Relationship status | number of years in common living quarters | number of children | Occupation |
|---|---|---|---|---|---|---|---|
| 1 | Natanela (F) | 40-49 | Russia | Married | 8 | 2 | Student |
| 2 | Natan (M) | 40-49 | Israel | Married | | | High-tech professional |
| 3 | Ora (F) | 30-39 | Israel | In relationship | 4 | 0 | Education professional |
| 4 | Andre (M) | 30-39 | South America | In relationship | | | Engineer |
| 5 | Nur (F) | 30-39 | Israel | Married | 3 | 1 | High-tech professional |
| 6 | John (M) | 40-49 | Israel | Married | | | Education professional |
| 7 | Gal (F) | 40-49 | Israel | Married | 8 | 3 | Student |
| 8 | Don (M) | 40-49 | Israel | Married | | | Producer |
| 9 | Gail (F) | 30-39 | Israel | Married | 12 | 2 | Physical training professionals |
| 10 | Assaf (M) | 30-39 | Israel | Married | | | Artist |
| 11 | Sara (F) | 20-29 | Israel | Married | 5 | 0 | Therapist |
| 12 | Sam (M) | 20-29 | South America | Married | | | Artist |
| 13 | Belle (F) | 20-29 | United States | In relationship | 4 | 0 | Therapist |
| 14 | Bonnie (M) | 30-39 | United States | In relationship | | | high-tech professional |
| 15 | Sher (F) | 40-49 | France | Married | 12 | 2 | Artists |
| 16 | ShawnM) | 30-39 | United States | Married | | | Tourism expert professional |
| 17 | May (F) | 40-49 | United States | Married | 15 | 3 | Physical training professionals |
| 18 | Guy (M) | 40-49 | United States | Married | | | High-tech professional |

2002). The participants responded to a call circulated in writing through social networks (Facebook, mailing lists etc.), inviting them to take part in short-term couple therapy, combining body and movement work. Applicants who met the selection criteria were invited to a sixty-minute intake meeting including a joint interview and a questionnaire to which they responded individually. All the data collection was carried out by a team of highly experienced DMTs, who specialize in clinical interviewing, using "back and fro" questions between process and contents and between words and non-verbal expressions. The team members also specialize in working with couples by integrating body and movement work with psychodynamic approaches.

Two team members were present in each interview, one of whom was in charge of leading the conversation and the other was in charge of the transcription. As the data was collected in Hebrew, a qualified translator translated the relevant extracts, chosen as representative of emerging themes into English.

### *Research tools*

The semi-structured joint interview was designed to enable the partners to recognize and focus on the non-verbal contents of their relationship at the outset, and the individual questionnaire brought up the same issues, but allowed the partners to respond individually and confidentially.

The overall aim of the intake interview was to highlight body experiences and communication, and its orientation was somatic at the outset: participants were asked about body experiences during their childhood and adolescence, about their memories of the bodily aspects of the relationship between their parents, and about the somatic aspects of their own relationship. When the participants expanded on specific somatic experiences, the interviewer invited them to think more fully on the matter, and on what evoked similar or other feelings or memories. The interview schedule allowed the interaction to remain flexible enough to allow the participants to open up and talk about issues of prime concern or interest to themselves. Rather than conduct the interview linearly along chronological periods, the interviewers allowed the conversation to take an associative character, so as to enable a free movement of reflection between periods of life, body experiences and memories: for example, a transition between a significant childhood experience and adult couple relationships through the bodily experience "here and now".

In addition, during the discussion, if the therapist noticed a body movement or gesture made by one of the participants (i.e. a glance, a bodily inclination, etc.), she drew the partner's attention to it and asked about the possible relations between the bodily manifestation and its underlying significance. Similarly, the couples were asked to recall a situation when they had danced together, and then to share the bodily feelings "here and now" elicited by the memory.

The intake meeting also focused on the participants' expectations from the therapeutic process, the reasons they chose to come to therapy at this time in their shared life, and their motivation for turning specifically to body-oriented psychotherapy. Alongside the interview schedule, sufficient room was left for associative thinking and couple-led issues. Table 2 illustrates the semi-structured interview protocol.

### *Data analysis*

The data analysis procedure, conducted by two experienced researchers, who had not conducted the sessions, was based on thematic analysis following the recommendation of Braun and Clarke 2006, 2013), aiming to remain close to the participants' experience with minimal initial interpretation. Braun and Clarke (2006) introduce six phases of thematic analysis which were adapted to the research questions and emerging data. The data was analyzed, and interpreted according to themes that emerged in relation to the interview schedule and questionnaire, and the thematic analysis allowed the exploration of nuances and general themes within the data. Both authors reviewed the data individually, and engaged in the coding of the interviews in a process of analytic triangulation to ensure consistency, trustworthiness, and consideration of multiple interpretations (Goldberg & Allen, 2015).

At first, the transcripts were closely read and re-read several times in order to identify relevant and significant expressions. Researches reviewed, defined, and coded the main categories which were extracted according to significant subjects that arose in the transcripts. Later, the categories were divided into themes with a meta-meaning, each theme capturing a significant aspect in relation to the lived experience of the

**Table 2**
Semi-Structured Interview Protocol.

| | |
|---|---|
| 1 | Can you share your memories of body experiences during your childhood? |
| 2 | Can you share your body experiences during your adolescence? What are you memories regarding your body at that time in your life? |
| 3 | What are your bodily memories of the relationship between you and your mother/father as you were growing up? |
| 4 | Can you share your memories of the bodily aspects of the relationship between your parents, |
| 5 | Can you share stories and memories regarding various kinds of somatic aspects of your own relationship? |
| 6 | Can you recall and share a specific situation when you danced together? What feelings and emotions accompanied this experience? What are the bodily feelings that are currently elicited by this memory? |

**Table 3**
Abbreviated coding scheme for responses and frequencies of comments.

| Themes | Description | Subthemes | Description | Example | Number of comment |
|---|---|---|---|---|---|
| Theme 1: The Sexual Body | The process of shaping sexual identity through physical experiences from childhood through adolescence and into adult relationships | The rejected and "uncontrollable" body in childhood | Negative body perception since childhood | "My body was weak…unsatisfactory…unreliable" | 16 |
| | | A Positive transformation in body image in Adolescence | Gaining control of the body's appearance and freedom of choice regarding the use of the bod as the foundation of positive body image in adolescence | "I swam a lot in adolescence and lost weight and I remember the transition from a plump chubby body to a handsome body" | 16 |
| | | The use of the body in stereotyped gender oriented activities | Acceptance or rejection of gender oriented roles of the body throughout the phases of personal development | "In childhood, ballet and jazz, and in adolescence Karate and Capoeira. I wanted to rebel" | 17 |
| | | Throughout life, body image and gender identity are defined in the context of relationships | The link between enjoyment and the acceptance of one's own body by his/her significant other | "I remember myself being afraid to jump from a high step, and my mom practicing with me" | 18 |
| Theme 2: The Communicating Body | The emergence of body knowledge in the relationship, from movement to symbol to insight. | The revelation of past pre-verbal memories in the adult body | Body memories from the past are expressed in body experiences in adulthood | "I don't remember anything of that time, but the body and the psyche remember difficult things that I carry with me to this day. Fear of abandonment, of closed spaces, fear of heights." | 14 |
| | | Experiencing the child-parent relationship in the body | Pleasant and unpleasant experiences in childhood relationships with mother/ father are remembered and imprinted in the body | "I remember he was angry and grabbed my hand tightly, and it was a humiliating and very hurtful experience | 15 |
| Theme 3: Physical chemistry | Attuning to the other through body and movement | Listening to and through the body | The couples' descriptions of their bodily experiences indicated that their shared pleasure was related to components of adjustment, attunement, and synchronization between the bodily gestures and movements of both partners | "When we dance our bodies unite, we become one" | 12 |
| | | Deficits and mismatches in bodily attunement | The absence of bodily synchronicity and attunement brought difficult feelings and a sense of loneliness in the relationship | "his movements are large and penetrating, they make me shrink and create a distance between us, so I feel alone". | 7 |

participants and the research questions (Braun & Clarke, 2006). These themes were later analyzed again in light of the self-report questionnaires, and subsequently revised and adjusted to the point of theoretical saturation and the emergence of essential themes which were found to be most fundamental to the experience.

In order to increase the study's trustworthiness, alongside the couples' materials, an audit trail was rigorously kept, and the researchers' reflective notes (prior to and during the research) were incorporated into the analysis, to include the interviewer's assumptions and biases about the study and participants, in addition to emotional and sensory experiences during the data collection and interpretation process. Table 3 offers an abbreviated coding outline, including illustrative examples and frequencies.

### *Ethics*

The research project was designed and conducted in compliance with the ethical codes of research set by the institution's ethics committee. Ethical standards were maintained throughout the research through careful consideration of confidentiality, consent and potential sensitivity. All of the participant were given full information about the research project, and informed that participation was voluntary and confidential. They were also informed that they could stop their participation at any stage. Two couples who asked for information following the call decided not to participate. All nine couples who started the process decided to follow it through to its conclusion. All the participants read a written consent form describing the framework of the research prior to the start of the sessions and approved by signing it. In order to protect confidentiality, the materials were collected and analyzed using pseudonyms.

## Results

Nine couples responded to a semi-structured interview and questionnaire regarding aspects of their bodily experience in childhood and adult relationships. The analysis raised three main themes: 1) The Sexual Body 2) The Communicating Body 3) Physical chemistry.

### *The Sexual Body: the process of shaping sexual identity through physical experiences from childhood through adolescence and into adult relationships*

The participants' "body stories" reflected the part played by bodily experiences and perceptions of the body in childhood and adolescence, including issues such as bodily pleasure, rejection, and shame, as well as the perceptions of bodily femininity and masculinity in relationships. The Sexual Body theme branched out into four sub-themes: The rejected and "uncontrollable" body in childhood; A positive transformation in body image in adolescence; The use of the body in stereotyped gender-oriented activities; Body image and gender identity as defined in the context of relationships.

#### *The rejected and "uncontrollable" body in childhood*

The majority of the participants shared that from a very young age they had experienced their body as "weak," "unsatisfactory," "unreliable," and that their perceptions of their own physical appearance were a source of "shame" and "rejection." Many spoke of gaining body weight as an issue alongside a desire to "minimize" the body and make it smaller (n = 16). They emphasized their concern about caring for the body, nurturing and maintaining it, so that it would not be "damaged" and lose it strength.

Sara and Nur referred to a childhood experience of being "betrayed" by the body. Other participants spontaneously reported memories that related to bodily injuries and illnesses, such as "having my forehead gashed open during a quarrel", "breaking an arm", "spraining an ankle", "getting a plaster", "vomiting on trips" etc. – occasions when they experienced their body as fragile, helpless and in pain. Don linked the sense of bodily inadequacy in childhood and adult sexuality: "I was a non-sporty boy, a bit chubby, it's embarrassing for me to speak of this next to my partner." Only one participant related to a memory of a pleasant experience of her body in childhood, saying, "as a child I loved my body and was comfortable with it."

#### *A positive transformation in body image in adolescence*

In contrast to the experience of the body in childhood as embarrassing or unmanageable, the participants described a change in their body image and physical appearance in adolescence (n = 16). Sam said, "I swam a lot in adolescence and lost weight and I remember the transition from a plump chubby body to a handsome body." Bell noted the moment she began to enjoy her body: "in adolescence I started practicing yoga, and since then my body became significant. Before that it was only significant in its absence."

#### *The use of the body in stereotyped gender- oriented activities*

All of the participants reported engaging in stereotyped gender specific games and sports during their childhood. In adolescence some of the participants said that they had chosen to engage in physical activities, which were often different from the gender-specific stereotypical activities that featured in their childhood. They related this preference to a sense of control and pleasure, as means of empowerment and the testing of boundaries and abilities: "In childhood, ballet and jazz, and in adolescence Karate and Capoeira. I wanted to rebel." Natanela referred to her need for control, saying that "at the beginning of adolescence, I wanted to regiment myself, so I went for long runs. That's where girls usually give up. But I wanted to prove to myself that I could do it." Shawn spoke about his choice of dance, which enhanced his sense of his own capabilities: "I started dancing in high school and felt successful."

Unlike adolescence, in adulthood some of the women returned to the stereotyped gender roles in the relationship and articulated this in expressions like, "I like it when he leads me", "he should take the initiative," and "his lack of initiative paralyzes me." They reported feelings of fear or discomfort whenever they found themselves in non-stereotyped or reverse roles: "when I take the lead, I enjoy it, but I immediately get scared, worrying that perhaps I'm only thinking about myself." Notably, the male participants spoke of having difficulties in taking on gender-marked roles and of their need for cooperation from their partner in leading the intimate encounter. Assaf said: "At first I felt that only I initiated contact, it was difficult."

#### *Throughout life, body image and gender identity are defined in the context of relationships*

The participants' responses indicated that their sense of bodily enjoyment or body-related stress were linked to the degree of compatibility between physical abilities, social expectations and parental support in childhood (n = 17). Thus, for example, Bell described having a weak body but also having a mother who could help her overcome this weakness and the associated anxiety.

> The relationship with my mother was always very close; she was herself concerned about my weak body and saw the need to help and practice with me. I remember myself being afraid to jump from a high step, and my mom practicing with me.

Natanela described the gap she felt between her attraction to the world of dance and the strong sense of inadequacy she felt with regard to her expectations from her body:

> I was fascinated by dancers. . . I remember the challenge, the difficulty and the fear of it. My father practiced with me, but even at an older age, the experience that I wasn't capable remained in my body. It felt as though it was "not mine."

Sher, too, spoke of her low self-esteem as a woman, the discrepancy she felt between her love of dance and her actual physical abilities: "I

stopped [dancing] because it was totally uncomfortable, I was chubby and had thick legs and it bothered me. I was not good at remembering the steps. . . and felt inferior." Nur also spoke of feeling ashamed of her body and its movement and attributed these feelings to her mother's perception of the ideal feminine body and her own body as being "inadequate":

> I got the love for dance from my mother, but also the message that the body must be concealed … She always wanted to change me. The message was that I could dance, but should always wear a skirt or pants so that my overweight wouldn't show. I stopped dancing when I was young, because I felt I didn't fit in.

In adolescence body experiences of shame were also related to relationships with significant others. For example, Shawn's sense of shame arose in connection with sexual experiences: "I remember having sexual experiences that seemed all wrong around the beginning of adolescence." May described feeling a sense of shame in meeting her adolescent body when she got her first period at the age of 14: "I was ashamed, but my mother was excited and happy." She went on to describe the changes in her body perception following the death of her mother: "When my mother passed away, I gained a lot of weight and my chest grew, and then I hated my body and was uncomfortable in it." May linked these feelings to her mother's absence.

In adulthood the ability to enjoy intimate relationships and sex was related to body image and the acceptance of one's own body by the spouse. May said: "I feel good with my body, I feel that he [the partner] loves me as I am and I love him". Guy described a similar connection noting a change in his partner's perception of her body image following his acceptance of her body: "From the beginning I loved her body and over the years she learned to love her body." Sher associated her negative perception of her body with the difficulties she experienced with intimacy: "I feel clumsy; I've always been chubby, fat. Being physically close and touching is difficult for me and I have a hard time with it in my relationship. I don't feel desirable. This is my experience with my body". The issue of shame was also connected to movement as shared by Bell: "I am ashamed to dance with him [her partner] spontaneously, but would be more daring with my girlfriends."

### *"The Communicative Body": the emergence of body knowledge in the relationship, from movement to symbol to insight*

The communicative body theme was expressed in the participants' words through two sub-themes: The body-imprints of experiences in relation to the parental role *and* the revelation of past pre-verbal memories in the adult body.

#### *The body-imprints of pleasant and unpleasant experiences and the parental role in gender formation*

The majority of the participants referred to their relationship with their parents through a somatic register. Many (n = 14) spoke of their relationship with their mothers, describing "available," "natural" and "attuned" touch, which conveyed messages of love, connection and acceptance. Guy shared a memory of his mother when she cooked: "I would sit and look at her. She was always there, involved, hugging, kissing." Bell spoke of a feeling she carried with her:

> I remember the skin on the back of her hands, which was always pleasant and with a good smell. I suppose we used to touch and hug each other, but I don't really remember. . . she used to carry me in a sling.

Participants who spoke of their bodily experience in relations with their father shared many memories related to anger and violence, recalling emotional hurts that resulted from harsh and firm contact. Feelings of anger, humiliation, and agony were expressed as physical memories. For example: "I remember he was angry and grabbed my hand tightly, and it was a humiliating and very hurtful experience" or "I remember the slap in school because he got angry, and also my father's anguish afterwards."

Some of the participants described "less physical relationships" with their fathers and a perception of fatherhood that involved "less touch" or a mode of touch which was "less pleasant" than with their mother. They described themselves as children initiating physical contact with the father, who remained physically less responsive: "at first I looked for contact and then I understood that it was not there"; "The only physical contact with my father happened when I initiated it. Today there is none." Assaf described how he had managed to initiate contact with his father:

> Dad was running around and getting things done. He smelled of work. I used to put my head on his stomach. It was pleasant and fun. I remember his bristles on my cheeks. I loved to lean on him and hug him even as I got bigger.

Alongside these experiences, other participants (n = 15) shared significant physical experiences with their fathers. Ora said, "Dad didn't say anything and hugged me tight. I remember feeling his belly in the hug", and Guy recalled, "when my father was angry with me, it always ended with a hug and a kiss." Others spoke of physical experiences of day-to day chores like "dad bathed us when we were small", of "going together on walks and daytrips", of "running around together" and "rough and tumble" play, "with dad on the floor, tickling me, and me climbing over him, and hanging on his back".

The female participants described how in their adolescence, the physical relations with their fathers changed: "I remember that in adolescence I began to feel uncomfortable when my father hugged me" or "as a little girl I spent a lot of time in his arms, and I was very attached to him. In adolescence it changed and I was physically more attached to my mother."

When the participating couples were asked about their parents' relationship, they reported mainly marital failures that were expressed in the body (n = 12). Sarah described a complex dynamic:

> Dad was always stressed and yelled at mum in front of people. When we went out he never waited for us, always walking ahead, in front, with mum at the back, trying hard to keep pace with him, instead of enjoying herself, she got stressed. . . [at home] My father would just sit and my mother would bring him things.

The unspoken messages passed through the body, as Bell understood it: "my mum suddenly made all sorts of demands, and we were afraid to argue with her. My father gave up straight away, but you could see it in his mouth, his lips got stressed and angry."

#### *The revelation of past pre-verbal memories in the adult body*

Speaking about her mother's touch, her holding with a sensual feeling, evoked a reference to Bell's daily swim in cold water, a central physical experience of her routine. As she shared this, she paused for a moment, thinking about the connection between her need for swimming and the story of her birth: "You know I was born 10 days after my mother's water broke". Difficult memories of alienation, anxiety and pain were shared by the participants through a focus on somatic experiences. Assaf described how his anxieties are invariably expressed through his body, which still carries the memories of his childhood:

> I don't remember being touched. As a child I experienced things in my body. Stress made my stomach upset. A lot of things were, and still are, psychosomatic for me. When someone shouts at me I immediately feel an unpleasantness in my body. Ear aches that come and go, abdominal pain, sweating when parents argue.. . . I grew up in a kibbutz until I was three years old. I don't remember anything of that time, but the body and the psyche remember difficult things that I carry with me to this day. Fear of abandonment, of closed spaces, fear of heights. Daily existential fear.

He continues: "For every bad thing that I did, my mother would

react with silences and ignore me, and I would get stomach aches and feel restlessness."

Following her partner's reference to her expressions of feeling pain when he doesn't look at her during a dance, Gill recalled a body-memory of her mother:

> At first, when he didn't look at me, it made me shut inside myself and I moved away from him.. . . My mother suffered from depression after I was born and this is branded in my body. It's impossible to explain, it's strong. When I nursed my son I felt in my body how I was held as a child, and it wasn't only pleasant.

### *"Physical Chemistry" – attuning to the other through body and movement*

All of the participants reflected on issues of physical chemistry which can be described in terms of attunement through matching and mismatching. These aspects became evident in two subthemes: Listening to and through the body and deficits and mismatches in bodily attunement.

#### *Listening to and through the body*

The couples' descriptions of their bodily experiences indicated that their shared pleasure was related to components of adjustment, attunement, and synchronization between the bodily gestures and movements of both partners (n = 18). Sam referred to this "bodily compatibility": "we hug a lot, she wants a lot of hugs, we have very good physical chemistry, we understand each other through the body, I love her touch. It relaxes me." Others spoke of dancing together as a means for being "mutually attentive", for "feeling I trust him 100%", "another way of getting close to each other", and for "pleasant moments with communication, intimacy and chemistry". Andre described his experience of "merging" that occurs while dancing with his eyes closed. "When we dance our bodies unite, we become one, I can close my eyes without worry, and I think she does too, we feel joined together in a dance."

#### *Deficits and mismatches in bodily attunement*

Conversely, just as attunement and synchronization serve as a bridge for communication, allowing intimacy and relaxation, difficulties are similarly described by the participants through an experience of mismatch in synchronization and rhythms, leading to a sense of shame, loneliness, and rejection (n = 9). The participants spoke of "problematic communication with many gaps in pace and energy", and of "not knowing how to dance together". Sher described: "his movements are large and penetrating, they make me shrink and create a distance between us, so I feel alone".

Other elements associated with attunement were related to eye contact and the relative positioning of the partners in space as they recall dancing together. When the partners make eye contact and coordinate their positions well, it creates intimacy, as Assaf says, by "putting us together inside the bubble". But when synchronicity fails, he adds, it may create a sense of "embarrassment" or of "being alone". Some of the participants spoke about dancing as an enjoyable physical activity which does not necessarily involve intimacy and closeness: "When we dance, we don't look at each other, but go with the flow of the music, each of us on his own".

When thinking about the body as a channel for communication, some of the participants reflected on the gap they felt between "body talk" and verbal articulation. Ora emphasized the discrepancy between the "ability to move in sync" with her partner and their inability to engage in "a close and pleasant conversation." On a similar note, Gal said: "I enjoy dancing with him, we feel close, it releases tension, it's like play, there's humor and passion there. But all these colors are simply nonexistent in the daily routines of our life". Other couples shared examples, indicating that bodily communication, even if it is not initially there, may be acquired and developed within a good and attentive relationship. Gil recalled:

> My body likes being touched, but I feel that it involves a lot of effort. The body remembers difficult things from childhood. At first, I was anxious during intimate moments. He held me in these times, helped me, I taught him how to touch me and he was attentive and sensitive. Today, almost no words are needed.

Bell described the process of moving with her partner: "At first, I would only criticize. Over time, I learned to appreciate and love what we have. When we dance I trust him, I lean on him, and I hold myself. Together we search for our balance, our stability."

Notably, the themes and the subthemes that have emerged from the interviews tended to blend into each other in the participants' responses, and as the following discussion will show, they are indeed interconnected and closely related to each other.

## Discussion

The initial couple intake is a gateway to the couple's relationship, a preliminary encounter with their strengths and weaknesses, and the possible underlying causes for their difficulties. This preliminary information, gathered during the intake phase, is important for determining the goals of treatment and the type of therapeutic technique and intervention. This study aimed to address the question of the processes required for accessing the embodied contents in couples' relationships during intake. The couples were invited to reflect upon emotional contents related to bodily experiences of their childhood and adolescence and of their joint lives as adults. Findings converged on three major themes:

1 The Sexual Body: relating to past and present body experiences which contribute to the shaping of body image and sexual identity.
2 The Communicative Body: relating to the experience, expression, and memory of emotional contents in and through the body.
3 Physical Chemistry: relating to aspects of body and movement which encourage a pleasant and intimate emotional experience in the relationship.

The following discussion will focus on the enhancement of sensitivity to the language of the body in the relationship and the possible contribution of the results to the construction of a gender-sensitive, body-oriented couple intake. In addition, in order to bridge research and practice, we will examine the practical implications of getting to know the partners' somatic history in couple psychotherapy and understanding the dynamics of sexuality in the relationship.

### *Body experiences in couple relationships as linked to relationships with the primary love object*

All three themes that emerged from the findings highlight the impact of the psychosomatic history brought by the participants into their adult relationships. Each theme revealed different layers of bodily knowledge and illuminated the way in which childhood relationship experiences have a formative role in emotional behavior and experience in adulthood and couple relationship (Ogden & Fisher, 2015).

The effect of the nonverbal relationship between the parent and the child on adult relationships is often unconscious. It is an unformulated, unverbalized and yet unmentalized experience (Stern, 1983), which is stored and remembered in the body but often cannot be symbolically processed and thus remains trapped as "implicit knowledge" (Damasio, 1994). The participants had initially shared their experience of emotional messages transmitted through nonverbal communication in childhood, and thereafter responded to the therapist's invitation to reflect upon the possible connections of these bodily experiences to the characteristics of communication in their present couple relationship. As the findings indicated, this invitation elicited insights on the

similarities and the inter-connections between those past bodily communication patterns and their current expression within adult relationships.

Indeed, the role of nonverbal communication in the shaping of childhood and adult relationships has been studied and discussed in previous research (Knapp, Hall, & Horgan, 2013). The literature also points to the expressive function of body movements as they relate to psychological needs and emotions (Damasio, 2011), and to the influence of body movement on the regulation of intersubjective communication and relationships (Damasio & Carvalho, 2013).

The findings of this study indicate that rather than a universal body language, relationships involve *polyphonic discourse*, inasmuch as each partner speaks a different language of the body, which is inextricably related to early individual bodily experiences. Introducing this polyphonic bodily discourse into the initial couple intake would enable both the therapist and the couple to become aware of those embodied psychic materials, and allow the couple to let go of recurrent and harmful patterns of bodily behavior in their joint lives.

Notably, the impact of past bodily experiences is not necessarily irreversible, and the findings show that the adult experience of positive bodily intimacy may serve to correct and reduce the impact of past "physical baggage". For example, a sensitive and attentive response by a spouse may result in a change in his/her partner's body image and contribute to the mutual enjoyment of intimate situations.

The findings of the research thus lend additional support to Lewis and Scannell (1995) on the power of creative movement to bring about a change in body image, and highlight the significance of the individual body experience within relationships and the clinical effect it has on nonverbal memories of the past. In clinical terms, the findings of this project support the practice of communicating through the body and its movement in couple psychotherapy, whether practiced through mentalization (Kimmes et al., 2015), breathing, eye contact (Hendrix, 1988), or free movement (Kim et al., 2013). Introducing these and other body-oriented approaches at the initial intake stage is likely to support the couple's holistic journey.

### *Embodied gender sensitivity*

The theme of the "sexual body" highlights the fact that gendered conceptions are formulated and acquired from the very beginning of life through non-verbal messages and cues. To quote Simone De Beauvoir (1949)/(2011)De Beauvoir, /, 2011De Beauvoir (1949)/(2011), "one is not born, but rather becomes, a woman" (p. 330). But this becoming takes place at a very early stage in one's life. As the findings indicate, the environment's response to embodied manifestations of control/ injury/ gentleness/ intensity/ stiffness/ tenderness/ fragility etc. is gender-dependent, formative for the gendered experience of each individual partner, and is carried on into adulthood and couple relations. Similarly, the differences in parental manifestations of care, love and connection through eye contact, touch, physical closeness and distance are also gender-dependent. Nonverbal messages about the nature of masculinity and femininity, and the relationship between them are thus learned throughout life through somatic and kinetic experiences, where the body is the focus of the narrative.

Exploring the personal "body histories" of each of the partners and the recognition of the gender diversity emerging in nonverbal communication, if introduced at the intake phase, may assist in identifying part of the positive and negative influences on the couple's relationship (McGoldrick et al., 2005), enhancing gender sensitivity and awareness both for the couple and for the therapist.

### *Identification of strengths in couple relationship*

Focusing on non-verbal communication patterns during couple intake illuminated points of strength in the relationship. These leverage points might have been overlooked or inaccessible to both the therapist and the partners, if the intake had focused solely on what was verbally expressed. Sharing their experiences of "physical chemistry," the participants described a pleasant physical experience in terms of "attentiveness," "sensitivity," "adjustment," and "synchronization." They noted that in order to achieve a sufficient level of physical compatibility, it is necessary to let go and rely on the other, and it is the mental and emotional experience in the relationship which enables the physical manifestations of "letting go." These results are consistent with previous studies that found associations between physical synchronicity and a positive relationship experience (Launay et al., 2013).

Notably, some of the participants related to a discrepancy between the verbal communication with their partners and their bodily discourse, saying that, in contrast to the pleasant feelings within attuned movement, their experience in verbal communication entailed a recognition of separateness and aloneness. Conversely, some of the participants referred to a situation where the verbal dialogue with the partner was experienced in a positive light, and the joint dancing was associated with an experience of loneliness, distance, and incompatibility. This somatic and kinetic incompatibility was experienced through pace, energy, positioning in space and in relation to one another, and involved a sense of difficulty and pain that were associated with past and present experiences of unpleasant "merging." It is important to distinguish between matching in terms of replication of movement qualities (time, scope, volume, gesture) and matching in terms of synchronicity and reciprocity of attunement, when one partner's movement is adjusted and modified (regardless of whether it is complementary, inverse, leading or led) so as to respond to the movement of the other (Amigi-Kestenberg, Loman, Lewis, & Sossin, 1999; Tronick & Cohn, 1989). In this context we refer to the couples' need to be responsive and sensitive to each other's movements, without necessarily exactly matching the specific individual movement qualities of each other.

The focus on somatic experiences during the couple intake phase may help the therapist and the partners identify what kind of communication, whether verbal or embodied, is empowering in each particular relationship, and the identification of the strengths in the relationship can contribute to the choice of therapeutic intervention. For example, when the joint dance is experienced as a safe place, practicing separateness in motion may be translated into a non-threatening recognition of the differences between the partners. Similarly, in cases where physical communication is associated with a sense of distress, a discourse that encourages thinking about individual physical sensations and somatic histories is needed for processing mental and emotional material that hinders intimacy and couple communication.

### *Clinical implications of body-oriented couple intake*

The literature on couple interview processes emphasizes the importance of directing the couple's attention to feelings and thoughts elicited in each partner by the behavior of the other (Duman et al., 2007). The therapist is called upon to pay attention to verbal and nonverbal information that comes up during the session and to try to connect verbalized materials and the overt behaviors of the couple (Haynes et al., 2009). This article supports the findings of previous studies and proposes to expand on this approach by focusing on the link between behavior and sensory-motor experiences and sensations. We seek to highlight the knowledge implicit in the body and to develop an approach to the intake interview which would allow for the disclosure of the "implicit bodily knowledge" in the relationship both to the partners who turn to treatment and to the psychotherapist.

The interview schedule, informed by questions like 'Which body memories do I carry from my childhood relationships?' 'Which body memories do I carry from the relationship between my parents?' 'How do I feel while dancing with my partner?' invites the partners to develop awareness and focus on psychosomatic aspects in nonverbal communication and intimacy. The therapist's invitation to focus on a visual

memory of the body and on a sensory sensation from the past allowed a sequence of free bodily associations to emerge, enabling some pre-verbal knowledge to reach a level of formulation.

As we have seen in the findings, when the partners tapped into their memories of the past in relation to the body, they could articulate previously inaccessible bodily experiences and emotions, which were clearly relevant to their current couple dynamics. The individual recall of bodily experiences and the subsequent free associations allowed the partner in some cases to access the bodily history of his/her partner, and to recall his/her own similar/ different/ complementary body experience. This finding reinforces the choice of holding a joint interview for both partners (Balderrama-Durbin et al., 2016).

### *Limitations and further studies*

The current study emphasizes the importance of adding a focus on the somatic and kinetic aspects of the relationship to the intake phase in couple psychotherapy, so as to enable the partners to develop sensitivity to the polyphonic bodily discourse which takes place alongside verbal communication, and often reveals otherwise inaccessible aspects of the relationship.

This qualitative research project was carried out with a purposeful sample of couples (n = 9), who were in a relationship for up to 10 years, and were all heterosexual, aged between 28–50. As any configuration of couple was welcome to take part, it is important to reflect upon the homogeneity of the sample in this respect, and the limitations of this study are related to the particularities of the sample. Although only heterosexual couples participated in the study, it is our belief that the findings might correspond to different configurations, as the invitation to think about the relationship through the body is relevant to any individual and is part and parcel of the subjective narrative. That said, further studies are called for to examine the introduction of a body-oriented approach during the intake phase with different populations, different combinations of sexual preferences, and different stages of the relationship, as all of these may possibly influence the interpretation of the findings. Such additional studies will also enable further elaboration and generalization of the findings presented in this study, and will contribute to diagnostic and clinical thinking about the first encounter in couple therapy. In follow-up studies, it is important to recognize the contribution of a polyphonic bodily discourse during the therapeutic process to the outcomes of couple therapy.

## Conflict of interest

The authors declare that they have no conflict of interest.

## Ethical approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/ or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

## Informed consent

Informed consent was obtained from all individual participants included in the study.

## References


Abbott, B. V., & Snyder, D. K. (2010). Couple distress. In M. M. Antony, & D. H. Barlow (Eds.). *Handbook of assessment and treatment planning for psychological disorders* (pp. 439–476). (2nd ed.). New York: Guilford Press.

Amigi-Kestenberg, J., Loman, S., Lewis, P., & Sossin, M. (1999). *The meaning of movement: Development and clinical perspective of the kestenberg movement profile.* USA: Gordon & Breach Publishers.

Badenoch, B. (2008). *Being a brain-wise therapist: A practical guide to interpersonal neurobiology.* New York: W. W. Norton.

Balderrama-Durbin, C., Fissette, C., & Snyder, D. K. (2016). Best practices in assessment for couple therapy. In K. T. Sullivan, & E. Lawrence (Eds.). *Oxford handbook of relationship science and couple interventions* (pp. 131–147). New York: Oxford University Press.

Behrends, A., Müller, S., & Dziobek, I. (2016). Dancing supports empathy: The potential of interactional movement and dance for psychotherapy. In G. Hauke (Ed.). *European psychotherapy 2016/2017: Embodiment in psychotherapy* (pp. 99–131). United Kingdom: Books on Demand.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77–101.

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

Carson, D. K., & Becker, K. (2014). *Creativity in psychotherapy: Reaching new heights with individuals, couples, and families.* New York: Routledge.

Chaiklin, S., & Wengrower, H. (2009). *The art and science of dance/movement therapy: Life is dance.* New York: Routledge.

Chatara-Middleton, A. (2012). Working with non-monogamy: Dance/movement therapists' experience of working with individuals in non-monogamous relationships. *American Journal of Dance Therapy, 34*(2), 114–128. https://doi.org/10.1007/s10465-012-9138-6.

Chenail, R. J., St George, S., Wulff, D., Duffy, M., Wilson Scott, K., & Tomm, K. (2012). Clients' relational conceptions of conjoint couple and family therapy quality: A grounded formal theory. *Journal of Marital and Family Therapy, 38*(1), 241–264. https://doi.org/10.1111/j.1752-0606.2011.00246.x.

Cunningham, J. (2014). Potential benefits of dance movement psychotherapy with couples experiencing infertility. *Body, Movement, and Dance in Psychotherapy, 9*(4), 237–252. https://doi.org/10.1080/17432979.2014.946969.

Damasio, A. R. (1994). *Descartes' error: Emotion, rationality, and the human brain.* New York: Putnam.

Damasio, A. (2011). Neural basis of emotions. *Scholarpedia, 6*(3), 1804.

Damasio, A., & Carvalho, G. B. (2013). The nature of feelings: evolutionary and neurobiologicalorigins. *Nature Reviews Neuroscience, 14*(2), 143–152. https://doi.org/10.1038/nrn3403.

De Beauvoir, S. (1949/2011). *The second sex.* New York: Vintage Books.

Duman, S., Grodin, J., Cespedes, Y., Fine, E., Otilingam, P., & Margolin, G. (2007). Couples. In M. Hersen, & J. C. Thomas (Eds.). *Handbook of clinical interviewing with adults* (pp. 340–357). CA: Sage, Thousands Oaks.

Engelhard, E. S. (2018). Being together in time: Body synchrony in couples' psychotherapy. *The Arts in Psychotherapy, 60*, 41–47. https://doi.org/10.1016/j.aip.2018.06.003.

Fife, S. T., & Weeks, G. R. (2014). *Couples in treatment: Techniques and approaches for effective practice.* New York: Routledge.

Fishbane, M. D. (2007). Wired to connect: Neuroscience, relationships, and therapy. *Family Process, 46*, 395–412. https://doi.org/10.1111/j.1545-5300.2007.00219.x.

Fishbane, M. D. (2008). News from neuroscience: Applications to couple therapy. In M. E. Edwards (Ed.). *Neuroscience and family therapy: Integrations and applications* (pp. 20–28). Washington, DC: American Family Therapy Academy Monograph.

Fishbane, M. D. (2010). Relational empowerment in couple therapy: An integrative approach. In A. S. Gurman (Ed.). *Clinical casebook of couple therapy* (pp. 208–231). New York, NY: Guilford.

Goldberg, A. E., & Allen, K. R. (2015). Communicating qualitative research: Some practicalguideposts for scholars. *Journal of Marriage and the Family, 77*(1), 3–22. https://doi.org/10.1111/jomf.12153.

Gottman, J. M., & Gottman, J. S. (2008). Gottman method couple therapy. In A. S. Gurman (Ed.). *Clinical handbook of couple therapy* (pp. 138–164). (4th ed.). New York: Guilford.

Hackney, M. E., & Gammon, M. E. (2010). Recommendations for implementing tango classes for persons with Parkinson disease. *American Journal of Dance Therapy, 32*(1), 41–52. https://doi.org/10.1007/s10465-010-9086-y.

Hackney, M. E., Kantorovich, S., & Gammon, M. E. (2007). A study on the effects of Argentine tango as a form of partnered dance for those with Parkinson disease and the healthy elderly. *American Journal of Dance Therapy, 29*(2), 109–127. https://doi.org/10.1007/s10465-007-9039-2.

Hawkes, L. (2003). The tango of therapy: A dancing group. *Transactional Analysis Journal, 33*(4), 288–301. https://doi.org/10.1177/036215370303300404.

Haynes, S. N., Yoshioka, D. T., Kolezeman, K., & Bello, I. (2009). Clinical applications of behavioral assessment. In J. N. Butcher (Ed.). *Oxford handbook of personality assessment* (pp. 226–249). New York: Oxford University Press.

Hendrix, H. (1988). *Getting the love you want: A guide for couples.* New York, NY: Holt.

Heyman, R. E., & Slep, A. M. S. (2004). Analogue behavioral observation. In E. M. Heiby, & S. N. Haynes (Vol. Eds.), *Comprehensive handbook of psychologicalassessment: 3*, (pp. 162–180). New York: John Wiley & Sons.

Kessel, L. (2013). Couple therapy and relational body psychotherapy: Healing childhood wounds. *Body, Movement, and Dance in Psychotherapy, 8*, 172–182. https://doi.org/10.1080/17432979.2013.804880.

Kim, S. Y., Kang, H. W., Chung, Y. C., & Park, S. (2013). Empirical application of empathy enhancing program based on movement concept for married couples in conflict. *Journal of Exercise Rehabilitation, 9*(4), 426–431. https://doi.org/10.12965/jer.130056.

Kimmes, J. G., Mallory, A. B., Cameron, C., & Kose, O. (2015). A treatment model for anxiety- related sexual dysfunctions using mindfulness meditation within a sex-positive framework. *Sexual & Relationship Therapy, 30*(2), 286–296. https://doi.org/10.1080/14681994.

Knapp, M. L., Hall, J. A., & Horgan, T. G. (2013). *Nonverbal communication in humaninteraction.* Boston: Cengage Learning.

Launay, J., Dean, R. T., & Bailes, F. (2013). Synchronization can influence trust following virtual interaction. *Expert Psychology, 60*, 53–63. https://doi.org/10.1098/rsbl.2015.0767.

Lewis, R., & Scannell, E. (1995). Relationship of body image and creative dance movement. *Perceptual and Motor Skills, 81*, 155–160.

Lima, M. M. S., & Vieira, A. P. (2007). Ballroom dance as therapy for the elderly in Brazil. *American Journal of Dance Therapy, 29*(2), 129–142. https://doi.org/10.1007/s10465-007-9040-9.

Lord, S. A. (2017). Mindfulness and spirituality in couple therapy: The use of meditative dialogue to help couples develop compassion and empathy for themselves and each other. *The Australian and New Zealand Journal of Family Therapy, 38*(1), 98–114. https://doi.org/10.1002/anzf.1201.

Lumsden, J., Miles, L. K., & Macrae, C. N. (2014). Sync or sink? Interpersonal synchrony impacts self esteem. *Frontiers in Psychological and Behavioral Science, 5*, 1064. https://doi.org/10.3389/fpsyg.2014.01064.

Mason, R. L., Gunst, R. F., & Hess, J. L. (2003). *Statistical design and analysis of experiments: with applications to engineering and science, Vol. 474*. John Wiley & Sons.

McGoldrick, M., Giordano, J., & Garcia-Preto, N. (Eds.). (2005). *Ethnicity and family therapy*. Guilford Press.

Middelberg, C. V. (2001). Projective identification in common couple dances. *Journal of Marital and Family Therapy, 27*(3), 341–352. https://doi.org/10.1111/j.1752-0606.2001.tb00329.x.

Murphy, J. M. (2011). *How you and your mate can become a super couple: With exercises to get you there, Vol. 1*. Bloomington, IN: Xlibris Corporation.

Ogden, P., & Fisher, J. (2015). *Sensorimotor psychotherapy: Interventions for trauma and attachment.* New York: Norton.

Patton , MQ. Qualitative research and evaluation methods. 3rd. Sage Publications; Thousand Oaks CA 2002.

Pietrzak, T., Hauke, G., & Lohr, G. (2017). Connecting couples intervention: Improving couples' empathy and emotional regulation using embodied empathy. *European Journal Psychotherapy, 13*, 66–98.

Shafir, T., Taylor, S. F., Atkinson, A. P., Langenecker, S. A., & Zubieta, J. K. (2013). Emotion regulation through execution, observation, and imagery of emotional movements. *Brain and Cognition, 82*, 219–227. https://doi.org/10.1016/j.bandc.2013.03.001.

Shuper-Engelhard, E., & Vulcan, M. (2018). Introducing movement into couple therapy: Clients' expectations and perceptions. *Contemporary Family Therapy,* 1–13. https://doi.org/10.1007/s10591-018-9474-x.

Stern, D. (1983). Unformulated experience-from familiar chaos to creative disorder. *Contemporary Psychoanalysis, 19*, 71–99.

Tronick, E. Z., & Cohn, J. F. (1989). Infant-mother face-to-face interaction: Age and gender differences in coordination and the occurrence of miscoordination. *Child Development,* 85–92.

Wagner, D., & Hurst, S. M. (2018). Couples dance/movement therapy: Bringing a theoretical framework into practice. *American Journal of Dance Therapy, 40*(1), 18–43. https://doi.org/10.1007/s10465-018-9271-y.

Whisman, M. A., & Snyder, D. K. (2007). Sexual infidelity in a notational survey of American women: Differences in prevalence and correlates as a function of method of assessment. *Journal of Family Psychology, 21*, 147–154. https://doi.org/10.1037/0893-3200.21.2.147.