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The therapist experiencing in couple and family therapy: A scoping review

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Research Article

Keywords:

Posted Date: November 18th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-11576786/v1

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Additional Declarations: No competing interests reported.

Abstract

The present scoping review aimed to determine the ways in which the therapist experiencing have been empirically studied and the key characteristics related to these experiences in couple and family therapy. Two online databases were used from which thirty-two publications were identified. The findings of this review highlight the conceptual and methodological heterogeneity in studying therapists' in-session experiencing. Rather than viewing therapist experiencing as isolated emotional reactions, the review appreciates the co-occurring and often conflicting emotional experiences of therapists in CFT, reflecting possible underlying tensions between professional responsibility and personal positioning. Three interrelated dimensions were recognized: the relational field, therapist experiencing, and responses and consequences that feed back to the relational field in therapy. The findings of the review can inform training and supervision practices through encouraging therapists to use a variety of means to access their experience in order to observe themselves emotionally, mentally and physically in session.Key words: therapist experience, self of the therapist, person of the therapist, family therapy, couple therapy

Introduction

Therapists' characteristics are central in effective practice in couple and family therapy and in the occurrence of pivotal moments that contribute to change, as experienced by clients (Helmeke & Sprenkle, 2000; Shamoon et al., 2017; Sprenkle et al., 2014). Despite the long tradition of studying the therapist's characteristics, research on therapists' experience during session and its effects on the therapy process and outcomes remains highly neglected (Aponte, 2022; Horne, 1999). Historically, different conceptual resources have focused on distinct aspects of therapists' in-session experience, using terms such as 'countertransference' (Freud, 1910) and 'resonances' (Elkaïm, 1997) that emphasize therapists' relational and situated experience. Other concepts, like the 'location of self' (Watts-Jones, 2010) concern therapists' social, cultural, and relational positioning. Therapists' experience has become highly relevant in recent years, as supervision and training contexts emphasize the significance of the 'self of the therapist,' namely therapist experiences, positions, emotions and thoughts that may influence their presence in sessions (Goldberg et al., 2023; Timm & Blow, 1999). In this review, 'therapist experiencing' is used as a pragmatic umbrella term for a heterogeneous field of concepts referring to therapists' affective, embodied, reflexive, relational and sociocultural experiencing during therapeutic encounters. The term 'experiencing' is chosen to emphasize the dynamic nature of the phenomenon.

Early CFT theories acknowledged that therapist experiencing was triggered by relational dynamics within the session and argued that addressing these experiences was a subjective process that should be unfolded both within and outside therapy, through work with therapists' own family of origin and/or supervision. In Psychoanalytic Family Therapy, the therapist's experiences were often approached through the concept of countertransference, whereby the therapist's emotions in sessions were assumed to be influenced by their own unresolved conflicts and early relationships (Scharff, 1992). Similarly, Bowen's Family System Theory (1978) stressed that working through issues relating to a therapist's own family contributes to emotional objectivity and differentiation of oneself from a family's dynamics.

More recently, the therapist's use of self during therapeutic encounters is seen as a potential catalyst for change in CFT (Selekman, 2024). Over the last few years, there has been a shift towards emphasizing the relational processes in therapy and therapist experiencing is seen as a dialogical opportunity to facilitate connection between therapists and clients. Satir's (1983) Transformational Systemic Therapy contributed to this trend, by altering the focus of supervision and training from mastering techniques and skills to developing processes that cultivate therapists' self-awareness and self-worth. In line with this, in the collaborative practices of Anderson and Goolishian (1992), the reflecting processes of Andersen (1991), the Narrative approach (White, 2007) and in Open Dialogue network meetings (Seikkula & Trimble, 2005) the therapist experiencing is viewed as co-constructed and as a therapeutic resource for meaning making with the couple and/or family.

Recognizing the challenges and multiple relational dynamics in CFT, several models that place the therapist center stage have been developed. For example, Rober emphasizes that becoming an effective family therapist involves the ability to connect with each family member, irrespective of one's personal resonances (Rober, 2024). He developed the therapist's inner conversation (TIC) supervision method that encourages therapists to reflect on their inner polyphony during therapeutic encounters and consider ways to engage their experiences in dialogue with families (Rober, 2017). Similarly, the Person of the Therapist Model (POTT), developed by Aponte and Kissil (2014), aims to help therapists become aware of their own wounds and use them purposefully in their clinical work. While ongoing self of the therapist work is encouraged, it is important to consider issues of power in training, supervision, and knowledge production, and appreciate that appropriate use of therapist self may differ across cultural, institutional, and hierarchical contexts.

Although supervision and training in CFT promote experiential learning and aim to cultivate therapist self-awareness and reflexivity, part of the in-session therapist experiencing lies beyond one's conscious realm. There is a growing body of research on physiological synchrony in couples therapy pointing to the embodied presence of therapists and attunement to clients and between co-therapists beyond words (Avdi et al., 2022; Karvonen et al., 2016).

It becomes apparent that therapist experiencing in CFT is a heterogenous, relational, embodied, culturally situated and partly implicit phenomenon. Despite widely recognizing the value of therapist experiencing as a factor in therapy process and outcome, research on this topic is

relatively scant (Aponte, 2022; Goldberg et al., 2023; Horne, 1999). This scoping review examines how empirical CFT literature conceptualizes, accesses, and describes in-session therapist experiencing. To our knowledge this is the first review on the topic to date.

1. Method

The review follows the guidelines of the PRISMA Extension for Scoping Reviews (PRISMA-ScR, Page et al., 2021). The final protocol was registered on the Open Science Framework (OFS) on 20 November 2024, Registration DOI (to be completed).

Two databases (PsychINFO and PubMed) were systematically searched in December 2025 and September 2026. A preliminary search was conducted that resulted in the following keywords that best captured the concepts under investigation: therapist/therapist emotions/therapist positions AND couple therapy/family therapy/marriage and family therapy/MFT. An experienced librarian approved the final search strategy. Search results were imported into the electronic platform Rayyan and duplicates were removed. The electronic database search was supplemented by manually scanning the references of all relevant publications.

Figure 1: PRISMA Chart: Flow diagram representing the scoping review process. From: (Page et al., 2021).

Studies were included if they (a) adopted therapist experiencing quoted verbatim, (b) reported authors' and/or therapists' secondary material on therapists in sessions and/or post-session reflections regarding in-session processes, (c) involved a research component, either qualitative and/or quantitative, (d) were published in peer-reviewed journals or as book chapters, and (e) were written in English. Since the objective was to examine first-person experience of therapists in real-life clinical settings rather than constructed experiences based on role-playing or training exercises, studies on supervision and training contexts were excluded. Furthermore, in order to appreciate the dynamics in multiparticipant settings and the possible influence of these on therapist experiencing, individual therapy settings were also excluded. There was no restriction concerning the year of publication. Two independent screeners examined titles and abstracts for the papers included in the review and any disagreements were resolved with all authors present. The qualitative studies included were found to be of adequate quality following the Critical Appraisal Skills Programme (CASP, 2023), available in Appendix A.

1.1. Charting and synthesizing the data.

Data was extracted concerning the article characteristics (authors, year of publication, country of origin), methodology (therapeutic orientation, working context, clinical experience, format, methodology, data collection) and definition of concept. Table 1 provides an overview of the articles' characteristics and methodology. Figure 2 offers an organization of the conceptual frameworks used in studying therapist experiencing.

Table 1
Characteristics of sources of evidence.

1	Authors, Year, Country of publication	Therapeutic orientation	Working context	Clinical experience	Format	Methodology	Data collection	Conceptual framework
	Anderson et al., 2011, USA	**Marriage and Family therapy (MFT), Clinical psychology**	**n/a**	**Experienced**	**n/a**	**Quantitative**	**Questionnaire**	**Self of the therapist, use of self, self-awareness**
2	Baker, 1999, Israel	n/a	Public	n/a	Family	Qualitative	Case study	Self-awareness
3	Bartle-Haring et al., 2016, USA	Family Systems Theory	University clinic	Novice	Couple	Quantitative	Questionnaire	Therapist differentiation of self
4	Borcsa & Janusz, 2021, Germany	Family therapy, Therapist's Inner Conversation (TIC)	University, training institute	n/a	Couple/ Co-therapy	Qualitative	Interviews	Therapist's positioning, therapist's personal experience
5	Cheon & Murphy, 2007, USA	MFT	n/a	n/a	Family	Qualitative	Case story	Self of the therapist, use of self, self-awareness, self-knowledge
6	Clark, 2009, USA	MFT	Private practice, public	Experienced	n/a	Qualitative	Interviews	Self of the therapist, differentiation of self, emotional attunement, self-awareness
7	de Lima & Vandenberghe, 2021, Brazil	The Person of the Therapist Model (POTT)	Private practice	Experienced	Couple	Qualitative	Interviews	Therapist affect
8	Ehrlich, 2001, USA	Psychoanalysis	Private practice	n/a	Family	Qualitative	Case story	Self-awareness, countertransference, self-knowledge
9	Furrow et al., 2012, USA	Emotionally Focused Therapy (EFT)	n/a	Experienced	Couple	Quantitative	Questionnaire	Therapist's presence, emotional engagement, bodily reactions
10	Heiden-Rootes et al., 2015, USA	Systemic therapy	Private practice, court, community service	Mixed	n/a	Qualitative	Interviews	Self of the therapist
11	Hildebrand & Markovic, 2007, UK	Systemic Therapy	Private practice, public, training institutes	Mixed	n/a	Qualitative	Interviews	Therapist self-reflexivity, bodily reactions
12	Joffe & Dwarika, 2025, South Africa	Trauma informed family therapy	Private practice, public	Mixed	Family	Mixed	Questionnaire and Reflective journal	Therapist emotional reaction
13	Kailanko et al., 2021, Finland	EFT	n/a	Experienced	Couple	Qualitative	Interviews	Somatic experience, therapist's presence
14	Koehne-Kaplan, 1976, USA	Family therapy	n/a	Experienced	Couple/ Co-therapy	Qualitative	2 Case stories	Use of self
15	Lini & Bertrando, 2020, Italy	Systemic-dialogic therapy	n/a	n/a	Couple/ Co-therapy	Qualitative	Case story	Therapist's emotions, therapist's positioning
16	MacKay, 2017, Australia	Bowen Family Systems Theory (BFST)	Public	n/a	Family	Qualitative	Case story	Differentiation of self, emotional reactivity, bodily reactions

1	Authors, Year, Country of publication	Therapeutic orientation	Working context	Clinical experience	Format	Methodology	Data collection	Conceptual framework
	Anderson et al., 2011, USA	**Marriage and Family therapy (MFT), Clinical psychology**	**n/a**	**Experienced**	**n/a**	**Quantitative**	**Questionnaire**	**Self of the therapist, use of self, self-awareness**
17	Mojta et al., 2014, USA	Internal Family Systems Therapy (IFS)	n/a	Novice	n/a	Qualitative	Interviews	Self-awareness
18	Nelson & Ketring, 2004, USA	n/a	n/a	n/a	Couple	Qualitative	2 Case stories	Therapist's personal reactions
19	O'Rourke & Kirrane, 2024, Ireland	POTT	Private practice, organization	Mixed	Couple	Qualitative	Interviews	Therapist's experience, Reciprocal influence
20	Reisel, 1977, USA	n/a	n/a	Experienced	Family	Qualitative	Case study	Therapist's feelings
21	Rober, 1999, Belgium	Family therapy, TIC	n/a	n/a	Couple and Family	Qualitative	4 Case stories	Self of the therapist
22	Rober, 2005, Belgium	Dialogic Family therapy, TIC	Private practice	n/a	Couple	Qualitative	Case story	Therapist self
23	Rober, 2008, Belgium	Family therapy, TIC, POTT	Community service	n/a	Family	Qualitative	2 Case stories	Self-reflection
24	Rober, 2010, Belgium	Family therapy, TIC	n/a	n/a	Family	Qualitative	Case story	Therapist's positioning, self-reflexivity
25	Rober, 2011, Belgium	Family therapy, TIC	n/a	n/a	Family	Qualitative	2 Case stories	Therapist's experience, self of the therapist, therapist's emotions
26	Rober 2023, Belgium	Family therapy, TIC, POTT	n/a	n/a	Family	Qualitative	4 Case stories	Therapist's emotions
27	Schlosberg & Kagan, 1988, USA	n/a	Public	n/a	Family	Qualitative	Case story	Therapist's feelings, self-knowledge
28	Taghipour et al., 2015, Iran	EFT	n/a	Mixed	Couple	Qualitative	Interviews	Self of the therapist, self-awareness
29	Tapia-Fuselier et al., 2022, USA	EFT, POTT	n/a	Mixed	Couple	Qualitative	Interviews	Therapist's experience, self of the therapist, self-awareness
30	Watts-Jones, 2010, USA	Location of Self	n/a	n/a	Couple	Qualitative	2 Case stories	Self of the therapist, positioning, location of self
31	Watts-Jones et al., 2025, USA	Location of Self	n/a	n/a	Family	Qualitative	Case study	Use of self, self-awareness, social location, location of self
32	Yildizhan et al., 2023, Turkey	EFT, POTT	n/a	Mixed	Couple	Qualitative	Interviews	Therapist's emotional experience, self of the therapist, bodily reactions

Moreover, a thematic analysis of therapist experiencing was conducted with the aim of synthesizing key findings across studies; the analysis employed a combination of inductive and deductive approaches (Naeem et al., 2023) through a stepped approach of devising, checking and implementing a coding template. The first, in alphabetical order, six sources were initially selected for analysis. All references to therapists' experiences, derived from first person accounts in case studies and from participants' quotes in interview-based studies, were thematically categorized independently by two coders and a coding template was created (Brooks et al., 2015). This was used to examine three more sources

and the template was refined. Three interrelated dimensions were identified: (a) the relational field, (b) therapist experiencing, and (c) responses and consequences. The remaining studies were analyzed with reference to these themes, while frequent discussions on theme development allowed us to organize the emerging subthemes and the patterns within and between each dimension.

2. Results

2.1. Overview of study characteristics.

Thirty-two studies were identified. The publication dates range from 1976 to 2025, with about one third published after 2020, indicating a rising interest in therapist experiencing in CFT. Almost half of the studies were conducted in the US (15), followed by Belgium (6) and one study was conducted in each of the following countries: Australia, Brazil, Finland, Germany, Iran, Ireland, Israel, Italy, South Africa, Turkey, and the UK. Despite the diversity of cultural traditions and worldviews, multiple studies drew on theories and models developed within Western cultural contexts. Although the relational foundations of the models under review may be transferable across contexts, it is recognized that theoretical frameworks should be culturally adapted to reflect specific cultural norms and values (Haber et al., 2022). A detailed discussion of cultural adaptations, however, falls beyond the scope of this review.

In terms of therapists' clinical experience, eight studies included experienced therapists (with an average of 25 years of experience), two novice therapists (in their final year of training and up to five years post-qualification) and seven involved both experienced and novice therapists. Half of the studies did not specify the clinical experience of participating therapists. The studies with seasoned therapists were more specific in their research focus, involving the development of a use of self-orientation questionnaire (Anderson et al., 2011), therapists' experience and use of self in session (Koehne-Kaplan, 1976), resiliency in practicing marriage and family therapy (Clark, 2009), ways in which therapists relate to painful emotional experience in sessions (de Lima & Vandenberghe, 2021), the effect of therapists' emotional presence on the process of couples therapy (Furrow et al., 2012) and somatic experience of emotions (Kailanko et al., 2022). Research including novice therapists were more open in their area of investigation, studying links between therapists' factors and the therapeutic alliance (Bartle-Haring et al., 2016) and use of specific theories to foster therapists' self-awareness (Mojta et al., 2014). Only one study investigated experiences of powerlessness among trainees and experienced systemic therapists, identifying it as a significant issue for both groups (Hildebrand & Markovic, 2007). The available evidence does not allow firm conclusions about developmental differences between novice and experienced therapists, as experience level were not reported consistently.

Table 1: Characteristics of sources of evidence.

2.2. Therapist experiencing: conceptual organization.

Therapist in-session experiencing was approached through several concepts that focused on therapists' affective and embodied experience, reflexive processes, relational processes, and social and cultural positioning. The conceptual map below offers an organization of the terminology most often referenced in the included studies.

2.3. Therapist experiencing: Accessing the experience.

The majority of the studies used qualitative methodology (28), while three studies used questionnaires to examine specific aspects of therapist experiencing (Anderson et al., 2011; Bartle-Haring et al., 2016; Furrow et al., 2012) and one study utilized both questionnaires and therapists' reflective journal (Joffe & Dwarika, 2025). Out of the 28 papers using qualitative methodology, fourteen were based on case stories, eleven on interviews with therapists and three papers used detailed case studies of authors narrating their own experiences and internal processes both in- and post-session.

Each data collection method constructs a different kind of therapist experiencing. The studies utilizing questionnaires provide observable responses of therapist experiencing, such as therapists' self-orientation (Anderson et al., 2011), therapists' level of differentiation (Bartle-Haring et al., 2016) and therapists' emotional presence and evocative vocal quality (Furrow et al., 2012). Both case studies and some of the case stories in the available research draw upon therapist experiencing with reference to general characteristics and attitudes, involving cultural sensitivity (Baker, 1999), seeking truth in oneself (Reisel, 1976), honesty (Nelson & Ketring, 2004), self-awareness (Ehrlich, 2001; Mojta et al., 2014), and use of self (Koehne-Kaplan, 1976; Taghipour et al., 2025).

The majority of the studies relied on therapists' subjective account of their experience collaborating with specific couples/families, through reflections that drew on links with their own identity, family of origin, or personal therapy(Cheon & Murphy, 2007; Clark, 2009; de Lima & Vandenberghe, 2021; Ehrlich, 2001; Heiden-Rootes et al., 2015; Hildebrand & Markovic, 2007; Joffe & Dwarika, 2025; Koehne-Kaplan, 1976; MacKay, 2017; Nelson & Ketring, 2004; O'Rourke et al., 2024; Rober, 2008, 2010; Schlosberg & Kagan, 1988; Tapia-Fuselier et al., 2022; Watts-Jones, 2010; Watts-Jones et al., 2025).

Case stories, also called case vignettes, case illustrations, case reports, or case examples, use the therapist's reflections on the therapeutic process following narration of immediate therapeutic interaction or by re-watching their own videotaped therapy sessions. In most case stories therapists reflected on their in-session experiencing by illustrating concrete interactions with couples/families (Borcsa & Janusz, 2021; Lini & Bertrando, 2020; MacKay, 2017; Nelson & Ketring, 2004; Rober, 2005, 2008, 2010, 2011, 2023; Watts-Jones et al., 2025). Video-assisted recall used in multiple studies (Borcsa & Janusz, 2021; Furrow et al., 2012; Kailanko et al., 2022; Rober, 2005, 2008, 2011, 2023) may come closer to the unfolding processes in therapy, but it remains a retrospective and socially situated reconstruction.

While fully reconstructing therapist experiencing in session may be impossible, Stimulated Recall Interviews (SRI) conducted within 24 hours a session may offer a close approximation. By reviewing selected excerpts from the session and inviting therapists to share their thoughts, feelings and somatic experience, these interviews can provide a partial reconstruction of the therapist's lived experience. Four case stories utilized SRI to compare therapist's outer and inner dialogue (Borcsa & Janusz, 2021; Rober, 2005, 2008, 2011).

Temporal distance from the experience is a parameter that is not adequately discussed in the reviewed papers. With the exception of research using SRI, the studies reviewed did not specify whether the experience is recorded during the therapeutic interaction, reconstructed immediately afterwards, or narrated much later. Given the interval between the therapeutic encounter and therapists' reflections on it, it is important to remember that therapists' accounts of their experiences echo not only what they experienced during sessions, but also what they are able and willing to share about those experiences later on.

2.4. Therapist experiencing as an unfolding relational encounter in CFT.

Therapist experiencing in CFT sessions was organized in three intertwined dimensions, namely (a) the relational field, (b) therapist experiencing and (c) responses and consequences that feed back to the relational field.

2.4.1. Relational field

The majority of the studies discuss therapist experiencing in relation to alliances with different family members, the interaction between family members, clients' responses to the therapist and to each other and issues around the therapeutic process and progress. Therapists reported a plethora of emotional reactions during sessions, some of which are described as co-occurring and/or conflicting.

The majority of the studies discussed therapist experiencing in relation to clients' suffering and vulnerability, drawing attention to feelings of compassion, sadness, helplessness, anxiety, fear, and ambivalence (Baker, 1999; Borcsa & Janusz, 2021; Clark, 2009; Ehrlich, 2001; Heiden-Rootes et al., 2015; Joffe & Dwarika, 2025; Koehne-Kaplan, 1976; MacKay, 2017; Mojta et al., 2014; O'Rourke et al., 2024; Rober, 2005, 2008, 2010, 2011; Schlosberg & Kagan, 1988; Tapia-Fuselier et al., 2022; Watts-Jones et al., 2025). The following example illustrates how the story of a given couple with one disabled partner affected the therapist experiencing:

I think…this is really hard. It's really not fair and it's hard, and a little bit like, there's nothing to be done with that. […] And that's just painful and hard (Tapia-Fuselier et al., 2022, p. 1214).

Another relational field multiple therapists recognize concerns conflict and polarization between family members. In such contexts possible experiences of therapists involve anger, anxiety, tension, fear, impotence, and feeling powerless (Cheon & Murphy, 2007; Ehrlich, 2001; MacKay, 2017; Mojta et al., 2014; Reisel, 1976; Rober, 2008, 2010, 2011, 2023). Those experiences were often co-occuring as illustrated in the example below:

I explored my own experiencing and realized that in fact I was outraged about how the children had acted towards their mother […] At the same time I had been irritated by the mother's resignation and passivity. This had all resulted in my urging the mother to act firmly. As this had proved useless, I finally felt powerless and beaten(Rober, 2011, p. 15)

Therapists report conflicting emotions when they feel pulled into an alliance with particular family members or partners, while simultaneously experience the responsibility for maintaining engagement with all participants (Ehrlich, 2001; Joffe & Dwarika, 2025; MacKay, 2017; Rober, 2010, 2011, 2023; Watts-Jones, 2010). This is illustrated in the example below from trauma-informed family therapy with children and their families:

[T]herapists with insight into parents' trauma responses showed less anger and blame towards parents as "blame is rarely useful and often unfair" (Therapist Blake), allowing continuity in the working alliance (Joffe & Dwarika, 2025, p. 7).

Therapists further recognize that differences in cultural and social positions may be associated with feelings of discomfort, anger, underlying shame, powerlessness, tension and feeling stuck (Baker, 1999; Cheon & Murphy, 2007; Hildebrand & Markovic, 2007; Lini & Bertrando, 2020; Taghipour et al., 2025; Watts-Jones, 2010; Watts-Jones et al., 2025).

A black therapist described a situation that rendered her powerless when threatened by a (black) client. […] In terms of her own experience, she described feeling powerless when her professional ability/identity was called into question (Hildebrand & Markovic, 2007, p. 195)

In cases of therapeutic impasses therapists talk about feeling uncertain, powerlessness, doubting themselves, anxious and afraid (Baker, 1999; Hildebrand & Markovic, 2007; Rober, 1999; Schlosberg & Kagan, 1988).

Less studies drew attention to relational contexts in which different or conflicting loyalties are discussed, such as issues around infidelity, abuse, and trauma (Ehrlich, 2001; Joffe & Dwarika, 2025; O'Rourke et al., 2024). In such contexts, therapists report experiencing compassion, inner conflict, irritation and guilt.

2.4.2. Therapist experiencing

Studies described therapist experiencing as affective, reflexive, embodied, implicit and socially positioned. As already highlighted, therapists report conflicting in-session experiences that may destabilize them and lead to impulsive reactions (Borcsa & Janusz, 2021; Ehrlich, 2001; Rober, 2008, 2011, 2023) and/or to strong embodied experiences, such as feeling overwhelmed and paralyzed, bodily tension and shortening of breath (Borcsa & Janusz, 2021; Kailanko et al., 2022; MacKay, 2017; O'Rourke et al., 2024).

As I listened to his stories, I realized a sudden tension in my body. My breathing started to get shallow and rapid. And even without noticing, I was holding my breath. I was feeling so blocked. It was like there was nothing going on in my mind. I heard various voices coming from inside of myself seeking for further clarifications out of curiosity. Strangely, though, I was sitting there letting go on. I was neutral-not taking any sides (Cheon & Murphy, 2007, pp. 12–13).

More than half of the studies suggested that the content of sessions may resonate with issues relating to the therapist's social positions, such as race, religion and sexual orientation, and relationships. The following quote comes from a therapist's experience whose wife died unexpectedly several years back, working with a mother with her three young children that recently lost their father.

The children needed to take me in before they could use me to deal with their past losses and their current lives. I should have recognized that having small children surrounding me restored past losses for me, as well as for them. Had I been more conscious of my pleasure, I would have been more understanding of the mother's uneasiness (Ehrlich, 2001, p. 288).

Therapists' experiencing was highly influenced by their values and social positions, as illustrated below in the context of couples therapy when discussing issues around infidelity:

You know, you can feel yourself sometimes being quite angry. I'm thinking, 'How could you do that?' In my head I was going, 'I can quite understand why he has done this'. The next time what I noticed, and I have worked very hard not to do this, I was asking questions I think that may have excused what he did. I started to ask myself why I had done that. And you feel, 'I have made this worse, I have done something that hasn't helped this situation', and I feel guilty. The feeling is, it is like a little inner shock, and you feel, 'Am I being ethical here?' (P3) (O'Rourke et al., 2024, p.12).

As revealed in this testimony, therapist experiencing is unfolding both inside session and in-between sessions through processes that allow therapists to understand and possibly change their positions and views around certain topics.

2.4.3. Responses and consequences

To manage their experience, therapists use both post-session strategies, in the form of supervision and self-care activities, and in- session processes, including self-reflection and embodied practices, as outlined below.

The majority of studies commented on post-session practices therapists use, in the form of supervision (Baker, 1999; Borcsa & Janusz, 2021; Cheon & Murphy, 2007; Clark, 2009; de Lima & Vandenberghe, 2021; Heiden-Rootes et al., 2015; Hildebrand & Markovic, 2007; Joffe & Dwarika, 2025; MacKay, 2017; Rober, 1999, 2011; Schlosberg & Kagan, 1988; Taghipour et al., 2025; Tapia-Fuselier et al., 2022; Yıldızhan et al., 2024). Such professional resources, together with training, allow therapists to reexamine their beliefs, attitudes and expectations and find constructive ways to use their experiences.

When I reviewed the session tape, I discovered that it appeared as if I were in agreement with HRS and the larger system in prejudging Olivia. […] I was shocked to discover that I held such racist and discriminatory thoughts and feelings. […] Filled with shame, I shared my observations with my supervisor and team members who had been unaware of my own discovery and conflicts. The team helped me further connect to my difficulties and the "cleansing" of my racist and prejudice attitudes. The process was both painful and fruitful. By publicly acknowledging my preconceptions, I was able to face my hidden side and to be honest with myself and with my client (Baker, 1999, p. 4).

Being self-aware through in-session and post-session practices allows therapists to have greater flexibility in their social positions and to intentionally use these experiences openly with clients (Borcsa & Janusz, 2021). In the case example illustrated above this meant for the therapist to encounter her client *as a person, rather than a "black-skinned" woman* (Baker, 1999, p. 4) and further her relationship with her.

Some studies also commented on self-care strategies therapists engage as a way to regulate themselves after sessions and make sense of their in-session experiences (Clark, 2009; de Lima & Vandenberghe, 2021; MacKay, 2017; Taghipour et al., 2025; Yıldızhan et al., 2024).

Besides post-session processes, therapists use various in-session practices to make sense of their experiences, the most prominent being self-reflection (Borcsa & Janusz, 2021; Ehrlich, 2001; Heiden-Rootes et al., 2015; Hildebrand & Markovic, 2007; Joffe & Dwarika, 2025; Koehne-Kaplan, 1976; Lini & Bertrando, 2020; MacKay, 2017; Mojta et al., 2014; Nelson & Ketring, 2004; O'Rourke et al., 2024; Reisel, 1976; Rober, 2005, 2008, 2010, 2023; Taghipour et al., 2025; Yıldızhan et al., 2024). Self-reflection in sessions often takes the form of self-dialogue between multiple inner voices, social positions, concerns and possible actions. In cases of co-therapy, i.e. where two therapists facilitate a meeting, this dialogue may be conducted openly in a reflecting process (Borcsa & Janusz, 2021; Koehne-Kaplan, 1976; Lini & Bertrando, 2020).

Therapists' self-reflection allows therapists to become self-aware of their emotions and social positioning on specific topics and this process opens space for dialogue opportunities, through practices such as self-disclosure. Self-disclosure was repeatedly described as a way of using therapists experiencing, and was connected to opening up space for something not yet said, fostering clients' trust and providing a role model for self-expression (Baker, 1999; Heiden-Rootes et al., 2015; Kailanko et al., 2022; Koehne-Kaplan, 1976; Mojta et al., 2014; Nelson & Ketring, 2004; Rober, 1999, 2008, 2010, 2011, 2023; Schlosberg & Kagan, 1988; Watts-Jones, 2010; Watts-Jones et al., 2025; Yıldızhan et al., 2024). Therapists may share their observations regarding relational dynamics, concerns on how to proceed, their social positions in terms of race and culture, as well as their embodied reactions, as indicated in the following example:

> The participants also reported the use of their body to check what is going on between the couple in the room by tuning to their own sensations. […] If a couple is moving really quickly back and forth in a reactive mode, then the therapist might tune into their own feeling of confusion and verbalize it to partners (Kailanko et al., 2022, p. 9).

Therapists' self-disclosure was described as more challenging when therapists have not yet processed adequately their experience, when experiences of trauma are at stake, and when clients are emotionally fragile (Joffe & Dwarika, 2025). Although no study directly examined how clinical experience affects therapists' in-session experiencing, a few studies suggested that therapists' use of self and willingness to disclose their experiences changes over the course of their careers (Anderson et al., 2011; Reisel, 1976) .

Other ways of managing therapists' in-session experiencing involved employing regulating bodily strategies, such as breathing exercises and grounding techniques (Furrow et al., 2012; Heiden-Rootes et al., 2015; Kailanko et al., 2022; MacKay, 2017; Yıldızhan et al., 2024), and slowing down, particularly when dealing with challenging topics or high-conflict couples (Heiden-Rootes et al., 2015; Kailanko et al., 2022; Schlosberg & Kagan, 1988; Tapia-Fuselier et al., 2022).

Therapists appreciate their in-session experiencing as a potential therapeutic resource with perceived benefits for enhancing the therapeutic alliance as well as contributing to stronger connection within families/couples. Finally, therapists recognize that becoming self-aware of one's experiences and tolerating strong emotions allows therapists to respond to their clients' and their own needs, contributing thus to therapist's professional and personal growth (Baker, 1999; Cheon & Murphy, 2007; Clark, 2009; de Lima & Vandenberghe, 2021; Koehne-Kaplan, 1976; Lini & Bertrando, 2020; MacKay, 2017; Mojta et al., 2014; Nelson & Ketring, 2004; Rober, 1999, 2008, 2011, 2023; Schlosberg & Kagan, 1988; Taghipour et al., 2025; Watts-Jones et al., 2025; Yıldızhan et al., 2024).

3. Discussion

Research on therapist experiencing in couple and family therapy (CFT) is a relatively neglected area, and most of the studies capture only aspects of this. This scoping review aimed to map the available evidence, identify the methodological approaches and describe the key characteristics related to therapist experiencing in CFT. Therapist experiencing is heterogeneous, relational, embodied and culturally situated and partly implicit. Despite their methodological and conceptual heterogeneity, all 32 studies included in the review shared a recognition of the value of therapist experiencing in couple and family sessions and discussed implications for supervision and training. The review is unique in constructing a conceptual map of approaching therapist experiencing, discussing the available methods to access the experience and portraying therapists' testimonies and reflections based on real therapeutic interactions.

The review identified various concepts used to study therapist experiencing, highlighting the challenge in providing a unified definition and the need to appreciate the dynamic nature of the phenomenon. This conceptual heterogeneity is not merely a terminological issue but reflects different understandings of the therapeutic encounter, focusing on emotional, embodied, reflexive, relational and socially situated aspects of it.

Current research methods offer very different access to therapist experiencing and are largely retrospective and discursively mediated. Still therapist experiencing is never fully accessible through introspection alone. It is shaped by implicit or taken-for-granted knowledge, unconscious processes, retrospective reconstruction, professional discourses, socially desirable self-presentation, blind spots, and differences between therapists' in-session experiences and their post-session recollections. Supervision practices would benefit from encouraging use video-assisted recall of therapy sessions, as a way to bring therapist experiencing to life and appreciate therapists' embodied presence.

The findings of the review suggest that therapists' emotional responses rarely occur in isolation. Rather, they are frequently described as co-occurring, conflicting and embedded in specific relational contexts. Some accounts also illustrate how these experiences may unfold over time, influencing therapists' social position, interventions, and subsequent reflections. Therapists reported sharing different aspects of their experience with clients, involving their own emotions, observations, doubts, social positions, and personal experiences. Considering the multiple dynamics in CFT, therapists self-disclosure needs to be sensitive to the timing of the therapy and the different ways such openings may land to different clients (Roberts, 2005).

Therapists' in-session processes, like self-reflection, regulation through slowing down the interaction, and post-session practices like supervision and self-care activities allow therapists to co-regulate with clients and tolerate affect rather than reducing it (Rober, 2023; Yıldızhan, et al., 2024). In this sense, therapist experiencing is perceived as an opportunity to attend to specific issues at the present moment and overcome therapeutic impasses. If such experiences are not addressed, they may raise obstacles to treatment and jeopardize a safe therapeutic relationship.

Strengths and Limitations

This scoping review was informed by all appropriate guidelines to ensure its accuracy and transparency (Pollock et al., 2023). The qualitative studies included were of adequate quality (Critical Appraisal Skills Programme, 2023); however, most of the research consisted of small samples, limiting their generalizability. Further on, restricting the review to English-language publications excluded important parts of the global literature. As most of the studies included in the review lied on theories developed within Western cultures, it is important to consider that the ideal of the reflective, self-aware and emotionally regulated therapist itself arises from particular professional traditions that may differ across cultures. Finally, a substantial concentration of publications around one author and one theoretical tradition, and the involvement of that author in the research team conducting the synthesis may have influenced the thematic outcomes and related interpretations. Still, in qualitative synthesis, extensive familiarity with the research topic may be valuable (Flemming & Noyes, 2021). Independent coding, and frequent discussions between the authors allowed for reflexivity in the analysis, while the authors' variety of backgrounds, both clinically and academically, involving family therapy, psychoanalysis, parent infant psychotherapy, as well as academic and research experience allowed for greater polyphony in best appreciating the data in the review (Ide & Beddoe, 2024).

4. Conclusions

This scoping review mapped how therapist experiencing has been conceptualized and empirically studied in couple and family therapy. Rather than treating therapist experiencing as a unitary or exclusively intrapersonal phenomenon, the review examines the heterogenous affective, embodied, reflexive, relational and sociocultural processes described in the literature, the methodological means through which these processes have been accessed, and the ways therapists reportedly respond to and make use of their experiencing within therapeutic encounters. Therapist experiencing emerges within a relational and dialogic process: between therapists and clients, among different family members, between personal history and present interaction, between professional responsibilities and social positioning, between what the therapist consciously experiences and what remains outside of awareness. In line with implications discussed in the reviewed studies, therapists' experiential learning and self-exploration can contribute to building stronger relationships between therapists and clients, as well as between partners and family members. Future research should involve more quantitative studies, co-therapy practices, cross-cultural work and embodied measures to best capture the complexity of therapist experiencing in CFT.

Declarations

Identification of studies via other methods

Identification of studies via databases and registers

Records identified from:

Authors' personal archives (n = 10)

Citation searching (n = 21)

Records removed *before screening*:

Duplicate records removed (n = 308)

Records identified from:

Databases (n = 613)

Pubmed (n = 241)

PsychINFO (n = 372)

Author Contribution

Designing the work: C.L., E.A., E.G. and P.R., Acquiring the data: C.L., Interpreting the data: C.L., E.A., E.G., P.R., Drafting/Revising the work: C.L., E.A., E.G., P.R.All authors agree to the final version of the manuscript and are held accountable for all aspects of the work and any questions relating to the accuracy or integrity of the work.

Data Availability

The final protocol was registered on the Open Science Framework (OFS) on 20 November 2024, Registration DOI https://doi.org/10.17605/OSF.IO/VCQZW.

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Figures

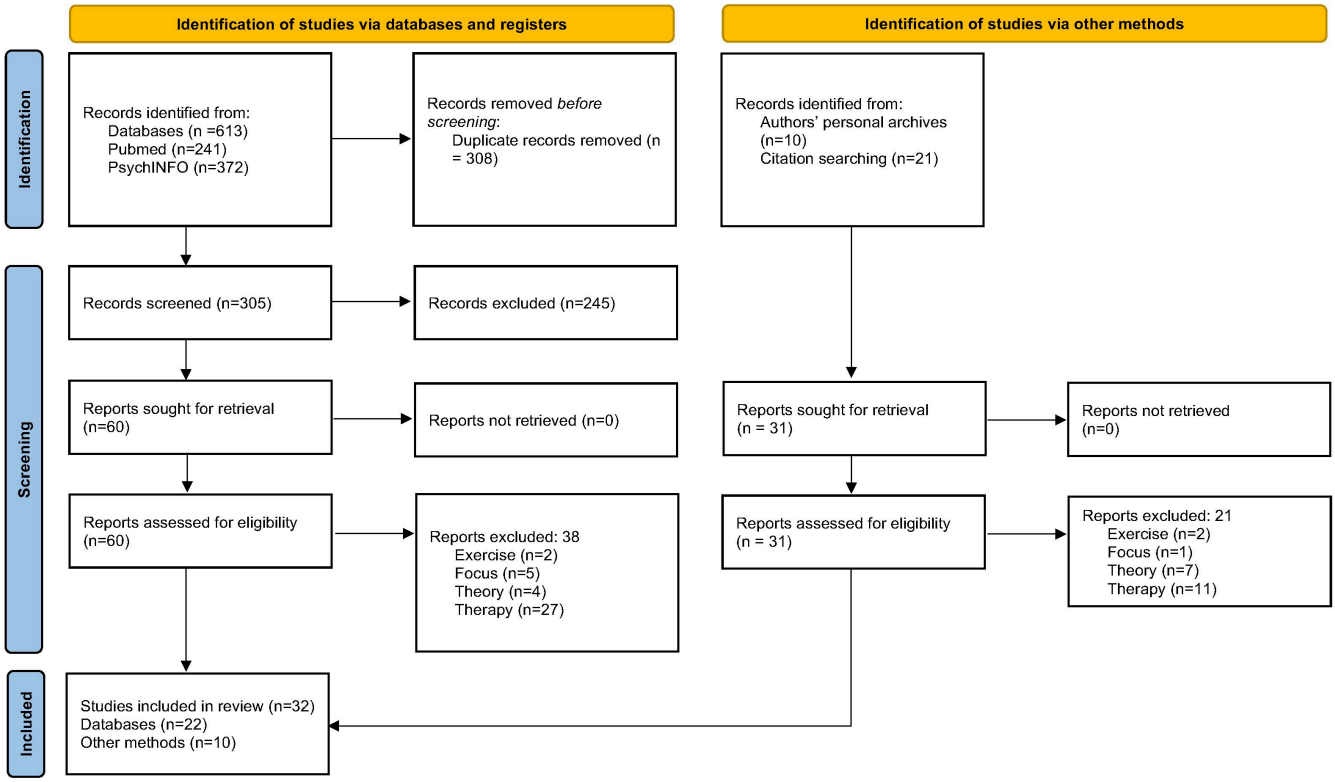


Figure 1

PRISMA Chart: Flow diagram representing the scoping review process. From: (Page et al., 2021).

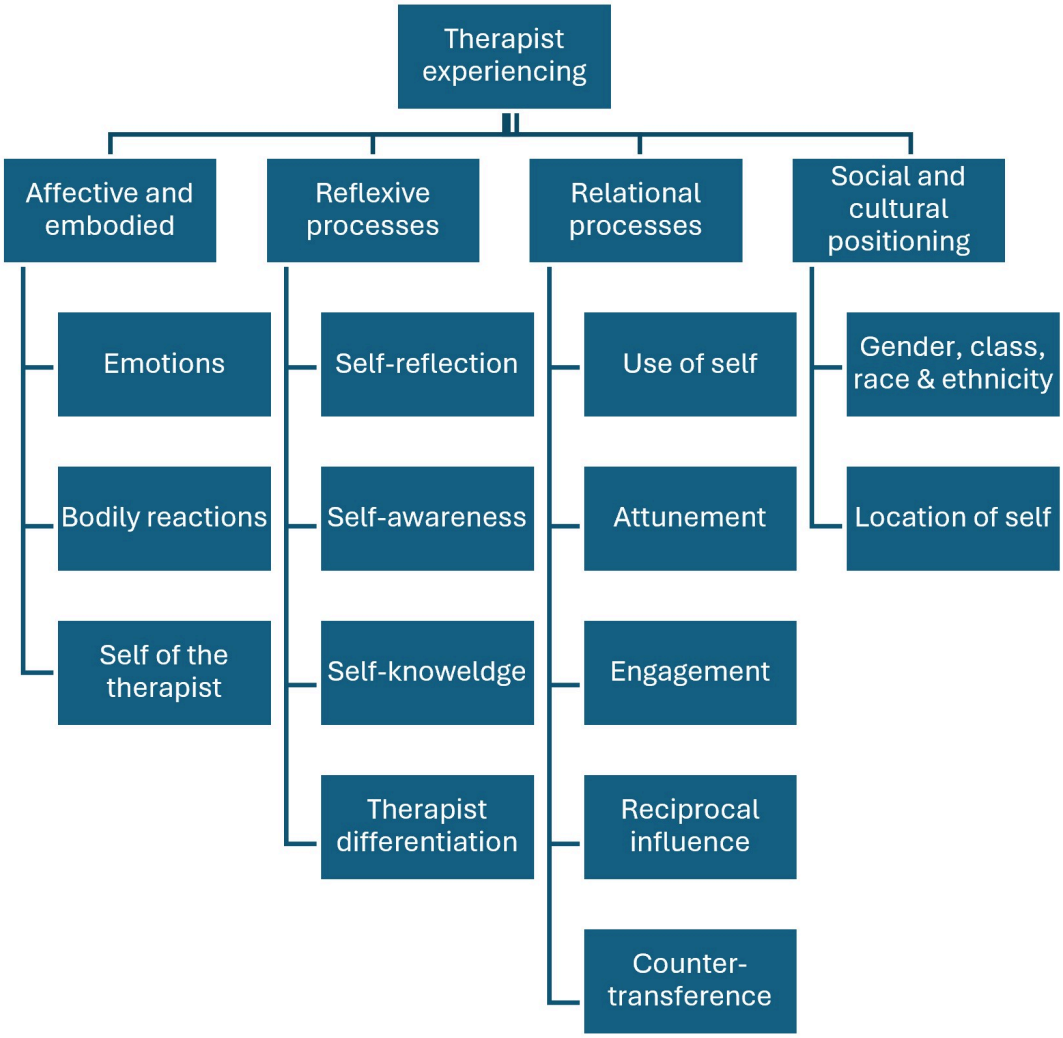


Figure 2

Conceptual map of therapist experiencing in couple and family therapy sessions.

Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- Table1characteristicsofstudies.docx
- AppendixACASP.docx