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**Getting the Feel of Therapy:  
Understanding Therapists' Views and Experiences Regarding  
Social-Emotional Skills in Practice**

A thesis presented in partial fulfilment of the requirements for the degree of

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## **ABSTRACT**

Emotions are arguably at the heart of psychotherapy. While clients' emotions in therapy have received a great deal of research attention, outside the realm of psychoanalytic and psychodynamic research, therapists' emotions have largely been neglected. When applied to therapy, the concept of social-emotional skills describes therapists' ability to be aware of their own and their clients' emotions and then draw on that information to manage those emotions and in turn, the therapeutic interaction. As therapists' social-emotional skills are a relatively new area of enquiry, this qualitative study sought to contribute to the literature by exploring therapists' views and experiences regarding social-emotional skills in practice. Semi-structured interviews were carried out with ten practicing therapist participants between the ages of 31 and 62. Using Thematic Analysis, The Centrality of Emotions in Therapy was determined as a meta-theme and this was further organised into four main themes; Emotional Principles, Emotional Awareness Strategies, Emotional Practices as well as the Learning and Training of Social-Emotional Skills. The findings were visually represented using 'The Tree of Therapists' Social-Emotional Interactions' model. Implications of the findings, limitations of the current study and future research directions are discussed.

## ACKNOWLEDGEMENTS

Despite all the words contained in this thesis, it is difficult to verbalise the immense gratitude I feel for all those who have made this journey possible for me. And yet, I will attempt to use words to the best of my ability, to express my feelings and thanks.

Firstly, I thank God, the creator of all things – for the fantastic support network He has cushioned my life with, for all of the happy times, all the light-bulb moments, the rich learnings, the ups and the downs – all of which I consider blessings. I am forever indebted to Your unconditional grace and kindness.

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Peter – my husband and rock. His name literally means rock! I've saved the best for last with you. You have been so supportive, so encouraging, selflessly loving me every step of the way. During my bouts of stress and moments of self-doubt – there you always were (and are). I love you with each and every cell in my body. We did it baby! I can't wait to see what the future holds for us now.

I want to conclude this section with a quote that resonates deeply within my heart. It's a famous quote with personal value to me, one that I believe forms an appropriate summary of this journey and my overwhelming gratitude to all those who have walked this long path with me:

*"If I have seen further, it is by standing on the shoulders of giants." ~ Isaac Newton*

## PREFACE

*“The starting point of all achievement is desire.” ~ Napoleon Hill*

I have always been interested in therapy. Many years before I started training, I was eager to learn about this mysterious dynamic called therapy that seemed to bring about a great deal of healing to those that were engaging in it. How did it work? What was involved? As I commenced my training in a rather traditional psychology course, I studied the broad range of mental health problems and tried to memorise all the accompanying symptoms of the different psychological disorders. I was subsequently introduced to evidence-based treatments that were able to be utilised in a therapeutic environment to alleviate or address these symptoms. The focus always seemed to be on the client; what they were presenting with, whether it was causing them distress and how their symptoms had affected an important area of their functioning. The therapist’s job, as I understood it then, was about listening carefully to their client, identifying what’s troubling them and then using their knowledge from training to collaboratively work on a plan to address their presenting difficulties - to reduce their distress and help them live the life they wanted to live. I loved the idea of being part of that, but the exposure to real clients was saved for later on in my training. I needed to learn the theories first.

Soon after I had started my doctorate in clinical psychology, I was reading staff members’ research interests and luckily stumbled upon Dr Shane Harvey. He was interested in the social-emotional practices of therapists. I wasn’t familiar with the concept of social-emotional skills but after learning what it was, I got really enthusiastic. There it was, the other piece of that mystery I had been curious about earlier in my training but couldn’t name. I was very fortunate in that the SYLFF

Foundation also provided me with the opportunity to travel to the USA, meet with experts in the field and present my research to experienced therapists to ascertain their perspectives.

Initially, the research involved recruiting therapist participants, assessing their social-emotional skills through a self-rated measure and recruiting one of their clients so that both could provide initial insights about how therapists' emotional skills influence the therapeutic process (e.g. the client-therapist relationship) and client outcomes. Despite my excitement and this being a gap in the literature as well as very useful clinical information, therapist recruitment turned out to be unexpectedly difficult. Although disheartening, it was also a very interesting phenomenon. Therapists seemed so interested when I initially discussed the research with them but so few were willing or able to participate. What was this about? The million dollar question that drove me crazy. I had ensured that research participation would not take up much of their time, included compensation and assured them their contributions would be confidential and anonymised.

After further unsuccessful attempts at recruiting therapists, I decided to try collecting similar information about therapists' social-emotional skills using a different method; semi-structured interviews. To my surprise, recruitment became much easier using this method. I made a point of asking therapists during the interviews about whether they had any ideas about my initial difficulty at recruiting therapist participants. The answers they provided were fascinating. Below are some examples.



- Giselle:** Did they think that they were being tested?
- Interviewer:** Maybe?
- Giselle:** I think that would've been it.
- Interviewer:** That they were being tested?
- Giselle:** Yeah, cos it wasn't like that was a lot of time cos I think that's why some people don't wanna take part in research cos it takes time. Maybe they all felt anxious - I'm going to fail!
- Nancy:** That's pretty exposing and terrifying for a psychologist I think because it's a real assessment of their work...I mean it's a great study idea, I think that your problem would be recruiting people. I think most psychologists would be a bit too scared of that.
- Ruth:** I think that most therapists would be really anxious about being rated by their clients.
- Interviewer:** How come?
- Ruth:** Lots of people don't ask their clients questions about how they're going in therapy and I think therapists would probably mostly hope that they're doing well but fear that they're doing badly...I think mostly it would just be people's anxiety about what you were going to get, even if it was anonymised.
- Sylvia:** Like I said before, it's scary. You're being rated as to how good a therapist you are, that's what it feels like.

In an interesting turn of events and despite the stress, I am glad things worked out the way they did - that I had the initial difficulties with recruitment. The rich information gathered from interviewing therapists in this study could not have been attained via the quantitative method I had originally planned. This research sheds light on the importance of understanding therapists' social-emotional skills

and it is my hope that the findings will pave the way for further, quantitative and qualitative enquiry into this area. Therapists need not be afraid of looking into their practices. As with most helping professions, being a therapist involves a lifelong learning process. No one will ever be perfect at it. I hope that such research will in time, not be feared but embraced as studying therapists' social-emotional skills can potentially make significant contributions to therapist training programmes both in New Zealand and abroad to enhance client outcomes.

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