

**Responding to Client Emotional Expression;
A Study From the Perspective of Self-Reported Securely-Attached Novice Counsellors**

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Abstract

Client emotional expression in session is valuable as it promotes clients' sense of agency, increases their capacity for introspection, and is linked to decreases in depressive symptoms. By extension, understanding counsellors' responses to client emotional expression is relevant. In the current study, retrospective accounts of self-reported securely-attached novice counsellors were collected for the purpose of exploring how they responded to client emotional expression. To obtain meaningful and descriptive accounts of the data, a thematic analysis (Braun & Clarke, 2006) was used as the research methodology. Resultant themes showed that novice counsellors reported experiencing their own covert and overt emotional reactions in response to clients' emotional expression. They also reported struggling with the decision to use their preferred response. The results provided insights into how the task of responding to client emotion was complex for novice counsellors. Analyses and understanding of these results have potential developmental and educational implications.

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CHAPTER I

Introduction

Client emotional expression is a key area of focus in the field of counselling and psychotherapy because of its important implications for in-session therapeutic change (Fredrickson, 1998; Greenberg & Safran, 1989; Levitt, Butler, & Hill, 2006) and outcome (Carryer & Greenberg, 2010; Gaskovski, Cavaliere, Mercer-Lynn, Westra, & Eastwood, 2014; Greenberg & Malcolm, 2002; Gumz, Lucklum, Hermann, Geyer, & Braehler, 2011; Stringer, Levitt, Berman, & Mathews, 2010). Greenberg and Safran (1989) have long since suggested that emotional processes, which include client emotional expression, therapists' assessment of clients' emotions, and therapists' use of emotional intervention in psychotherapy "are of central importance in understanding and promoting certain types of therapeutic change" (p. 19). Specifically, the expressions of specific types of emotion have been linked to the process of therapeutic change. For example, Fredrickson (1998) suggested that when clients experience positive emotions (joy, interest, contentment, love) in session, this experience enables the client to become more open and to undergo the process of broadening. Broadening refers to the following stepwise process: as clients experience positive emotions in session, they become more open and in this open state, clients feel the urge to contemplate new ideas, develop alternative solutions to problems, reinterpret their situations, reflect on behaviours, and initiate new courses of action and creative endeavors (Fredrickson, 1998). Additionally, Van Velsor and Cox (2001) described the in-session expression of anger as valuable because it allowed women who were sexual abuse survivors to assign appropriate responsibility to the perpetrator while accessing personal power. Clients' emotional expression in session can thus bring about a

change in their perspectives and can encourage their own sense of agency. Moreover, in Levitt et al.'s (2006) grounded theory study of what clients found helpful in psychotherapy, clients regarded therapist interventions that allowed for emotional experience and emotional expression as significant and important to their experience of psychotherapy. The authors mentioned that the clients' thoughts and views of emotional experiencing were initially threatening but as the clients began to experience emotions, they began to view the experience as helpful. By experiencing the emotions in session, Levitt et al.'s (2006) clients were able to recognize, clarify, accept, and learn to tolerate or change their emotional experience. Expression of emotions also allowed clients' defences to drop, leading to relief, a sense of self-justification, and a stronger working alliance (Levitt et al., 2006).

In addition to the in-session therapeutic change associated with client emotional expression, therapeutic outcomes have also been linked to client emotional expression. Outcome can come in many forms: from short- to long-term and from small changes during therapy to grander and more global changes (Greenberg, 1986). Clients' expression of emotion in session has influenced all types of outcomes. For example, Gumz et al. (2011) found that the increase in clients' verbalized emotions, where negative emotions were verbalized more frequently than positive emotions, was directly related to the in-session improvement of the clients' capacity for introspection and self-reflection as well as the clients' ability to adequately communicate their emotions in session. Comparatively, Stringer et al. (2010) found that the higher the frequency of clients' experienced negative emotion (e.g., emotional pain, sadness, helplessness, and hopelessness), the poorer were their outcomes (e.g., feeling more distressed by nervousness, shakiness, worry, hopelessness about the future, sadness, loss of pleasure).

In regards to the frequency of emotional expression, Carryer and Greenberg (2010) demonstrated that a specific amount of highly aroused emotional expression was a good indicator of outcome. The authors' findings demonstrated that any expression of emotion greater or less than 25% of the time in a session was linked to poor outcome scores on a number of outcome measures. However, client emotional expression that spanned exactly 25% of the time in session was linked to better outcome scores (better working alliance, decrease in depressive symptoms, and fewer interpersonal problems). Additionally, Gaskovski et al. (2014) found that clients who experienced better outcomes, which the authors defined as higher working alliance ratings and better scores on the Penn State Worry Questionnaire (PSWQ; Meyer, Miller, Metzger, & Borkovec, 1990), followed a specific pattern of emotional expression. Those clients with better outcomes showed a pattern from expression of positive to negative emotions and then back to positive emotion during the session. Comparatively, those clients who experienced poorer outcomes (poorer alliance ratings and poorer scores on the PSWQ) did not follow a specific pattern of emotional expression.

The above research highlighted the pivotal relationship between client emotional expression, therapeutic change, and outcome. Emotional expression in session has been linked to positive in-session changes (Fredrickson, 1998; Van Velsor & Cox, 2001) and has been viewed by clients as a valuable part of their therapeutic experiences (Levitt et al., 2006). Research has also shown interesting findings in regards to the frequency and type of client emotional expressions. Better outcomes were linked with specific frequencies of expressed emotion (Carryer & Greenberg, 2010; Gumz et al., 2011; Stringer et al., 2010) and specific patterns of emotional expression (Gaskovski et al., 2014).

Given the impact of client emotional expression on therapeutic change in session and outcome, it is worth exploring how counsellors work with and respond to their clients' emotional expression in session. Specifically, a counsellor's developmental level has been linked to the nature of their work with client emotion in session. Counsellors at the beginning of their journeys to becoming experienced counsellors have been described as possessing specific characteristics that define their level of development. Several models of counsellor development exist and offer specific characteristics to describe counsellors who lack experience and confidence. Linear models describe the stage-wise progression of counsellor development (Skovholt & Ronnestad, 2012; Stoltenberg, 1981) while models of cognitive development and counsellor competency (Bennett-Levy, 2006; Ridley, Mollen, & Kelly, 2011) are less about progressing from developmental stage to developmental stage and more about acquiring and using specific skills in session. The above models of counsellor development provide descriptions of counsellors at the early stages of development and provide insights into how beginning counsellors may respond to client emotional expression differently compared to more seasoned counsellors.

The present study's assumption was that novice counsellors, based on their inexperience in counselling clients and the observed typical characteristics at their developmental level, would struggle in responding to their clients' emotional expressions in session. The terms "new counsellor", "trainee", "student therapist", "beginning therapist" and "novice counsellor" were used interchangeably in the current study to refer to counsellors who were inexperienced and still learning how to respond to clients. The primary focus of the current study was on novice counsellors' responses to their clients' emotional expressions in session. Within the response

literature, several different types of counsellor responses have been distinguished. Verbal response modes (Goates-Jones, Hill, Stahl, & Doschek, 2009; Hill, 1978; Sharpley, Fairnie, Tabary-Collins, Bates, & Lee, 2000) include interpretations, open and closed questions, restatements, reflections of feelings, confrontations, self-disclosures, minimal encouragers, direct guidance, information, interruptions, and verbosity. Nonverbal responses or behaviours include, among other examples, counsellors' facial expressions (Sharpley, Jeffrey, & McMaha, 2006) and counsellors' posture (Sharpley, Halat, Rabinowic, Weiland, & Stafford, 2001). Other responses include counsellors' feelings and reactions (Westra, Aviram, Connors, Kertes, & Ahmed, 2012), and counsellors' use of recognition and interpretation (Voutilainen, Perakyla, & Ruusuvuori, 2010). For the purpose of the current study, counsellor responses referred to any overt or covert behaviours, feelings, or thoughts that novice counsellors experienced following clients' emotional expression. Specific responses of novice counsellors to their clients' emotional expressions will be highlighted in the following literature review.

A secondary focus of the present study was counsellor attachment style, which could also be associated with the way counsellors manage and respond to client emotional expression. Research has shown that counsellors' responses in session differed between counsellors that had different attachment styles. Securely-attached counsellors were more emotionally explorative (Wittenborn, 2012), compared to insecurely-attached therapists, who were more directive (Romano, Janzen, & Fitzpatrick, 2009). Wittenborn (2012) found that securely-attached counsellors were more effective in regulating their own emotions and more attuned to their clients' emotional expressions. Whereas, Romano et al., (2009) found that insecurely-attached

counsellors when compared to securely-attached counsellors, used more directive interventions, which included the use of work-enhancing strategies, contractual arrangements, and questions.

Given the prospective relationship between the constructs of counsellor developmental level, counsellor attachment style, and counsellor responses, the current study sought to explore how securely-attached novice counsellors recalled responding to their clients' emotional expressions in session. The following literature review will provide further justification for the focus on securely-attached novice counsellors by highlighting the unique characteristics of beginning counsellors, existing research on novice counsellors' potential challenges in responding to client emotional expression, specific counsellor responses to client emotional expression, and differences between counsellors with specific attachment styles in working with their clients' emotions.

CHAPTER II

Literature Review

Models of Counsellor Development

Beginning counsellors and therapists experience emotion-related processes and challenges on their journey to becoming experienced mental health practitioners. Stoltenberg (1981), Stoltenberg and McNeill (2010), and Skovholt and Ronnestad (2012) present models of counsellor development that follow a linear progression. Within these linear models of counsellor development, the different levels represent discrete stages through which the counsellor progresses gaining experience from one level to the next. Comparatively, Ridley et al. (2011) and Bennett-Levy (2006) present models of counsellor development that describe a counsellor's acquisition of specific counselling skills. Together, these models of counsellor development are able to shed light on the inherent uniqueness of novice counsellors.

The Stoltenberg model, began as a 4-level counsellor complexity model (Stoltenberg, 1981), and has since been revised to a 3-level model of counsellor development, named the integrative developmental model (Stoltenberg & McNeill, 2010). In Stoltenberg's counsellor complexity model (1981), Level 1 counsellors are described as having minimal counselling experience, and as being largely dependent on their supervisors for advice and direction. These Level 1 counsellors are characterized as being dependent on their supervisors for guidance, possessing minimal experience, are concerned about the right way to do things, and are enrolled in a pre-practicum or similar course on basic counselling skills (e.g., reflection of feeling, clarification). These Level 1 counsellors are also described as being focused primarily on their

own performance in session. According to the model, Level 1 counsellors suffering through performance anxiety would find it difficult to experience empathy for their clients and to truly connect with their clients' emotional experiences (Stoltenberg, 1981). Moreover, Level 1 counsellors are described as largely dependent on their supervisors for advice and direction, and may imitate the responses/techniques of their supervisors in session. At this first level of development, if new counsellors are self-focused, anxious, and reliant on their supervisors for direction, they may find it challenging to respond appropriately to their clients' emotional expressions.

The Level 2 counsellor from Stoltenberg's model (1981) is described as experiencing a dependency versus autonomy conflict, where he or she finds himself or herself in the practice of counselling while still having strong dependency needs. Level 3 counsellors are described as exhibiting conditional dependency, possessing an increased sense of personal counsellor identity and professional self-confidence, expressing increased empathy towards their clients, and demonstrating increased ability to work with a variety of clients. The Level 4 counsellor is described as a master counsellor that is capable of independent practice, aware of his or her personal limitations, and has effectively integrated the standards of the profession within his or her personal value system.

The integrative developmental model reflects the same progression of counsellor development from level to level, however, it describes three levels of counsellor development, is more focused on the supervision needs required to move counsellors from one level to the next, and is more detailed in regards to the counsellors' emotion work (Stoltenberg & McNeill, 2010).

In the first level of development, counsellors experience challenges in expressing empathy, being attuned to their clients' emotions, and understanding their own emotions (Stoltenberg & McNeill, 2010). The Level 1 counsellor (namely, a counsellor trainee) has minimal counselling experience; is being taught theories of personality, assessment/diagnosis, and other academic subjects; and is enrolled in a pre-practicum or similar course to learn basic counselling skills. These counsellors are also said to be largely dependent on their supervisors for advice and direction, and concerned about the rules of counselling and the right way to do things. They display a greater focus on self, experiencing considerable anxiety, sometimes fear, in regards to their lack of confidence in knowing what to do in session, being able to do it, and being negatively evaluated for doing it poorly (Stoltenberg & McNeill, 2010). Moreover, the Level 1 counsellor may find it difficult, if not impossible, to express empathy for their client and to become truly immersed in their client's emotional experience if they themselves are suffering through performance anxiety (Stoltenberg & McNeill, 2010). Stoltenberg and McNeill (2010) also suggested that these Level 1 counsellors face considerable difficulty and challenge in trying to understand the origin of their own emotions in session. The authors believed that the counsellors' emotions could occur as a result of at least three processes and that counsellors would have difficulty understanding the differences between each of those processes. The first process includes experiencing primal empathy (sensing emotions through nonverbal signals communicated by others), which helps the counsellor to label and understand client emotions. The second process involves the trainee's personal feelings that are triggered by the client-trainee interaction. The third process reflects an emotional reaction that is consistent with how others in the client's world might respond to him or her.

At Level 2 in the integrative developmental model, counsellors exhibit an increased capacity to empathize with the client. The authors use the term “empathic accuracy” to describe the level of understanding someone’s thoughts, emotions and intentions (Stoltenberg & McNeill, 2010, p. 56), and suggest that at Level 2, counsellors are able to develop more empathy towards their clients and are able to be more accurate in their empathic responses. Rather than guessing what emotions the clients are experiencing in session, the Level 2 counsellor has developed the ability to notice verbal and nonverbal cues that communicate the inner emotional experience of the client (Stoltenberg & McNeill, 2010). In Stoltenberg’s integrative model of development, Level 3 is assumed to be the highest point of development. In Level 3, counsellors are better able to make decisions quickly concerning which avenues to explore and which to abandon in session.

Skovholt and Ronnestad (2012) have also presented a linear model of counsellor development that highlights five phases of development, from the novice student phase through to the senior professional phase. Counsellors in the novice student phase refer to counsellors that are at the beginning of their graduate training program through to the second year of training. For the novice student phase of development, there is variation among counsellors in terms of the characteristics and parameters that are described. Thus, while each phase highlights specific developmental tasks and counsellor characteristics, it does not mean that each counsellor will experience all highlighted characteristics in exactly the same ways. In this first phase, the developmental tasks include: (a) making preliminary sense of an extensive amount of new information which the individual is primarily acquiring from graduate classes and professional literature; (b) demonstrating in practicum sufficient procedural competence, that is, sufficient

mastery of assessment and therapy/counselling skills; (c) handling their own intense emotional reactions that ensue from seeing their first clients in practicum; and (d) maintaining an openness to information and theory at the metalevel, while also engaging in the closing off process of selecting therapies/theories and techniques to use. A novice student in Skovholt and Ronnestad's (2012) model of counsellor development appears to be tasked with very complex in-session responsibilities. However, Skovholt and Ronnestad (2012) assume that the parameters of each phase of development may vary from counsellor to counsellor, stating that age, previous therapy/counselling training or experience, impactful personal suffering, and previous professional work experience can contribute to this variation. Skovholt and Ronnestad (2012) admit that the phase description for novice students is more representative of the younger, less experienced individual who has not suffered from extensive personal stress.

Other subsequent phases in Skovholt and Ronnestad's model (2012) include: the advanced student phase, the novice professional phase, the experienced professional phase, and the senior professional phase. The advanced student describes individuals who are in the last part of their graduate training and are working as a therapist or counsellor in settings such a practicum, internship, clerkship, or field placement. The novice professional is defined less precisely, but for most counsellors this phase encompasses the first two to five years after graduation. The experienced professional has been practicing for a number of years and the senior professional has practiced at least 25 years.

Ridley et al. (2011) more recently have presented a rough draft of what they consider a model of counselling competence. Their model assumes that counselling competence is the

determination, facilitation, evaluation, and sustaining of positive therapeutic outcomes.

Counselling competence from Ridley et al.'s (2011) model also includes a set of competencies that are made up of counselling microskills. Specific levels of counselling competence have not yet been created for this model; however, the basic assumption is that counsellors who demonstrate a higher level of skill in executing a particular microskill will be deemed more competent (Ridley et al., 2011). Interestingly, Ridley et al. (2011) suggest that their model of counselling competence encompasses all unobservable counsellor characteristics, which include the counsellor's thoughts and emotions, which they claim other skills-based models have overlooked. Ridley et al.'s (2011) model of counsellor competence includes cognitive, affective, and behavioural components. The authors list five counsellor metacognitions as pertinent to the development of cognitive and affective competencies: (a) purposefulness, (b) motivation, (c) selection, (d) sequencing, and (e) timing. Purposefulness entails intentionally structuring sessions and employing interventions to promote therapeutic change; motivation encompasses the counsellor's degree, type, and source of effort devoted to attaining predetermined outcomes, where motivation can be changed when issues like burnout, countertransference, or anxiety surface; selection involves the counsellor's decision to use or not to use specific competencies; sequencing refers to the counsellor's ability to execute the selected competencies; and timing refers to the pacing of selected interventions. Unfortunately, clear distinctions between where inexperienced and experienced counsellors fall in this model of counsellor development have not yet been made. However, these internal counsellor cognitions are relevant because they can provide the reasoning behind how counsellors attend to their clients' emotional expressions.

Bennett-Levy (2006) proposed a three-system model of the acquisition and refinement of counsellor skills. The first system is the declarative system, where counsellors acquire knowledge of factual information through lectures, observational learning, supervision, or reading assignments. The second system is the procedural system, where counsellors develop the knowledge of the rules, plans and procedures which lead to the direct application of counselling skills. For the beginning counsellor, these procedural skills are gained through didactic learning, modelling, practice, and feedback. Finally, the third system is the reflective system, which is the most important system in the development of counsellor expertise. In this reflective system, the skill of reflection is acquired, where reflection “is the observation, interpretation and evaluation of one’s own thoughts, emotions and actions, and their outcomes” (Bennett-Levy, 2006, p.60). Bennett-Levy (2006) list two types of reflection: reflection-on-action (following a session) and reflection-in-action (in session). As counsellors practice more reflection-on-action, they become more able to reflect-in-action. Additionally, the more experienced counsellor is able to add to their existing declarative knowledge and procedural skills by using their reflective systems to identify areas for development (Bennett-Levy, 2006).

Novice counsellors in the current study were defined as counsellors that had minimal counselling experience (Stoltenberg, 1981). Defining novice counsellors this way and by not limiting the definition to reflect rigid characteristics, allowed for the variability of counsellor characteristics within the first phase of development (Skovholt and Ronnestad, 2012). Counsellors with minimal experience counselling, in this case, referred to counselling students, or recently graduated counselling students. The assumption was that these novice counsellors, currently experience considerable anxiety, lack of confidence, difficulty understanding their own

emotions in session (Stoltenberg & McNeill, 2010), and lack of in-session reflection on their own thoughts and emotions (Bennett-Levy, 2006). These in session challenges might then be reflected in the counsellors' responses.

Challenges of Novice Counsellors

Despite the seemingly intuitive relationship between counsellor level of experience and the challenges in responding to client emotional expression, few studies have explored this relationship directly. Novice counsellors have reported feelings of incompetence, which have influenced their behaviours in session (Thériault, Gazzola, & Richardson, 2009), and novice counsellors have also felt challenged by their reactions to their clients and by their abilities to learn how to use helping skills (Hill, Sullivan, Knox, & Schlosser, 2007).

In Thériault et al.'s (2009) study, novice counsellors discussed their feelings of incompetence during a 45-90 minute semi-structured interview. Feelings of incompetence (FOI) are "the emotions and thoughts that arise when therapists' beliefs in their abilities, judgement, and/or effectiveness in their role as therapist are reduced or challenged internally" (Thériault, 2003 in Thériault et al., 2009). The most common and complex consequence of novice counsellors' FOI are counsellors' reactions in session that are labelled distraction, disengagement, and detachment (Thériault et al., 2009), where these reactions represent the degree of distance taken from a client with whom the counsellor has experienced FOI. Distraction is the least severe consequence of FOI, and occurs when counsellors' become preoccupied with their own performance, which detracts from their ability to be in the moment with their clients. Disengagement is characterized as counsellors' decreased motivation to help

their clients, decreased authenticity, decreased persistence, avoidance of topics that generated their own emotions, and empathic failure. Finally, detachment refers to counsellors' severance of ties with their clients, where counsellors pull back, withdraw, or dread seeing their clients. Therefore, novice counsellors' preoccupation with their own competence has influenced their responses in session. If novice counsellors are typically pre-disposed to focus on themselves and their performances in session, their self-focus could jeopardize their responses to their clients' emotional expression.

In Hill et al.'s (2007) study, novice psychotherapists reported feeling challenged in learning how to reflect their clients' feelings. Generally, the trainees indicated that they felt challenged in attempting to develop their helping skills and they criticized specific aspects of their own performance as therapists. The trainees felt anxious about beginning to see clients, worried about not being self-aware, and discomfort with their role as a therapist. According to Hill et al. (2007), helping skills include: the reflection of feelings, restatement, open questions, responding to silences, and attending to nonverbal behaviours. In particular, trainees expressed uncertainty about how to develop those helping skills so that they could encourage clients to talk at a deeper level about presenting problems and concerns.

Despite the research that is lacking on the specific relationship between counsellor level of development and challenges in responding to client emotion, the unique developmental characteristics of beginning counsellors and the results from relevant research suggests that counsellors at the beginning of development may struggle with the task of responding to client emotion. Given that client emotional expression is a key aspect of the therapeutic process,

novice counsellors' emotional capacity and skills to respond appropriately to such emotions would be a valuable focus for study.

Responding to Client Emotional Expression

Several recent studies have explored how novice counsellors respond in session. Although these studies pointed to a relationship between counsellor response and client emotional expression, they did not focus explicitly on how the responses related specifically to client emotional expression. The literature has shown that novice counsellors used specific verbal responses (Grace, Kivlighan, & Kunce, 1995), experienced empathy (Crutchfield, Baltimore, Felfeli, & Worth, 2000; Kwon & Jo, 2012), listened actively (Levitt, 2002), used silence (Hill, Thompson, & Ladany, 2003), and experienced their own emotional reactions (Cartwright, Rhodes, King, & Shires, 2014; Melton, Nofzinger-Collins, Wynne, & Susman, 2005).

Verbal responses. Counselling students in one study were taught to make direct comments about their clients' nonverbal behaviours (Grace et al., 1995). The intention of these comments was to connect more accurately with the present emotional experience of their clients (Grace et al., 1995). The students were taught to notice and then make contact statements about their clients' pace, gestures, voice quality, breathing, facial expression, and overall body language. Contact statements refer to statements that demonstrated to the client that the counsellor was aware of and attending to the client's present, in-the-moment experience (Kuntz, 1983 in Grace et al., 1995). When compared to general empathic comments, comments made to highlight clients' nonverbal behaviours engendered higher working alliance ratings. Grace et al.

(1995) conducted a quantitative study that compared two groups of graduate-level counselling students – one group (treatment group) was taught to comment explicitly on clients' nonverbal behaviours while the other group was taught to make empathic comments and to be sensitive to clients' nonverbal behaviours. The control group students were taught to make empathic comments based on their awareness of clients' nonverbal behaviours, but not to make direct comments about their clients' nonverbal behaviours. Thus, the focus of their training was not explicitly on making comments about clients' nonverbal behaviours. The Working Alliance Inventory (WAI; Horvath & Greenberg, 1989) was completed by both clients and counsellors, where higher ratings were reported from the treatment group compared to the control group. This result suggested to the authors that the trainees' nonverbal sensitivity alone was not enough to enhance counselling effectiveness. To improve effectiveness, counsellors had to be sensitive to clients' nonverbal behaviours and be able to use specific in-session verbal responses (Grace et al., 1995). One limitation of Grace et al.'s (1995) study was the loose connection made between nonverbal behaviours and emotional expression. While Grace et al. (1995) alluded to the idea that “attending to nonverbal behaviour can be another way of hearing the feelings the client is expressing” (p. 547), a formal description of client nonverbal behaviour was not provided. Therefore, it was unclear whether clients' nonverbal behaviours were purely emotion-related or whether the behaviours were reflective of other client processes.

Empathy. Counsellors across different training programs were rated as having the same level of empathic responding (Crutchfield et al., 2000) and empathic accuracy was linked to level of counsellor experience and to counselling outcome (Kwon & Jo, 2012). Crutchfield et al. (2000) explored the level of empathic responding of graduate students from counselling

programs across the United States (community counselling, school counselling, and add-on certification in school counselling). According to Crutchfield et al. (2000), empathic responding refers to occasions when counsellors respond by having or communicating a basic understanding of what the client is feeling and of the experiences and behaviour underlying those feelings. Counselling students were asked to write down an empathic response to a hypothetical situation and those written responses were rated on level of empathic responding. The level of empathic responding was rated using the Index of Responding Empathy Scale (Gazda et al., 1984), where four levels of empathic responding were possible: Level 1 response was considered irrelevant to the client's statement, was possibly harmful to the client, and did not attend to the surface feelings involved; Level 2 response reflected the content of the client's feeling statement but was still considered subtractive because it only partially attended to the surface feelings; Level 3 response communicated the client's feelings adequately and with appropriately accurate content; and Level 4 response was considered additive because the client's feelings were accurately identified and content was used to add a deeper meaning. The Crutchfield et al. (2000) study showed no differences in the levels of empathic responding across the different training programs and found that novice counsellors' level of empathic responding fell between Level 2 and 3. It was apparent that counsellors in the early stages of development were at least able to partially attend to their clients' expressed feelings. The relevance of these results was weakened somewhat by the use of hypothetical situations and written statements to determine the level of empathic responding. In using hypothetical client situations and asking novice counsellors to write down their empathic responses, Crutchfield et al. (2000) were not able to get at the real time in-session responses of novice counsellors. Perhaps novice counsellors' empathic responses

in session may have been different, based on the assumption that in session interactions would have been spontaneous and offered less time for counsellors to ponder their answers.

Kwon and Jo (2012) found that more experienced counsellors had higher empathic accuracy when compared to less experienced counsellors. Kwon and Jo (2010) viewed empathic accuracy as an essential condition for therapeutic change and argued that counsellors should be able to understand clients' moment-to-moment thoughts and feelings. In order to rate the level of empathic accuracy, both clients and counsellors were asked to listen to the audiotape of their counselling session. Clients were asked to write down their own thoughts and feelings and then note the exact timing of those instances. Counsellors were asked to write down their speculations regarding those instances and indicate their interpretation of the clients' thoughts and feelings. Raters then independently analyzed the congruency between what clients wrote and what counsellors wrote. As expected, the more experienced counsellors made more accurate speculations about their clients' thoughts and feelings compared to the less experienced counsellors. In the Kwon and Jo (2012) study, the focus of counsellors' empathic response was provided by the clients, who identified their own thoughts and feelings. As clients may be less inclined to openly disclose how and when they experience an emotion in session, it would be up to the counsellor to interpret and make decisions about how and when to respond. Therefore, it would be valuable to explore how novice counsellors use their interpretation skills in session without the overt emotional disclosures of clients. The current study sought to explore novice counsellors' responses to client emotional expression and the context of those responses. The interpretative and empathic responses of novice counsellors were thus explored in the context of

client emotional expression, along with the specific triggers for such responses (e.g., overt or covert expressions of client emotion).

Active listening and use of silence. Active listening and the use of silence are also potential responses that novice counsellors could use in responding to client emotional expression. Training novice counsellors to actively listen to their clients was shown to be associated with increases in counsellor self-efficacy as well as in counsellor performance in three areas: reflection of feelings, challenging, and immediacy (Levitt, 2002). Use of silence was associated with the facilitation of clients' expression of feelings and was reported as a response that would more likely be used later in counsellors' careers (Hill et al., 2003).

Levitt (2002) conducted a pilot study to explore the active listening skills of five Masters-level counsellor trainees. As trainees' performance on active listening improved, their self-efficacy also improved. The trainees were enrolled in a counselling skills course and tasked with learning how to listen actively and to provide counselling to two clients for five weeks. The trainees evaluated themselves on their abilities to actively listen each week. The supervisors also rated the trainees' abilities to actively listen, including listening and responding to verbal messages, observing nonverbal behaviour, listening to the context of clients' concerns, and listening to content that may eventually need to be challenged (Egan, 1998, in Levitt, 2002). Trainee self-efficacy was measured using a short self-report questionnaire developed specifically for use in Levitt's (2002) study, and focused on trainees' abilities to use three micro-counselling skills (reflection of feelings, challenging, and immediacy). The results from Levitt's (2002) study provided preliminary insights into how training novice counsellors to use specific

responses in session might improve perception of their own performances in session. Novice counsellors' use and practice of active listening seemed to serve two purposes: encouraged clients' emotional exploration and improved their own sense of confidence in the counselling session.

Silence is another response that novice counsellors have used in responding to client emotional expression. Use of silence has been implemented primarily to facilitate clients' expression of feelings (Hill et al., 2003). Hill et al. (2003) also reported that 84% of silence events were described by therapists as being intentional and that therapists reported feeling more comfortable using silence currently (at the time of the survey) compared to earlier in their careers. It would appear that therapists viewed the silence option as a useful in-session response that could encourage clients to express their feelings and emotions, and that therapists were more comfortable using silence later in their careers. Hill et al. (2003) developed a survey to ask 81 doctoral level licensed therapists with 7 to 45 years of experience about their use of silence, defined as a period of time ranging from several seconds to several minutes or longer when neither client nor therapist were speaking (Hill et al., 2003). Results showed that therapists viewed the use of silence as helpful in enhancing the therapeutic relationship and in enhancing therapy work in session. Therapists also reported specific uses of silence: to primarily facilitate expression of feelings, facilitate reflection, encourage responsibility, not interrupt session flow, and to convey empathy (Hill et al., 2003). Unfortunately, the distinction between earlier and later in therapists' careers was not made clear in the survey. Earlier in their careers could have referred to their earlier days as beginning therapists, or could have referred to earlier in the week. Additional information on when, developmentally, counsellors were likely to feel comfortable

using silence, for what purpose and in what capacity, would be useful in exploring how the use of silence might differ between counsellors.

Emotional reactions. Finally, novice counsellors' emotional reactions have been experienced in response to clients' expressions of anger and sadness (Melton et al., 2005). The Melton et al. (2005) study explored the inner experiences of 34 first-year counselling students. The authors reviewed the audiotape of simulated counselling sessions that the students were required to deliver as part of their counselling program. The counselling students were asked to complete the Inner Experience Recording Booklet (IERB; Wynne, Susman, Ries, Birringer, & Katz, 1994) within two hours of the counselling session. The IERB is a 16-page booklet designed to help participants record their inner experiences at pre-set intervals during an audiotape review of a counselling session. Counselling students were asked to write up to three inner experiences for each speaking turn heard on the audiotape, up to 32 counsellor and 32 client speaking turns. Four main themes were developed: (a) anger/frustration, (b) disappointment/regret, (c) anxiety/fear, and (d) happiness/excitement (Melton et al., 2005). The theme of anger/frustration included students' feelings of distress and agitation due to lack of direction or focus in session. The disappointment/regret theme included students' sense of sadness or loss as well as students' reports of feeling confused or experiencing emotions that they did not know how to manage. The theme of anxiety/fear included students' feelings of concern and worry in regards to a particular aspect of therapy. For example, students experienced anxiety after the client's expression of anger or sadness, where their feelings of anxiety were heightened when they did not know how to empathize, interpret, or communicate about the clients' emotional experiences. Finally, the happiness/excitement theme included

students' sense of relief or enthusiasm. The above listed themes showed that student counsellors had a variety of emotional experiences and that they were able to reflect on those experiences. However, the source or trigger of the emotional experiences was less clear. Melton et al. (2005), in their analysis of the data, pooled together data tied to the speaking turns of clients and counsellors. Thus, the potential difference between client-induced and counsellor-induced emotional reactions was not explored. While it was valuable to know that counsellors experienced several emotions, it would also be important to know the reasons for those emotions. Furthermore, Melton et al. (2005) explored counsellors' emotions in reaction to simulated counselling sessions, which may not have reflected the real counsellor-client interactions. Therefore, exploring counsellors' emotional reactions in reference to a real client would provide valuable insights.

Previous research had succeeded in highlighting several in-session responses that novice counsellors could use in response to client emotional expression. Novice counsellors could respond by making direct comments about their clients' nonverbal behaviours (Grace et al., 1995), responding empathically (Crutchfield et al., 2000), actively listening (Levitt, 2002), or using silence (Hill et al., 2003). Novice counsellors might also experience emotional reactions in responding to client emotional expression. Unfortunately, the above studies did not specifically examine the responses of novice counsellors to their clients' emotional expressions. The association between counsellor in-session response and client emotional expression was alluded to in each of the above studies, but not explicitly uncovered. The current study sought to explore novice counsellors' actual responses in session, with a specific focus on their clients' emotional expressions.

Attachment

As a secondary focus, this study considered attachment style as a construct related to novice counsellors' responses to client emotional expression. A counsellor's attachment style, along with other childhood experiences, can shape technical skills as well as social competencies and dispositions. It is reasonable to conclude that these variables frame the counsellor's contribution to therapy (Mallinckrodt, 2000). The section below discusses Attachment Theory and the research that has highlighted the relationship between attachment style and in-session responses to client emotion.

Attachment theory. Attachment theory was first introduced by Bowlby (1958, 1960), where "attachment" was viewed as an enduring emotional tie with a specific other (often a small set of others), that was central to psychological development and ensured an infant's survival by eliciting care and protection from stronger and wiser figures (Bowlby, 1982). Researchers have since applied attachment theory to adult relationships (Hazan & Shaver, 1994; Rothbard & Shaver, 1994). An adult's attachment orientation or style refers to a systematic pattern of relational expectations, emotions, and behaviours conceptualized as the psychological residue of each person's unique attachment history (Fraley & Shaver, 2000). Social and Personality Psychology rely on self-report measures to assess attachment-related thoughts and feelings in adult relationships (Cassidy & Shaver, 1999). Self-report measures typically describe attachment in three different styles: secure, avoidant, and anxious/ambivalent (Roisman et al., 2007), where avoidant and anxious/ambivalent styles are considered insecure attachment styles (Feeney & Noller, 1990). Adults with a secure attachment style are described as being comfortable depending on others and as finding it easy to get close to others (Mickelson,

Kessler, & Shaver, 1997). In contrast, adults with an avoidant attachment style are described as being uncomfortable being close to others and as finding it difficult to trust them, and adults with an anxious attachment style are described as seeing others as reluctant to get close, worried that others do not really care about them, and viewed by others as being clingy (Mickelson et al., 1997).

A counsellor's attachment style might then be reflected in his or her behaviours, thoughts, and feelings, in session. Mikulincer, Shaver, and Berant (2013) suggested that secure therapists are likely to focus on clients' problems, remain open to new information, and maintain compassion and empathy rather than be overwhelmed by personal distress, and that insecure therapists are less likely to empathize accurately or to keep personal distress and defenses from interfering with compassion. In fact, counsellors' in-session interventions (Romano et al., 2009) and attention to clients' emotions (Wittenborn, 2012) have been linked to differences in counsellor attachment style.

Counsellor attachment styles and counsellor management of client emotion.

According to the Romano et al. study (2009), the responses and interventions of trainee therapists were influenced by therapist attachment style. Interventions were defined as *directive* (where the therapist addresses practical aspects of therapy), *supportive* (where the therapist makes self-disclosures, reflections, suggestions, and non-interpretive summaries of clients' disclosures), or *interpretive* (where the therapist makes interpretations of clients' defensive or transference behaviours). Romano et al.'s most significant finding was the tendency of self-reported avoidantly-attached trainee therapists to employ more directive interventions (compared

to other interventions), particularly when clients were also high in attachment avoidance (Romano et al., 2009). Directive interventions included work-enhancing strategies, contractual arrangements, and questions (Romano et al., 2009). The therapist's in-depth view of their own responses, and the reasoning behind those responses, were not explored. Therefore, the reasons for why the therapists used specific interventions were unknown. The use of specific interventions might have been attributable to the therapists' attachment style, or to something unrelated to attachment style. In the current study, questioning therapists directly about their own responses provided insights into the reasons behind those responses.

Recently, therapist secure attachment was studied in relation to the delivery of Emotion Focused Therapy (EFT). Wittenborn (2012) wanted to find out whether the attachment styles of novice couple and family therapists were associated with specific aspects of the therapeutic process within EFT. Findings indicated that secure therapists (when compared to their insecure peers) were more competent at working with attachment needs, as well as the overt and underlying emotions of their clients (Wittenborn, 2012). The Adult Attachment Interview (AAI; George, Kaplan, & Main, 1996), an attachment measure based on assessments of interview narratives, was used by Wittenborn (2012) to distinguish the different attachment styles in a sample of seven therapists. The EFT-therapist fidelity scale (coded by a therapist who had received advanced training in EFT) was used to test whether therapists were true to the EFT model of providing therapy. Based on this scale, secure therapists were described as being "emotionally attuned, engaged, and focused on the clients' emotional experiences" (Wittenborn, 2012, p. 56). A detailed description of therapist internal processing and reasoning was not provided, making it unclear as to what the secure therapists thought about in session and how

they managed their clients' emotions in session. From the client's perspective, there were no differences in the ability of their therapists to respond to their emotional experiences. From the therapists' perspectives, attachment style was noted as influencing the way in which therapists responded to clients' emotional experiences. These findings demonstrated that the impact of attachment style on how therapists responded to client emotion was viewed differently by therapists and clients. Additionally, secure therapists were found to perceive themselves as more effective in regulating their own emotions – a finding that may have contributed to their ability to remain attuned to their clients' attachment needs and emotional expression (Wittenborn, 2012). Both insecurely-attached and securely-attached counsellors have been observed to use different responses when working with their clients' emotions.

Daniel (2006) suggested that, in theory, secure attachment in therapists is preferable, and that one would expect there to be a greater frequency of secure attachment in therapists than in client populations. In an investigation of the attachment patterns, 196 British clinical psychologists completed Hazan and Shaver's Measure of Attachment (1987) and results showed that 69.9% of psychologists self-reported as securely-attached (Leiper & Casares, 2000). Based on the assumption that more counsellors are likely to self-report as securely-attached, and also, to eliminate the potential impact of the other attachment styles on counsellors' responses, this study focused only on self-reported securely-attached novice counsellors.

Taking into consideration that client emotional expression is linked to therapeutic change and responding to client emotional expression is associated with better therapeutic outcomes, research into how the unique population of securely-attached novice counsellors responds to

client emotional expression is merited. The subjective experiences of securely-attached novice counsellors in how they respond to client emotional expression has not been fully explored in the literature. In order to fully understand the way in which novice counsellors work with clients' emotional expressions in session, it seems reasonable to directly question counsellors about their experiences. The present study aimed to explore counsellors' perspectives with the hope that their more personal and unique disclosures would provide a true account of how they responded to the emotional expressions of their clients.

Contributions. Contributions from this study would deepen the understanding of how securely-attached novice counsellors respond to client emotional expression. Results from the current study would help to bring greater focus on the importance of counsellor self-awareness in personal development.

Researchers have suggested that training and supervision should focus on developing the therapists' ability to recognize and reflect on their own communicative and relational style in working with clients, as well as on the acquisition of technical skills and interventions (Zuroff, Kelly, Leybman, Blatt, & Wampold, 2010). It has also been suggested that what psychotherapists know (knowledge and techniques from professional education and training) can only be helpful and effective if they are aware of how they are as a person in the room with their client (Edwards & Bess, 1998). In becoming aware of their responses to clients' emotional expression, novice counsellors can begin to understand which of their responses might be helpful or hindering to the psychotherapeutic process and outcome.

By questioning novice counsellors about their previous experiences responding to client emotional expression, a level of self-reflection was required. Self-reflection, defined as a process that includes observation, interpretation, and evaluation (Bennett-Levy et al., 2001), was suggested to be a precursor to counsellor self-awareness (Pompeo & Levitt, 2014), where reflecting on one's own in-session process would lead to increased self-awareness. Pompeo and Levitt (2014) suggested that conscious awareness of one's actions, intentions, motives, emotions, thoughts, and feelings is an important goal for any counsellor.

Counsellor self-awareness has been defined as a global sense of self-knowledge or self-insight (Williams, 2008). Williams (2008) found that novice counsellors were more aware of their own anxiety, self-talk, confusion, and their own behaviours, whereas experienced counsellors were more aware of their own boredom or distraction within their sessions. In asking novice counsellors about their recollections, the current study has uncovered what novice counsellors are aware of in regards to their own responses to client emotional expression. Awareness of their responses in session, (whether it be verbal responses, nonverbal responses, or emotional reactions) at this early stage of their development, allows novice counsellors to understand the concrete ways in which they impact the session progress and ultimately will allow novice counsellors to take steps into improving their practice.

The Present Study

Specific aims and research question. The specific goal of this study was to answer the following question: What do self-reported securely-attached novice counsellors recall about their in-session responses to clients' emotional expressions? Qualitative methods were used to highlight the collective recollections of novice counsellors.

CHAPTER III

Methodology

The following sections outline the research methodology and research methods adopted in the present study. The research methodology includes a description of thematic analysis, the epistemological stance, and the strategies used to maintain the quality of research. Quality of the research refers to the trustworthiness and credibility of the data. Research methods refer to the procedures of the study and include the participant inclusion criteria, recruitment, data collection instruments, and data analysis.

Research Methodology

The objective of this study was to discover, through focused interviews, how counsellors responded to their clients' emotional expressions. Focusing primarily on the process of counsellor responding in session, a qualitative research methodology was selected so that the principal researcher could get at the inner and subjective experiences of the participants (Corbin & Strauss, 2008). Thematic analysis was used to conceptualize and analyze the data.

Thematic analysis. Thematic analysis, as delineated by Braun and Clarke (2006,2012, was used to organize and explain qualitative data and is compatible with an essentialist paradigm. Essentialist paradigms conceptualize the data through the reporting of experiences, meanings, and the realities of the research participants. Using an essentialist paradigm means that the principal researcher can make sense of participants' motivations, experiences, and meanings from the participants' disclosures in a straightforward way. A uni-directional relationship is assumed to exist between the language used by the participants and the meanings

and experiences the participants attempt to communicate (Widdicombe & Wooffitt, 1995 in Braun & Clarke, 2006), which means that participants disclosures can be taken at face value, without the assumption that participants are attempting to communicate other underlying meanings.

In a thematic analysis, the researcher looks for patterns in the data and then reports on those patterns. Starr, Ciclitira, Marzano, Brunswick, and Costa (2012) suggested that thematic analysis is a stand-alone method that fulfills the majority of functions of grounded theory, narrative analysis, and other meaning-based analysis, without any theoretical preconceptions and without the goal of developing a theory. With its theoretical freedom, flexibility, and usefulness as a research tool, thematic analysis can provide accounts of data that are rich, detailed, and complex (Braun & Clarke, 2006). In an effort to create quality research, several strategies were used and will be discussed in the following section.

Quality of research. In conducting this research, the principal researcher endeavoured to establish a clear rationale for the study (see Introduction and Literature Review), provide a detailed description of the data collection procedures and data analytic methods, and present a clear description and interpretation of the data (Choudhuri, Glauser, & Peregoy, 2004; see Results). Furthermore, the principal researcher strived to achieve trustworthiness in the qualitative research process and in the research findings presented. Specifically, strategies were implemented to reflect Lincoln and Guba's (1985) four component trustworthiness model: credibility, transferability, dependability, and confirmability.

Credibility. The three strategies used to enhance credibility were reflexivity, supervisor consultations, and use of verbatim quotes. Reflexivity occurs when the researcher remains “self-reflective and able to identify, as clearly as possible, what comes from the participant and what comes from the researcher” (Williams & Morrow, 2009, p. 579). In order to distinguish any potential influences on the research process that might have come from the researcher, the principal researcher regularly compiled a list of her own informal notes depicting potential influences and discussed these influences with her supervisor. Supervisor consultations were most heavily conducted during the coding and theme-naming stages. As Holloway (1997) suggested, one way to enhance credibility was for researchers to ask consultants experienced in the qualitative analysis process to review and discuss the coding process. Feedback provided by the supervisor was carefully considered and accepted the majority of the time. The principal researcher’s notes were then formally documented in the “Researcher as instrument” section, to illustrate potential influences on data collection.

Verbatim accounts of participants’ disclosures (taken from the transcripts of the semi-structured interviews) were used in the reporting of results and in the discussion. In this way, the principal researcher ensured that there was an accurate reporting of the participants’ experiences and an accurate creation and interpretation of the resultant themes.

Transferability. Transferability refers to “how one determines the extent to which the findings of a particular inquiry have applicability in other contexts or with other subjects/participants” (Lincoln & Guba, 1985, p. 290). The strategy used to establish transferability in this study was to provide rich and in-depth descriptions of the population being

studied (Thomas & Magilvy, 2011). A demographic questionnaire was created and administered (see Research instruments section) and a description of the participant characteristics was also provided (see Sample characteristics section). According to Lincoln and Guba (1985), the degree of transferability between contexts is a direct function of the similarity between the two situations. Thus, a complete and clear description of the current study's sample would help to determine transferability or, in other words, how similar one situation is compared to other situations.

Transferability is not to be confused with generalizability. Generalizability is often discussed in quantitative research and implies that a study's findings can be generalized to other populations or settings (Morrow, 2005). Qualitative researchers frequently reject the idea of generalization. However, many still offer generalizations in the form of clinical implications – where findings may be used outside of the settings in which they were originally inferred (Finfgeld-Connett, 2010). The current study offered implications based on the results reported (see Implications for Responding to Client Emotional Expression section).

Dependability. Morrow (2005) suggested that dependability could be established by explicitly describing the process by which the findings were derived and ensuring that the process was as repeatable as possible. In order to accomplish this, a detailed audit trail was kept, wherein the chronology of research activities and processes was documented, as were the revisions to emerging themes and categories. Detailed information on data collection, participant selection, and data analysis were also kept.

Confirmability. This final component is the researcher's concern about objectivity (Shenton, 2004), and occurs when credibility, transferability, and dependability have been established (Thomas & Magilvy, 2011). To demonstrate confirmability, the research process was outlined transparently (both in this Methodology section and the following Results section) and an external audit was performed throughout the entire process by the principal researcher's supervisor. The following sections will describe how the present study was conducted and will aim to instill a sense of trust in the findings.

Research Methods

In this section, inclusion criteria and its unexpected alteration will be described first, followed by recruitment, research instruments, data collection, and sample characteristics. The steps for thematic analysis will then be described.

Inclusion criteria and compensation. Criterion sampling was conducted, where participants were selected based on important predetermined criterion (Polkinghorne, 2005, p. 141). At the beginning of the recruitment process, all novice counsellors (currently enrolled in or recently graduated from a Masters-level Counselling Program) were eligible to participate in the study. Of these, the counsellors with experience counselling at least one client (whether current or previously) were eligible to participate. Both genders were invited to participate. To encourage participation, candidates were offered compensation (a fifteen-dollar gift certificate to a local shopping center).

The initial goal of the study was to recruit an even number of novice counsellors in each of three different attachment styles by using Hazan and Shaver's Measure of Attachment as a

screening tool. The goal was to recruit two participants with each attachment style, with a total of six participants. This would have allowed the analysis of three separate novice counsellor populations and the development of themes/patterns relevant to each of the three attachment style populations. However, as recruitment progressed, it became clear that one type of counsellor attachment style (secure) was being reported more frequently than the other styles. Following discussions between the principal researcher, her supervisor, and the committee members, the decision was made to focus solely on securely-attached novice counsellors. By the time this decision was made, all interested participants had been interviewed and compensated. While data collection was completed with all interested participants, only the data collected for the first six participants who self-reported as securely-attached were used. Of the twelve participants recruited and interviewed, ten self-reported as securely-attached and two self-reported as avoidantly-attached. Only the data from six of the ten self-reported securely-attached counsellors were analyzed because of the initial goal of recruiting six participants. The focus of the study then became solely about novice counsellors who self-reported as securely attached.

Recruitment. Three recruitment methods were used to invite participants from a Canadian university to volunteer for the study. The first method involved a short presentation given by the principal researcher at the beginning of a select number of counselling classes (with permission from the professor). The second method involved sending a flyer (see Appendix A) to all counselling students via the University Counselling Program mailing list (with permission from the Program Director). The third method involved posting the same flyer (as above) to

bulletin boards on campus. All three methods were completed concurrently. Interested individuals were asked to contact the principal researcher by email.

Informed consent. The informed consent process began during recruitment. During the classroom presentations, the principal researcher verbally informed potential participants about the risks and procedures of the research process. Informed consent forms along with letters of information were provided to potential participants during the classroom presentations (see Appendix B and C).

The risks and procedures were also outlined within the recruitment flyers (email and poster). An informed consent form, along with the letter of information, was sent as an electronic attachment to the email recruitment flyer.

Informed consent was also discussed at the beginning of each interview. The consent form was then signed by both the participant and the principal researcher. A copy was given to the participant and a copy was kept by the principal researcher.

Research instruments. To satisfy the component of dependability (to ensure that this study would be as repeatable as possible), the research instruments will be listed and described here. Three formal instruments were used in the conduct of this study: a demographic questionnaire, a measure of attachment, and a semi-structured interview.

Demographic questionnaire. The demographic questionnaire (see Appendix D) included questions about the participant's previous counselling experiences and about the participant's theoretical orientation (the main type of counselling/therapy that the participant practices). The

question on theoretical orientation was included to highlight the possibility that a counsellor's theoretical orientation may motivate his/her responses in session. Opportunities to discuss the impact of theoretical orientation were also provided during the interview. The questions in the demographic questionnaire were used to confirm that each of the potential participants fit the inclusion criteria and to provide additional descriptive characteristics of potential participants. Participants were also required to provide an email address (for the purposes of communication between themselves and the principal researcher) and were asked to indicate whether they would like to be contacted to learn the results of the study.

Hazan and Shaver's Measure of Attachment. Participants were asked to complete Hazan and Shaver's Measure of Attachment (Hazan & Shaver, 1987, 1990; see Appendix E). This single item self-report questionnaire listed three descriptions (secure, avoidant, and anxious/ambivalent attachment styles) and participants were asked to choose which of the three descriptions best represented their feelings. In essence, this measure was asking the participants to choose which description best represented their way of relating to other people. The corresponding attachment styles were not revealed to participants. However, the principal researcher was aware of the match between the description and the attachment style. "A" represented secure attachment, "B" represented avoidant attachment, and "C" represented anxious/ambivalent attachment.

Semi-structured interview. The semi-structured interview protocol (see Appendix F) was created by the principal researcher to answer the main research question of this study. Questions were created based on existing relevant literature, and personal experience and

knowledge of the principal researcher. The first draft of the interview protocol was created by the principal researcher. In this first draft, the questions reflected a main focus on attachment-related terms and processes. For example, one question was phrased: “How do you react to attachment-related experiences or relationships?” Another question was phrased: “How does this kind of reaction show up in therapy? Does it?” These types of questions were meant to highlight any thoughts counsellors had about how their attachment style might be displayed in session.

The principal researcher tested the first draft of the interview protocol in a pilot interview with a classmate. Following the pilot interview, feedback from the classmate and the principal researcher’s supervisor were taken into consideration. At this point, changes to the protocol were minor: use of vocabulary and probing techniques were revised.

Once the decision was made to focus only on securely-attached novice counsellors, changes were suggested to make the questions more about how participants responded to client emotion and less about participants’ attachment styles. Questions about responding to emotional expression were already included in the initial protocol along with questions about counsellors’ attachment styles. However, once the focus shifted from exploring all attachment styles to just one attachment style, the questions about counsellors’ own attachment styles were dropped from the interview and were no longer asked.

The final version of the interview protocol consisted of four pages (doubled-spaced text), and included three distinct sections: *Demographic Questionnaire Follow-Up*, *Attachment-Based Questions*, and *Emotion-Based Questions*. The demographic questionnaire follow-up section

consisted of one question with sub-questions and its purpose was to clarify any questions or comments the participants had in regards to the information they were providing. The attachment-based questions section consisted of two questions and its purpose was to clarify any questions or comments the participants had in regards to their completion of the attachment measure. The emotion-based questions (ten questions) represented the bulk of the interview protocol. Participants were asked to indicate how they responded to their clients' emotional expressions and to provide specific examples of those instances. Participants were free to recall any instances when they felt their clients had expressed emotions in session. This final version of the interview protocol allowed the principal researcher to more directly ask participants about their responses to their clients' emotions. The semi-structured nature of this interview allowed for the natural flow of conversation. When administering the interview protocol, the principal researcher judged when and which questions were to be asked. Her judgment was used to ensure that the main research question was answered during the interviews. In allowing for the natural flow of conversation, the principal researcher was able to carefully follow her participants' thought process and was able to make clarifications when needed.

Researcher as instrument. The principal researcher played an active role in the research process (from study formulation, to performing the data collection, to reporting results) and recognized her own perspectives and influences on the research process. To address the possibility that the researcher as an instrument could be the “greatest threat to trustworthiness in qualitative research” (Poggenpoel & Myburgh, 2003 in Chenail, 2011), the principal researcher acknowledged the potential influences of being an instrument, herself, below.

The primary focus of this study was placed on novice counsellors and their responses to their clients' emotional expressions. With such a focus, the principal researcher recognized her own experiences as a novice counsellor in responding to clients' emotions. The principal researcher was enrolled in a counselling program, which included participation in two 4-month internship placements at different locations (a local high school and a local immigrant services organization). Within these two internship placements, the principal researcher was required to see both individual and group clients. The principal researcher recalled responding to specific instances of client emotional expression and experiencing difficulties responding in session. Many thoughts, emotions, and doubts crossed the principal researcher's mind as she attempted to respond to her clients' emotions during those internship placements. This shared experience of responding to clients (shared with the participants of this study) allowed the principal researcher to more fully appreciate, recognize, and be in tune with the unique experiences of each participant. Additionally, the principal researcher's relative inexperience in providing counselling services motivated her to thoroughly explore and understand the perspectives of her participants.

Data collection. Data collection began when participants completed the demographic questionnaire and the attachment measure. Participants were asked to complete both the demographic questionnaire and attachment measure by e-mail. Following the receipt of the two documents, the principal researcher negotiated meeting times with the participants (by email). All interviews took place in a research laboratory to which the principal researcher had access. The interviews took place over the course of two months. Semi-structured interviews were conducted with each participant, and the interviews were audio recorded. Interviews ranged

from 58 to 66 minutes (M=62) in length. Audio recordings of the interviews were then transcribed. Transcripts ranged from 37 to 54 pages (M=47) single-spaced in length.

Confidentiality and anonymity. Confidentiality and anonymity were kept using several methods. First, the researcher did not use participants' names and identifying information in written documents; instead, a numbering system was implemented. Only the principal researcher knew which number corresponded to which participant. An excel spreadsheet of this numbering system was kept and password protected on the principal researcher's personal computer. Secondly, the researcher kept all participant data locked up in her office at the university or password protected on her personal computer. The signed consent forms were kept separately from the participant data (in a separate locked drawer). Following the completion of this report, these data will be kept in the supervisor's office for the next five years, at which point the data will be destroyed.

Sample characteristics. Participants in this study included six Masters-level counselling students from a Canadian university (5 females and 1 male). The counselling experiences of the participants (experiences in providing counselling services) were varied and included: career counselling, integrated counselling, academic counselling, group, and individual counselling. When asked specifically whether they considered themselves to be a "novice" counsellor, each participant answered yes. The years of experience ranged from four months to three years of experience in providing counselling services.

Attachment style. All six participants independently chose category A on the Hazan and Shaver Measure of Attachment. However, discussions came up during the semi-structured

interview on the topic of the attachment measure. Five out of the six participants felt that the attachment measure was difficult to complete. Participant 1 expressed confusion and wondered whether the questions referred to the personal self or the counsellor self. Similarly, Participant 2 found it hard to answer and asked during the interview, “Who am I answering it for?” Participant 3 said it was “pretty tricky” to pick just one category. Participant 5 also found it difficult to choose “just one answer” and Participant 6 was not sure how to answer the question but was still able to pick an answer.

Additionally, three out of the six participants indicated that both descriptions A and C appealed to them as potential choices. Participant 2 related that with friends, the choice would have been description A; but in terms of her marriage, description C was more fitting. Participant 3 could identify with parts of C but found that A was a better fit. Participant 5 found it hard to pick between A and C but, similar to Participant 3, felt that A was still a more accurate description of herself. It was interesting that 50 percent of the sample wavered between the secure and anxious/ambivalent attachment styles (see Limitations section). However, in the end, all participants consciously chose description A, and this common choice among participants allowed the principal researcher to address the main research question and move forward with the analysis.

Thematic analysis procedures. The method of thematic analysis was broken down into six phases (Braun & Clarke, 2012), as outlined below:

Phase 1: Familiarizing oneself with the data. The principal researcher immersed herself in the data, to the point where she was familiar with the depth and breadth of the content, which included repeated examinations of the data (transcripts).

Phase 2: Generating initial codes. Initial codes (words or phrases that represent the most basic elements of the raw data) of the data were produced. During this phase, the data were put in “the right state” (into codes), so that the researcher could be more “receptive to the emerging ideas” (Morse & Richards, 2002, p. 130). Thus, codes were created from sections of participants’ transcripts (disclosures from the interview) that were relevant to the research question. The codes themselves were short phrases used to describe the meaning of each segment of text. An example of this coding phase is represented in Table 1 below.

Table 1

Example of Phase 2: Generating Initial Codes Across the Data Set

Verbatim Example	Initial Code
<u>I let her cry and let her talk it out,</u> whatever she’s crying about.	Gives client space to experience emotion/talk it out
<u>Like, get that out of her system</u> but then I think she expressed, like she’s kind of like sorry, I don’t cry in front of people.	Let her talk it out to 'get it out of her system'
Hmm, I guess just let her explain herself, like <u>I don’t really interrupt</u> <u>at that time,</u> probably less than other times.	Allows moment of sadness to unfold 'no interruptions'

During Phase 2, the initial codes created were audited and feedback was provided by the principal researcher's thesis supervisor. The principal researcher reviewed all feedback and judged whether to change the code or to leave it as it was. The final decision to adjust the codes was made by the principal researcher. Once Phase 2 was completed, the search for themes in Phase 3 began.

Phase 3: Searching for themes. Analysis in this phase was re-focused at the broader level of themes (rather than codes) and involved sorting the different codes into potential themes and then bringing together all relevant coded data extracts within the identified themes. A theme is a specific pattern that is found in the data, in this case, the interview transcript (Joffe & Yardley, 2004). Braun and Clarke (2006) stated that within thematic analysis, the ideal is to have a number of different instances of a theme across the data set to substantiate the existence of that theme, but that there is no hard and fast rule to determine how many instances are required. Thus, the emergence and existence of a theme was important but not the frequency of a theme. The process of conceptual ordering, which is characteristic of qualitative analysis, was used as part of the coding and exploration of themes. Corbin and Strauss (2008) described conceptual ordering as the process of organizing data into discrete categories, according to their properties and dimensions, and then using description to elucidate those categories ("themes", in this study). Corbin and Strauss (2008) also mentioned that through conceptual ordering, researchers "attempt to make sense of their data by organizing them according to a classificatory scheme, such as types or stages" (p. 55).

Identification of themes or patterns within the data can occur in one of two primary ways: inductive (“bottom up”) or theoretical/deductive (“top down”) ways (Braun & Clarke, 2006, p. 83). This study utilized an inductive method, where analysis was driven by data, and not the researcher’s analytical or theoretical preconceptions (Braun & Clarke, 2006). Therefore, themes in this study emerged from the data and not from any preconceived notions or theories related to the research topic.

Themes were also identified at two different levels: a semantic level, where themes were identified within the explicit or surface meanings of the data, or a latent level, where themes were identified within the data’s underlying ideas, assumptions, and conceptualizations (Patton, 1990). For the current study, themes were identified at both levels – the semantic and latent level. At the end of this phase, codes were grouped into candidate themes and subthemes. These were termed *candidate themes* at this stage because the theme names and descriptions were in the process of being analyzed and they remained open to review and revision in the next phase. Codes were grouped into three levels: *Overarching Themes*, *Main Themes*, and *Subthemes* (see Table 2).

Table 2

Example of Main and Subtheme

Overarching Theme	Main Theme	Subtheme	Initial Codes
Counsellors' actions in response to clients' emotional expression	Counsellor actions that focused on clients' emotional expression in the moment	Gave clients time to feel and to process emotions	Gives client space to experience emotion/talk it out Let her talk it out to 'get it out of her system' Allows moment of sadness to unfold 'no interruptions'

Phase 4: Reviewing themes. This phase involved the refinement of candidate themes and subthemes to the point where each theme was defined meaningfully, and where there were clear and identifiable distinctions between each theme. Given the large data set, the principal researcher printed labels for the individual codes and sorted them into candidate themes or subthemes. In this way, the principal researcher was able to clearly see (on Bristol boards) how each code either belonged or did not belong within a specific theme. Code and theme names were reviewed in this way prior to defining and naming each theme.

Phase 5: Defining and naming themes. In this phase, the essential meaning of each theme (overarching, main, and subthemes) was identified, named, and described. Final theme names were assigned to the different groups of codes and distinct definitions for each theme were created.

Phase 6: Producing the report. In this phase, the final analysis and write-up of the report took place. The final analysis included the implementation of any outstanding changes that the principal researcher believed to be appropriate. For example, if during the write up of the report, a theme name was deemed to no longer fit within the created framework, the principal researcher changed the theme name to reflect a better match within the framework. Phases 5 and 6 were represented in the Results section.

Movement from one phase to another was a back and forth process and not a linear process; phases of the analysis were repeated as necessary. For example, if the researcher realized in *Phase 3: Searching for themes* that an initial code could be changed, the researcher could then return to *Phase 2: Generating initial codes* and change or create a new code.

CHAPTER IV

Results

The results of this study illustrated how self-reported securely-attached novice counsellors recalled responding to their clients' emotional expressions. Two overarching themes emerged from the analysis: *Counsellors' Internal Processing of Clients' Emotional Expression* and *Counsellors' Actions in Response to Clients' Emotional Expression*. These overarching themes represented the framework into which the main and subthemes were grouped.

Counsellors' Internal Processing of Clients' Emotional Expression

This overarching theme focused on the innermost thoughts, perceptions, and emotions experienced by the counsellors as they tried to make sense of clients' emotional expressions in session. This first overarching theme included three main themes: (a) observations that informed counsellors about the nature of clients' emotional expression, (b) reflexive analysis of response to clients' emotional experiences, and (c) counsellors' covert emotional reactions.

Table 3

Counsellors' Internal Processing of Clients' Emotional Expression

Main Themes	Subthemes	Verbatim Examples
Observations that informed counsellors about the nature of clients' emotional expression	<ul style="list-style-type: none"> • Observations of clients' nonverbal behaviours alerted counsellors to the nature of clients' emotion 	<ul style="list-style-type: none"> • <i>"Yeah, just hunched over and her whole face was just drab...All downwards and very sad."</i>
	<ul style="list-style-type: none"> • Observations of clients' verbal behaviours alerted counsellors to the nature of clients' emotion 	<ul style="list-style-type: none"> • <i>"For clients who are less open to expressing themselves and I'm thinking about clients who for example who might just talk about the facts and not necessarily recognize...I have had some clients who don't necessarily know why they're here."</i>
	<ul style="list-style-type: none"> • Observations of clients' unique circumstances were used to conceptualize clients' emotion 	<ul style="list-style-type: none"> • <i>"She was she was still in school so I was asking her what kind of support she had, who in her environment could offer her support and she was seeing a psychologist at her school and then ironically they were talking about everything but the problem, which is a good way of avoiding to face situations and start dealing with it."</i>
Reflexive analysis of response to clients' emotional experiences	<ul style="list-style-type: none"> • Counsellors reflected on their sense of preparedness 	<ul style="list-style-type: none"> • <i>"I think I probably sensed it. As soon as I saw her I saw that she was feeling that way, but I probably felt it a little bit too, like feeling like oh my gosh what happened, feeling a bit of anxiety then."</i>
	<ul style="list-style-type: none"> • Counsellors reflected on their response preferences 	<ul style="list-style-type: none"> • <i>"Hopefully they're dealing, like processing and venting it out and I'm helping them with that by mirroring it with words and body language."</i>

Counsellors' covert emotional reactions

- Influenced by clients' emotion types
 - *“Maybe I’m even more sensitive than the average person that if someone comes into the room and they’re sad or anxious, I’ll feel it a little bit in my body.”*
 - Influenced by clients' context
 - *“I did feel really, I just had a lot of empathy for her in particular I think. I felt really upset to hear her story and she’s one of, like she impacted me like more than other clients do.”*
 - Influenced by counsellor-client boundary
 - *“I understood her feelings and then, I could feel how she felt, but never at one point was I angry with her father there was a distance there.”*
-

Observations that informed counsellors about the nature of clients' emotional expression. In this main theme, counsellors were able to deduce their clients' emotional expressions by observing the clients' behaviours or noting their personal circumstances. This main theme was further divided into three subthemes that described how counsellors interpreted these observations to draw conclusions about the essence of clients' emotional experiences: (a) observations of clients' nonverbal behaviours alerted counsellors to the nature of clients' emotion, (b) observations of clients' verbal behaviours alerted counsellors to the nature of clients' emotion, and (c) observations of clients' unique circumstances were used to conceptualize clients' emotion.

Observations of clients' nonverbal behaviours alerted counsellors to the nature of clients' emotion. Based on observations of nonverbal behaviours, counsellors made assumptions about their clients' emotions. Nonverbal behaviours observed included: body language, eye contact, physical movements, and use of physical space. Additionally, counsellors associated nonverbal behaviours with specific emotion types.

Nonverbal behaviours signaled to counsellors that clients were potentially processing emotion. Participant 3 reported that she could sense her client was grappling with something even before the client verbally expressed anything. This counsellor intuitively linked her client's nonverbal behaviour to her client's unspoken emotion. Participant 3 disclosed:

It all started at the beginning with the nonverbals, and then I think she might have even, I don't know if this is true or not, kind of just slumped down in the chair quickly... Not

slammed her stuff down but kind of in a frustrated way put her stuff down, yeah, like carelessly. Yeah, so I could tell something was going on.

Additionally, certain nonverbal behaviours signaled to counsellors the following types of emotion: *Anger*, *Despair*, *Frustration*, and *Grief* (see Appendix G for more details). Some examples of observed nonverbal behaviours and their corresponding emotion types will be reviewed here.

Participant 1 reported that his client's sense of despair was very evident in her nonverbal behaviours:

Just the way she, you know like how people will throw up their hands in the air and show like this is out of my control, this is out of my grasp. She was crying a lot, just her whole body language, she just seemed so destroyed and she just felt, like I could really literally see her whole family on her shoulders.

Similarly, Participant 5 observed that her client's nonverbal behaviours reflected the type of emotion her client was experiencing: "She started talking about her husband and then all of a sudden she shifted to anger because he was having an affair. So that was a lot of fist clenching, and punching on her leg."

Both Participants 1 and 5 (above) recognized that their clients were feeling specific emotion types (anger or despair) based on their clients' nonverbal behaviours. Counsellors seemed to be quite adept at noticing nonverbal behaviours and then equating them with specific emotion types. In this way, the novice counsellors were able to deduce how their clients were

feeling, without requiring their clients to verbally confirm those feelings. In addition to observing nonverbal behaviours, novice counsellors recalled observing their clients' emotion-related verbal behaviours. Observations of clients' verbal behaviours will be reviewed next.

Observations of clients' verbal behaviours alerted counsellors to the nature of clients' emotion. Based on clients' verbal behaviours, counsellors made assumptions about their clients' emotions. Verbal behaviours included *verbal communications* as well as *paraverbal communications*.

Verbal communications. Verbal communications refer to the content of what clients are saying in session. The novice counsellors indicated that their clients' verbalization revealed their clients' openness to expressing emotions, and provided insights into the type of emotion being experienced by their clients.

One counsellor noticed differences in her clients' preferences for verbally communicating about their emotions. Participant 3 related that: "Some clients more than others want to talk about emotions. Some like hardly ever talk about it."

Participant 6 readily recognized the emotion her client was feeling based on what her client was saying. This counsellor perceived her client to be angry and when asked how she knew this was the emotion type, the counsellor disclosed: "What she was saying. I think she swore a lot." In this case, the counsellor observed her client's use of swear words, which indicated to her that the client was feeling angry. Counsellors actively observed clients' verbal communications for emotion-related expressions and for specific vocabulary to assess their

clients' emotional states. It appeared that counsellors came to their sessions well aware of the types of words that are emotionally-charged.

Paraverbal communications. Paraverbal communications refer to intonation, cadence, volume, and pace of saying words. They accompany the content of verbal communications and they provide an additional element upon which counsellors can make further deductions.

Paraverbal communications were observed to be associated with two specific emotion types. For the emotion of anger, Participant 6 observed paraverbal communications. The principal researcher had asked the counsellor how she knew that her client was expressing anger and the counsellor's response was: "She was talking very loudly and almost kind of yelling."

The second emotion type observed through paraverbal communications was anxiety, which was illustrated by increased frequency of speech. Participant 6 disclosed:

She was very anxious and had just experienced a sort of incident at her work and so she was very distraught and very emotional and hyper so she did talk a lot and that's how she expressed I think the anxiety mixed with, I think she was overwhelmed. So it was very much like this happened, and then this happened.

Observing paraverbal communications seemed to strengthen counsellors' understanding of their clients' emotions. For example, the emotion of anger was associated with swear words (verbal communication) and with voice changes, growling, and yelling (paraverbal communication). These combined observations of verbal behaviours gave counsellors confidence in labelling their client's emotion types.

Observations of clients' unique circumstances were used to conceptualize clients' emotion. In this third subtheme, counsellors explained their clients' emotional reactions by describing their clients' environmental and motivational context. Participant 4 talked about her client's motivation as being related to personal circumstances, in an attempt to justify her conceptualization of her client's emotion. Due to the unique circumstances that affected her client, this novice counsellor concluded that her client was expressing the feeling of despair.

And I would say with her that was more of a despair, you know she was despaired because she's feeling really torn between not wanting her grandchild to be adopted and really not wanting, like if she's being honest, she doesn't want to raise, you know she's 50 and she's got 2 young kids already, and so that would be a different emotion.

It appeared that to make sense of clients' emotional expressions, at least two different tasks were involved. Counsellors were aware of and noted their observations, and they also tried to determine whether those observations were linked to specific emotion types. For example, in the above verbatim, Participant 4 described her client's personal context (being 50 years old and already having two kids), which demonstrated that she was aware of the potential challenges facing her client. She also recognized that despair was the emotion in this particular context but a different emotion type would have been presented if her client were faced with different circumstances.

Counsellors consciously made observations about their clients and tried to determine the meaning of the different types of observations (nonverbal, verbal, circumstances). In most cases, these observations were tied to specific emotion types. Counsellors looked to both nonverbal

and verbal behaviours for clues regarding the nature of the emotion being experienced by the client. However, in the current study, it appeared that counsellors recalled making more observations based on their clients' nonverbal behaviours. Four emotion types were distinguished for nonverbal behaviours (anger, despair, frustration, grief), versus the two emotion types for verbal behaviours (anger, anxiety). Thus, these counsellors may have been more aware of and receptive to their clients' nonverbal behaviours, when compared to client verbal behaviours.

In addition to observing their clients, counsellors also made observations about themselves and their own responses. These observations of themselves, or their reflexive analysis, will be reviewed next.

Reflexive analysis of response to clients' emotional experiences. This second main theme grouped together subthemes that reflected counsellors' recognition and observations of their own responses and how those responses may have been influenced by personal predispositions and experiences. This main theme grouped together two subthemes: *Counsellors Reflected on Their Sense of Preparedness* and *Counsellors Reflected on Their Response Preferences*.

Counsellors reflected on their sense of preparedness. During instances of client emotional expression, counsellors recalled assessing their own readiness to respond to clients' emotional expression. For example, Participant 4 talked about her readiness for two different client emotional expressions: her client being happy as a result of some situation, or her client perceiving the situation or event as a "terrible thing." This counsellor, by saying that she might

have had to shift the session in a different direction, demonstrated that she was comfortable with different potential client reactions and with handling the session in two different directions. She reported:

I was on hyper alert waiting to see which direction we were going to take with that information. Like, I mean at the time, so you know, when you say and how was that for you, had she said that was a terrible thing, I was sensitive to, I would have to go one way, and if, yeah, once she said she was happy, I was happy for her.

Conversely, Participant 5 mentioned that she was caught off guard by the direct and intense expression of anger from her client. This counsellor indicated that she was not prepared for and did not expect her client's emotional expression. This lack of preparedness and unexpected nature of the emotional expression then resulted in the counsellor feeling intimidated. This counsellor's lack of comfort with the unexpected seemed to influence the direction of counselling and the counsellor's own reactions. This was demonstrated in her disclosure:

I remember that during my first session with her, she had expressed previously a little bit of anger, which made me feel, not necessarily uncomfortable, but maybe a little bit intimidated because this client was a very direct client. Like in her communication. Yeah so like when she communicated with me she was very direct, and in my first meeting with her, maybe I wasn't prepared for that or didn't expect that. So that made me feel a little bit intimidated.

Another internal element that can influence the direction of counselling is counsellors' preferences.

Counsellors reflected on their response preferences. When the counsellors responded to clients' emotion in session, they were inclined to explore the emotion in specific and individual ways. This subtheme consisted of four different categories: (a) preferred to respond by exploring how clients fully experience their emotions, (b) preferred to respond by creating a safe space for clients, (c) reflected on the origin of response preferences, and (d) struggled between preferred response versus mandated response to client emotional expression.

Preferred to respond by exploring how clients fully experience their emotions. When clients expressed emotions in session, some of the counsellors indicated a preference for wanting to understand how their clients experienced emotions in various situations. Participant 4 talked about wanting to better understand how her clients were feeling and experiencing their emotions:

Yeah, I would say that I would have a tendency to want to see how people were experiencing things in their life that were bothering them. So with most of my clients, I can look at the facts, but I have a tendency to want to see how they are experiencing it. How do they feel in certain situations? What about that do they own, what could they, how else could they be perceiving it?

Preferred to respond by creating a safe space for clients. Counsellors also talked about preferring to provide a safe space for clients and ensuring that their clients felt comfortable in session. Participant 2 indicated that her office was a safe space where clients should be able to express themselves.

I perceive it as them feeling safe to express themselves. That I'm the person they're going to come to and tell things that are upsetting to, or triumphs, or good stuff. And that we can explore, they can explore these things in a safe place where somebody is not going to criticize them for having negative feelings... Here's a place they can get angry and no one's going to yell at them.

The existence of these two types of preferences suggested that counsellors came to their sessions with specific goals for the sessions; their own preconceived agendas even before their clients had expressed their needs. That is, the counsellors began the sessions with a certain *modus operandi* that they had previously developed or adopted (based on experience or theory).

Reflected on the origin of response preferences. In one case, the participant reflected on the origin of her preferences. Participant 6 acknowledged that her attachment style was related to her preferred response. When this particular participant was asked whether her approach to emotion had anything to do with her attachment style, she answered:

Yeah because I think the secure, what does it say here, find it relatively easy to get close to others. Well, with that option of, I'll just call it secure, having a secure relationship and trusting, the other person and the relationship, I think it's really important to have space and time to experience your emotions and support the other person, so yeah I think my desire to want to do that with the client comes from experiencing that in my own life.

Struggled between preferred response versus mandated response to client emotional expression. The same participant (Participant 6) talked about her struggle between wanting to use her preferred method versus the required method of responding to her client's emotion

(based on theoretical orientation or organizational requirements of her place of employment).

She reported:

Since my experience is in short term, solution-focused counselling, sometimes I have to kind of be a little more directive, and not cut them off, but you know kind of start talking about it more and bringing them away from the emotion, even though it's not what I want to do, but like there's only one session or three sessions so I kind of have to move things along.

The counsellor's struggle in choosing a method of responding highlighted the challenges faced by novice counsellors in implementing responses that may not come as naturally to them. In addition to the ability to reflect on their own preferences for responding to client emotion, counsellors were also able to reflect on their own emotional reactions.

Counsellors' covert emotional reactions. In responding to and witnessing clients' emotional expressions, counsellors experienced their own feelings in turn. These feelings were experienced internally (i.e., not intended to be known or seen by the client) and influenced by different elements of the therapeutic process. Counsellors' own emotional experiences were: (a) influenced by clients' emotion types, (b) influenced by clients' context, and (c) influenced by counsellor-client boundary.

Influenced by clients' emotion types. For some specific emotions, counsellors experienced characteristic feelings of their own in response. This first subtheme grouped together the different counsellor feelings associated with five types of emotions: *Sadness*,

Frustration, Anxiety, Anger, and Happiness. With each specific type of emotion, counsellors had different feelings in response (see Appendix G for more details).

For clients' emotional expression of frustration, one counsellor felt helpless and upset in response. Participant 3 disclosed:

I empathize with her frustration. There wasn't a lot of things right now that she could do about it, so then it just feels like, I wish I could help you, but I can't... So in that way I did a little bit and again, like just a little bit upset for her that she's frustrated.

Participant 6 matched her clients' feelings of anger. When the principal researcher asked Participant 6 how she felt when her client expressed anger, she reported: "Oh yeah, I felt angry...Oh for sure." Conversely, Participant 5 recognized that while her client was expressing anger, she felt positively about her client's expression. She disclosed the following:

A little bit more empowerment of herself and over her daughter as well... Not necessarily good but made me realize that there was a little bit of a change and that so maybe a little bit more hope I guess.

For clients' emotional expression of happiness, counsellors matched the emotion. Participant 4 acknowledged that she felt happy when her client expressed happiness by saying: "You know if they're happy, then it's good and then using it as a tool to move her to the future... Gosh I don't know. Maybe a smile. Because I did, I did feel happy for her."

The participants seemed to feel a mixture of emotions in response to clients' emotions; some matching their clients' emotions and others quite the opposite. This suggested that the

counsellors themselves had very complex emotions, depending on their own inclinations and the intensity of their clients' emotional expression.

Influenced by clients' context. In addition to being influenced by clients' emotions, counsellors' own emotions were influenced by their clients' personal circumstances. This second subtheme referred to the impact of the clients' stories, situations, or circumstances on how counsellors felt and reacted in session. Participant 3 demonstrated that she was aware of how upset she felt in hearing her client's story. This suggested that counsellors' awareness of their clients' circumstances may have triggered their own intense covert emotional reactions. Participant 3 stated: "I did feel really, I just had a lot of empathy for her in particular I think. I felt really upset to hear her story and she's one of, like she impacted me like more than other clients do."

Similarly, Participant 2 experienced an emotion based on her client's context. She reported:

With that particular client, it was more frustration than anything because I knew it was going to be very difficult because it's a situation where other people would not have reacted, because her reaction was disproportional to the event and because I knew she was misinterpreting things because of her issues.

In this example, the counsellor felt frustrated because she understood that her client's emotional expression was the result of an event; but her client's emotional reaction to the event was not in keeping with the expected emotional reaction (from the counsellor's point of view). This counsellor, knowing her client's personal circumstances, deemed her client's emotional

reaction as misplaced. The counsellor felt that the focus of her client's emotional expression should have been directed elsewhere.

Influenced by counsellor-client boundary. In this third subtheme, counsellors indicated that they were aware of when and which emotions they felt and managed their emotions with the counsellor-client boundary in mind. For Participant 3, the counsellor-client boundary was described as being apparent when she distanced herself from her clients. She compared the counsellor-client relationship to a friendship, where the intensity of her emotions would be greater. She disclosed:

Yeah, I would not only empathize, I'd be more wounded by their crying or something, and with friends, it would hurt me more because I don't have that client-counsellor relationship where I can distance myself. The boundaries are different that's why.

The counsellor's awareness of the counsellor-client boundary in relation to her own feelings and actions suggested that the boundary was at the forefront of counsellors' considerations when they made decisions on how to manage their own emotions.

Novice counsellors observed their clients' behaviours, analyzed their own responses, and were aware of their own emotional reactions. These complex and diverse internal processes were not necessarily step-by-step progressions; there was no specific order or sequence. The actions that the counsellors engaged in to respond to their clients' emotional experiences will be reviewed next.

Counsellors' Actions in Response to Clients' Emotional Expression

This overarching theme described counsellors' attempts to overtly respond to clients' emotions in session. Unlike the theme of internal processing, which was hidden from the client, counsellors' actions in this theme were clearly observed by their clients. Within this overarching theme, there were three main themes: *Counsellor Actions That Focused on Clients' Emotional Expression in the Moment*, *Counsellor Actions That Did Not Focus on Clients' Emotional Expression in the Moment*, and *Counsellor Actions That Depended on Therapeutic Context*.

Table 4

Counsellors' Actions in Response to Clients' Emotional Expression

Main Themes	Subthemes	Verbatim Examples
Counsellor actions that focused on clients' emotional expression in the moment	<ul style="list-style-type: none"> • Gave clients time to feel and to process emotions • Attempted to influence clients' level of emotional intensity by comforting and calming clients • In-depth exploration of clients' emotional experiences • Acknowledged clients' emotional expression 	<ul style="list-style-type: none"> • <i>"I found at each step we had to kind of go and then stop and wait and let her process."</i> • <i>"Try to get her like to just to bring herself down. Never mind what's happened, it doesn't matter anymore. Like let's get down and try to calm ourselves, let's get more centered. Let's start trying to feel less rage."</i> • <i>"I find what is helpful is asking the individual what he's feeling and then having him describe that feeling so that I know exactly what he's talking about."</i> • <i>"I just listen and I validate because a lot of her rage is justified."</i>
Counsellor actions that did not focus on clients' emotional expression in the moment	<ul style="list-style-type: none"> • Explored what clients could do about their personal circumstances • Delayed responding to clients' emotional expression 	<ul style="list-style-type: none"> • <i>"That really upset you and is there something you're going to do next to deal with this? Is there some way of fixing this? Have you thought of any ways you might be able to save this, or fix this?"</i> • <i>"So in those cases I might approach it differently in the sense that it'd be very gradual. I wouldn't necessarily just ask them like how do you feel about that."</i>

	<ul style="list-style-type: none"> • Focused on own overt emotional reactions 	<ul style="list-style-type: none"> • <i>“I just felt kind of grateful and happy that she could do it in front of me; she felt like this is a safe space. It just seems in one way it’s exciting because I feel like she is grieving that loss that she hasn’t for so long.”</i>
Counsellor actions that depended on therapeutic context	<ul style="list-style-type: none"> • Counsellors' mandate/counsellors' role 	<ul style="list-style-type: none"> • <i>“It depends on the person, it depends on the time we have, because, you know when I was talking about the camp and the and the solution focused, I might not go into such detail with the student, just because it’s not something I want to discuss because I’ll feel like morally or ethically bound to kind of helping him more. So at times I might prefer to not discuss the emotion in as much depth.”</i>
	<ul style="list-style-type: none"> • Clients' needs 	<ul style="list-style-type: none"> • <i>“The client came to us either looking to go back to school, looking for a new job, or looking to get a job. Is exploring his emotions what the client asking of me? So I kind of have to go with what the client is asking of me.”</i>
	<ul style="list-style-type: none"> • Nature of the emotion 	<ul style="list-style-type: none"> • <i>“What does it matter if she says oh well it makes me sad or it makes me angry? It’s not information I needed, so I wasn’t really asking many questions, until we were looking for more like solutions, like long term that she could put into put into effect.”</i>

Counsellor actions that focused on clients' emotional expression in the moment.

These actions were aimed at addressing and exploring clients' emotions as they were being expressed in session. Within this main theme, there were four subthemes: (a) gave clients time to feel and to process emotions, (b) attempted to influence clients' level of emotional intensity by comforting and calming clients, (c) in-depth exploration of clients' emotional experiences, and (d) acknowledged clients' emotional expression.

Gave clients time to feel and to process emotions. In this first subtheme, participants recounted how they let their clients experience their emotions in the moment. In the instances described, the counsellors allowed their clients' emotional expressions to run their course and did not try to shift the direction of the session. Participants 3, 5, and 6 each mentioned letting their clients "talk out" their emotions. Additionally, Participant 3 reported that she let the moment of sadness unfold, without interruptions:

I think just trying to be there with her in that moment and let her get the cry out. I guess just let her explain herself, I don't really interrupt at that time, probably less than other times, because... I probably would let more of a pause go, like just see if she's developing her thoughts more.

Attempted to influence clients' level of emotional intensity by comforting and calming clients. Influencing clients' emotional states involved acting in ways that calmed or lowered the intensity of the clients' emotions. The counsellors reported using three methods to influence clients' emotional intensity: *Used Physical Space to Support and be Present With Clients*, *Used Verbal Reassurance to Comfort Clients*, and *Used Specific Exercises to Calm Clients*.

Used physical space to support and be present with clients. Counsellors reported occupying the physical space between themselves and their clients as a way to comfort and demonstrate attentiveness to their clients. Participant 4, in a moment of intense emotion, used physical proximity to comfort her client. This participant laid her hand on the table next to her client's hand (not touching) to calm her client down and to show that she (the counsellor) was there for her client.

I just sat with her. We were at her kitchen table and I'd reach out my hand close to her, as a sign that I was in there with her, because I don't know her well enough to, you know, if it was a family member, I might've hugged her, but I felt in this case, I laid my hand very close to hers.

Participant 5 also demonstrated use of physical space. She reported in response to her client's expression of sadness: "I could tell that it was very hard for her... I don't. Well, I might have leaned forward more."

Used verbal reassurance to comfort clients. Another method counsellors used to comfort their clients was to verbally reassure their clients. Participant 1 disclosed the following:

She explicitly actually asked me to tell her that everything was going to be okay and I sincerely believed that everything could be okay. So, I told her, and because I sincerely believed that it was going to be okay, I told her I sincerely think it's going to be okay.

Used specific exercises to calm clients. One participant reported using a mindfulness exercise to calm and ground her client. Participant 6 reported:

Halfway through the session, because she was very upset and kind of on a rant roll, and it wasn't stopping so it's kind of a grounding technique too, to kind of bring her to the present moment, because she was really in that overwhelmed anxious phase... And I wanted to calm her down a bit... I think we talked about it [the emotion] after the mindfulness exercise because then she was more in a state where she could talk about it.

This calming and grounding mindfulness approach helped to reduce the intensity of the client's emotions to a level that allowed for a more rational and calm discussion.

As shown above, these three different methods were meant to contain clients' heightened emotions. Counsellors sensed that their clients required comforting and they attempted to fulfill this perceived need. In the process, the counsellors brought their clients back to a state of equilibrium, where together, they were then able to move on to potential next steps.

In-depth exploration of clients' emotional experiences. Counsellors sought to understand the essence of their clients' experiences of emotion by interacting with their clients and by seeking additional information from their clients. Within this third subtheme, there were two methods by which counsellors sought to gain better understanding of their clients' emotions in the moment: *Asked Relevant Questions* and *Helped Clients to Gain a Better Understanding of Their Own Emotional Experiences*.

Asked relevant questions. By asking relevant questions, the counsellors were able to initiate the exploration of emotion and clarify their own understanding of their clients' experiences in session. Participant 4 asked her client a series of questions that focused on her feelings; current feelings, past feelings, and thoughts about those feelings. These types of

questions allowed the counsellor to gain a more comprehensive picture of her client's emotional experiences and identify important contributing factors. This enabled the counsellor to adapt the session appropriately to focus on the crux of the problem. Participant 4 disclosed:

I always found there was a place for emotions. So I'm quite comfortable in actually just saying, how did you experience, how did you feel about that? Yeah a lot of questions, you know you can, you can ask questions about how did that make you feel? Or can you think of a time when you felt that way previously, and what assumptions were you making around that feeling. Does that make sense to you?

Helped clients to gain a better understanding of their own emotional experiences. To help clients gain a better understanding of their own emotional experiences, the counsellors explored connections between clients' thoughts, behaviours and emotions, and taught clients about the language of emotion. Participant 3 disclosed: "We talk about mood, stress and then like kind of thoughts, feelings, behaviours and so emotions are linked into those and we try to make connections." In seeking to make connections, this counsellor tried to demonstrate to her client that emotions can influence and be influenced by other experiential elements.

Participant 4 suggested that teaching clients about emotional language was beneficial. She disclosed: "If you can teach them some simple language around getting at how they are feeling at the moment, then they seem to benefit from being able to go there." Additionally, Participant 5 indicated that if clients were relatively open, she might help them to name their emotions because she perceived them to have trouble identifying how they felt. She reported:

If the client seems relatively open about expressing their emotions and how they feel then I'll sometimes address it head on and pretty straightforwardly and other times, I might help them, I might help some clients name their emotions because sometimes some clients have trouble identifying how they feel.

In helping clients to talk about emotion and to name their own emotions, counsellors focused their clients' attention on the emotional experience and as a result, counsellors and their clients gained a more holistic understanding of the emotional experience.

Acknowledged clients' emotional expression. The final subtheme under the main theme of *Counsellor actions that focused on clients' emotional expression in the moment* involved counsellors voicing their impressions and understanding of their clients' emotional expressions and emotional states in session. All six counsellors communicated to their clients by acknowledging, validating, reflecting, or expressing empathy in response to their clients' emotions. Participant 2 disclosed that she had reflected her client's feelings: "You know reflection of feelings. Or I sum up what she said to some degree, it's like oh so x, y, and z happened and... That really upset you."

Participant 6 mentioned talking about her client's emotion before moving on to the discussion of solutions. Thus, for this counsellor, the first step was to acknowledge how her client was feeling and the second step was to explore potential solutions. She reported: "We talked about it [client's feelings] for a bit before moving on to solutions and what not."

Given the importance of emotional expression in session, time was given to clients to explore and experience their emotions. Time was also spent by counsellors to fully understand

and then reflect their understanding to their clients. This was a collaborative process whereby counsellors helped clients to focus on their emotions.

In addition to responding to clients' emotional experiences in the moment, counsellors also acted in ways that did not focus on clients' emotional experiences in the moment.

Counsellor actions that did not focus on clients' emotional expression in the moment. This second main theme grouped together counsellors' responses that did not immediately address clients' emotional expressions and experiences during the moment of expression. Three subthemes emerged: *Explored What Clients Could Do About Their Personal Circumstances*, *Delayed Responding to Clients' Emotional Expression*, and *Focused on Own Overt Emotional Reactions*. It should be noted that this subtheme recognized that counsellors may have responded to the emotional experiences of their clients at a different time, but that in the moment, the focus was not on client emotions.

Explored what clients could do about their personal circumstances. Rather than talk about or investigate the emotional experience of their clients, some counsellors mentioned responding to their clients by exploring what steps or actions the clients could take to cope with their current situations.

Participant 1 talked about how she explored what her client could do at home – what changes her client could make at home to change her situation. For this counsellor, the focus was no longer on the specific emotional expression, but rather on solutions and next steps.

Participant 1 disclosed:

She had a few coping, but they were you know, they were band-aid solutions and they weren't really. It wasn't going to help the core of the issue. So we kind of looked at what she should be doing when she went back home.

Delayed responding to clients' emotional expression. Counsellors reported that they did respond to emotional experiences of their clients but that, at times, this response may not have occurred when clients first expressed the emotion. This subtheme reflected a postponement in responding to clients' emotions. Participant 6 indicated that she addressed her client's nonverbal behaviour at the end of the session rather than at the time of the emotional expression. She disclosed:

The client was very, I guess kind of like, I noticed tension in her body, so kind of like her shoulders were kind of crunched and there was a little bit of holding her stomach and I could tell she was holding something in and it didn't come out until the very end of session, so at that point it kind of, as soon as I comment, I did comment on it. And as soon as I did, she noticed it and kind of relaxed a bit and that's when she started crying and I think there was a big sadness that came up.

When asked why she chose to delay responding to the client's emotional expression, the counsellor answered:

It was the first session, so I got a sense of her problems and just like her life, and who she was and everything and so closer to the end of the session, yeah that's when I felt like it might be okay to comment on it.

A delay in responding to clients' emotions was not an indication of the counsellors' ignorance of their clients' emotions. Instead, it suggested that counsellors consciously made judgements as to the appropriate time to explore those emotions. Certain therapeutic elements (in this case, the therapeutic relationship and the session progress) provided the counsellor with clues as to the likelihood that emotional exploration would be well received by the client.

Similarly, counsellors were also aware of their own emotions and made judgements about when it would be appropriate to outwardly show their emotions in session.

Focused on own overt emotional reactions. Counsellors were aware of the potential to express overt emotional expression in session in reaction to their clients' emotional expressions. Within this third subtheme, four emotion types were discussed as being overtly expressed by counsellors: *Anxiety*, *Sadness*, *Happiness*, and *Anger*. These four emotion types referred to the emotions that the counsellors felt and either expressed or suppressed in reaction to their clients' emotional expressions. In some cases, counsellors' emotions matched those of their clients.

Anxiety. Participant 6 recognized that in response to her client's expression of anxiety, she began to feel anxious herself. In this instance, the counsellor stopped herself from feeling the same intensity of emotion as her client. She reported:

With the shoulders and I think part of the reason why I can notice it in her, is if I can feel it in myself... I'm also very aware of it, so then I as soon as I feel myself being like, oh my god I, what just happened, then I immediately take a breath in and relax, sit back and then ground myself first.

Sadness. Participant 3 disclosed that she did not want to show the emotions to her client. Instead, she wanted to hide her feelings. For the emotion of sadness, Participant 3 felt sad in response to her client feeling sad and she disclosed:

I showed that in, I kind of do, my eyes do get a little bit watery, but it's not in a way where she probably even notices. It's just that I can feel that my eyes are doing a change. So that happened but I don't think it's super noticeable for her. I try not to be.

Happiness. Participant 3 also reported that she felt uncomfortable in response to her own emotional reaction of excitement and happiness for her client. In this case, the counsellor's emotion was not matched to her client's emotion (sadness) but, instead, was in response to her client's progress. She reported:

I do feel a little bit of excitement, because I'm making connections about how everything is getting conceptualized and I feel like she is making such huge positive changes and I know how big of a step it is for her to cry. I do get a little bit excited and then I don't want to show that on my face... And because I get excited about that big change happening, I kind of smile sometimes... So it does feel uncomfortable because I feel really happy and really sad for her and then I have a hard time not showing a little bit of the happy part.

Anger. Participant 6 reported that in response to her client's anger, she too felt angry. She disclosed: "The one who we're talking about, who's angry and everything, I don't think it would've worked... I felt angry. I didn't show it, especially considering that she's a woman and that she was abused."

These emotional reactions encompassed both internal and external processes. Internally, counsellors were aware of the influence of their clients' emotions on their own emotions and consciously chose to respond to their clients' emotions by displaying or suppressing their overt emotional reactions. Furthermore, these actions seemed to suggest that while counsellors were aware of their own feelings and expressions in session, they were inclined to suppress or hide their emotions from their clients.

The decision to display or suppress feelings was a choice that counsellors made in responding to their clients' emotions. These choices to act in specific ways seemed to depend on several factors, which are reviewed in the following section.

Counsellor actions that depended on therapeutic context. This third and final main theme grouped together a variety of conditions that may have influenced counsellors' decisions on how to respond to their clients' emotions in session. Three subthemes emerged: *Counsellors' Mandate/Counsellors' Role*, *Clients' Needs*, and *Nature of the Emotion*.

Counsellors' mandate/counsellors' role. Counsellors reported having to fulfill specific program or organizational requirements, and that these requirements often dictated the choice of responses that they were expected to make in session. Participant 1 explained that she would select an intervention based on what she believed was her mandate or her job. She reported:

Yeah because I'm getting this on the premise that this counselling individual came in to find a job or to select a school program. So my job is to help them, guide them, to do that, so by the nature of the thing I have to intervene and ask them.

The decision to respond as mandated suggested that counsellors may need to overcome their own preferences for responding and put them aside in session to do what they believed to be appropriate under their job description. The response then involved specific actions that satisfied that job description.

Clients' needs. All six counsellors indicated that their decisions to respond (and how to respond) to their clients' emotional expressions were dependent on their perception of their clients' needs. For example, Participant 6 indicated that she took into consideration the needs of her client when deciding how to respond to the emotion. She reported:

If they're looking at me and really needing some feedback, then yes, I comment on what I see happening. But sometimes a client might be looking down and or sobbing and their head is in their lap and at that point, I just stay quiet.

Nature of the emotion. The final factor that could influence how counsellors responded to clients' emotional expressions was the type of emotion itself. In their interviews, counsellors labelled the specific client emotions that were addressed when they spoke about their own actions. The seven types of client emotions mentioned were: *Anxiety, Anger, Happiness, Sadness, Despair, Frustration, and Confusion* (see Appendix H for more details). For the emotion of anxiety, counsellors acted in ways that focused on clients' emotional experiences as well as in ways that did not focus on clients' emotional experiences. Participant 6 talked about wanting to calm her client down when the latter was anxious (this action represented a focus on emotion). She said: "Because she was really in that overwhelmed anxious phase or being like,

this happened and this happened, and I can't believe this and that, and I wanted to just calm her down a bit.”

On the other hand, Participant 2 disclosed that she attempted to alter her client's perception of the problem when her client was anxious (this action represented a focus that was not on emotion in the moment). She had said: “I tried to refocus her to looking at it in a more manageable light. This is what you have to do. We'll take care of these 5 things one at a time.” In this example, the counsellor focused on possible solutions and next steps that the client could think about.

For the emotion of happiness, counsellors only talked about actions that focused on clients' emotional experiences in the moment; no reference was made to any actions that did not focus on clients' emotional experiences for this particular type of emotion. Following the expression of her client's happiness, Participant 3 let her client experience the emotion. She said: “I was smiling so kind of just letting him absorb his elation.”

With these different emotion types, counsellors engaged in actions that focused and did not focus on the emotion in the moment. These different responses between emotion types indicated that counsellors were motivated to move the session in different directions when different emotions were expressed.

In summary, the novice counsellors provided detailed accounts of how they responded to their clients' emotional experiences in session. Their recollections revealed two overarching themes: *Counsellors' Internal Processing of Clients' Emotional Expression* and *Counsellors' Actions in Response to Clients' Emotional Expression*. Within these two overarching themes,

main and subthemes were also identified, including those that were influenced by the nature of the emotion.

Within the overarching theme of *Counsellors' Internal Processing of Clients' Emotional Expression*, novice counsellors talked about their observations, reflections, and emotional reactions. The main and subthemes of this overarching theme provided insights into the internal workings of novice counsellors, including their own struggles and preferences.

Within the overarching theme of *Counsellors' Actions in Response to Clients' Emotional Expression*, novice counsellors divulged their actions that both focused on and did not focus on their clients' emotional experiences in the moment. The main themes and subthemes in this overarching theme provided insights into how and when novice counsellors decided to respond to their clients' emotional expressions.

These results suggest that the task of responding to clients' emotional expression in session was a very complex process for these self-reported securely-attached novice counsellors. Novice counsellors were aware of their own internal views, motivations, and struggles and they made use of that awareness in responding to their clients' varied emotional experiences in session. The novice counsellors' responses will be further reviewed in the Discussion section that follows.

CHAPTER V

Discussion

Analysis of the six transcripts yielded interesting themes that reflected the complex and diverse experiences of novice counsellors in responding to their clients' emotional expressions. The discussion below provides a summary of the results, a description of how the results compare to the literature, the implications, the limitations, and potential future directions for research.

Summary of Results

To recap, the present study highlighted two overarching themes: *Counsellors' Internal Processing of Clients' Emotional Expression* and *Counsellors' Actions in Response to Clients' Emotional Expression*. Within the first overarching theme, the following main themes were identified: (a) observations that informed counsellors about the nature of clients' emotional expression, (b) reflexive analysis of response to clients' emotional experiences, and (c) counsellors' covert emotional reactions. Within the second overarching theme, the following main themes emerged: (a) counsellor actions that focused on clients' emotional expression in the moment, (b) counsellor actions that did not focus on clients' emotional expression in the moment, and (c) counsellor actions that depended on therapeutic context. Clearly, there were multiple and complex facets to the counsellors' process in responding to their clients' emotional expressions. These findings were compared to the relevant literature.

Comparing Results to the Literature

Novice counsellors in the current study recalled observing, understanding, and encouraging their clients' emotional expressions. A wide range of responses were mentioned which indicated that novice counsellors were focused on and attentive to their clients' emotional expressions. Novice counsellors' recollections also indicated that they focused on their own covert and overt emotional expressions, as well as their own in-session reflections. The disclosures offered by these novice counsellors were representative of multiple models of counsellor development.

Novice counsellors' recollections. Novice counsellors of the current study demonstrated that they recalled responding to their clients' emotional expressions by using basic microcounselling skills as well as other more complex responses. In contrast to Hill et al.'s (2007) study, where trainees expressed uncertainty about how to develop and use helping skills, novice counsellors' recalled using a number of different helping skills. Namely, novice counsellors recalled reflecting their clients' emotions, asking questions, and being attentive to their clients' nonverbal behaviours. Moreover, the novice counsellors of the current study recalled responding in ways that are reflective of empathic responding. Crutchfield et al. (2000) described empathic responding as occasions when counsellors respond by having or communicating a basic understanding of what the client is feeling and of the experiences and behaviours underlying those feelings. As was noted in the main theme of *Observations That Informed Counsellors About the Nature of Clients' Emotional Expression*, novice counsellors recalled observing and developing their own understanding of their clients' nonverbal and verbal behaviours to the extent that these observations would inform the novice counsellors of their

clients' emotional experiences in session. This main theme did not highlight whether the novice counsellors openly communicated their basic understanding to their clients; however, as per Crutchfield et al.'s (2000) definition of empathic responding, the current novice counsellors did demonstrate that they had a basic understanding of their clients' emotional expression.

In regards to responses that were more involved, one participant talked about making connections between her client's mood, stress, thoughts, feelings, and behaviours in an effort to help her client understand the emotion in session. Another participant talked about how teaching her clients about emotional language was useful and helped clients to be open to talking about and naming their emotions. Interestingly, the current study's results showed no mention of using silence as a response to client emotional expression, which is reflective of Hill et al.'s (2003) assertion that counsellors who are more experienced tend to use silence more in their sessions. Hill et al. (2003) had described that counsellors' use of silence, among other purposes, is to facilitate the expression of feelings, facilitate reflection, and to convey empathy. In the present study, novice counsellors' lack of recall in using silence shows that this particular response to client emotional expression was not at the forefront of their minds when thinking about how they responded.

Novice counsellors also recalled experiencing their own emotions as they witnessed their clients' emotional expressions in session. The novice counsellors were able to label their own emotions along with the triggers for those emotions. For example, under the subtheme of *Counsellors' Covert Emotional Reactions*, novice counsellors demonstrated awareness of their own emotion types and the different influences on their emotional reactions. Influences on

counsellors' emotional reactions included clients' emotion types, clients' context, and the counsellor-client boundary. The novice counsellors also understood their own overt emotional reactions to the extent that they knew what nonverbal behaviours they would display in reaction to their clients' emotional expressions. Novice counsellors' awareness of and ability to talk about their own emotional reactions were similar to Melton et al.'s (2005) study where student counsellors were able to reflect on their emotional experiences. The current study's results enhanced our understanding of novice counsellors' emotional reactions by showing that counsellors' emotional reactions occur in response to specific client emotional expressions.

In-session reflections were also mentioned as part of the process of responding to client emotion. Novice counsellors reported reflecting on their own preferences for responding as well as their purposes for responding in certain ways. The current study described the novice counsellors' actions with reference to specific therapeutic contexts that motivated their responses. For example, one participant explained that she would select an intervention based on what she believed was her current mandate or job. Another participant disclosed that her response to clients' emotional expression depended on what she felt were her clients' needs in that moment. In regards to timing (i.e., pacing of selected interventions), the subtheme of *Delayed Responding to Clients' Emotional Expression* showed that these novice counsellors were aware of the timing of their responses and consciously decided when to use specific interventions.

Results related to developmental models. The novice counsellors in the current study did not seem to conform fully to the previously described models of counsellor development.

The responses provided by the novice counsellors in the present study partially reflected a variety of characteristics from each of the different models of counsellor development.

Stoltenberg and McNeill (2010) had suggested that Level 1 counsellors would find it difficult to fully immerse themselves in their clients' emotions if the counsellors themselves were suffering through performance anxiety, which did not seem to be the case for the current study's novice counsellors. While novice counsellors in this study were not directly asked about experiencing performance anxiety, the fact that they did not openly mention experiencing it suggested that performance anxiety was not at the forefront of their experiences when responding to their clients' emotional expression. Rather than worry about their own performance, novice counsellors thought about their own preparedness to handle their clients' emotions and thought about their response preferences. The novice counsellors' disclosures about their preparedness were not accompanied by experiences of anxiety; instead, their disclosures of preparedness were neutral descriptions of whether they felt prepared to respond at the time of their clients' emotional expressions.

Moreover, Mikulincer et al. (2013) suggested that secure therapists were likely to remain compassionate and empathic rather than be overwhelmed by their own personal distress or anxiety in session. The assumption that the novice counsellors in this study were securely-attached counsellors suggested that they would be more confident and less distressed in responding to client emotional expression. Results from the current study were in line with the above assumption and seemed to confirm Wittenborn's (2012) study, where secure therapists were described as being more emotionally attuned, engaged, focused on clients' emotional

experiences, and competent in working with clients' overt and underlying emotions.

Unfortunately, due to methodological limitations, claims related to attachment style were not sufficiently substantiated (see Limitations).

Ridley et al.'s (2011) model of counsellor competence seemed to be representative of the types of responses demonstrated here. The cognitive and affective competencies from Ridley et al.'s model (purposefulness, motivation, and timing) appeared to be present in the types of responses that novice counsellors disclosed. In regards to purposefulness (intentionally structuring sessions and employing interventions to promote therapeutic change), novice counsellors responded to their clients' emotional expression for the purpose of exploring their clients' emotional experiences in depth. In using specific responses such as giving clients time to feel and to process emotions, attempting to comfort and calm their clients, and asking questions, novice counsellors were able to focus their sessions on their clients' emotional expressions and to encourage their clients to both understand and change their emotional experiences in session.

The results of this study also lent support to Bennett-Levy's (2006) three-system model of acquisition and refinement of counsellor skills. The declarative system refers to novice counsellors' acquisition of factual information through educational means; the procedural system refers to novice counsellors' knowledge of rules, plans, and procedures related to applying counselling skills; and the reflective system refers to the "observation, interpretation, and evaluation of one's own thoughts, emotions and actions, and their outcomes" (Bennett-Levy, 2006, p.60).

The first declarative system was not the focus of this study but the procedural system and the reflective system were reflected in the results of this study. The procedural system, which includes the direct application of counselling skills, was evident in the main theme: *Counsellor Actions That Focused on Clients' Emotional Expression in the Moment*. Novice counsellors mentioned using several counselling skills in their efforts to respond to client emotional expression. Novice counsellors gave their clients time to feel and to process emotions, explored their clients' emotional experiences by asking relevant questions, and acknowledged their clients' emotional expressions by validating, reflecting, and expressing empathy. Additionally, the reflective system was apparent throughout the semi-structured interviews, as well as within the specific main theme of *Reflexive Analysis of Response to Clients' Emotional Experiences*. In this case, the participants in the current study were able to speak about and reflect on their previous counselling experiences, specifically in regards to their responses to client emotional expression. This type of reflection refers to what Bennett-Levy (2006) defines as reflection-on-action (reflections following a counselling session). The participants also displayed reflection-in-action (reflections that occur in session, also defined by Bennett-Levy, 2006) when they described their reflections in session. For example, one participant talked about how she knew, in session, that she was prepared for multiple outcomes (i.e., she was sensitive and ready for whichever emotional expression her client would express).

These novice counsellors recalled responding to client emotions in ways that suggested both a self and client-focus. They used specific counselling skills to encourage their clients' emotional expressions and they themselves experienced a wide variety of emotions and reflections. Relatedly, Williams (2008) recognized that it was possible for counsellors to be

intently focused on their clients' presence (verbal disclosures, nonverbal behaviours, or thoughts about their clients' experiences) and to then be suddenly pulled to notice something about themselves (distracting thoughts, strong personal emotion, physiological reaction, or personal behaviours). The results of the current study demonstrated that novice counsellors experienced these types of responses; whether novice counsellors were pulled from one focus to another (client to self or vice versa) is less clear.

Implications for Responding to Client Emotional Expression

The present study provided a repertoire of novice counsellors' responses to clients' emotional expressions. The relationships between the current findings and previous research reaffirmed that novice counsellors' responses were varied. The findings of the present study have developmental and educational implications. Based on these implications, some potential recommendations are worthy of consideration, including: continual assessment of counsellors' self-awareness in relation to their own practice, and tailored supervision and training practices.

Developmental implications. Awareness of their own responses to client emotional expression and their response preferences is a key component that will aid in novice counsellors' development. Understanding their own process in responding to clients' emotional expression early on in their careers will provide direction for future areas of improvement. For example, if a novice counsellor realizes that he or she is uncomfortable with certain aspects of client emotion, this awareness becomes the first step to understanding their own in-session reactions and responses. Novice counsellors who react anxiously in session, whether they attribute their anxiety to their clients' emotional expressions (as the current study suggested) or to their

inexperience or lack of knowledge about what to do (as Stoltenberg (1981) suggested), can begin to understand those anxious reactions and work towards using those reactions in a constructive way in session. Furthermore, if novice counsellors are aware of their own response preferences, this awareness can help them to predict when they might be naturally inclined to respond in a certain way. Specific triggers could be determined for novice counsellors' resultant emotional reactions and their response preferences. Thereafter, the novice counsellor can move towards becoming fully aware of themselves as counsellors in session and proceed to developing and improving their own emotionally-focused practice. Particularly, if novice counsellors do not seem to experience substantial challenges in responding to client emotional expression (as it appeared to be the case for the present study), more assessments need to be made in order to determine other potential challenges. Individual novice counsellors may present with different developmentally-related characteristics: some may easily respond to their clients' emotions, while others may find great difficulty in the task. Continual assessment of novice counsellors' in-session responses would help them to track their own development, along with their abilities to manage emotions in sessions, and their abilities to provide focused responses for their clients.

Educational implications. The results from this study can be used to strengthen the supervision process and to tailor the focus of training programs and classes. Knowing that novice counsellors do experience specific emotional reactions in response to their clients' emotions, the question then becomes: how does one manage these emotions in session? Open discussions between supervisor and supervisee might occur to identify the different types of emotional reactions, to explore their triggers and to determine the consequences of their actions following the experiences of those emotional reactions in session. Specific supervisor

interventions may then be more effective in helping novice counsellors to explore their own capacity for emotional responding. Supervisors might encourage their novice counsellors to reflect regularly in and outside of their counselling sessions. The continued self-reflection of novice counsellors has been viewed as a means to developing counsellors' self-awareness (Pompeo & Levitt, 2014), and so enabling this self-reflection would hopefully enhance novice counsellors' awareness of their own responses to client emotional expression.

Specific emotion-focused training programs and classes could also serve to highlight the importance of novice counsellors being emotionally aware and responsive in session. As novice counsellors seemed to experience many emotions themselves in tandem with their clients' emotions, emotion-focused training and classes could provide information on the dynamics of those emotional interactions. Emotional theories could offer explanations for those interactions and practical exercises could help prepare novice counsellors for those same emotional interactions in session. The effects of emotionally-focused training on counsellors can be noted, among other benefits, in novice counsellors' increased knowledge, competence, openness to their own feelings, and increased self-compassion (Montagno, Svatovic, & Levenson, 2011).

Training novice counsellors to be more self-aware would also benefit their development. Pieterse, Lee, Ritmeester, and Collins (2013) presented an integrated model of self-awareness development (IMSAD) wherein the framework was provided to help novice counsellors make sense of their own personal experiences and reactions. Pieterse et al. (2013) described self-awareness as "a state of being conscious of one's thoughts, feelings, beliefs, behaviours, and attitudes, and knowing how these factors are shaped by important aspects of one's developmental

and social history” (p. 191). Thus, the objective of this training would be to help the counsellor develop the ability to identify their personal reactions and to understand and utilize these reactions within the counselling session. One assumption of the IMSAD was that by bringing into consciousness aspects of the self-identity, novice counsellors might gain more control over their reactions to clients and therefore be better able to utilize these reactions to facilitate counselling sessions. Within the IMSAD, seven areas were considered to be the most significant factors associated with self-awareness development: personality preference, family of origin, relational style, racial and ethnic identity, social class, gender identity, sexual orientation, and religious/spiritual orientation. Of particular relevance here is the relational style factor, which refers to the constellation of therapists’ relational behaviours that contribute to the therapeutic relationships, including the degree to which the therapist is supportive, affirming, understanding, facilitates expression of affect and attends to clients’ experience. In fact, Dinger, Strack, Sachsse, and Schauenburg (2009) suggested that a therapists’ relational style can be reflective of their pattern of attachment and Pieterse et al. (2013) suggested that therapist’s attention to his or her relational style and emotional reactions in relationships could facilitate a more intentional utilization of therapeutic responses.

Therefore, recognizing that novice counsellors do experience a multitude of emotions in session, supervision could aid in developing counsellors’ awareness and management of their emotions. Training novice counsellors to focus on their clients’ emotions could also be valuable as it provides concrete knowledge and practical experiences in regards to potential responses that novice counsellors could employ in session. Self-awareness training would also be beneficial to help novice counsellors further understand their own personal reactions and to use them

appropriately in session. Results of the current study highlighted implications for novice counsellors' development, supervision and training, but these results need to be considered in light of potential limitations.

Limitations of the Study

One major limitation of the current study was the shift in focus from exploring the differences in responding between novice counsellors with three different attachment styles to exploring solely the responses of securely-attached novice counsellors. Other limitations included the need for stricter construct definitions and the potential for social desirability. Several problems arose in regards to the attachment style piece of this study. Initially, the goal of the study was to recruit an equal number of participants from all three attachment styles. However, due to the unsuccessful recruitment of novice counsellors with all three attachment styles, the decision was made to simply focus on self-reported securely-attached novice counsellors (as this attachment style represented the majority of novice counsellors who were interested in participating). However, prior to making this decision, all interested participants had already completed the attachment measure and had been contacted and interviewed. Having completed the attachment measure, all participants were given the opportunity to discuss Hazan and Shaver's Measure of Attachment during their interviews. As pointed out in the sample characteristics section of this paper, novice counsellors had concerns about the measure, where half of the participants mentioned being drawn to choose an insecure attachment style as well. Thus, the self-report measure of attachment style may not have reflected the recruitment of novice counsellors with purely secure attachment styles. However, within the literature, attachment style has been viewed as a flexible and changeable characteristic influenced by

changes in self-confidence, problem coping styles, distress (Lopez & Gormley, 2002), and adverse experiences (Davila, Burge, & Hammen, 1997). Thus, novice counsellors' pull towards two different attachment styles was not surprising. For the purpose of the current study, attachment style was meant to be reflective of their primary attachment style, in other words, the attachment style that was most pervasive and dominant across relationships (Bifulco, Moran, Ball, & Lillie, 2002), and in this regard, the novice counsellors still chose secure attachment as their primary attachment style. Interestingly, one of the participants mentioned that she felt her responses in regards to her clients' emotional expression were related to her secure attachment style; she felt pulled towards exploring her clients' emotions fully. Unfortunately, the fact that half of the participants had concerns about their initial choice of attachment style meant that perhaps their choice in attachment style was not a firm choice and thus, claims could not be made based on attachment style.

The lack of a strict definition for emotional expression meant that novice counsellors were free to subjectively interpret the meaning of "client emotional expression". This freedom implied that each novice counsellor may have had a different definition for what represented a clients' emotional expression. This limitation, however, was offset by the nature of the semi-structured interview, where novice counsellors were able to thoroughly describe their clients' emotional expressions – the context and any relevant details related to the expression. In this way, novice counsellors were able to provide clear descriptions and definitions of what they viewed as client emotional expressions.

Social desirability was also a limitation that may have affected the results of this study. Socially desirable responding refers to the tendency for participants to present a favourable image of themselves (Johnson & Fendrich, 2005), where they may intentionally or subconsciously provide information that conform to socially acceptable values, to avoid criticism or to gain social approval (King & Brunner, 2000). The research question clarified that the aim of the current study was to explore the recollections of novice counsellors and notwithstanding any instances of social desirability, the reported recollections were perceived to be authentic. Despite the limitations of the current study, the results that emerged were deep, nuanced, and reflected the unique and complex recollected experiences of the participants. Potential future directions for research are delineated below.

Future Directions for Research

Future directions for research could include the exploration of a larger sample of self-reported securely-attached novice counsellors, a comparison of novice counsellors' versus experienced counsellors, and a comparison of securely-attached versus insecurely-attached novice counsellors.

The current study investigated a small subset of the novice counsellor population (novice counsellors who self-reported as securely-attached). Future studies might investigate a larger sample of self-reported securely-attached novice counsellors to determine if the findings from this study could be replicated among a greater novice counsellor population. Perhaps more varied and complex themes would emerge from the testimonies of additional novice counsellors.

Future studies could also clearly distinguish between different levels of counsellor development, take into account which developmental model is most relevant, and explore counsellors' subjective experiences in responding to client emotional expression.

Additionally, it would be valuable to conduct a more extensive exploration of how novice counsellors with different types of attachment styles respond to client emotional expression. For example, future studies might delve into how self-reported insecurely-attached novice counsellors respond to client emotion.

Given that the current study utilized a self-report measure of attachment that brought up concerns for the participants, future studies could also replicate this study and use the AAI (George et al., 1996) to more objectively assess attachment style. The AAI is an attachment measure based on assessments of interview narratives where trained interviewers and raters administer and rate individuals' attachment styles. In addition, because the AAI is not a self-report measure and is a validated instrument used to assess attachment style, there is minimal risk for classifications due to social desirability. In this way, a clearer distinction between attachment styles can be made and any potential differences attributed to attachment style can be isolated. Exploring the responses of all types of novice counsellors will add to the research in the field of counselling and will provide a more exhaustive understanding of how novice counsellors respond to and work with client emotion.

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Appendix A

Recruitment Flyer

RECRUITING COUNSELLING STUDENTS FOR A RESEARCH STUDY!

TITLE OF THE STUDY: The Influence of Therapist Attachment Style on Client Emotional Expressivity; A Pilot Study From the Therapist's Perspective

PURPOSE OF THE STUDY: To learn, through qualitative research methods, more about a therapist's perspective of how he/she influences his/her clients' emotional expressivity. In participating in this study, therapists are given the opportunity to speak about their own experiences with counselling clients and to elaborate on how they, as therapists, can influence the therapeutic process. Additionally, insights discussed may increase a therapist's self-awareness.

ARE YOU ELIGIBLE?

- Do you have experience counselling at least one client?
- Have you previously completed the first internship class (EDU 6473) or are currently taking the internship class?
- If you answered yes to the above, then you are eligible!

WHAT WILL YOU BE ASKED TO DO?

- Complete 2 short documents (a Demographic Questionnaire and an Attachment Measure).
- Based on your completed Attachment Measure, you may be asked to complete an informal interview (lasting no more than an hour).

WHAT DO YOU GET?

- An opportunity to talk about, learn, and explore your own counselling work.
- Compensation:
 - o A \$15 gift card for the Rideau Centre (if you are asked to, and have completed the interview) or
 - o Entry in a draw for a \$15 gift card to the Rideau Centre (if you are asked to complete both above mentioned documents)

If you are interested, please send an email to the Principal Investigator.

Appendix B

Consent Form

Title of the study: The Influence of Therapist Attachment Style on Client Emotional Expressivity;
A Pilot Study From the Therapist's Perspective

Principal Investigator: Ms. Jennifer Chew Leung
Masters Student
University of Ottawa
Faculty of Education
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Supervisor: Dr. Anne Thériault
Associate Professor
University of Ottawa
Faculty of Education
Department of Educational Counselling
Ottawa, ON
Anne.Theriault@uottawa.ca
(613) 562-5800 ext. 4088

You are invited to participate in the above mentioned research study conducted by Jennifer Chew Leung who is being supervised by Dr. Anne Thériault. Your participation in this research study is completely voluntary. You are under no obligation to participate and you may refuse to answer any questions you do not want to answer. You also have the right to withdraw your participation from the study at any time.

If you wish to participate in this study, please send an email to the principal investigator (Jennifer Chew Leung) detailing your interest.

Only a certain number of participants are required for this study. While we appreciate your interest in participating, only a select few of you may be contacted to complete this study. Once communication has been established between yourself and the principal investigator, you will be emailed a Demographic Questionnaire and a Measure of Attachment. These two documents should take a few minutes to complete. You do not have to answer any questions that you do not want to answer. Once you have completed the Demographic Questionnaire and the Measure of Attachment, you will be asked to email them back to the principal investigator.

The principal investigator will analyze the questionnaires and select two people per attachment style. If selected, an informal interview will take place between you and the principal investigator. This interview should take approximately 45 minutes to 1 hour to complete. This interview will be audio-recorded and transcribed to be analyzed.

Purpose of the study: From this research we wish to learn more about the therapist's perspectives of how he/she influences their clients' emotional expressivity.

Benefits: In participating in this study, therapists are given the opportunity to speak about their own experiences with counselling clients and to elaborate on how they, as therapists, can influence the therapeutic process. Additionally, insights gleaned/discussed may increase a therapist's self awareness.

Risks: Due to the fact that only a select number of participants will be recruited, it could be that even if you are interested, you may not be asked to complete this study.

If you are asked to complete this study, there may be questions asked that are of a sensitive nature and may cause emotional or psychological discomfort. However, as a participant, you are free to refuse to answer any questions that may cause such discomfort.

Compensation: To thank you for your contribution to the research study, participants that go on to complete the interview will be given a Rideau Centre gift card valued at \$15. If during the interview, you decide to withdraw, you will still be given the gift card. You will be given the gift card when you meet with the principal investigator for your interview.

To thank those participants who completed the initial two documents of this study but were not asked to complete the interview, you will be given the option to enter your name into a draw to win a Rideau Centre gift card valued at \$15. The draw is open to all participants who enter their name into the draw, regardless of whether they decide to withdraw from further participation.

Upon completion of the study, a name will be randomly selected amongst those who have entered and the person whose name is drawn will be informed by email. If the person cannot be reached within 14 days from the date of the draw, the gift card will be awarded to the second name that is randomly selected and so on until the gift card has been awarded. The odds of winning the gift card will depend on the number of participants that decide to enter their names into the draw. The gift card must be accepted as awarded or forfeited and cannot be redeemed for cash.

We reserve the right to cancel the draw or cancel the awarding of the gift card if the integrity of the draw or the research or the confidentiality of participants is compromised. The draw is governed by the applicable laws of Canada.

Confidentiality and anonymity: The information that you will share will remain strictly confidential and will be used solely for the purposes of this research. The only people who will have access to the research data are the principal investigator (Jennifer Chew Leung) and the supervisor (Dr. Anne Thériault). Your answers to open-ended questions may be used verbatim in presentations and publications but you will not be identified; pseudonyms will be used. An email address will be requested, as it is the way in which the principal investigator will communicate with you. Only the principal investigator and the supervisor will know of your participation in this study and any identifying information (email address) will be kept private.

Conservation of data: The demographic questionnaire, attachment measure, and interview transcripts will be kept in a locked filing cabinet in the office of the supervisor (Dr. Anne Thériault) at the University of Ottawa for a period of 5 years, at the end of which they will be destroyed. Any electronic files will be password-protected and will also be destroyed in 5 years time. The demographic questionnaire and attachment measure of those who are not selected to complete the interview will be destroyed after ten days (unless a request is made by the participant to review those documents). If you choose to withdraw from the study, your data will be destroyed immediately.

Information about the study results: As a pilot study, the results from this research study may be used to inform future studies. If participants wish to learn about the results from this study, this can be indicated to the principal investigator in answer to a question in the Demographic Questionnaire. Following the completion of this study, the principal investigator will email all interested individuals a final report of the study.

If you have any questions or require more information about the study itself, you may contact the principal investigator (by email) or the supervisor (by email or telephone).

If you have any questions with regards to the ethical conduct of this study, you may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5, tel.: (613) 562-5387 or ethics@uottawa.ca.

Please keep this form for your records.

Thank you for your time and consideration.

Participant's signature:

Date:

Principal investigator's signature:

Date:

Appendix C

Letter of Information

Title of the study: The Influence of Therapist Attachment Style on Client Emotional Expressivity;
A Pilot Study From the Therapist's Perspective

Principal Investigator: Ms. Jennifer Chew Leung
Masters Student
University of Ottawa
Faculty of Education
Department of Educational Counselling
Ottawa, ON

Supervisor: Dr. Anne Thériault
Associate Professor
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(613) 562-5800 ext. 4088

You are invited to participate in the above mentioned research study conducted by Jennifer Chew Leung who is being supervised by Dr. Anne Thériault. Your participation in this research study is completely voluntary. If you wish to participate in this study, please send an email to the principal investigator (Jennifer Chew Leung) detailing your interest.

The **purpose of this study** is to learn, through qualitative research methods, more about a therapist's perspective of how he/she influences his/her clients' emotional expressivity. In participating in this study, therapists are given the opportunity to speak about their own experiences with counselling clients and to elaborate on how they, as therapists, can influence the therapeutic process. Additionally, insights discussed may increase a therapist's self awareness.

In the first stage of this study, you will be asked to complete a Demographic Questionnaire and Hazan and Shaver's Measure of Attachment (sent to you by email). These two documents should take a few minutes to complete. You do not have to answer any questions that you do not want to answer. Once completed, you will be asked to send them back by email to the principal investigator.

In the second stage of this study, an informal interview will take place between you and the principal investigator. This interview should take approximately 45 minutes to 1 hour to complete. This interview will be audio-recorded and transcribed to be analyzed.

Only a certain number of participants are required for this study. While we appreciate your interest in participating, only a select few of you may be contacted to complete the second part of this study. Participants will be selected according to their attachment styles. Due to the fact that only a select number of participants will be recruited, it could be that even if you are interested, you may not be asked to complete this study. We thank you for your interest.

If you are asked to complete this study, there may be questions asked that are of a sensitive nature and may cause emotional or psychological discomfort. However, as a participant, you are free to refuse to answer any questions that may cause such discomfort. You also have the right to withdraw your participation from the study at any time.

Compensation: To thank you for your contribution to the research study, participants that go on to complete the interview will be given a Rideau Centre gift card valued at \$15. If during the interview, you decide to withdraw, you will still be given the gift card. You will be given the gift card when you meet with the principal investigator for your interview.

To thank those participants who completed the initial two documents of this study but were not asked to complete the interview, you will be given the option to enter your name into a draw to win a Rideau Centre gift card valued at \$15. The draw is open to all participants who enter their name into the draw, regardless of whether they decide to withdraw from further participation.

Upon completion of the study, a name will be randomly selected amongst those who have entered and the person whose name is drawn will be informed by email. If the person cannot be reached within 14 days from the date of the draw, the gift card will be awarded to the second name that is randomly selected and so on until the gift card has been awarded. The odds of winning the gift card will depend on the number of participants that decide to enter their names into the draw. The gift card must be accepted as awarded or forfeited and cannot be redeemed for cash.

We reserve the right to cancel the draw or cancel the awarding of the gift card if the integrity of the draw or the research or the confidentiality of participants is compromised. The draw is governed by the applicable laws of Canada.

Confidentiality and anonymity: The information that you will share will remain strictly confidential and will be used solely for the purposes of this research. The only people who will have access to the research data are the principal investigator (Jennifer Chew Leung) and the supervisor (Dr. Anne Thériault). Your answers to open-ended questions may be used verbatim in presentations and publications but you will not be identified; pseudonyms will be used. An email address will be requested, as it is the way in which the principal investigator will communicate with you. Only the principal investigator and the supervisor will know of your participation in this study and any identifying information (email address) will be kept private.

The interview transcripts will be kept in a locked filing cabinet in the office of the supervisor (Dr. Anne Thériault) at the University of Ottawa for a period of 5 years at which time they will be destroyed. Any electronic files will be password-protected and will also be destroyed in 5 years time.

If you are not selected for the second stage of the study, and you do not request to review your Demographic Questionnaire and Hazan and Shaver's Measure of Attachment, those two documents will be destroyed after ten days. During the ten days, you may request to meet with the principal investigator if you have any questions or comments about the results of your self-assessment questionnaire. If you choose to withdraw from the study, your data will be destroyed immediately.

As a pilot study, the results from this research study may be used to inform future studies. If participants wish to learn about the results from this study, this can be indicated to the principal investigator in answer to a question in the Demographic Questionnaire. Following the completion of this study, the principal investigator will email all interested individuals a final report of the study.

If you have any questions or require more information about the study itself, you may contact the principal investigator (by email) or the supervisor (by email or telephone).

If you have any questions with regards to the ethical conduct of this study, you may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5, tel.: (613) 562-5387 or ethics@uottawa.ca.

Please keep this letter for your records.

Thank you for your time and consideration.

Principal investigator's signature:

Date:

Appendix D

Demographic Questionnaire

1. Please provide your email address

(As a means of communicating with you as a participant in this study):

2. Please summarize your previous counselling experience below (in a few sentences): (i.e.,: Write down if you've provided counselling for individual, couple, or group clients, to what extent, for how long, etc.)

Be advised that should the principal investigator require more information about your previous counselling experiences, this question will be addressed in the interview.

3. Please provide your main theoretical orientation; the main type(s) of counselling/therapy that you practice (i.e.,: psychodynamic, support, multicultural, career, eclectic, etc.):

If you do not identify yourself as following a particular orientation, please write: N/A.

Main theoretical orientation:

4. Please provide details on the type of training that you have received in the above counselling type(s)

– your main theoretical orientation:

5. Would you like to be contacted (by email) to learn about the results of this study?

- a. Please highlight: Yes No

Appendix E

Hazan and Shaver's Measure of Attachment

Question: Which of the following best describes your feelings? Please choose either A, B, or C (please highlight one choice).

A) I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't often worry about being abandoned or about someone getting too close to me.

B) I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, love partners want me to be more intimate than I feel comfortable being.

C) I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to merge completely with another person, and this desire sometimes scares people away.

- Taken from Hazan & Shaver (1987) Table 2

Appendix F

Semi-Structured Interview Protocol Questions

Demographic Questionnaire Follow-Up

1. Did you have any questions or comments about the demographic questions that you answered?
 - a. Did you have any difficulty answering the question about your counselling experiences?
 - i. Can you tell me more about those experiences?
 - b. Did you have any difficulty answering the 'main theoretical orientation' question?
 - i. How come?

Attachment-Based Questions

1. What did you think of the attachment question?
 - a. Did you have any difficulty answering the attachment question?
 - i. How come?
 - b. Did you see yourself choosing more than one category?
 - i. Which one(s)?
 - ii. How so?
2. What do you understand about your own attachment style?
 - a. How would you describe it?

Emotion-Based Questions

1. In your opinion, what role does **emotion** play in therapy? (ex: How is it displayed/used?)

2. How do you **approach emotion** in therapy? (ex: Steps that you take when emotion comes up in therapy?)
 - a. Is it an important aspect in your work?
 - b. How do you work with it?
 - c. How does it relate to your theoretical orientation (does it?)
 - d. How does that relate to your attachment style in your opinion?
3. Can you give me an example of a time when your **client clearly expressed an emotion** in session?
 - a. Can you tell me about how **emotions were expressed**?
 - i. Positive/negative emotion?
 - ii. Verbal/nonverbal?
 - iii. Approximate length of time spent in this moment?
 - iv. What did you do in response?
4. Looking back on that moment now, what are **your thoughts** about it? (ex: General thoughts)
 - a. What aspects of that experience were **comfortable**?
 - b. What aspects of that experience were uncomfortable?
 - c. **What did you do?** What behaviours or actions did you take in response to your client's emotional experience/expression?
 - d. Is there a link here between your response and your attachment style in your opinion?
 - e. **WHAT IS THE LINK?** In what ways did it influence how you responded? **What did you say?**
 - f. Why do you think you said those things?

- g. Any **nonverbal behaviours**?
 - h. Why did you think you used those nonverbal behaviours?
5. **Repeat above two questions (#3, 4)** for as many examples as participant can provide.
- a. Can you provide a different example of when you shared an emotional moment with your client?
6. Do you have an example of when you were **uncomfortable**? (after your client has expressed emotion)
- a. Why do you think that was?
 - b. What was different? (compared to when you felt comfortable)
 - c. How did you handle that?
 - d. What did you do? What responses or actions did you take in following your client's emotional experience/expression?
 - e. When dealing with similar emotions in private life, do you experience the same kind of discomfort?
7. Do you have an example of when you were **comfortable**? (after your client has expressed emotion)
- a. Why do you think that was?
 - b. What was different? (compared to when you felt uncomfortable)
 - c. How did you handle that?
 - d. What did you do? What responses or actions did you take in following your client's emotional experience/expression?

- e. When dealing with similar emotions in private life, do you experience the same kind of comfort?
8. Do you see any **influence of your own attachment style** in how you relate to your client's emotions?
 - a. How?
 - b. Which of your attachment-related responses do you think have influenced your client's emotional expression? Examples?
9. Looking back on those instances when your client expressed emotion, how do you **perceive and understand** what happened?
 - a. Do you sense that how you responded had an impact on how the client handled emotion (expressed emotion, etc.) at the time?
 - i. How?
 - ii. Do you think that how you acted impacted the process of therapy? Or the outcome of therapy? If so, how? What's the impact?
10. How typical was this of how you handle emotion usually?
 - a. Do you see a parallel between how you deal with emotion in therapy and how you deal with emotion outside of therapy?

Appendix G

Extended Results: Complete Code List for First Overarching Theme

Table 5

Complete Code List for First Overarching Theme - Counsellors' Internal Processing of Clients' Emotional Expression

Main Themes	Subthemes	Transcript	Lines	Codes
Observations that informed counsellors about the nature of clients' emotional expression	Observations of clients' nonverbal behaviours alerted counsellors to the nature of clients' emotion	1	512	therapist analyzes client's nonverbal behaviour to label the emotion (ex. Drab = when the client is all 'downwards')
		1	512	posture points to emotional experience
		1	499-506	analyzes nonverbal behaviour for signs of emotion
		1	499-506	therapist notes her client's facial expression
		2	903-927	therapist sees patterns in client's nonverbal behaviour developing
		3	221-244	emotions are brought up by the clients through their body language (i.e., crying)
		3	280	interprets clients' heavy crying as grieving for loss childhood following a childhood of abuse and parentification
		3	288-289	therapist assigns meaning to client's behaviour in session

3	316	observes/assigns behaviour/internal processing of client based on nonverbal behaviour
3	368	therapist believes that the client having never cried about childhood before is detrimental
3	436	attributes meaning to client's behaviour in session (openness to share emotional expression)
3	856	therapist has immediate recognition of client emotion
3	889	therapist bases her perception of client emotion on nonverbals
4	303	therapist perceives from client emotional expression that her client was proud of herself
4	322-333	the client's relaxation in her body showed the emotion
4	322-333	the client's facial expression showed the emotion
4	322-333	therapist could tell that her client was very pleased with herself based on client nonverbals
4	603	therapist notices change in client emotional expression (nonverbals)/perception towards therapist
4	612-630	noticed changes in emotional expression by noting nonverbals (body language, language, change in attentiveness)
4	991	therapist noticed that her client was teary and kept shaking her head
4	991	client her head in her hands

4	991-1004	noted nonverbals (body language) and verbals (repeating 'I don't know') as a sign that her client was experiencing despair
4	1082	therapist notes client's pacing as an indication of her client's emotion
4	1097	therapist relies on nonverbals to interpret client's emotional state
5	340-341	therapist believes from one session that her client had a lot of anger issues
5	340-341	therapist picked up on emotional expression from just one intake session
5	613	knew the basic emotion of sadness due to client crying
5	643	therapist notes the length and type of nonverbal expression (long cries, long 'whining' cries)
5	661	therapist felt like client was very sad from client's distinct nonverbal cues
5	663	therapist has heard 'long whining cries' at funerals before (therapist reflects on the meaning of a specific nonverbal behaviour)
5	673	therapist gathers different indices of nonverbal behaviour to understand the meaning of the emotion
5	673	the client holding herself gave therapist the idea that her client was trying to comfort herself
5	655-659	therapist has clear memory of what the nonverbal expression sounded like

5	681	client nonverbal expressions give the therapist an 'impression'
5	789	able to perceive when client is very upset
5	804	therapist could tell from past experience with her client that her client was angry by her physical stance
5	804	therapist could tell client was angry also because of nonverbals (pursed lips, client's movement were abrupt and decided, client was breathing harder, and tone of voice was indicative of anger)
5	819	observant of base line nonverbals and compares client nonverbals to their usual way of being physically (movement) ex. More abrupt breathing/breathing harder
5	1008	strength and nature of client emotional expression indicates progress - empowerment
6	370-373	perceives client to have been crying based on physical appearance
6	382-383	therapist infers client emotion from behaviour observation (client did not announce her emotion directly)
6	389	therapist inferred client's emotions from her own observations
6	401	client arrived to the session already emotionally upset
6	403-405	client quick to become emotional again (after a short period of being calm)

6	520	can pinpoint client's feeling based on physical appearance
6	535	therapist notices client emotional expression quickly
6	677	client is physically acting out an incident - indication of emotion
6	690-691	therapist interprets nonverbal behaviour as anger

Anger

5	694-698	different nonverbals associated with anger
5	694-698	fist clenching
5	694-698	client punching her leg
6	632	mostly men (compared to women) have expressed anger in session
6	673	client was pacing was explaining a story = anger

Despair

1	499-506	despair = when people throw their hands up in the air, and show that this is out of their control
1	499-506	despair = hunched over, face was drab
4	991	therapist knew that client was experiencing 'despair' because of nonverbals ('physical signs')

Frustration

3	856	therapist could tell how client was feeling ('frazzled') as soon as she saw her
3	853-917	as soon as my client walked in, I could tell she was 'frazzled'

3 882 frazzled = nonverbals: looking tired in her face, deep breathe out/like a sigh, slumped down in the chair, put her stuff down in a 'frustrated' way

3 898 letting her stuff drop in a 'careless' way is indicative of being 'frazzled'

Grief

5 581 big grief for client=something that a client will never have again, something that made her 'really really' sad

5 587 when client cries in session, big shame on her

5 590 therapist describes client's feeling as being based on client's situation/circumstance ('last woman in the family, burden, responsibility')

5 599 therapist infers feelings of failure, grief, and loss onto client based on client's nonverbals and verbals

5 623-625 nonverbally, client kept holding herself while she was crying

5 623-625 this is an indication to the therapist that client was trying to comfort herself

5 629-631 client rocking herself while holding her arm

5 629-631 client comforting herself=client holding herself

Observations of clients' verbal behaviours alerted counsellors to the nature of clients' emotion	Verbal communications		
	1	523-526	she talked about other things and not the problem
	3	221-244	some clients more than others want to talk about emotions
	4	322-333	client verbally told the therapist that expressing emotion was good
	5	507-509	clients who are less expressive talk about facts and don't necessarily know why they're there
	6	684	therapist could tell what emotion the client was expressing from client's verbal assertions
	6	711	content of conversation indicated to the therapist that the client would be open to mindfulness

Paraverbal communications

3	306-318	crying was not the first sign that the client was expressing an emotion; therapist noticed that the client's tone of voice was quieter/seemed upset, that the client paused more, and being thoughtful/reflective
---	---------	---

3	318	has preconceived notion of what tone sounds "upset" (tone of voice)
---	-----	---

Anger

5	694-698	sudden voice change
---	---------	---------------------

5	694-698	growling
---	---------	----------

6	684	from verbal signs, therapist could tell client was angry (swore a lot, talked loudly/yelling, had wide eyes)
---	-----	--

Anxiety

		6	357-359	therapist perceives anxious/distraught/very emotional/hyper as the client talking a lot
Observations of clients' unique circumstances were used to conceptualize clients' emotion		1	523-526	also observed that the client was avoiding the problem
		1	553-554	tried to quantify how much pain she was feeling
		1	775-796	for people coming in to find a job or select a school program, emotion of confusion is different than despair
		4	567-568	can analyze the client's situation
		4	926	she analyzed client's situation for emotional content
		4	922-933	therapist associates the emotion of despair with client's personal context
		5	941-945	therapist doesn't want client to be as affected emotionally by partner - thinks this is best for her client to not be affected
		6	248	therapist thinks client was still in shock from all the expression of emotion and that this is the reason the client didn't have much to say about the emotion
Reflexive analysis of response to clients' emotional experiences	Counsellors reflected on their sense of preparedness	2	901	therapist has difficulty with feelings that don't abate with time
		3	657	first time to see this intensity of emotion (happy)
		3	853-917	therapist finds that she can tell when there's something going on with her client - at least when it's a negative emotion

3	968	feels helpless when she can't problem solve
4	225	therapist sees it as 'simple' to stay on client's feelings by using micro-counselling skills
4	442	therapist prepared for client's negative reaction/emotional expression
4	435-445	prepared for multiple outcomes (different emotional expressions on client's part)
4	435-445	sensitive to/ready for it (client emotion)
4	567-568	therapist can conceive of multiple outcomes
5	686	therapist unable to fully explore first emotion (grief) before client expressed a second emotion (anger)
5	962	is caught off guard by direct/intense expression of anger by client
6	205	therapist was unaware of client's possible reaction to her comment
6	205	therapist acknowledges client emotion without certainty that client could access and express it
6	220-221	therapist did not have time to explore the emotion
6	520	therapist has intuition for client emotions

Counsellors
reflected on

Preferred to respond by exploring how clients fully experience their emotions

their response preferences	3	1372	hope her clients are dealing with processing and venting out their emotions
	4	42-166	emotions allow us to see what's at the base of what they're experiencing - I tend to want to see this
	4	197	open to emotional expression in her sessions

Preferred to respond by creating a safe space for clients

	2	196-197	provide conditions that make clients comfortable to disclose 'anything'
	2	196-218	office=safe space where clients can figure out how to deal with emotions
	2	975	idea of 'doing' vs being - the therapist wants to do
	2	985	wants to be comfortable 'being' with the client
	2	961-1026	she makes a list of what client could do and wrote it down
	2	1210-1237	when clients express emotion, she wants/aims to provide a safe space
	2	1210-1237	provides safe space so that clients can come and tell her things that are upsetting them, or that are triumphs
	2	1210-1237	the safe space is a starting point
	2	1239	safety is primordial for the success
	2	1243	always' able to provide safe space for client
	3	436	client thinks her office is a safe space
	4	164	prefers/wants to use a phenomenological approach

6 472-473 therapist perceives it to be easier to work with client emotion when client wants to find solutions and help herself

Reflected on the origin of response preferences

6 160 approach to emotion linked to attachment style

6 162-166 her desire to stay with the client's emotion comes from her secure attachment style and from her personal experiences and from her studies

Struggled between preferred response versus mandated response to client emotional expression

6 129-130 her approach to emotion contradicts her theoretical orientation

6 153 torn between her own tendency to allow space for emotional expression and the agency's approach (therapeutic model)

Counsellors' covert emotional reactions	Influenced by clients' emotion types	Sadness		
		6	518	for sad/anxious emotions, therapist will feel in her body
		<i>Counsellor feels honoured that client would share emotion of sadness with her</i>		
		3	433	therapist feels honoured that client feels safe enough to bring forward repressed sadness
		3	428-474	I feel honoured that clients would share this with me

Frustration***Counsellor feels helpless and upset in response to client feeling frustrated***

- | | | |
|---|---------|--|
| 3 | 968-976 | I wish I could help, but I can't |
| 3 | 968-976 | in response to 'frazzled', I felt a bit helpless |
| 3 | 968-976 | I felt upset for her |

Anxiety***Counsellor feels anxious in response to client feeling anxious***

- | | | |
|---|---------|--|
| 6 | 524 | anxious when she perceives client to be experiencing emotion but does not know why |
| 6 | 524 | therapist feels the emotion herself when client first enters office |
| 6 | 528-529 | indication of what client feels is if therapist feels it in herself first |
| 6 | 535 | emotional contagion - feels what client feels |

Anger***Counsellor feels conflicting emotions in response to client anger***

- | | | |
|---|---------|---|
| 5 | 989-991 | for client's expression of anger, therapist was a 'little not happy' and 'a little satisfied' |
|---|---------|---|

Counsellor feels pleased and hopeful in response to client feeling angry

- | | | |
|---|------|---|
| 5 | 1008 | therapist is pleased and hopeful seeing client as empowered |
|---|------|---|

Counsellor feels angry in response to client feeling angry

6 725-727 matched her client's feelings of anger

Happiness

Counsellor feels happy in response to client feeling happy

	3	657-705	just really happy for client
	3	703	therapist feels proud of client's success when he expresses lots of elation
	3	703	client's happiness is contagious - therapist feels happy too
	4	428	therapist feels happy to be a part of her emotional expression; part of her client's 'success'
Influenced by clients' context	2	795-796	therapist evaluates when reaction is 'disproportional' to event
	2	895	when client has had 'a lot of crap happen to them'=justified
	3	332	therapist feels upset by story
Influenced by counsellor-client boundary	1	556-557	was a very intense moment; despite the intensity, therapist maintained boundary between self and client
	1	680-681	therapist mirrored client's feelings, but with a boundary
	1	687-698	therapist wonders if appropriate to cry with client
	1	687-698	crying with client did not blur the therapist's 'therapeutic consciousness'
	3	199-203	wonders about own emotions
	3	352-354	reacts to client's crying the same way for each client

3	330-400	when a client expresses emotion, the therapist matches her client's tone of voice
3	555	feels that she takes on her client's 'discomfort'
3	602-611	boundaries are different between clients and friends
3	747	therapist is happy for client but does not match the intensity of pitch of his emotion
3	1201-1206	boundary exists between client emotion and self
3	1334-1366	in general, I feel my client's emotions with them
4	172	believes if therapist open - clients will process emotion
5	968	therapist gets used to client's emotional expression and behaviour in session over time
5	974	therapist knows more what to expect from client over time (habituation)
6	528-529	therapist's emotion/feeling was not to the extent that the client was feeling (lesser extent)
6	554	awareness of own emotion (anxiety) restricts the escalation of the emotion in session
6	558-560	awareness then gives the therapist the ability to change the feeling in session

Appendix H

Extended Results: Complete Code List for Second Overarching Theme

Table 6

Complete Code List for Second Overarching Theme - Counsellors' Actions in Response to Clients' Emotional Expression

Main Themes	Subthemes	Transcript	Lines	Codes
Counsellor actions that focused on clients' emotional expression in the moment	Gave clients time to feel and to process emotions	2	178-189	allow clients to have emotions
		2	749-750	encourages expression
		2	749-750	listens
		2	671-783	let her express the emotion
		3	357	Gives client space to experience emotion/talk it out
		3	359	let her talk it out to 'get it out of her system'
		3	379-380	allows moment of sadness to unfold - 'no interruptions'
		4	452	therapist aware of processing that follows emotional expression
		4	1032	let client feel the emotions and process in silence
		4	1037-1047	was tentative in introducing new intervention - wanted to stay with the client
4	1082	allowing time for client to absorb emotion		

	5	691-692	walking with the client - did not stop the shift in emotions (when client shifts between expressing different emotions)
	5	843	offers clients opportunity to vent about the meaning of the event to her
	5	843	client allowed to 'let it out' and 'vent it away'
	5	848-849	therapist response was to 'let' her client express her emotions and bottled up feelings
	6	102-106	for strong emotions, therapist gives client room to feel it
	6	102-106	wants to provide a 'safe space' for client to experience emotions
	6	108-110	allow client to express
	6	108-110	allow for experience emotion in session
	6	269	client had chance to calm down and recuperate
	6	492-493	therapist gives time to client to 'let it all out'
Attempted to influence clients' level of emotional intensity by comforting and calming clients			Used physical space to support and be present with clients
	2	671-783	therapist leans forward
	4	1013-1016	used physical proximity (not touch) to comfort client (lay hand next to client's hand on the table)

5	753	therapist might have exhibited some of her own nonverbal expressions in response to client emotional expression (leaned forward)
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Used verbal reassurance to comfort clients

1	638-641	tells client what she thinks they want to hear
1	638-641	told her it would be ok

Used specific exercises to calm clients

2	516-517	attempts to help clients modify intensity of emotions
2	684	in the presence of intense emotion, she wants to get the client to "calm down"
2	961-1026	she helps to plan next steps, dial the client back, try to rein the client in
6	412-413	approach included a mindfulness exercise
6	423	therapist engages client in mindfulness exercise to temper strong emotion
6	438	used mindfulness as a grounding technique because client very upset
6	440	grounding techniques bring her client to the present moment

	6	442-443	client very emotional and embroiled in situation - therapist employs mindfulness exercise to calm her down - client on 'emotional rant', overwhelmed - therapist employs mindfulness to calm
	6	454-459	therapist believes that after client experiences mindfulness exercise and is more calm, then client is in a 'state' where she can talk about it
In-depth exploration of clients' emotional experiences	Asked relevant questions		
	1	382-384	asks client questions, have them answer so then I know exactly what he's talking about
	1	386-391	see what's at the base of emotion (how clients sense it, how clients describe it, asks clients to explain, once base is known, work together to see what can be done)
	1	386-391	therapist wants to get at the base of what the client is experiencing - the very base of client's emotion, how client senses it, how client describes it
	1	523-526	asked what support she had
	1	523-526	who could offer her support
	1	596-603	trying to understand how much pain she had

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| 4 | 174 | approaches emotion by processing the facts first with client (surface work first) |
| 4 | 206 | asks client a series of questions to initiate them to explore emotion |
| 4 | 206 | approach to emotional expression is to ask questions about how people feel about their experiences, when they felt that way previously, what assumptions do they make around that feeling |
| 4 | 221-223 | therapist starts with general, but in a short time is able to delve into deeper questions |
| 4 | 206-241 | approach to emotion is to ask question |
| 4 | 228 | therapist asks clients how it feels first before going deeper with the feeling |
| 4 | 279-294 | I respond by asking questions |
| 4 | 296-303 | by my asking the question, my client was able to focus on the feeling (instead of what was said - something negative) |
| 5 | 798 | first response to client mentioning a serious development was to ask her a question |

5	823-824	therapist is rewarded with an explanation/answer to her question
5	827	asks directly about emotion following the observation of emotionality
5	841	therapist looking for an explanation of emotional expression
5	841	therapist goes on to ask why client is 'pissed off'
5	841	therapist engages in open questioning after observing signs of emotion in client
6	237-239	therapist asked client about the emotions - what was that about?
6	241	open question to invite client to explore feeling
6	241	therapist asked client directly about the emotions
6	241	therapist asked clients directly about the emotions

Helped clients to gain a better understanding of their own emotional experiences

1	528-541	looked at the impact of emotions on her client's life
2	178-189	you uncover it, reframe it (CBT)
2	735-758	presents argument to client

3	195	exploration of emotion involves connecting the emotion to mood, thoughts, and behaviours
3	208	attempts to make connections between thoughts, behaviour and emotion
3	213	does regular check-ins on client emotion/uses emotions to make connections with behaviour
4	187	with a specific group, she teaches them how to speak about emotions and finds that they can benefit from 'going deeper' as well
4	187	teaches clients language of emotion and sees therapeutic benefit to them
5	485	uses cognitive therapy to help clients 'deal with' emotions through client's belief and their thought process
5	507-509	if client relatively open, she might help them name their emotions because she perceives them to have trouble identifying how they feel
6	111-116	if client looks down and is not open to discussion, therapist stays silent and lets them feel and calm down

Acknowledged clients' emotional expression	1	561-568	therapist witnessed very intense client emotional expression
	2	178-189	validate feelings
	2	749-750	listens
	2	770	nonverbal empathy
	2	772	mirroring
	2	778-780	nonverbal empathy
	2	671-738	hear client out
	2	671-783	validate the emotion
	2	671-783	gets client to see that outsiders (that trigger emotion) didn't say things out of malice
	2	671-783	reflect what she thinks the client is feeling
	2	671-783	get client to see things differently
	2	927	"important that she sees only empathy" at the expense of genuineness
	2	903-927	it's important that her client sees only empathy
	2	985	therapist reflection of feeling when she feels helpless
	2	989	uses summary
	2	961-1026	she reflects what her client's say, their feelings
	2	961-1026	she sums up what her client says to a degree
	3	221-244	I acknowledge the expression of emotion

3	379-380	holds herself back to let client explain
3	638	uses metaphor to describe client situation
3	925	let client 'vent out' then emotion then problem solved (sad)
4	293	therapist describes client behaviour/emotional expression figuratively
4	384	how she deals with Emotions: recognize, share, move on
4	393-395	moves on after emotional expression exploration is complete
4	418	feels that own experiences are personal and that means that clients should lead in the telling of their experiences
4	407-408	doesn't want to lead with her emotion's first (but she does have emotions)
4	407-408	doesn't want to give client an impression of her own perspective
4	411-416	therapist is careful not to allow her own emotions to precede/influence client experiencing
4	1075-1076	therapist waits at each step (critical junctures)
4	1082-1085	"walked with the client"
4	1082-1085	let her process and take time after each "step"

5	635	uses analogy to describe client 'rocking herself', like 'holding a baby'
5	796	uses metaphor to describe client's perspective
5	875	therapist initially did info. Gather to find out why client was upset, then moved on to therapeutic objectives (psychoeducation and empowerment)
5	875	begins by allowing client to vent with nondirective methods then takes more direction
6	102-106	could be using silence or commenting
6	102-106	says what she notices in her client; what client seems to feel
6	102-106	comments directly about Emotions she perceives client to be experiencing
6	102-106	if strong emotions come up, therapist doesn't intervene right away (ask Questions)
6	94-95	approach is to either label or talk about the emotion or to outright talk about how her client is feeling
6	121	allows emotion to unfold before engaging in client in analysis of emotion

		6	108-110	once client is grounded and less emotionally reactive, therapist then will initiate exploration of emotion
		6	241	explore meaning of emotional expression after intensity of emotion abates
		6	393	did not label the emotion right away
		6	395	did not share label with client right away
		6	403-405	after client deemed to have finished expressing herself, therapist then asked questions about clients story
		6	459	after client was calm, therapist asked client what she thought she was feeling
		6	463	therapist/client talked about the emotion before moving on to solutions
		6	492-493	uses 2 different approaches for 1 EE (asks Qs and stays quiet/focus on listening to client)
Counsellor actions that did not focus on clients' emotional expression in the moment	Explored what clients could do	1	528-541	told client to stop avoiding to face her situation
	about their personal circumstances	1	528-541	told her to stop avoiding the problem
		1	528-541	explores functional/dysfunctional ways of coping

	1	528-541	looked at what she could to at home
	2	994	moving away from experiencing towards 'solutions'
	2	991-995	focus becomes on fixing
	2	991-995	therapist directs clients to seek corrective
	2	961-1026	she asks if there is some way of fixing the issues
	4	452-456	thinks about what client needs to do
	4	1037-1047	starting problem solving at a slow pace
	4	1059	client started to come up with own solutions after own emotional expression
Delayed responding to clients' emotional expression	5	539	does not inquire directly about emotion when client not expressive and then does not ask them how they feel directly
	6	187-190	therapist did not address nonverbals with client until the end of session
	6	395	made internal note of emotion instead
Focused on own overt emotional reactions			
			Anxiety
	6	528-540	stopped herself from continuing to feel anxious
			Sadness
	3	336	therapist has outward signs of sadness when client sad
	3	330-400	therapist eyes get a bit watery
	3	348	tries to 'hide' emotional reaction from client

		3	348	tries to suppress own emotion in sessions
		Happiness		
		3	493-517	therapist feels sad and happy for her client, but finds it harder to hide her happy feelings
		3	430	is excited because views emotion-expression as progress
		3	428-474	I get/feel happy when clients are able to express emotions in front of me
		3	508	when she feels gleeful because she sees client progress (through crying) hopes client doesn't think she is smiling at the dark stuff
		3	493-517	I don't want to show my excitement on my face
		Anger		
		6	729-730	therapist hid her feelings of anger from client
		6	735	tries to stop herself from expressing anger to the same level of emotion as client
Counsellor actions that depended on therapeutic context	Counsellors' mandate/counsellors' role	1	395-408	only broach emotion if you have therapeutic context to deal with it
		1	436-439	contextual factors/mandate
		1	775-796	selects intervention based on what she believes is her mandate

	1	775-796	orients to her role definition
	1	395-408	approach depends on the client and time available
	4	1037-1047	would change pace of therapy slowly
	4	1075-1076	timing/pacing changes when emotions intense
	6	198-199	sense of timing important - therapist waits for right time to draw out the emotion
	6	237-239	explore emotion at end of session
	6	429	used knowledge from her own studies to inform use of intervention
Clients' needs	1	386-391	therapist wants to 'do something' about client emotion
	1	395-408	therapist wants to be solution focused when the therapeutic goal is to help the client with a specific goal; therapist does not want to go into depth on emotion
	1	436-439	goes with what the clients ask of me
	1	436-439	decides on approach based on client's needs
	1	556-557	client cried a lot, counsellor started crying too (to a lesser extent)
	1	571-575	she needed emotional sympathy

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| 1 | 571-575 | I wasn't going to solve anything instead she needed to hear that it was going to change and that would be ok |
| 1 | 596-603 | trying to figure out what client needs by eliminating options |
| 1 | 806-822 | seemed out a place to ask lots of questions - not what she needed |
| 2 | 752 | after certain point "client repeats herself" - therapist switches gears |
| 2 | 961-1026 | for clients that express the same emotions, she uses "stock answers" |
| 3 | 239-240 | confronts client about nonverbal behaviour (crying) |
| 3 | 357 | therapist has control of session enough to "let" client cry |
| 3 | 362 | thought that client might have been ashamed of her emotional expression, so went into discussion about "why" |
| 3 | 377 | allows the client to cry; to "get it out" |
| 3 | 390 | more non directive than usual when client crying |
| 3 | 393 | normally reacts quicker to clients who are not crying |
| 3 | 395 | deliberately alters pace of therapy when client crying - "slow down" |

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| 3 | 919-920 | different approach to a different emotion |
| 4 | 206-241 | for clients who are not willing to go deeper, I back off and I then build focus on developing a stronger therapeutic relationship with resistant client - which will lead to the client feeling freer to speaking at that level; it's like peeling an onion |
| 4 | 239 | for clients that don't know the language around emotional expression, therapist 'treads a little lighter' |
| 4 | 239 | doesn't push for emotional expression exploration as much for clients with language for emotional expression |
| 4 | 450 | waited for client to provide a clue as to how she was feeling before reacting |
| 4 | 452-456 | therapist plans next steps |
| 4 | 672-674 | based on emotional reaction (change) of client, I make a conscious decision to close the session (uses emotional expression to inform use of interventions) |
| 4 | 1037 | once therapist saw a change in client's physical state, therapist took this change as her cue to reflect empathy |

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| 4 | 1037-1047 | noted physical cues from client to inform next intervention |
| 4 | 1082 | not a continuous/steady pace |
| 4 | 1089 | if client not opposed to moving forward, then continue to move forward |
| 5 | 498 | approach depends on how open the client is |
| 5 | 501 | directive approach used if client is 'relatively open' about emotional expression, where therapist will address emotional expression straightforwardly |
| 5 | 501 | therapist's perception of client openness determines her actions |
| 5 | 539 | when she thinks clients are less self-aware, she finds 'sneaky' ways to explore their sit and how it affects them and what they are trying 'to get out' of counselling |
| 5 | 823-824 | following client's display of nonverbals therapist asked client if she wanted to talk about it (what was bothering her) (crying) |
| 6 | 111-116 | if client looks to therapist for feedback, therapist will give it |
| 6 | 111-116 | approach depends on client behaviour |

6	118	client needs to "calm down" before moving on and going deeper to understand the emotion
6	237-239	in response to emotional expression, therapist gave client a few minutes to express the emotion (cry) and made sure client was comfortable (provide Kleenex)
6	696	therapist believes client needs someone to acknowledge her story
6	696	therapist assessed needs of client and thought about what intervention was appropriate based on client needs
6	702	depends on emotion intensity
6	702	therapist will not introduce mindfulness that does not match client's emotional state
6	706	gauges the intensity of emotion and bases decision regarding technique on that

Nature of the emotion

Anxiety

Counsellor actions that focus on clients' emotional experiences in the moment

3	644-645	when client really anxious/nervous - requests her assistance to face an anxiety provoking situation and she acquiesces
6	442-443	when client anxious, therapist wants to calm client down

Counsellor actions that do not focus on clients' emotional experiences in the moment

2	1017-1018	attempts to alter client's perception of the problem
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Anger

Counsellor actions that focus on clients' emotional experiences in the moment

2	514	validates
2	509-524	therapist validates their situation
2	892-893	when client expresses rage, she listens, validates
6	706	when someone angry, mindfulness is not appropriate and is not used

Happiness

Counsellor actions that focus on clients' emotional experiences in the moment

3	674-675	therapist uses analogy (of what it looks like for a kid to be really happy) to describe her client's happiness
3	718-765	commented on how happy client was
3	718-765	did not mirror client emotional expression, instead sat and watched
3	718-765	let client absorb his elation
3	718-765	displayed elation myself
3	718-765	smiled

3	718-765	sat with hands in lap
3	762	evenly hovering presence when client expresses intense happiness
4	393-408	for happy emotions, I recognize, allow client to share, then move on

Sadness

Counsellor actions that focus on clients' emotional experiences in the moment

5	848-849	open questioning allows client to access repressed emotions
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Counsellor actions that do not focus on clients' emotional experiences in the moment

2	720-721	client is dealing with complex grief and she tries to refocus on 'the positive'
3	928-929	then talked about how client can cope with stress

Despair

Counsellor actions that focus on clients' emotional experiences in the moment

1	518-519	comforts client in despair
1	518-519	listened to her and told her it was going to be ok
1	806-822	not many exploratory questions when client in despair- becomes solution focused
1	806-822	is a different response compared to other emotions

1	806-822	for despaired clients, I wasn't asking questions
4	1032	allowed cl to experience the emotion of despair in the moment
4	1012	therapist maintained physical presence by sitting with her client during her emotional expression of 'despair'

Counsellor actions that do not focus on clients' emotional experiences in the moment

4	922-942	more problem solving
4	1082	a lot of checking in with client before moving forward (when emotion = despair, therapist uses problem solving)

Frustration

Counsellor actions that focus on clients' emotional experiences in the moment

3	919	approach to 'frazzled' was to ask a lot of questions
3	919-938	response to 'frazzled' emotion was to first let my client vent
3	919-938	I reflected back
3	919-928	I tried to empathize

Counsellor actions that do not focus on clients' emotional experiences in the moment

3	918	more problem solving for 'frazzled'
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| 3 | 919-938 | then asked questions - how can you cope with that stress?
Therapist does this with a lot of students (asks that question) |
| 3 | 936 | priority was to problem solve for 'frustration' |

Confusion

Counsellor actions that focus on clients' emotional experiences in the moment

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| 1 | 775-796 | a lot more questions |
| 1 | 775-796 | more directive when confusion - feels the objective is to clarify/learn about the confusion |
| 1 | 775-796 | need to get to the bottom of the confusion, find out where it's coming from and why the client is confused |

Counsellor actions that do not focus on clients' emotional experiences in the moment

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| 1 | 775-796 | offers hypotheses for client to refute or accept |
| 1 | 775-796 | help guide clients |
| 1 | 806-822 | focus on doing and fixing |
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