

EMOTION REGULATION IN EMOTIONALLY FOCUSED THERAPISTS
WORKING WITH HIGH-CONFLICT COUPLES

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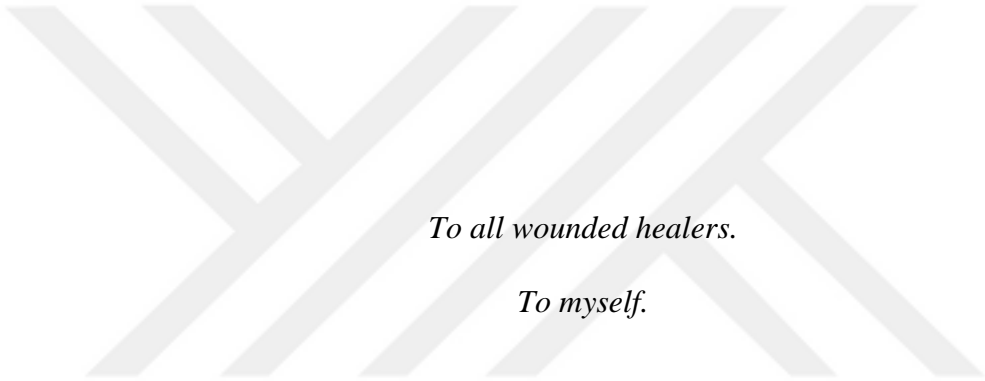
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To all wounded healers.

To myself.

ABSTRACT

Therapist emotion regulation is an important factor in the therapy process and cited among the common factors that explain change in effective therapy models. This study was conducted to explore emotional experiences and emotion regulation strategies of emotionally focused therapists who use primary emotions as a change mechanism while working with high-conflict couples. 21 psychotherapists who use emotionally focused therapy (EFT) and have experience working with the high-conflict couple(s) were recruited and interviewed. Thematic analysis was conducted to understand the common themes and patterns of EFT therapists working with high conflict couples. The results indicated five main themes: “Different Compelling Emotional Experiences of the Therapists”, “Relief After Sessions as a Positive Emotion”, “Triggers of Therapists’ Emotions”, “Perceived Adaptive Emotion Regulation Strategies”, and “Positive Impact of the Therapist’s Regulation Strategies on the Therapy Process”. Results from the current study are discussed based on the literature on emotion regulation and the person-of-the therapist training model. Strengths, limitations, possible future research, and clinical implication are presented.

Keywords: emotion regulation, high-conflict couple, emotionally focused therapy, common factors, person-of-the therapist, thematic analysis

ÖZET

Ortak faktörler teorisinde terapistin duygu düzenlemesinin, terapi sürecinde önemli bir faktör olduğu ortaya konmuştur. Bu çalışma, terapide değişim mekanizması olarak kırılğan duyguları kullanan duygu odaklı çift terapistlerinin, terapide daha stresli bir ortam yaratabilen yüksek çatışmalı çiftlerle çalışırken deneyimledikleri duyguları ve bu duyguları düzenlemek için kullandıkları duygu düzenleme becerilerini keşfetmek amacıyla yürütülmüştür. Duygu odaklı çift terapisi uygulayan ve yüksek çatışmalı çiftle çalışma deneyimi olan 21 psikoterapist bu çalışmaya katılmış ve onlarla yarı yapılandırılmış görüşmeler yapılmıştır. Ortak temaları ve örüntüleri anlamak amacıyla tematik analiz kullanılmıştır. Sonuçlar, alt temalarıyla beraber beş ana temayı ortaya çıkarmıştır: : “Terapistlerin Farklı Zorlayıcı Duygusal Deneyimleri”, “Olumlu Bir Duygu Olarak Seanslardan Sonra Rahatlama”, “Terapistlerin Duygularının Tetikleyicileri”, “Algılanan İşlevsel Duygu Düzenleme Stratejileri” ve “Terapist Düzenleme Stratejilerinin Terapi Sürecine Olumlu Etkisi”. Mevcut çalışmanın sonuçları, duygu düzenleme ve terapistin kendi yaşantısı eğitim modeli ile ilgili literatüre dayalı olarak tartışılmıştır. Güçlü yönler, sınırlamalar, gelecekteki olası araştırmalar ve klinik çıkarımlar sunulmuştur.

Anahtar Sözcükler: duygu düzenleme, yüksek çatışmalı çift, duygu odaklı terapi, ortak faktörler, terapistin kendi yaşantısı, tematik analiz

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CHAPTER 1

INTRODUCTION

How do psychotherapists regulate their own emotions while working in an emotionally loaded environment? Especially, how do they achieve this in case of the increased need for emotion regulation for the benefit of the therapy in situations such as working with high-conflict couples? The purpose of this qualitative study is to explore the emotion regulation of couple therapists who use the Emotion-Focused Therapy (EFT) model while working with high-conflict couples. Emotion regulation theory and The Person of the Therapist Training Model as one of the self-of-the-therapist models were used as the theoretical frameworks of the current study. In this introductory chapter, the importance of the therapist's emotion regulation will be discussed first, then The Person of the Therapist Training Model and emotion regulation theory will be described as the frameworks for this study. Later, brief history and relevant empirical studies will be presented, and lastly, the goals of the current study will be introduced in detail.

1.1 Common Factors in Psychotherapy

In the psychotherapy literature, after a long debate on which psychotherapy model is more effective, common factors have been suggested as impactful rather than one model (Luborsky et al., 1975). Literature on common factors identified variables that impact the outcome of effective psychotherapies (Lambert & Ogles, 2004). Among these variables are client characteristics, therapeutic relationship, expectancy, nonspecific mechanism of change, other mediating and moderating variables, as well as the therapist variables (Sprenkle et al., 2009). Therapist variables are listed as therapist positivity and friendliness, therapist defensiveness,

personality, coping patterns, emotional well-being, values and beliefs, cultural attitudes, and emotional maturity (Blow et al., 2007). The focus of the current study is on emotion regulation of the therapist, as one of the therapist characteristics. Studies have shown the importance of therapists' emotion regulation on client outcomes. For example, a recent study with clinicians who are working with clients with suicidal ideation revealed that if clinicians are using better emotion regulation strategies even when they have high negative emotional responses, this was linked with reduced suicidal ideation in their clients (Barzilay et al., 2021). This finding is an example of how therapists' emotion regulation is highly significant in relation to the outcome of the therapy such as suicidal ideation in clients.

Since therapists' emotion regulation is vital for the outcome of therapy, then the question in the current study is "What do EFT therapists who are by the nature of the model they are most in touch with emotions do?" To understand this, we will focus on the emotion regulation of EFT therapists in the current study. EFT mainly targets creating a desirable change by using emotions (Johnson, 2019). In EFT therapists aim to explore, deepen and expand constricted emotional responses within and between individuals, and to shape new forms of engagement with oneself and significant others (Johnson, 2019). In terms of the therapist variables, research indicated that after completing EFT trainings, the therapists reported being more open to feelings and more self-compassionate, less likely to engage in avoidant attachment behaviors, and reported improvement in their own relationships (Montagno et al., 2011). These findings suggest that EFT contributes to the therapists' personal development and their experiences with feelings. However, how

emotion-focused therapists regulate their own emotions while they contact clients' emotions and use them as a change mechanism has not been explored yet.

1.2 High- Conflict Couples

In the current study, to explore how EFT therapists regulate their emotions in emotionally loaded therapy situations, the focus will be on their experiences with high-conflict couples. Working with high-conflict couples might be a good indicator of how therapists regulate their emotions since there are more stressful emotions while working with such couples. High-conflict couples constitute one of the most distressed groups in therapy. They are defined as having conflicts that are higher in terms of timing, intensity, and duration which may result in negative effects on children, other family members, themselves, and their relationships (Cummings & Davies, 1994). Also, as a recent description, hostile and volatile couples are also considered high-conflict couples since they present negativity, blame, defensiveness, lack of listening and empathy, and negative psychological implications in their relationships most of the time (Anderson et al., 2011).

High-conflict couples were found to be three times more likely to have split alliances with their therapists than regular couples where the therapeutic alliance was one of the prominent factors in the outcome (Paradya et al., 2018). Studies show that high-conflict couples tend to triangulate with other professionals including their therapists (e.g., Anderson et al., 2011). As working with high-conflict couples is difficult for the therapists, the clients' triangulation tendency could be a potential risk for the therapists to manage their own compelling emotions as well as the clients'. While working with high-conflict couples, if therapists cannot regulate their emotions functionally, there could be dropouts (Willis et al., 2020) and it is also

likely that therapists will experience burnout (Negash & Sahin, 2011). When therapists work with high-conflict couples, it becomes even more important to regulate their own emotions because of the risks mentioned above.

Even though it might seem difficult to do effective therapy with high-conflict couples, empirical findings show the effectiveness of couple therapy with them. For instance, a quasi-experimental pilot study with eight heterosexual high-conflict couples who had an infidelity background were compared to a treatment group that consisted of six high-conflict couples (Cordonnier, 2022). Both groups received EFT but the treatment group also received the Attachment Injury Resolution Protocol (AIRP). Results indicated that couple therapy is effective with high-conflict couples by decreasing marital distress and improving marital satisfaction in the areas of communication, commitment, and trust.

In another study with 141 regular couples and 92 high-conflict couples, researchers compared these two groups in terms of the total therapeutic alliance, split alliance, and within-systems alliance which refers to the sense of a shared purpose within the couple (Paradya et al., 2018). Findings revealed that high-conflict couples reported lower scores in the overall therapeutic alliance and within-systems alliance compared to regular couples. Also, high-conflict couples were three times more likely to have split alliances than other couples. Thus, the therapeutic alliance may be harder to build with high-conflict couples. Challenges of working with high-conflict couples are open for more exploration.

1.3 The Process Model of Emotion Regulation

Emotion regulation is defined as shaping experienced emotion in terms of time, the way that it is experienced, and the type of emotion (Gross, 1998). Even

though there could be interchangeable uses of terms such as coping and mood regulation instead of emotion regulation in the literature, the focus of the current study is more in line with the emotion regulation theory by Gross (1998). In addition, even though there are different types of emotion regulation such as co-regulation and socially-shared emotion regulation, the scope of the current study is self-regulation which refers to when a person engages in regulating his/her own emotions as intrinsic emotion regulation (Gross, 2008). According to Gross (2014), the three core features of emotion regulation are (1) activation of a goal that refers to what the person tries to achieve, (2) engagement of the processes that are responsible for shaping the emotion trajectory which is strategy, and (3) its effect on emotion dynamics that refers to the outcome of strategy while achieving that goal.

In addition, Gross (2015) refers to two kinds of emotion regulation. Intrinsic emotion regulation refers to regulating one's own emotions and extrinsic emotion regulation refers to receiving the help of another person to regulate emotions. Self-regulation could be considered intrinsic whereas co-regulation could be an example of extrinsic. Individuals mostly engage in different emotion regulation strategies to down-regulate their negative emotions such as decreasing their anxiety and up-regulate their positive emotions such as increasing their happiness (Gross et al., 2006). However, emotion regulation processes are broader than these two.

According to Gross (1998), there are five families of emotion regulation strategies. These include *situation selection* where the person takes actions for creating a situation that generates (un)desirable emotions such as avoiding a person that is not liked, *situation modification* which refers to altering a situation to change emotion, *attention deployment* which is focusing one's attention to alter emotions

such as distracting oneself, *cognitive change* which refers to changing one's appraisal about the situation to alter emotions such as reappraisal, and lastly *response modulation* which refers to influencing the behavioral, physical and experiential parts of emotional response such as engaging in physical exercise, relaxation techniques, and expressive suppression.

To understand the effectiveness of these emotion regulation strategies, a meta-analysis with 190 empirical studies was conducted (Webb et al., 2012). The results indicated that cognitive change strategies such as reappraisal were more effective with a small to medium effect size compared to attentional deployment strategies such as concentration and distraction with zero effect and response modulation strategies with a small size effect on emotional responses (Webb et al., 2012). This finding suggested the effectiveness of the reappraisal emotion regulation strategy over distraction, concentration, and response modulation. A similar meta-analysis with 34 studies was held by Augustine and Hemenover (2009). The most effective emotion regulation strategies were found to be reappraisal and distraction with large effect sizes. Also, the results indicated that behavioral strategies were more effective compared to cognitive ones (Augustine & Hemenover, 2009). The results from these two meta-analyses are consistent in terms of the effectiveness of the reappraisal strategy while regulating emotions but one also showing that behavioral strategies work well too.

To expand these emotion regulation strategies and their relation to psychopathology, a meta-analytic review with 114 studies was conducted (Aldao et al., 2010). The main purpose of the meta-analysis was to understand how six emotion regulation strategies including problem-solving, suppression, acceptance,

rumination, avoidance, and reappraisal were associated with the symptoms of four psychological disorders related to eating, anxiety, substance use, and depression. The findings demonstrated that psychopathological symptoms were positively related to avoidance, suppression, and rumination, but were negatively associated with problem-solving, reappraisal, and acceptance strategies (Aldao et al., 2010). In other words, emotion regulation strategies like reappraisal, acceptance, and problem-solving are found to be more adaptive than rumination, avoidance, and suppression.

Another recent systemic review of 23 studies aimed to investigate the differences in the use of different emotion regulation strategies between older and younger adults (Allen & Windsor, 2019). The results showed that older adults engaged in attentional deployment and situational selection more than younger adults. However, there were also moderated variables in terms of individual differences such as perceived control, especially for the result related to the situation selection strategy (Allen & Windsor, 2019). Whether the stimuli are positive or negative was significant to determine the use of situation modification for older adults. These findings highlight possible age differences in emotion regulation strategies.

To sum up, emotion regulation was studied with different populations and in relation to different variables in the literature intensely. Yet the scope of the current study is emotion regulation in psychotherapists, thus the literature on therapists' emotion regulation will be explained in detail next.

1.4. Self-of-the Therapist

Several studies demonstrated that the effectiveness of therapy does not only depend on the model that is used or the clients' characteristics but also on the

therapist's features such as emotional maturity, self-understanding, and personality (Ackerman & Hilsenroth, 2003). In addition, one of the most important components of effective therapy, therapeutic alliance, is also influenced by the therapist's variables such as the ability to cope with stress, respond to anxiety constructively, and act and think independently while connecting with others (Lambert & Friedlander, 2008).

Above mentioned empirical support on therapist variables put forward a concept in psychotherapy literature. The concept of the self-of-the therapist refers to the therapist's awareness of their own inner process, knowing themselves and unexplored parts of the self that might influence the client and the therapist, their relationships, and the therapy process. The self-of-the therapist is a significant concept since the therapist's values, relationships, wounds, morals, competence, and education impact the therapy itself, process, and outcome (Murphy & Hecker, 2017). Being aware of the self-of-the-therapist issues could make the therapist more ethical and competent in terms of decisions about assessment and the process of therapy by not allowing their issues to get ahead of the client's issues in therapy (Durtschi & McClellan, 2010).

The self-of-the therapist concept is not new and was referred to as "countertransference" in Freud's theory. Freud (1910) defined countertransference as the transference of a therapist's unconscious and unresolved conflicts to the clients when triggered by the clients. Countertransference was believed to have negative effects on the therapeutic process and there was no understanding of using it to promote therapeutic benefits. Hayes and his colleagues (2011) carried out three meta-analyses to understand countertransference's relation to therapy outcomes. The

first meta-analysis with 10 quantitative and qualitative studies revealed that countertransference negatively impacts therapy outcomes (Hayes et al., 2011). The second meta-analysis with 11 studies suggested that countertransference management strategies did not much play a role in decreasing countertransference reactions. The third meta-analysis with 7 studies presented that successful management of countertransference was associated with better psychotherapy outcomes (Hayes et al., 2011). The final result from third meta-analysis might show the significance of therapist's personal experiences and its relations to the therapy process. In other words, when the therapists manage their personal experiences related to therapy such as their triggers or countertransference better, therapy outcomes were influenced positively.

Within the couple and family therapy field, the pioneers had different points of view in terms of their approaches to the self-of-the-therapist concept. Jay Haley has viewed self-of-the-therapist work as a loss of time for the trainees. Also, he believed that while working self-of-the therapists, the therapists are preoccupied with themselves and this could be a source of difficulty for their clients in terms of drawing the therapist's attention (Haley, 1976). Bowen had a stance on therapist training that therapists should differentiate themselves from the issues that arise in their family-of-origin (1978). He suggested that therapists should work on their issues stemming from their family experiences which would make them reactive in the therapy context. By working on them, Bowen (1978) suggested the therapist could be responsive rather than reactive. Napier and Whitaker (1978) as experiential therapists viewed emotional intensity as an important part of therapy due to motivating for change. They suggested that therapists should raise emotional

intensity in therapy purposefully and by doing this, they should manage their own emotional intensity successfully in the therapy room. And this required therapists to work on themselves. Virginia Satir (2013) proposed that the therapists could use themselves for desirable outcomes in the therapy. She encouraged therapists to resolve their own issues to reach their “integrated self” and by doing so therapists could connect better with their clients (Satir, 2013).

The self-of-the-therapist concept has received more attention in the last decades in both research and clinical training. For instance, a qualitative study with 25 participants who received an education integrated with self-of-the therapist concept reported that they learned how to be constructive in getting clients to confront themselves better, how to engage effectively in their issues to resolve them, how to be their sources of “self-soothing”, and shift to a strengths-based instead of a deficits-based approach to guide personal and client growth (Regas et al., 2017). Thus, when therapists are aware of the self-of-the-therapist concept and use it properly, the therapist and the therapy process benefit from it.

While the use of the self-of-the-therapist caught more attention in the field, models using the self-of-the-therapist concept were developed. For example, The Person of the Therapist Training (POTT) model is one of them, developed by Aponte (1992).

1.4.1. The Person of the Therapist Training Model (POTT)

POTT is a structured training model for practitioners to learn how to use self in a purposeful, conscious, and beneficial way in the therapy process (Aponte, 1992). The main premise of the model stems from the claim that therapists are wounded healers by Nouwen (1979). Therapists are suggested to use their wounds

purposefully and consciously for the benefit of the client and the therapy process (Aponte & Kissil, 2016). The model aims to help therapists to be aware of their strengths and wounds as weaknesses and use them consciously rather than resolve them. Being wounded is suggested as a part of being human and when we understand our wounds and struggles we can better understand and empathize with others (Aponte & Kissil, 2016). To achieve this, the first task is for trainees to find the signature themes that refer to their lifelong struggles forming their wounds that impact emotional functioning and the relationships with the self and others (Aponte & Kissil, 2014). Several tasks are assigned to trainees to find their signature theme(s). The goal is for trainees to become more aware of their signature themes, vulnerabilities, wounds, and triggers so that they can use them properly (Aponte & Kissil, 2016).

The model helps professionals by getting through three phases that are knowledge of self, access to self, and use of self (Aponte et al., 2009). The first stage is “knowledge of self” which refers to understanding own wounds, struggles, and signature themes better. The second one is “access to self” which refers to learning to track own reactions to these themes while contacting others such as clients. The last stage is the “use of self” in the therapy context which refers to using own themes and experiences in a beneficial and effective way in therapy (Aponte et al., 2009). The use of self in the therapeutic process is considered in three different areas: Building therapeutic alliance, assessment, and intervention. The model aims for trainees to know their own signature themes as shared humanity, access them, and use them properly in therapy.

Literature on POTT model displays the effectiveness of it with several recent empirical studies. In a qualitative study, to understand how the POTT model contributed to trainees after 9-months of training, the reflection papers of 54 students who were in the first year of their master's program were analyzed based on a conventional content analysis method (Niño et al., 2015). Participants reported increased awareness about self and emotions, improvement in their clinical work, acceptance of their humanity and wounds, meta-awareness, and factors from training that contributed to their learning processes. These findings overlap with the goals of the POTT model. Beyond changes in self, Kissil and her colleagues (2018) examined how the changes in personal self are associated with changes in professional self within the POTT model. After 9 months of training, the final reflection papers of 18 trainees were analyzed with a directed content analysis method. In terms of professional change, three main themes have emerged: An increase in the therapists' qualities, use of self in the therapy, and shift in their understanding of the therapy and therapist. In terms of personal changes, the participants reported enhanced self-awareness, better management of their feelings and reactions, and lastly self-acceptance (Kissil et al., 2018). These findings revealed (1) participants' experiences correspond to the goals targeted by the POTT and (2) the contribution to the personal self from POTT could help improvements in the professional self as well.

Another study by Niño and her colleagues (2016) explored how POTT training affected the trainees' therapeutic alliances with their clients. The data were collected from 70 trainees who had 9 months of training of the POTT model and saw clients in a simulated laboratory (simlab). At the end of the training, the participants wrote reflection papers about their experiences. Reflection and simlab papers of the

trainees were used as data for this qualitative study and analyzed with content analysis. The findings revealed that participants became more empathic towards their clients, more aware of their own emotions with better management of countertransference, balancing alliances with multiple clients in the therapy room better, developing a positive regard for their clients, and in turn building stronger therapeutic alliances with them, and lastly a better understanding of the significance of the building bond with the client after receiving POTT (Niño et al., 2016). These findings point out that POTT contributes to building stronger therapeutic alliances.

Another qualitative study was investigated to understand how the POTT model impacts postgraduates' clinical work (Claudio & Watson, 2018). The sample consisted of 20 postgraduates who participated in semi-structured interviews and collected data were analyzed with grounded theory methodology. The therapist's way of being and therapist way of doing were found as two main findings. In terms of therapist's way of being, participants reported that the POTT model contributed to them by the development of self-acceptance, increasing self-awareness, and being more open to clients' narratives and experiences. As another reported theme, the therapist's way of doing refers to contributions of the POTT to the therapist's self-use, using client-based tailored interventions and tracking the intentional use of self (Claudio & Watson, 2018). These results suggested that the POTT helps the therapists to have a purposeful therapeutic presence by improving their therapists' ways of being and doing.

The POTT model has been used in supervision as well to contribute to the personal and professional development of the therapist. Zeytinoğlu-Saydam and Niño (2018) suggested that POTT could be used effectively in the supervision of

emotionally focused couple therapists since there are meaningful similarities between the two models. The POTT model could be used not only in supervision but also for the self-care of the therapist. Self-care of the therapist is a significant concept for the therapist's personal well-being which in turn would contribute to professional work as well. To examine whether the POTT promotes self-care, Kissil and Niño (2017) conducted a qualitative study with a sample of 70 couple and family therapy graduate students. Participants wrote reflection papers about their personal experiences during the training and a final reflection paper at the end and these were analyzed with thematic analysis. The findings demonstrated four main themes including a better understanding of self, changes in self and relationships, and an understanding about change is a process (Kissil & Niño, 2017). Increased self-awareness was considered a part of self-care that therapists could engage in more when they better understand themselves. Thus, the POTT model could be vital and beneficial when it is used properly in the development of both personal and professional aspects of the therapists.

1.5. Literature Review on Emotion Regulation of the Therapist

While psychotherapists work in an environment full of emotions where they are affected as well, their emotional experiences caught little attention in the literature. A study that compared psychotherapists with other professionals in terms of the regulation of negative emotions showed that these two groups did not differ in emotional reactivity, yet therapists downregulated negative emotions better (Pletzer et al., 2015). This indicated that therapists are not different in terms of emotional reactivity but they could engage in emotion regulation better. A very recent cross-cultural study with a total of 998 practitioners compared English-speaking therapists

with Chinese ones with profile analysis in terms of their emotional experiences (Chui & Lui, 2021). The results indicated three profiles of therapists: Calm regulators who scored lowest in emotional reactivity, personal distress, and difficulty in emotion regulation, and highest in empathy; moderate experiencers who scored moderately in these; and emotional feelers who experienced emotions in a high degree and had difficulty in regulating them (Chui & Lui, 2021). In terms of cross-cultural results, calm regulators showed more empathic concerns compared to the other two groups in the English-speaking sample while there was not a significant difference in the Chinese sample (Chui & Lui, 2021).

Another qualitative study with occupational therapists, explored their emotion regulation strategies while building a therapeutic alliance. Results showed that occupational therapists used several emotion regulation strategies such as cognitive reappraisal and seeking support to regulate their own emotions and also use self-disclosure and touch to impact their patients' emotions (Horton, 2016).

Another study with Australian psychologists demonstrated that emotion regulation mediated the relationship between self-compassion and stress symptoms (Finlay-Jones et al., 2015). In other words, self-compassion reduced difficulties in emotion regulation and reduction in emotion regulation difficulties reduced stress symptoms in practitioners. This was the indicator of the link between emotion regulation strategies, self-compassion, and stress among therapists.

A study with positive emotions of therapists revealed that the therapists reported that client process, technical input such as intervention skills, and personal involvement were sources of positive feelings for the therapists. Effects of these positive emotions were reported on clients' process, technical input, closeness and

compassion, and the therapist's personal thriving (Vandenberghe & Silvestre, 2014). This shows that therapists do not always experience negative emotions, there is room for positive feelings and they impact many aspects of the therapy process as well. However, the positive feelings of the therapists should be investigated in depth.

There is also research showing that the therapist's affects impact the therapy process and quality. For instance, when the therapist had a positive affect at the beginning and during sessions, the clients recognized this and rated the session positively and it contributed to the therapeutic alliance as well (Chui et al., 2016). This shows that the therapist's emotions are not only important for self-regulation, but it is also important for the client and the therapy process.

A very recent qualitative study with 16 marital therapists which explored the therapists' emotional experiences found that the therapists reported that the sources of negative emotions such as pain could be the couple, the therapist themselves, and the relationship between them (Lima & Vandenberghe, 2021). Also, participants reported that they cope with this pain with strategies such as engaging in emotion regulation during the session or after the session, nurturing resilience, and using pain. Lastly, therapists explained that allowing the pain contributes to their professional and personal development (Lima & Vandenberghe, 2021). Thus, couple therapists experience negative emotions while doing their job and find some ways to handle them and make meaning out of them. However, how therapists regulate their emotions by engaging in what kinds of strategies need to be explored more.

The therapist's emotion regulation also contributes to another key factor for change in therapy which is therapeutic alliance (Sprenkle et al., 2009). Therapists' characteristics are important contributors to the therapeutic relationship (Blow et al.,

2007). For example, a literature review indicated that both therapist characteristics such as being emotionally supportive and therapeutic alliance impact dropout in therapy (Roos & Werbart, 2013). Also, Harton (2016) showed that therapists used a number of emotion regulation strategies to manage their own emotions such as cognitive reappraisal and seeking support and used some strategies to influence their clients' emotions such as touch and self-disclosure to build an alliance with clients. This shows the association between two important key factors in the therapy outcome: Emotion regulations of the therapists and therapeutic alliance.

Some quantitative studies showed that the therapists' emotion regulation is associated with the therapy process and quality (Chui et al., 2016), technical input, closeness, compassion, and the therapist's personal thriving (Vandenberghe & Silvestre, 2014) as well as empathy (Chui & Lui, 2021). Even though these studies showed the importance of emotion regulation and relevant factors in therapy, the process of how emotion is regulated by the therapist and what helps them in stressful conditions are still not known. In the current study, to gain a deeper understanding of the therapists' emotion regulation processes, a qualitative research methodology was used. Qualitative methods are suggested to explore the experiences and perceptions of a specific group in depth while reaching certain themes (Braun & Clarke, 2013). A deep understanding of therapists' emotion regulation processes could contribute to the training and supervision of therapists.

1.6. The Current Study

As discussed previously, there is a gap in the literature in terms of understanding the emotional experiences and emotion regulation strategies of psychotherapists while working with high-conflict couples. The goal of the current

study was to understand the emotion regulation of psychotherapists more in-depth. Especially, the emotions of couple therapists who use EFT was the focus of this study. The emotion regulation processes of EFT therapists were not studied even though they are most in touch with emotions compared to others since EFT works with emotions and uses them as a change mechanism. The therapist's perspective and experiences while working with high-conflict couples that include emotionally loaded therapy sessions for both the therapist and the clients were not examined either. The main purpose of this study was to explore the emotional experiences and regulatory processes of EFT therapists while they have sessions with high-conflict couples in a qualitative study design. The present study mainly sought to seek answers to four research questions as follows:

RQ1: What are the emotional experiences of psychotherapists who use EFT while working with high-conflict couples?

RQ2: How do they regulate their emotions and by engaging in which strategies?

RQ3: How do their emotions and emotion regulation processes impact the therapeutic process?

RQ4: How do training and professional activities influence their emotion regulation processes?

CHAPTER 2

METHODOLOGY

2.1 Sampling

2.1.1 Sampling

Since this study was designed as a qualitative study, a sample size between 15 and 30 would be enough for data saturation to reach common themes in thematic analysis (Braun & Clarke, 2013). Even though it is suggested that 16 interviews are enough for data saturation to reach common themes within data (Hagaman & Wutich, 2017), the data was collected from participants until the data were saturated. Data saturation refers to the point that the new interviews do not contribute to finding new themes in the analysis (Braun & Clarke, 2013). At first, the aim was to collect data from at least 6 participants from each level of psychotherapists based on their EFT training. The first level in EFT represented completing the first level of ICEEFT-approved training in EFT for couples, and the second level in EFT training referred to completing the second level of ICEEFT-approved training in EFT for couples. Lastly, the third level represented completing the second level of ICEEFT-approved training in EFT for couples and receiving EFT supervision as well. ICEEFT-approved EFCT training not only includes teaching the model but also contributes to self-of-the therapist work as well.

2.1.2 Inclusion and Exclusion Criteria

Since this study aimed to explore the emotional experiences of a special group, the psychotherapists who use EFT and work with high-conflict couples, a purposive sampling strategy was used at the first stage. The inclusion criteria for participants to be eligible to participate in this study were (1) being a psychotherapist

who has at least completed the first level of ICEEFT-approved training in EFT for couples, and (2) worked before or working currently with at least one high-conflict couple. High-conflict couple refers to couples that have high conflict in their romantic relationships in terms of timing, intensity, and duration which had negative effects on them, their relationships, and the significant people around them (Cummings & Davies, 1994). For instance, hostile and volatile couples are accepted as high-conflict couples because they show negativity, blame, defensiveness, lack of listening, and empathy in their relationships (Anderson et al., 2011). At the beginning of the data collection process, the inclusion criterion for working with high-conflict couples was “working with at least one-high-conflict couple currently”. However, enough participants who were currently working with high conflict couples were not found where only 8 participants met these criteria were found within a month. Thus, this criterion was changed to “worked before or working currently with at least one high-conflict couple” to include participants who worked with them before as well in order to reach more participants.

In other respects, some potential participants who applied to participate in this study were excluded due to these reasons: (a) The couple that they worked with did not fully fit the definition of the high-conflict couple of this study, (b) Not using EFT while working with high-conflict couple(s), (c) Not being available to spend time for this study, or (d) Not fitting the group criteria in terms of different experience levels.

2.2 Participants

21 participants (20 women and 1 man) who met inclusion criteria were recruited for the current study. Their ages ranged from 25 to 58 (Mean=32.52,

SD=8.94). 9 were working with a high-conflict couple currently whereas 12 worked before and they reported their retrospective experiences. For these participants, the time that passed after the termination of the high-conflict couple ranged from 4 months to 4 years. One of the participants reported their experiences based on working with three different high-conflict couples, two based on two different high-conflict couples, while others based on experiences from one-high conflict couple.

These participants were distinguished based on their experiences using EFT and their total clinical hours. In terms of EFT training, the first level consisted of 6 participants who only completed the first level of ICEEFT-approved training in EFT for couples. 6 therapists in the second level completed the second level of ICEEFT-approved training in EFT for couples but had no supervision in EFT. The last and third level included 12 psychotherapists who completed the second level of ICEEFT-approved training in EFT for couples and also had supervision in EFT as the most experienced group in EFT for couples. Of all the participants one from the third level was a certified EFT therapist.

In terms of the level of general clinical experience, the participants' total clinical experience in hours regardless of the model they used were taken into account. There were three levels to distinguish therapists based on their clinical experiences. Level 1 referred to having less than 500 hours of clinical experience and two therapists were in this group. Level 2 referred to having clinical experience ranging between 500 and 1000 hours and 5 therapists were in this group. Lastly, level 3 referred to having at least 1000 hours of clinical experience and 14 therapists were in this group. Detailed demographic characteristics of the participants are

provided in Table 1 below. The participants' professional characteristics are presented in Table 2 in detail.



Table 1
Demographic Information of the Participants

Pseudonym	Age	Gender	Education	EFT Training Level	Total Clinical Experience Level
Fatma	29	Female	Master's Degree in CFT	Level 1	Level 3
Ahsen	26	Female	Master's Degree in Family Counselling	Level 1	Level 2
Meliha	32	Female	Master's Degree in Clinical and Community Psychology	Level 1	Level 3
Sibel	27	Female	Master's Degree in CFT	Level 1	Level 2
Gül	25	Female	Master's Student in CFT	Level 1	Level 1
Ayşe	58	Female	Master's Degree in CFT	Level 1	Level 3
Enise	27	Female	Master's Student in CFT	Level 2	Level 2
Aylin	32	Female	Master's Student in Applied Psychology	Level 2	Level 3
Hülya	34	Female	Ph.D. Degree in Psychological Counselling and Guidance	Level 2	Level 1
Duygu	28	Female	Master's Degree in CFT	Level 2	Level 3
Alya	31	Female	Master's Degree in CFT	Level 2	Level 3
Özge	40	Female	Master's Degree in CFT	Level 2	Level 3
Yeşim	27	Female	Master's Degree in Family Counselling	Level 3	Level 3
Ada	28	Female	Master's Degree in CFT	Level 3	Level 3
Pırlı	29	Female	Master's Degree in Clinical Psychology	Level 3	Level 2
İslim	28	Female	Master's Degree in CFT	Level 3	Level 3
Berika	51	Female	Master's Degree in Family Counselling	Level 3	Level 3
Suna	47	Female	Master's Degree in CFT	Level 3	Level 3
Barış	28	Male	Master's Degree in CFT	Level 3	Level 2
Gamze	27	Female	Master's Degree in CFT	Level 3	Level 3
Neslihan	29	Female	Master's Degree in CFT	Level 3	Level 3

Table 2
Professional Characteristics of Participants

Professional Characteristics	Min.	Max.	Mean	SD	<i>n</i>	%
Total Clinical Experience as Psychotherapist (Hours)	198	5000	1833	1592	-	-
Total Clinical Experience with Couples (Hours)	28	1500	432	505	-	-
Number of Sessions Held with High-Conflict Couple(s)						
4-10	-	-	-	-	5	24
11-20	-	-	-	-	8	39
21-30	-	-	-	-	4	19
31-40	-	-	-	-	3	14
40+	-	-	-	-	1	4
Other Therapy Approaches Used by Participants						
Systemic Approach					14	24
EMDR					10	18
Solution Focused Therapy					6	10
Strategic Family Therapy					4	7
Psychodynamic Approach					3	5
Gottman Couples Therapy					3	5
Satir Systemic Therapy					3	5
Narrative Therapy					2	3
Structural Family Therapy					2	3
Cognitive Behavioral Therapy					2	3
Internal Family Systems Therapy					2	3
Humanistic Approach					1	2
Bowenian Family Systems Therapy					1	2
Gestalt Therapy					1	2
Psychodrama Therapy					1	2
Schema Therapy					1	2
PACT					1	2
Eclectic Approach					1	2

2.3 Procedure

In this section, participant recruitment and data collection procedures are presented. In the current study, the data were gathered via a demographic information form and semi-structured interviews to meet the goals of the study and the research questions.

2.3.1 Data Collection

Before starting to collect data, the ethical approval of Özyeğin University Ethics Committee was obtained. Purposive and snowball sampling strategies were used to reach and recruit potential participants since the purpose of the study was to understand the emotional experiences of a special group that consisted of psychotherapists who used EFT and worked with high-conflict couples. Two pilot interviews with therapists who used EFT while working with a high-conflict couple before were held to test the interview questions. After the pilots, eligible participants were reached through the Turkish Emotionally Focused Individual, Couple and Family Therapy Association (DOÇAT) which provides EFT training in Turkey. Announcements were sent to those who participated in DOÇAT's EFT trainings for couple therapy via e-mail (Appendix C). To recruit more participants for data saturation, a flyer about the study was posted on different social media platforms as well such as Instagram, Whatsapp, and LinkedIn. When potential participants contacted the researcher, the definition of the high-conflict couple was sent to them to evaluate whether their considered couples met the criteria. If the couple they were referring met the criteria, then the participant was included in the study. Data collection lasted for two months.

2.3.2 Settings

After recruiting participants, Zoom interviews were scheduled based on their availability. Due to the reflexivity issue since the primary investigator of the study was a second-year master's student in CFT and received the first level of ICEEFT-approved training in EFT for couples, the interviews were not held by her. As a recent comprehensive definition, reflexivity refers to the researcher's collaborative, multi-faced, and continuous evaluation, critiques, and appraisals of how the context and the researcher's subjectivity impact the research processes (Olmos-Vega et al., 2023). To eliminate this reflexivity problem, the interviews were held by three facilitators who were first-year master's level CFT students at Özyeğin University and did not receive any ICEEFT-approved training in EFT for couples. By doing so, the similarities between the investigator and participants were eliminated.

Before conducting the interviews, an informed consent form was sent to participants via e-mail to inform the participants about the purpose and the process of the study, confidentiality procedures, and voluntary nature of participation (see Appendix D). After their consent was obtained, a suitable time for the interview was scheduled and a Zoom link was sent. During the interviews, the demographic information form was administered first. Then, the audio recording started as a semi-structured interview was held. To protect participant anonymity and privacy, each participant was assigned an identification number. Consent forms and audio recordings were kept with participant ID numbers in an encrypted external hard drive to be used in data analysis.

2.3.3 Interviews

Two instruments were used in this study. The first instrument was a demographic information with questions related to age, gender, education level, the therapy models used, the number of clinical hours, and the completed EFT training of the participants (see Appendix A).

After the demographic information form, a semi-structured interview was conducted. The semi-structured interview consisted of 12 main questions with 15 follow-up questions. To collect rich data and seek answers to the research questions, the semi-structured interview questions were generated to understand the participants' emotions, emotion regulation strategies, and their effects on the therapy process. The questions were under 4 main categories: emotional experiences during couple therapy, what kind(s) of emotion regulation strategy they used, how this emotion and strategy affected the therapeutic process (therapeutic alliance, assessment, and intervention) in terms of therapist perspective, and how training and professional activities affected their emotion regulation (see Appendix B). The duration of the interviews ranged from 17 minutes to 58 minutes.

2.4 Data Analysis

In the data analysis, Thematic Analysis (TA) was conducted since the primary purpose of this study was to explore the emotional experiences of psychotherapists while working with high conflict couples. TA refers to a qualitative data analysis method to identify and analyze themes within data to find repeated patterns of meaning (Braun & Clarke, 2006). The phases of TA include (1) familiarizing yourself with data including the transcription of verbal data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes including

creating a candidate thematic map, (5) defining and naming themes, and (6) producing the report (Braun & Clarke, 2013). Data analysis was conducted by following these phases.

In the first stage, the verbatim transcription of each audio recording was done by the investigator carefully as suggested by Braun and Clarke (2013). Later, the verbatim transcriptions were checked by listening to the audio recordings again and doing corrections if necessary. After these checks, the whole transcription was read several times, and the investigator wrote her reflections via writing memos. Writing memos refers to an important process of noting the insights and reflections during the qualitative research process (Braun & Clarke, 2013). Writing memos continued through all steps of the data analysis.

In the second stage while generating initial codes the prominent meanings of the data were coded systematically. After initial coding, related codes are brought together within the data to make sense (Braun & Clarke, 2006). To do this, interview transcriptions were uploaded to a software program, MAXQDA 2020 (VERBI Software, 2019). The coding process was done with the help of this program. General initial codes were produced of the entire data set and related codes were gathered.

It is suggested to search for potential themes within the entire data by gathering related codes under potential themes as the third step of TA (Braun & Clarke, 2013). Braun and Clarke (2013) described a theme as representing a meaningful pattern related to the research question within an entire data set. Also, they added that there is not an exact cut-off point for the repetition of a theme to be considered as a theme. Even though when a theme is placed in at least half of the

whole data, it is considered a theme in general practice, Braun and Clarke (2006) highlighted that this is not a requirement and if it is an important finding related to the research question, it could be taken as a theme even though it appears in less than half of the data. Thus, they put the researcher in an important position here for the decision of a theme.

To follow these suggestions, the potential themes were evaluated and those appearing in at least half of the data (N=10) were considered. These themes were reviewed to understand the appearance within the entire data set. The candidate thematic map with the defined themes was created as suggested in the fourth step (Braun & Clarke, 2006). In the fifth step, the thematic map was finalized over a couple of reviews and evaluations. To convey the whole story of the entire data, each theme was named and defined in a simplified way. In the last stage of TA, to deliver themes in an understandable way, the direct quotations from the participants that represented the related theme best were chosen. Quotations were selected in terms of being vivid, clear, striking, and concrete.

2.5 Ensuring Trustworthiness

Similar to the validity and reliability in quantitative studies, Lincoln and Guba (1985) suggested ensuring the trustworthiness of the data analysis and results of qualitative studies as highly significant. In the qualitative study design, the trustworthiness of the findings is maintained by four criteria including credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). As Lincoln and Guba (1985) stated, credibility can be reached by “expert checking” as a triangulation method. In the current study, expert checking was implemented by checking the codes and confirmation themes within the data with the help of an

expert, Dr. Çiğdem Yumbul who is outside of the thesis committee, has a Ph.D. in CFT, and is an experienced qualitative researcher, yet does not have training in EFT. Conducting expert checking by an expert who does not receive any training in EFT was extremely considered during study design to eliminate any problems regarding reflexivity since thesis advisors, Dr. Nilüfer Kafescioğlu and Dr. Senem Zeytinoglu-Saydam, are certified EFT trainers and supervisors in Turkey. Moreover, other committee members have received EFT training as well. Thus, all committee members were excluded from all stages of the data analysis, generation of the themes, and the results.

To increase the credibility of the study, “member checking” was implemented besides expert checking. Member checking refers to checking the findings with the participants and taking their confirmation and feedback (Birt et al., 2016). A clear two-pages summary of the results was sent to the participants (N=21) via WhatsApp (see Appendix E). They were asked for feedback on whether the results represented their experiences or not. 17 participants out of 21 (80% of participants) replied and provided feedback on the results. They confirmed the current results and added that they were happy to see shared experiences with other therapists by understanding that they are not the only ones who struggled while working with those couples.

To create transferability, the demographic characteristics of the sample should be presented clearly (Lincoln & Guba, 1985). To achieve the transferability criterion, a clear and detailed demographic table of the sample was presented in the method section above.

According to Lincoln and Guba (1985), ensuring credibility is enough in terms of maintaining dependability. Because credibility is ensured by the expert checking method in this study, this is enough for ensuring dependability and no need for applying any other method. To reach confirmability, an audit trail as a widely used method was applied. It refers to documenting and keeping all information about data collection, transcription, coding, and analysis in a detailed way (Lincoln & Guba, 1985).

Last but not least, the reflexive journal was written throughout the whole process of the research from the beginning of the study until writing the thesis. Lincoln and Guba (1985) stated to use this technique to detect and decrease the researcher biases by being aware of the researcher's evolving perception and how this could impact the analysis process.

2.6 The Researcher's Perspective

Researchers themselves are an important part of the qualitative study as they contribute to the embodying of the process. As the principal investigator, I am a 26 years old female and a second-year master's student in CFT. Since my undergraduate years, I dreamt to pursue a graduate degree in CFT and to be a couple and family therapist working with psychotherapy approaches under the umbrella of systemic perspective. My dream came true and now I am in the process of becoming a couple and family therapist. During this journey, I have conducted sessions with individuals, couples, and families in my internship as a requirement of the program by using different models from the systemic perspective such as strategic family therapy, Satir model, Gottman couple therapy, and EFT. Witnessing the clients' transformation during therapy is an invaluable experience for me.

I have completed the first level of ICEEFT-approved training in EFT for couples within the couple therapy course given by Dr. Senem Zeytinoğlu-Saydam during my second year at Özyegin University's master's program. EFT impressed me more than I thought as I realized that working intensely with emotions was not in my luggage of experience until that time. Especially, the premise of searching for the primary emotions underneath the secondary emotions was impressive, but also hard for me to do. Moreover, observing the effectiveness of the model while using it with couples was fascinating for me.

While learning EFT, I was also supervised by Dr. Gizem Erdem. We worked on the self-of-the-therapist issues with regards to what I was doing with emotions during sessions and realized that I have the hardship to stay with clients' emotions. Even though it was not surprising for me since I could have an avoidant pattern, it was striking for me to notice this. Through supervision, with the great help of my supervisor, I started to realize first, then name, stay and lastly process the emotions of my clients during sessions. Starting to work with emotions was like a baby step for me and I processed them step by step and I am still working on it. Thus, learning EFT and working on my own emotions as a therapist within the self-of-the-therapist framework happened simultaneously for me.

During the first year of my master's program, I had a short experience of working with a high-conflict couple with my co-therapist for three sessions. I had not received my EFT training at that time. Even though it was not an excessive experience, I remember that it was challenging for me and when the high conflict was present and the tension was increasing during the session, I was freezing and not able to do anything in the session. It was a stressful and desperate experience to work

with that couple. I wanted to conduct this study to reframe my desperation while working with that couple by deeply understanding working with high-conflict and helping professionals.

Moreover, I had an experience of a qualitative study while taking the elective course “Qualitative Methods in Psychology” during my undergraduate program in Psychology. In that course, I had a chance to learn qualitative research design more in depth. Also, I conducted a study named “Experiences of Parents Whose Children Define Themselves as LGBT in Turkey” with the interpretive phenomenological analysis method as the final project of the course. Taking that course and doing that study gave me a deeper insight into qualitative study design and was an experience helping me during this research even though it was different than TA. Also, I was motivated to conduct a qualitative study since I realized that I enjoyed working in qualitative studies.

CHAPTER 3

RESULTS

After implementing TA, five main themes with sub-themes of three main themes have emerged from the story told by the entire data. The five main themes from the narratives of the 21 psychotherapists are: “Different Compelling Emotional Experiences of the Therapists”, “Relief After Sessions as A Positive Emotion”, “Triggers of the Therapists’ Emotions”, “Perceived Adaptive Emotion Regulation Strategies”, and “Positive Impact of the Therapist’s Regulation Strategies on the Therapy Process”. The main themes and sub-themes are presented in Table 3.

Table 3
Themes, Subthemes, and Reoccurrences from 21 Therapists

Theme	Subtheme	Reoccurrences from 21 Therapists
1	Different Compelling Emotional Experiences of the Therapists	
	101 Anger Towards Clients	10
	102 Hopelessness About the Effectiveness of the Therapy Process	10
	103 Fatigue After Sessions	12
	104 Incompetency	11
	105 Anxiety	11
2	Relief After Sessions as A Positive Emotion	12
3	Triggers of the Therapists' Emotions	
	301 Experiences from Family-of-Origin and Relationships	11
	302 High-Conflict Couples Themselves	11
4	Perceived Adaptive Emotion Regulation Strategies	
	401 Using Body as a Source of Regulation	17
	402 Using Professional Resources	19
	403 Engaging in Self-Care Activities	14
	404 Positive Self-talk	13
	405 Seeking Social Support	11
	406 Distancing After Sessions	11
	407 Processing Own Emotions	10
5	Positive Impact of the Therapist's Regulation Strategies on the Therapy Process	14

3.1 Theme 1: Different Compelling Emotional Experiences of the Therapists

In this study, the emotional experiences of the therapists during working with high-conflict couples were explored. Almost all participants reported that it was a compelling experience for them as a shared common theme. The participants reported a wide range of different difficult emotions including anger, fear, anxiety, hopelessness, fatigue, incompetency, stress, sadness, feeling stuck, uncomfortable, insecure, disappointment, and reluctance before, during, and after sessions with those couples. Mostly, the participants stated that they have a couple of these feelings, not only one. Even though they mentioned an extensive range of difficult emotions, the most prominent ones are in the 5 sub-themes to be explained in detail below: Anger Towards Clients, Hopelessness About the Effectiveness of the Therapy Process, Fatigue After Sessions, Incompetency, and Anxiety.

3.1.1 Sub-theme 101: Anger Towards Clients

Ten participants stated that they feel anger towards the clients. The direction of their anger was to the couple since the couple had a high conflict and tension during the sessions, they did not get progress within the therapy, the time when the client attacked the therapist, they communicated destructively with each other in the sessions, or one of the clients was seen as guilty by the therapist. This sub-theme was reported mostly by group one, five therapists, who have less experience in EFT. To illustrate, one of the participants conveyed her experiences as:

“At that time, I was getting angry with them. “Still after twenty sessions?” I used to get angry with the clients because even though I reflected on their negative cycle and shared it with them, they did not get it and brought

something as a problem that they accepted by saying “Oh okay!” before.”

(Sibel, aged 27, Level 1 in EFT, 500-1000 clinical hours)

In her statement, Sibel stated her anger toward the high-conflict couple because they did not make progress after twenty sessions and they were still stuck in their cycle and with their problem. No change with the clients was raising the therapist’s anger toward them. Also, Özge told about her anger when the client got angry with the therapist:

“The woman client also had incredible anger towards us (co-therapists). I mean, it was really hard to manage this anger. We had many sessions where I sometimes got very angry with the woman's attacks, but I tried to calm that anger inside me and said to myself “What does this say to us in the therapeutic sense?” and tried to turn this experience into therapy” (Özge, aged 40, Level 2 in EFT, >1000 clinical hours)

In this passage, the psychotherapist mentioned her experiences as she got angry when one client from the couple showed anger towards the therapist. In other words, the therapist’s anger was triggered by the client’s anger. However, she had attempted to regulate this anger and use it for the benefit of the therapy process.

3.1.2 Sub-theme 102: Hopelessness about the effectiveness of the therapy process

Ten out of twenty-one participants reported their feelings of hopelessness due to the belief that the therapy was not working effectively for these couples. When they had difficulty in decreasing high conflict, de-escalating the negative cycles, and not observing any change in a certain period of time, they experienced hopelessness and despair while working with high-conflict couples. This sub-theme was mostly

reported by group two with all of the participants and also was not reported by any participant from group one.

For example, Neslihan talked about her emotional experiences of hopelessness:

“Sometimes it can take me to a place where I feel more hopeless. I mean, hope is part of why they come, because they can't find hope by themselves, I find myself in a place where I can be included in their cycle sometimes when something doesn't work very well.” (Neslihan, aged 29, Level 3 in EFT, >1000 clinical hours)

As Neslihan stated hope is an inseparable part of the therapeutic process, however, she was becoming hopeless at the time of not observing any process and even being included in their negative cycles.

As another example, Aylin explained feeling hopeless based on perceiving the case as unsolvable:

“It was very difficult, I mean, they are the partners who never see each other really made me feel like it's really hard for me to get anywhere with this couple. It's very difficult for me... But probably yes. I guess... I guess the reason why I feel so hopeless is because I see the case as unsolvable. It's not about me.” (Aylin, aged 32, Level 2 in EFT, >1000 clinical hours)

Here Aylin mentioned that she felt hopeless because she thought that the case would not be solved meaning not have any progress for change. She based the feeling of hopelessness on the couple, not herself.

3.1.3 Sub-theme 103: Fatigue After Sessions

Another sub-theme for the main theme of difficult emotions of the therapist is feeling fatigued after sessions reported by twelve participants. Therapists stated that they felt intensely tired especially after sessions since they put lots of mental energy and work during sessions and preparations before sessions. They believed that working with high-conflict couples made the therapist more active compared to others. Tracking the couple and their high conflict during the sessions carefully was the source of psychological, emotional, and physical tiredness. Eight participants from the third group of participants who are the most experienced in EFT reported this sub-theme mostly whereas only one participant from group one reported.

Here is the striking statement of Barış about his feeling of fatigue:

“I usually run out of energy. I mean, I feel really tired when I finished those sessions because, as I said before, I have performance anxiety. I mean, really, it's like I'm putting twice the effort. If we look at three groups as individuals, couples, and high-conflict couples, if we spend 1X units of energy during individual sessions, this inevitably becomes 2X in couples. When there is high conflict, I think it becomes 8X, 10X, and 13X, so there is an incredible explosion there.” (Barış, aged 28, Level 3 in EFT, 500-1000 clinical hours)

As he explained his experiences with a metaphor, he mentioned putting in so much effort before and during sessions and feeling tired after sessions compared to individual and regular couple sessions.

Similar to his experiences, Yeşim described her feeling of fatigue as below:

“I mean I question myself a little more at those moments. What are they missing right now? I actually feel more mentally fatigued. Because obviously they do it that way and it doesn't work, if it worked they wouldn't have come here anyway, and I want to make them realize this... In general, I feel so tired when it was like okay, it went smoothly, nothing happened I send them away and that everyone is safe. I usually take an hour of break between my sessions so that I can throw it off me.” (Yeşim, aged 27, Level 3 in EFT, >1000 clinical hours)

She stated how much she felt fatigued, especially mentally and she needed a break to cool off after the sessions. Not only Yeşim but also most of the participants reported that they do not schedule any other session right after the session with high-conflict couples since they experience the influence of compelling emotions including tiredness.

3.1.4 Sub-theme 104: Incompetency

Eleven therapists out of twenty-one stated that they felt incompetent when working with high-conflict couples. Since it was hard to work with them in terms of many aspects, they experienced doubts about their competency, did not feel confident and secure enough to work with those couples effectively, and hesitated to do something wrong or lacking in some way. All of these led them to feel inadequate. Interestingly, feeling of incompetency sub-theme was reported mostly by six participants from the third group who were the most experienced in EFT. For instance, Yeşim expressed her emotional experiences:

“I feel inadequate. So where am I in my competency? Because we cannot advance the beautiful, calm, and quiet music of emotionally-focused therapy

with high-conflict couples, so I question my competence there. And then I say they are high conflict.” (Yeşim, aged 27, Level 3 in EFT, >1000 clinical hours)

Here, she stated that she had the hardship to use EFT properly with high-conflict couples. That led to feeling inadequate about herself as a therapist. Yet, it could be inferred that she tried to justify her feelings by the characteristics of the high-conflict couple. In another example, Duygu gave the following statement:

“I feel something that I don't feel with other clients when the anger of their conflict impact the therapy process. In other words, it's like walking a fragile line at the point of my self-confidence as a therapist, even though I know rationally what the address of that anger is and what emotions are underneath it. I don't feel that way with other clients most of the time. Of course, yes, there are clients who make me feel inadequate, but it's like I experience it more with high-conflict couples because there, you know, it comes out much more furiously. From there, the probability of the therapist getting her share is relatively higher.” (Duygu, aged 28, Level 2 in EFT, >1000 clinical hours)

Duygu also experienced inadequacy more with high-conflict couples than with other clients. Interestingly, she related her experiences with the anger of clients. In other words, the anger of high-conflict couples impacted the therapist's feeling of incompetency beside the therapy process. Also, she felt like walking on eggshells while feeling inadequate during her sessions with them.

3.1.5 Sub-theme 105: Anxiety

As the last sub-theme of this main theme, eleven participants mentioned that they felt anxious while working with high-conflict couples. Therapists reported a wide range of sources of anxiety such as conflict between the clients, performance anxiety, not being able to interrupt conflict during sessions, probability of the client drop-out, worrying about the safety of the couple in the case of any violence, having a session with that couple and what will be brought to the next session by the couple. For example, Neslihan expressed her anxiety as below:

“There is an anxious wait as to what they can bring today. Because it is as if the pavement that was built is still very raw, very wet, if such a thing is done, its mark will remain again. There is a concern about this, I think there is a side like I can trust their processes more or I can trust them a little more, as if I remind myself.” (Neslihan, aged 29, Level 3 in EFT, >1000 clinical hours)

Here, being anxious stemmed from what the high-conflict couple will bring to the session and if there is a mistake, the process gained until that time could be damaged. Based on her experience, it could be understood that the therapist was worried about their therapeutic process and not being helpful to them.

In line with this, Ayşe explained her anxiety about the destructive communication and safety of the couple:

“I was worried about the thing. My couple had very high conflicts, and the wife from the couple used to call her husband “a pimp” or something with swear words during sessions. It's something I'm not used to, something I've never experienced in my life. That's why it was bothering me a lot when a

woman in front of me said such things to her husband.” (Ayşe, aged 58, Level 1 in EFT, >1000 clinical hours)

Here, the therapist mentioned her anxiety when the couple got into a negative communication style including the use of swear words and whether they were safe or not while doing this.

3.2 Theme 2: Relief After Sessions as A Positive Emotion

The feeling of relief after sessions has emerged as the second main theme. Twelve participants reported that they felt relieved right after the sessions ended. This was grouped as another theme since it is the only theme with positive emotion in the participants. Despite the aforementioned difficult emotions before and during sessions, they experienced relief as a positive emotion after the sessions since the source of their negative emotions, a session with the high-conflict couple, was over. To illustrate, Enise shared her emotional experiences as follows:

“After the session, it is a great relief and I say “oh”, that is, “oh” you know. It's like you came out of a whirlpool or chaos like this, or you can think of it like a ship going in a storm and then after a while the sun comes up and life is normal now. I feel like maybe you can switch to a place where that tension is even more stable. I feel some relief.” (Enise, aged 27, Level 2 in EFT, 500-1000 clinical hours)

As she depicted her relief with a striking metaphor of a ship going from a storm to the sunshine, it could be inferred that working with high-conflict couple was like going through a storm, and finishing the session was like seeing the sunshine. Similarly, Duygu addressed her experiences as follows:

“So it changes, but I usually feel relief because when we work with the emotionally-focused model, the place where we finish the session is generally softer than the point where they started. You know, that softer, more emotionally-focused state at the end, a more compassionate state, because there is something in the model. You know, the last time you made such a summary, you know, “how hard it is, but you opened yourself up anyway. You've heard that too. Look, outside of this cycle, you did a very good thing today.” We are tying a bow as we finish. Tying that bow feels good to me too because it calms me down too.” (Duygu, aged 28, Level 2 in EFT, >1000 clinical hours)

She addressed her relief in relation to using EFT. Toward the end of the session, decreasing tension by making a summary, validating the clients, appreciating their effort, and finishing the session at a softer point helped her to feel relieved as well. Using EFT effectively as such may also contribute to the positive feeling of the therapists.

Apart from relief after sessions, a small group of participants reported other positive emotions such as being hopeful, motivated, satisfied, and happy. These exceptions were not observed in the entire data set, thus they could not be reported as sub-themes yet two therapists reported their feelings of satisfaction and here is an example of how a therapist felt satisfied and motivated while working with high-conflict couples:

“There is a motivating part. They seem to be clients who show more momentum. I mean, the session there, it sounds sweet to me, with the clients talking loudly, two months later, maybe three months later, depending on the

variables of the process there, after a while, yelling stops more often from outside the room. The fact that they are seen so concretely that they move to more listening positions, that they begin to express themselves verbally rather than in conflict, is completely different with their posture, sitting and facial expressions. I am very attracted to see that difference. In other words, it is challenging at the beginning of the process, but as the process progresses, I see a place where those clients value therapy more, are more motivated in their work, and trust more. I think that part is very satisfying and motivating.” (Neslihan, aged 29, Level 3 in EFT, >1000 clinical hours)

Here, Neslihan reported her feelings of motivation and satisfaction while working with those couples since she saw the progress and positive differences about clients even though she experienced difficulties.

3.3 Theme 3: Triggers of the Therapists’ Emotions

Another main theme concerning the emotional experiences of the therapists while working with high-conflict couples was the emotional triggers. The two sub-themes that emerged were: “Experiences from Family-of-Origin and Relationships” and “High-Conflict Couples Themselves”. Even though, there were a couple of responses concerning other triggers such as being criticized, worrying about the safety of the couple, previous occupation that the participant has before being a therapist, and performance anxiety, participants mostly based their emotional experiences on previous experiences coming from family or relationships with others or high-conflict couples themselves.

3.3.1 Sub-theme 301: Experiences from Family-of-Origin and Relationships

Eleven therapists' narratives related to their emotions, especially to the compelling ones that were triggered by their experiences from their own family-of-origin. This theme refers to the therapists' early experiences within their family, especially their parents and siblings. Some of the participants described their parents as high-conflict couples as well. Working with these couples reminded them of their childhood experiences while their parents had high conflict. Also, some of them found it hard to differentiate themselves from those early experiences while sitting in the therapist's chair now. Moreover, some participants were triggered by their former relationships including romantic ones. They reflected on their previous romantic relationship when working with these couple due to the similarities. These sources of triggers touch a point in the self-of-the therapist for the therapists. So, this type of trigger is internal. Also, experiences from family-of-origin and relationships as triggers were reported by group one mostly. Sibel expressed how she was triggered from her high-conflict couple due to previous experiences with her high-conflict parents:

“High conflict couples, in particular my parents were also a very high conflict couple, and it was probably the fact that I had been a buffer zone for them for years that probably led me to study couple and family therapy unconsciously. I realized this much later, when I was in graduate school, and when my couple clients had conflict during the session, I was becoming just a little girl. There were moments when I felt a really great fear and anxiety, as if my mother and father were fighting in front of me. So, I wanted to run away from there. Only if they clash, I'll run away from there. Whatever they were

doing, I didn't want to stay there any longer. Because, as I said, there was such an atmosphere at home and I was able to escape from there by avoiding it. It was very hard for me to try to fix it for years and not be able to fix it, so I still face it in the sessions. And even though I did the first session with them, and then I started my individual therapy process. So, they were such a critical point for me. In my master's degree, professors tell us all to start our own therapy, they direct, but you expect such an end, spark. It was them for me because I can never regulate myself in the session. It was like I was their daughter, as if I wasn't the therapist there. They were already a little old, they were about forty-five. For example, they don't look like my parents, even their roles were different, the topics they discuss were very different, their family structures were very different. Normally there is no similarity, but just because that conflict situation is very similar, as I said, I wanted to be such a little girl and run away from there. I remember my eyes filled with tears.”

(Sibel, aged 27, Level 1 in EFT, 500-1000 clinical hours)

As she described her experiences in terms of being triggered in a detailed way since her parents were a high-conflict couple, the conflict of the couple triggered her, and she was confused about her therapist's role as she felt like their child. This experience led her to start her own therapy process to make meaning and regulate her emotions. This could be understood as a personal issue in terms of self-of-the therapist might influence the therapy besides the therapist. Similarly, Ada mentioned her experiences as follows:

“When I try to approach from a softer point, I am facing an angrier reaction. Of course, this reminds me of places where I was used to hearing a more

critical tone of my mother when I was still in a more fragile position, maybe the feelings of helplessness in my childhood, the thought of no matter what I do, are triggered.” (Ada, aged 28, Level 3 in EFT, >1000 clinical hours)

Here, Ada conveyed her childhood experiences with her mother that she felt helpless when she was criticized by her mother. To trigger self-of-the therapist, it was not necessary to have high-conflict parents, also having adverse experiences with parents such as being criticized in this case had triggered the therapist while working with high-conflict couples.

3.3.2 Sub-theme 202: High-Conflict Couples Themselves

11 participants reported their source of trigger as the high-conflict couple that they were working with. The couples themselves, their high conflict, and their safety problems were stated as triggers for the therapists. Even though the theme above seems like an internal trigger, the participants externalized the source of the trigger here. In the following statement, Suna stated her thoughts about her trigger:

“I think that the couple triggered me. I was probably triggered because they were very harsh toward each other, using very bad language, were able to say words to each other very easily, for example, words that I would never accept in my private life.” (Suna, aged 47, Level 3 in EFT, >1000 clinical hours)

In this example, the participant explained that her emotional experiences were triggered by the high-conflict couple due to their harsh attitudes and communication toward each other. Similar experience was told by Özge:

“It was triggering, so both the avoidance of the man and the anger of the woman were the triggers. I mean, I'm not easily triggered by clients, but these

clients were triggering.” (Özge, aged 40, Level 2 in EFT, >1000 clinical hours)

As mentioned by Özge, the patterns of the clients were triggering for the therapist. Thus, the high-conflict couple can be the emotional trigger for the therapists besides the hardship of working with them.

3.4 Theme 4: Perceived Adaptive Emotion Regulation Strategies

Since one of the purposes of this study was to explore how therapists regulate their own emotions by engaging in which strategies while working with high-conflict couples, a main theme of “Perceived Adaptive Emotion Regulation Strategies” was inferred from the whole story told by the participants. The therapists reported useful emotion regulation strategies that they benefit to regulate their compelling emotions while working with high-conflict couples. In the wide umbrella of emotion regulation strategies, many adaptive strategies were reported by participants including grounding techniques, breathing exercises, supervision, processing their own emotions, distancing after sessions, engaging in self-care activities, drinking water, social support from family, peers, and partners, preparing for the session, eating-drinking, self-talk, touching the body, using humor, leaning on and applying the model properly, and not taking all responsibility of the process. It was observed that each participant stated at least three different emotion regulation strategies which revealed rich numbers of regulation strategies. Even though there is a wide range of perceived adaptive emotion regulation strategies stated by the therapists, repeatedly reported ones were outlined with seven sub-themes under this main theme.

3.4.1 Sub-theme 401: Using Body as a Source of Regulation

One of the prominent emotion regulation strategies was using the body as a source of regulation. Narratives from 17 therapists showed that they used their bodies to regulate their emotions by engaging in grounding techniques (N=10) and/or doing breathing exercises (N=13). In both techniques, the body was being used. As a source of emotion regulation, the body is useful to make the therapists grounded by touching their bodies or changing their positions and regulating their breaths. Using the body as a source of emotion regulation was reported mostly by the third group and all of the participants from this group stated this sub-theme. For example, Enise referred to her experiences with grounding techniques:

“I deal with these feelings, so when I feel very anxious, I use those grounding techniques. Squeezing my hand, like touching the chair, leaning on the back, if there is an object around that might make me happy, like looking at it or breathing, you know like “I’m here right now and maybe it’s safer here.”

(Enise, aged 27, Level 2 in EFT, 500-1000 clinical hours)

It could be understood from her experiences that she used grounding techniques by touching her hand and chair and also using breathing exercises to feel grounded, especially to decrease her anxiety. In line with this, Pırlı stated the following statement:

“Breathing, I do breathing exercises myself very often. I check my body. What is happening in my body, I definitely do it a lot... I also use breathing during the session, so breathing correctly helps me to calm down.” (Pırlı, aged 29,

Level 3 in EFT, 500-1000 clinical hours)

P1r1l highlighted the significance of breathing exercises before and during sessions to calm down when she needed to regulate her compelling emotions.

3.4.2 Sub-theme 402: Using Professional Resources

Another sub-theme of adaptive emotion regulation strategies, 19 participants shared common experiences in regard to using professional resources to regulate their own compelling emotions. Here, professional resources refer to receiving supervision and training and preparing before the sessions. Participants stated that besides helping with their work with the case, receiving supervision also helped to regulate their emotions. Also, they reported that training including master's education and training on the model advanced them in terms of professional skills. In turn, this could provide better emotion regulation through the knowledge and skills that they have gained. Most participants reported that the training in EFCT was effective, yet some of them stated the benefits of other models such as strategic therapy, psychodrama, and cognitive behavioral therapy (CBT). Moreover, preparing before the sessions included working on the model and the case in relation to the couple's negative cycle, creating a session plan, working on the best and worst scenario of the session, and preparing themselves psychologically. Knowing what to do and being prepared helped therapists to regulate their compelling emotions such as decreasing their anxiety.

This quotation was extracted from Yeşim's experiences with supervision:

“For example, that's why supervision is so valuable, when I tell this, knowing that many people in supervision experience the same thing makes me feel very comfortable. And I bring those thoughts to my mind, so I say "You are not the only one and you can take a crisis that may occur right now to

supervision" and this makes me a little more comfortable.” (Yeşim, aged 27, Level 3 in EFT, >1000 clinical hours)

From what Yeşim said, it could be inferred that supervision provides a safe haven for the therapist and help to regulate her emotions by creating a road map for the therapy process and validating the therapist’s compelling emotions. Another example from Enise might show the help of training on the EFT model for couples:

“The model tells you what to do, like ‘catching a bullet’. There it gives you something, and you are using it, or for example, if the assessment is very important in these couples, the assessment part is important, is there any violence, is there abuse or a nonviolence contract can be made. If there is violence, is it intimate partner violence in high conflict, or is it high conflict, yes, couples show high conflict with each other but is one of them doing it to the other? This time I am doing an assessment. There, you have to intervene like anything in the conflict, or you should not let them experience what they went through in their life during the session. Of course, it (the model) encourages you a little more and you do. And it comforts me to know that they will do well with it. It is thanks to those training.” (Enise, aged 27, Level 2 in EFT, 500-1000 clinical hours)

Here, Enise reflected on her experiences with the model which provided her with the knowledge, the skills, and insight to deal with the struggles of working with high-conflict couples. It could be understood from her experiences that knowing what to do also serves in regulating her emotions. The following statement from Özge was an example of preparing before the sessions:

“In other words, preparing for the session once regulated my emotions. I mean, meeting with my co-therapist prior to the session to plan that session, to talk about where we are, to talk about what we want to do that day and what we can do to focus on what we want to do that day, it was very useful for me, I mean, it worked for us in the session. Okay, we were stuck most of the time, the clients blocked us at one point in the session, we really stayed where that cycle was blocked, but there were also sessions where it worked. When we say “Okay, we were able to move forward with what we had in mind, the clients were also able to open up their own feelings” was the session that we prepared for the session with my co-therapist. It was very helpful.” (Özge, aged 40, Level 2 in EFT, >1000 clinical hours)

It could be understood that preparing for the session such as planning what to do in the session helps them both with the therapeutic process and regulation. On the other hand, when participants were asked how professional activities such as membership in professional associations affect them, even though a couple of participants responded as beneficial, most of them did not find engaging in such associations as effective in working with high-conflict couples. For example, Aylin explained in this way:

“I’ve never read, seen, or come across anything on this subject, I can say nothing. I’ve never come across something like this or something with high-conflict couples. By the way, there is only one DOÇAT that I am already involved in. Therefore, I have not come across any other publication or information to which I would receive such a response. So the DOÇAT mail group is not a very active group there either. I don’t know much about

DOÇAT as an association better, maybe I haven't seen it because I haven't been a member for a long time. I know if I ask something, I get a response. It's okay in those matters, but I don't come across such a sharing in terms of doing something related to high-conflict couples, hearing experiences from others, or sharing a case until now. If they would do, this would increase my feeling of belonging, by the way. It would be better to stay in touch more, not from training to training. Therefore, there is no such thing, I have never observed anything about high-conflict couples.” (Aylin, aged 32, Level 2 in EFT, >1000 clinical hours)

It could be inferred that the therapist in this example did not benefit from engaging in associations much in terms of working with high-conflict couples since they believe that the associations are not much active in this regard.

3.4.3 Sub-theme 403: Engaging in Self-Care Activities

14 therapists referred to self-care activities as ways to regulate their emotions. Especially before and after the sessions, engaging in self-care activities helped them to create space for themselves and give care to themselves. Different examples of self-care activities were reported including taking a walk, drinking coffee, eating, writing, physical exercise, listening to music, putting on lotion, taking care of flowers, watching movies or series, and resting. All of these might help them to focus on themselves and fulfill their physical, psychological, and emotional needs. This sub-theme was reported by all of the participants from the first group and most of the participants from the third group whereas only one participant from the second group reported. For example, Barış described his routine before sessions with the high-conflict couple as follows:

“I have a routine for the last fifteen minutes of each of my cases. I start by listening to “The Final Countdown” from The Europe, and I uplift myself as if I am going to war. As a routine, I brush my teeth so that my teeth are brushed cleanly before those high-conflict sessions in each session. I have a perfume that I only spray with my high-conflict clients, I spray it. I apply myself a hand lotion. Always I apply this routine before high-conflict couples.” (Barış, aged 28, Level 3 in EFT, 500-1000 clinical hours)

Here the therapist reported that he benefits from self-care activities such as listening to his favorite music, putting on his perfume and hand lotion, and brushing his teeth as a routine to deal with his compelling emotions before the sessions.

Another example was given by Ada:

“After that, I like to eat a meal that I like, take a hot shower after that, and watch a TV show that I like. I guess it feels good to do that “me time” like this.” (Ada, aged 28, Level 3 in EFT, >1000 clinical hours)

Here, Ada described her activities as “me time” that have helped her after difficult sessions with a high-conflict couple. Engaging in self-care activities before and after session could bring relief to the therapists.

3.4.4 Sub-theme 404: Positive Self-talk

The fourth sub-theme was positive self-talk based on the experiences of thirteen therapists. They reported that they engaged in positive self-talk when they experienced a compelling emotion that was difficult to deal with. Engaging in self-talk could seem like a cognitive strategy in emotion regulation. They provided suggestions to themselves through positive self-talk to normalize their feelings, remind themselves about the hardship of working with high-conflict couples, end the

session, and to remember that they did their best. To illustrate, Alya gave an example of how she was doing positive self-talk:

“For example, the other day, there was a place where Sue Johnson had difficulty in EFT training. I said, “Sue Johnson is having a hard time too, so I can have a hard time too,” and I said to myself, “Well, you’re on the right track” or something. For example, I think it is good to see certain things from that side, like “She is having difficulties, she is making mistakes, I can do it too.” I don’t know, it can be good to know this session will end. Especially if you have a plan after the session when you tell yourself “Yes, look, you will have difficulties now, but this will end” and saying yourself “You will go somewhere, and you will feel better there, even if it is difficult, it will pass.” I think it would be good to stay in such a hopeful place before the session. I mean thinking of after the session.” (Alya, aged 31, Level 2 in EFT, >1000 clinical hours)

Here, Alya was suggesting to herself that it is normal to have difficulties and it will end even if it is hard. It could be understood from her passage that validating and self-talk comforted her. A similar experience was reported by Gamze:

“Sometimes I do a lot of self-talk in a session like this. It works for me at those times because I get this message. I mean, I need to get out of that moment a little bit, so when my anxiety increases or it goes out of control. For example, I say the thing there, “Okay, it’s hard. Okay. But come back. You know, you’re not the client here right now, you’re the therapist, take control and come back. So maybe a millisecond self-talk or two-second self-talk, but its frequency can increase as a reminder to myself during sessions.”

It's good to be reminded of it.” (Gamze, aged 27, Level 3 in EFT, >1000 clinical hours)

Gamze stated that she engaged in positive self-talk by reminding herself her therapist position in the session. By doing this, she validated the hardship of being the therapist, then she could take the control of the session by not becoming lost in her own and the couple’s feelings

3.4.5 Sub-theme 405: Seeking Social Support

Narratives from eleven therapists highlighted the importance of social support for emotion regulation. They mentioned that they seek social support from loved ones such as family members, partners, peers, and colleagues to regulate their difficult emotions. As an interpersonal emotion regulation strategy, social support from others helped therapists while struggling with those emotions. This emotion regulation strategy was mostly reported from the third group by six therapists. For example, Barış pointed out his experiences with social support:

“Apart from this, I usually tell my two closest friends about what is challenging me in the sessions, while maintaining the confidentiality and ethics of the client. You know, it's like how I felt individually during the session. “Something happened and I was triggered, angry, scared.” I guess it's a relationship of trust that comes from being open to my friends, I think, to two friends I trust, and my coping mechanism is that I apply there.” (Barış, aged 28, Level 3 in EFT, 500-1000 clinical hours)

It could be understood that the therapist benefits from his close friends by opening up his feelings and experiences to them and this helped him to cope with the hardship of those emotions. A similar experience was reported by Alya:

“I don't say "I experienced something like this" and stay there by myself too much. This is my way of coping, I guess, I have to share it with someone for sure. Even if I feel inadequate and label myself, I think it is good for me to talk to someone from this field (profession) and to talk to someone from my close circle, for example... Sharing those emotional sides with my husband, for example, is probably the most important thing to share on that side.

Maybe this is an issue. I take everything to someone, but I don't know, I think it's good to share, I think there is a place where at least someone say ““You are not alone, we understand you””. In the meantime, I can go to my mother when there are such difficult feelings. It's good to talk to her too, in a way, not from a professional place, but from a soothing side.” (Alya, aged 31, Level 2 in EFT, >1000 clinical hours)

Alya stated about getting social support from her partner and mother. These examples might demonstrate that seeking social support is an important source for the regulation of therapists.

3.4.6 Sub-theme 406: Distancing After Sessions

Distancing after sessions was reported as an emotion regulation strategy of eleven participants. After a difficult session, distancing, not engaging in anything related to the session and the case, and focusing on other things helped therapists to regulate their difficult emotions. By doing this, they kept themselves distanced from their compelling emotions. Özge told her distancing experience:

“You know, there were times when I turned off the screen and the computer, shutting down everything, and completely distracted from the issue in my mind. After some tiring sessions, I said "Okay turn it off" and watched out the

window like this, you know, there were sessions like that, standing away from the subject in my mind.” (Özge, aged 40, Level 2 in EFT, >1000 clinical hours)

It could be understood that she coped with her emotions by distancing herself from the session and the subject right after the session. Similarly, Yeşim reported:

“A different answer might be walking away from the office. Turning off the computer, especially if it is online, is to get away from everything at that moment and not do anything about psychology to relieve myself.” (Yeşim, aged 27, Level 3 in EFT, >1000 clinical hours)

Yeşim also engaged in distancing after the session by not doing anything about the session. It could be inferred that distancing after the sessions helped therapists not to stay with those difficult emotions.

3.4.7 Sub-theme 307: Processing Own Emotions

As the last sub-theme under this main theme, narratives from ten participants revealed processing their own emotions as a way of regulation. Processing emotions comprises making meaning of the emotion, opening space for that emotion, staying on the emotion, reflecting, allowing it, and accepting it. This regulation strategy might not provide immediate relief, but it helps in the long-term. To illustrate, Sibel shared her experiences with processing her emotions with the help of her individual therapy:

“The only really sustainable and effective thing is to talk about these feelings with my therapist. And with his guidance, what goes through my mind at those trigger moments during the session, what I feel in my body, what emotions appear, and how I act as a result. A full-blown observation. They

(the clients) can't hear me in that session anyway, I can't get in between them anyway, at least I'm in the mood to go back and observe myself. I did this a lot at first, together with my therapy. All those thoughts that I've already turned into a child like that, that I wanted to cry, that I felt stuck, that I looked like my parents, that I couldn't be a therapist after that, or that I wanted to run away from here. Basically, as I said, turning around and staying with that feeling, staying in the moment, and realizing what's going on in my mind. Maybe I can say that it helped me the most to examine my triggers during the session with more conscious awareness.” (Sibel, aged 27, Level 1 in EFT, 500-1000 clinical hours)

Here, Sibel stated her individual experiences around the triggers of those compelling emotions and how she processed and made meaning out of them in her therapy. It could be deduced that processing emotions could provide emotion regulation in the long term. Ada conveyed the following statement from her experiences:

“Allowing (the emotions) as I said works. Not immediately, but visiting those places, “What you actually experienced, don't frame it as you couldn't do anything, because somehow you know, you know what you need to do, step by step, things you have done before, so you experienced something here. Look what you experienced.” Oh okay if it takes me to a memory that I lived with my mother and my father, “Yes, there is an understandable reason why you feel that way” and it feels good in a way.” (Ada, aged 28, Level 3 in EFT, >1000 clinical hours)

Ada communicated that she was processing her emotions by allowing to feel them as well as making meaning out of them. Overall, emotionally focused therapists processed their own emotions in a similar way that they did with their clients' emotions in the session.

On the other hand, there were maladaptive emotion regulation strategies that were reported by the participants. Rumination, focusing on own emotions during the sessions, drinking coffee and alcohol, smoking, taking notes during sessions, suppressing emotions, not processing their experiences, eating, self-blaming, freezing, and distraction were stated as maladaptive strategies. However, one of them was not seen repetitively in the entire data set to be considered as a theme. For example, here is an example of how focusing on own emotions during sessions did not work:

“So it's not working to focus too much on my own emotions during the session. In other words, I am aware of my feelings, this is not rejection, I am aware of my feelings, but when I focus on my feelings, I can't pay attention or I can't listen actively or observe the clients during sessions. I postpone my feelings a little bit, or for example, I take notes for myself to work on them later.” (Hülya, aged 34, Level 2 in EFT, <500 clinical hours)

Here, Hülya stated that when she focused on her emotions during the sessions, this impacted the therapy process negatively such as not being able to listen and observe the clients, in turn, this did not help her to regulate her emotions. Instead of during sessions, she worked on her emotions after the sessions.

3.5 Theme 5: Positive Impact of the Therapist's Adaptive Regulation Strategies on the Therapy Process

As the last main theme, the positive impact of the therapists' adaptive emotion regulation strategies on the therapy process was derived from the story told by fourteen participants. This theme refers to when therapists regulate their emotions better, the therapeutic process progressed well. They reported that their useful emotion regulation strategies impacted the three core parts of the therapy process: Building the therapeutic alliance, conducting assessment, and intervening. On the other hand, they stated that when they were not able to regulate their emotions properly, they experienced freezing and fear during interventions, low tolerance for feelings, hardship in terms of interventions, building alliances and doing assessments, moving away the model that they apply, and difficulties on empathizing with the clients. Moreover, this main theme was mostly stated by eight participants from the third group which was the most experienced group.

For example, Neslihan linked her better emotion regulation with doing a better intervention in the therapy process:

“It always sounds two-pronged. If I can regulate myself, the interventions go better and I see this as a constructive and educational experience. But if I can't regulate myself, I can't regulate the clients, and when I can't regulate the clients, interventions don't work if we are not already in a grounded place. So they are screaming and I'm screaming, no one hears anyone there anyway.” (Neslihan, aged 29, Level 3 in EFT, >1000 clinical hours)

She directly pointed out the importance of the therapist's regulation on the intervention. As she stated, there is a positive impact of the therapist's better

regulation strategies on the process of the therapy. It could be inferred that the therapist could use their adaptive emotion regulation strategies for the sake of the therapy process. In terms of building a therapeutic alliance, Fatma shared her experience:

“So I guess it changes a lot. In other words, when my tolerance is very low, I can sometimes fall into a position as if I do not understand the client's experience. In other words, I can fall into a position as if I did not validate them enough, did not calm them enough, or did not prepare the environment for them to calm down. If my tolerance is high or if I enter the session by regulating myself, that relationship seems to be different. So they can feel that I'm making room for them. So I feel like I'm building alliance better.”

(Fatma, aged 29, Level 1 in EFT, >1000 clinical hours)

Here, she highlighted the importance of the self-regulation of the therapist in building a therapeutic alliance with the client. When the therapist is not regulated emotionally, she could show low tolerance for the client and experience difficulty in applying the requirements of the model, in turn it becomes hard to build an alliance with the client. Likewise, when they better regulate their emotions, they could build stronger therapeutic alliances with the client. The following statement was reported by Sibel about the effect of emotion regulation on the assessment process:

“As I said, when I could remove the focus from myself in a healthy way and I could regulate myself, the phase of analysis and evaluation was much more relaxed. I couldn't see before because I couldn't observe. That's why that place also developed as I could cope, understand and regulate my feelings. I

started to formulate and see better.” (Sibel, aged 27, Level 1 in EFT, 500-1000 clinical hours)

As she stated when she started to regulate herself better, her assessment of the case was more developed. It could be inferred that the adaptive regulation of the therapist impacted the assessment process positively. All in all, this theme might demonstrate the importance of a therapist’s emotion regulation in all steps of the therapy process, therapeutic alliance, assessment, and intervention.

3.6 Differences and Similarities Between the Levels of Participants

Even though one of the intentions in this study was to understand the differences and similarities between three levels of participants based on their EFT training, exact differences and similarities could not be presented due to the methodology of the study. Yet some of them could be inferred for further exploration with different methodologies.

A couple of similar themes for participants from all levels have emerged. For example, the feeling of anxiety was found as a compelling emotion for all levels of participants. In other words, therapists felt anxious while working with high-conflict couples regardless of their levels. Similarly, the sub-theme of relief after sessions as a positive emotion was reported by all levels of EFT therapists. When the sessions with high-conflict couples ended, participants from all levels felt relieved. In terms of sub-themes for emotion regulation strategies, using professional resources was reported by almost all participants from all three levels. To put in another way, therapists benefited from professional resources to regulate their compelling emotions regardless of their training levels. Also, processing emotions and distancing after sessions subthemes were found as common themes for all levels. To

regulate their emotions, therapists in all three levels processed their emotions and needed to be distanced after sessions.

In terms of the differences between levels of participants, there were several sub-themes that the levels distinguished. Anger toward the client sub-theme was reported mostly by the first level of participants, almost all of them. Interestingly, the sub-theme of hopelessness about the effectiveness of the therapy process was reported mostly by all of the second-level participants. This sub-theme was not reported by any participant from the first level. Compelling emotions as the main theme and fatigue after sessions as the sub-theme were reported mostly by the participants from the third level whereas only one participant from the first level reported it. As another interesting difference between levels, participants from the third level mostly reported that they felt incompetent while working with high-conflict couples even though they were the most experienced in EFT. In terms of triggers of therapists' emotions main theme, experiences from family-of-origin and relationship sub-theme was mostly reported by the first-level therapists as their emotional triggers.

Regarding the differences between levels based on the sub-themes of emotion regulation strategies, using the body as a source of regulation was reported mostly by all of the participants from the third level. In other words, most experienced therapists in EFT often used their bodies to regulate their compelling emotions by practicing breathing exercises and grounding techniques. Another difference was seen in engaging in self-care activities sub-theme. It was reported by all of the participants from the first level, most of the therapists from the third level, yet only one participant from the second level reported it. Also, seeking social support sub-

theme was mostly reported by the third level. As the last difference, the main theme of the positive impact of therapists' adaptive regulation strategies on the therapy process was mostly reported by the third level therapists, almost all of them.



CHAPTER 4

DISCUSSION

The present qualitative study explored the emotional experiences and emotion regulation strategies of emotionally focused therapists while working with high-conflict couples. Four main research questions were sought: (1) What are the emotional experiences of psychotherapists who use EFT while working with high-conflict couples?, (2) How do they regulate their emotions and by engaging in which strategies?, (3) How do their emotions and emotion regulation processes impact the therapeutic process?, and (4) How do training and professional activities influence their emotion regulation processes?. Semi-structured interviews were held with 21 therapists who met the inclusion criteria of the study. Thematic analysis was conducted to examine the common patterns and themes in the entire dataset.

The findings from the therapists' narratives indicated five main themes: "Different Compelling Emotional Experiences of the Therapists", "Relief After Sessions as a Positive Emotion", "Triggers of the Therapists' Emotions", "Perceived Adaptive Emotion Regulation Strategies" and "Positive Impact of the Therapist's Regulation Strategies on the Therapy Process". The first main theme demonstrates that the therapists experienced a wide range of different compelling emotions including anger toward their high-conflict clients, hopelessness about the effectiveness of the therapy process, fatigue after the sessions, incompetency, and anxiety. The second theme indicates a positive emotional experience of the therapists, relief after sessions. The third theme concerns the source of triggers of therapists' emotions by revealing two sub-themes: their own family-of-origin and relationship experiences and the high-conflict couples themselves. The fourth theme

is about the various helpful emotion regulation strategies of the therapists while working with high-conflict couples such as using their body, using professional resources, self-care activities, self-talk, social support, distancing after sessions, and processing their emotions. The last main theme is about the positive effect of adaptive emotion regulation strategies of therapists on the therapy process in terms of building alliance, assessment, and intervention.

This chapter presents the discussion of the five main themes as well as the sub-themes with integration of the theoretical frameworks of process model of emotion regulation and person-of-the therapist training models. Then, the present study's strengths, limitations, and future directions will be discussed. Lastly, the possible practical implications of the results will be discussed.

4.1 Discussion of Theme 1: Different Compelling Emotional Experiences of the Therapists

In the current study, different compelling emotions were reported by participants while working with high-conflict couples including anger toward clients, hopelessness about the effectiveness of the therapy in this couple, anxiety, feelings of fatigue, and incompetency. This theme could be interpreted in terms of two aspects. First, the literature shows that working with high-conflict couples is difficult to the extent that it can lead to therapist's burnout (Negash & Sahin, 2011). Other difficulties include their triangulation tendency with the therapist (Anderson et al., 2011) and high-risk for dropout (Willis et al., 2020). All these hardships of working with high-conflict couples could unveil different compelling emotions such as anxiety and fatigue among therapists. In other words, working with high-conflict couples as one of the stressful groups could provoke difficult emotions to cope with

in psychotherapists. Secondly, these different reported emotions could be related to the professional characteristics of emotionally focused therapists. In EFT, primary emotions are used as a change mechanism (Johnson, 2019). EFT therapists learn to be more open to feelings (Montagno et al., 2011). Learning more about feelings and using them in therapy could make therapists more aware of their own feelings.

A qualitative study with eight therapists revealed that therapists feel inadequate when they are preoccupied with being correct and effective which in turn leads to insecurity and incompetency (Theriault & Gazzola, 2005). Similarly, the participants in the present study also reported incompetency when working with high-conflict couples. Thus, therapists who are overly concerned about their effectiveness in therapy may be preoccupied with being competent regardless of the therapy model.

Emotional exhaustion is one of the core characterizations of burnout (Maslach et al., 1981). A recent review demonstrated that work environment, workload, and caseload as work factors; countertransference and maladaptive coping strategies as personal factors were predictors of burnout among therapists (Yang & Hayes, 2020). This finding could be related to one of the sub-themes of different compelling emotions of the therapist that were reported in the current study, feeling fatigued after sessions. If the therapists continuously experience fatigue and do not care for themselves or not seek any help, it could lead to burnout later as Negash and Sahin (2011) found. Here, the therapists could activate their personal resources such as self-care activities and social support, and professional resources including supervision as this study revealed not to experience burnout.

4.2 Discussion of Theme 2: Relief After Sessions as a Positive Emotion

There are a limited number of studies revealing the therapists' positive feelings. In a qualitative study with marital therapists, the sources of the therapists' positive feelings were found as the client's process, technical input including intervention skills, and personal involvement (Vandenberghe & Silvestre, 2014). Another qualitative study with novice family therapists demonstrated that they experienced relief and calming down when the therapy process was going well (Frediani & Rober, 2016). This study demonstrated that emotionally focused therapists experience relief after sessions as a positive emotion while working with high-conflict couples since the triggering of the compelling feelings were over at the end of the session with high-conflict couples. Similar to the results from previous studies, it could be inferred that therapists could experience positive feelings including relief when difficult emotions were gone.

4.3 Discussion of Theme 3: Triggers of the Therapists' Emotions

The POTT model suggests to therapists to realize and work on their wounds and struggles (Aponte, 1992). Realizing and processing their signature themes help therapists to be less triggered personally and manage the therapy process more professionally by building a human-to-human connection with the clients. Family-of-origin and relationship experiences as one of the sub-themes of therapist triggers could be explained within this main premise of the POTT model. Therapists reported that their negative emotions were triggered by their early experiences and relationships with their family and others. For example, they reported having parents who experienced high-conflict similar to the couples they worked with. As a person-of-the-therapist experience, this similarity might touch on their signature theme from

their family-of-origin experience and relationships. Since the person of the therapist always remains with the therapist in the therapy room, these experiences influence the therapist personally and professionally. Thus, working on the person-of-the therapist would help the therapists to alleviate their own emotional triggers (Aponte & Kissil, 2016). Similarly, findings from a qualitative study revealed that working on the person-of-the therapist provides enhanced self-awareness, better management of feelings and reactions, and self-acceptance for therapists (Kissil et al., 2018).

Another qualitative study demonstrated that the sources of the pain of 16 marital therapists were the couple, the therapist themselves, and their relationships with the clients (Lima & Vandenberghe, 2021). It could be understood that similar results were found in this study by revealing experiences from family-of-origin and the couples themselves as the source of triggers. These overlapped results exhibited two main triggers of the therapists' compelling emotions: the therapist self as an internal trigger and the couple themselves as the external one.

4.4 Discussion of Theme 4: Perceived Adaptive Emotion Regulation Strategies

Gross (1988) proposed five families of emotion regulation strategies within the process model of emotion regulation including situation selection, situation modification, attention deployment, cognitive change, and response modulation. Different emotion regulation strategies revealed from this study could be discussed in terms of these five strategies. Using the body as a source of regulation and engaging in self-care activities could be laid under the response modulation emotion regulation strategy since this strategy impacts behavioral, physical, and experiential parts of emotional response including physical exercises and relaxation techniques. Distancing after sessions could be an example of attention deployment because it

provides shifting the focus to change emotions such as distraction. Positive self-talk could be understood as a form of cognitive change by altering appraisal to regulate emotions such as reappraisal.

Seeking social support and using professional resources such as supervision could be explained with co-regulation rather than the five strategies of Gross (1988) since they are self-regulation strategies. Co-regulation is basically defined as a process in that one engages in interaction with a significant other to regulate emotions (Butler & Randall, 2013). The participants reported that they regulate their emotions by seeking social support from family members, partners, and close friends and getting supervision from the supervisor which describes their co-regulation. Similar findings were reported in another study (Horton, 2016) with occupational therapists. These therapists indicated that they regulated their emotions by engaging in cognitive re-appraisal and seeking support.

A qualitative study conducted by Lima and Vandenberghe (2021) revealed that marital therapists used emotion regulation strategies including monitoring their own feelings, having restorative moments, supervision, and personal therapy to regulate their pain during and after the sessions. These results match with processing own emotions, engaging in self-care activities, and using professional resources as emotion regulation strategies from the current study's findings. It might be understood that some emotion regulation strategies are beneficial for therapists regardless of the model and the group that has been working with.

Additionally, there are two meta-analyses that emphasized the effectiveness of self-talk and distancing after sessions. In one conducted by Webb et al. (2012), cognitive change strategies were shown to be more effective than strategies of

attention deployment such as distraction and response modulation. In the other, reappraisal and distraction were found as the most effective strategies (Augustine & Hemenover, 2009). Even though these two meta-analyses overlapped in terms of the effectiveness of the re-appraisal, they differed regarding the effectiveness of distraction. The current study could not present which one of the strategies is better than the other, yet the current findings also support the effectiveness of self-talk and distancing strategies that were found in these meta-analyses. Moreover, the current results on the adaptiveness of self-talk and processing emotions overlap with the results of previous findings showing that re-appraisal and acceptance were negatively linked with psychological symptoms (Aldao et al., 2010). This could be interpreted as re-appraisal and acceptance strategies could contribute to the psychological well-being of the person.

Shamoon and his colleagues (2017) suggested to couple and family therapists seven strategies for affect management, especially anxiety, by discussing the necessity of it during the therapy process: Embracing your anxiety, using feedback mechanism, self-of-the therapist courses, ongoing introspection, ongoing supervision and support groups, self-care, and model flexibility and heightened self-identity. Even though their suggestions were based on clinical experiences and theories rather than empirical findings, these suggestions were supported by the findings of the current study.

Interestingly, our data indicated a rich variety of adaptive emotion regulation strategies for the therapists. Also, each participant reported more than one regulation strategy that they engaged in. This result could be discussed in two different ways: Increased need for regulation while working with high-conflict couples and

individual differences in emotion regulation for therapists. Previous research as mentioned above demonstrated that therapists regulated their own emotions by engaging in a couple of helpful strategies (Horton, 2016; Lima & Vandenberghe, 2021). These research were not conducted with high-conflict couples yet the sample of the current study was the therapists working with high-conflict couples. As the findings suggested that working with a more stressful group, high-conflict couples, brought more difficult emotions. Thus, the therapists needed a greater number of emotion regulation strategies to regulate those compelling emotions.

On the other hand, a wide range of emotion regulation strategies from this study could be explained by individual differences of participants. Bonanno and Burton (2013) conceptualized the term regulatory flexibility which refers to the ability to dynamically alter strategy use in emotion regulation with respect to the individual differences. Also, existing literature supports that emotion regulation was impacted by individual differences such as personal characteristics (Ng & Diener, 2009), age (Larcom & Isaacowitz, 2009), and thinking styles (Vaughan-Johnston et al., 2020). In light of these results and the concept of regulatory flexibility, it could be inferred that the therapists reported many different useful strategies for their emotion regulation due to their individual differences. The therapists picked the regulation strategies which fit them best based on their individuality. This contributed to revealing various reported strategies in the current study.

4.5 Discussion of Theme 5: Positive Impact of the Therapist's Adaptive Regulation Strategies on the Therapy Process

The participants of the current study reported the positive impact of their adaptive emotion regulation strategies on the therapy process. They explained their

adaptive strategies in relation to alliance, assessment, and intervening. The common factors paradigm also suggests therapist variables as one of the common factors that is present in all effective therapy models (Sprenkle, 2009). The literature on this is supported by empirical findings that clinicians' better emotion regulation strategies were linked with reduced suicidal ideation in their clients (Barzilay et al., 2021), and the clients rated the therapy positively and build a better alliance when the therapist show positive affect during sessions (Chui et al., 2016).

Moreover, the three phases of the POTT model suggested professionals know, access, and use themselves and their experiences such as signature themes in therapy (Aponte et al., 2009). The last phase is the use of self for the sake of the therapeutic process including building a therapeutic alliance, assessment, and intervention. In the current study, the participants reported that when they regulate themselves better, they build better therapeutic alliances, do better assessments, and effectively intervene. Thus, these are examples of how therapists, even when working with high-conflict couples, could use their experiences by integrating them into therapy for the benefit of the client.

Overall, the current study revealed three main findings: (1) Emotionally focused therapists experienced hardships by experiencing compelling emotions while working with high-conflict couples, (2) despite these difficult emotions, they regulated their emotions by engaging in several different adaptive strategies, and (3) their adaptive regulation strategies influenced the therapy process of the clients positively. The POTT model aims to help therapists by getting through three phases which are knowledge of self, access to self, and use of self in a purposeful way for the benefit of the clients (Aponte et al., 2009), findings of the current study could be

discussed in this frame. The findings related to the therapists' compelling emotions could be a part of the knowledge of self in the first phase. As the emotions of the therapists are parts of their inner process, they have knowledge and an awareness of their emotions. Experiences from family-of-origin and relationships as emotional triggers of the therapist could be explained with the second phase of the model, access to self. When the therapists know about their struggles and wounds better, they can track their triggers and access them better. Lastly, the adaptive emotion regulation strategies of therapists and their positive impact on the therapy process could be interpreted as examples of the use of self. When the therapists experienced compelling emotions, they had strategies to regulate them, in turn, they used those experiences, emotions and emotion regulation strategies, for the sake of the therapy process and the client. This could be an example of the use of self in this model.

Learning EFT contributed to becoming more compassionate, empathic, loving, and caring with themselves and others, having improved relationships with close ones, and increased awareness of relational traumas in their personal lives (Sandberg et al., 2013). The current study revealed another contribution of EFT training to therapists. The therapists reported that having EFT training helped them to regulate their own emotions better. This could be seen as another benefit of this training on the personal development of the therapists. Similar findings can be found in the psychotherapy literature. For example, after learning the Satir model, the therapists reported that they became more aware of their inner process and self, accessing and using their resources more, and increased acceptance in their lives (Lum, 2008). Also, MFT training has contributed to increasing self-awareness, and confidence, being open-minded, having better communication and boundary-setting

skills, and taking perspective in terms of their personal development (Paris et al., 2006). Learning all these models contributes to the therapists' personal development, especially in terms of self-development such as increased self-awareness, confidence, skills, and acceptance. Compared to other models, learning EFT has contributed to the therapists having improved relationships with others besides contributing to self-development. Since EFT is an attachment-based model, learning about attachment, needs, and emotions might contribute to improving relationships with significant ones.

To discuss differences between the levels of participants, the findings should be cautiously interpreted due to limitations of the thematic analysis. Participants from the third level reported mostly that they felt incompetent and fatigued while working with high-conflict couples, even though they were the most experienced therapists in EFT among participants. This difference could be interpreted in a way that EFT training contributes therapist to being aware of feelings (Montagno et al., 2011), and when the therapists receive advanced level EFT training as in the third level, they were becoming more aware of their own feelings. In turn, they could report more about their feelings since they were aware of them. Since the participants in the first level did not report more about these feelings might not mean that they did not feel those emotions. It might be that they could not be aware of those feelings as much as participants in the third level. Also, anger towards clients and experiences from family-of-origin and relationships as emotional triggers were mostly reported by the first-level participants. EFT suggests therapists empathize with the primary emotions of the clients and validate them. As first-level therapists have less training in EFT compared to others, they could have difficulties

empathizing with clients' primary emotions. When they cannot develop empathy, this might make them angry towards the clients. In terms of reporting family-of-origin and relationships sub-theme mostly, since they were the beginner therapists in EFT, they might have difficulties in managing their internal triggers and self-of-the-therapist issues. Lastly, the third-level participants mostly reported that they were using their bodies and seeking social support to regulate their emotions and when they regulate their emotions better, the therapy process was impacted positively. Since they were at the most experienced level in EFT, they were more aware of their emotions and the importance of emotion regulation, since they used their bodies and social support, and their emotion regulation strategies for the benefit of the clients.

4.6 Strengths of the Current Study

To our knowledge, this study is the first study focusing on the emotion regulation of EFT therapists working with high-conflict couples. Thus it contributes to the literature by filling a gap by exploring the emotional experiences and strategies of the EFT therapists while working in a more stressful environment. Exploring the emotional experiences of the therapists during and after sessions from a qualitative analysis perspective contributes to the literature by preparing the stage for future research about the emotion regulation of therapists. In addition, such a qualitative approach provides in-depth knowledge of participants' emotional experiences, emotion regulations, and the meanings they attached to these experiences.

4.7 Limitations of the Current Study

In terms of limitations, the data were collected retrospectively from some participants who worked with high-conflict couples, not currently. The memory

effect could play a role in the recollection of experiences among participants. This might impact the depth of the data since they could not sometimes remember the details of their experiences.

As another limitation, an up-to-date definition of high-conflict couples was presented to the participants to decide whether their couples met this definition or not. In other words, it was not measured by a scale. It was decided by the therapists which could lead to the subjectivity of the therapists. Not being able to measure the conflict of couples objectively could be a limitation of this study.

4.8 Future Directions

This study revealed the compelling emotions of emotionally focused therapists, their triggers and adaptive regulation strategies, and the significance of regulation strategies on the therapy process while working with high-conflict couples. Future research could address the emotional experiences and strategies of therapists who use other approaches that do not use emotions as a change mechanism such as Gottman couple therapy, PACT model, and strategic family therapy to understand whether they experience similar or different emotions and strategies.

This qualitative study gives an idea about differences between levels of participants in terms of their emotional experiences, emotion regulation strategies, and how these experiences impact the therapy process. Further studies could investigate these differences more in depth with different methodologies and with a larger sample size.

Also to expand this study, the recording of sessions could be used as additional data sources to understand better especially when the therapist experiences particular emotions, is triggered, and engage in which strategies. A match between

interviews and session recordings could provide a deeper understanding of the therapists' experiences.

Another research idea for future studies could be understanding which emotion regulation strategies are better while working with high-conflict couples. Since this study revealed several different helpful emotion regulation strategies for therapists, which one of them is better cannot be inferred from this qualitative design. To explore this, a quantitative study could be designed to compare the effectiveness of these strategies with each other.

4.9 Clinical Implications

The findings of this study could provide a significant resource for therapists who work with high-conflict couples, supervisors, and training programs. For the therapists, the findings of compelling emotions and adaptive emotion regulation strategies could give an idea of how it is to work with these couples and what they can use as an adaptive regulation strategy to regulate their compelling emotions.

Also, supervisors could benefit from the findings of this study by validating their supervisee's compelling emotions, working on their self-of-the-therapist issues, and directing them to engage in adaptive emotion regulation strategies. This study especially revealed the importance of working on the person-of-the-therapist in terms of compelling emotions and triggers, thus the supervisors could integrate person-of-the-therapist work into their supervision to support the therapists.

Moreover, the training programs could include workshops or training about how to work with high-conflict couples effectively in their curriculum. Besides this, these programs might incorporate self-of-the-therapist work such as the POTT model

in their programs as well to strengthen the therapist's personal self and develop their insights about how to use themselves in the therapeutic process.

Lastly, according to reports from participants, professional associations were not much helpful in terms of working with high-conflicts. In other words, associations were not seen as a professional source for the therapists with this population. This result could be transferred to practice by activating associations more in terms of workshops, trainings and supervision related to working with stressful groups such as high-conflict couples. By doing these, therapists could benefit from associations as a professional resource.

APPENDICES

Appendix A

Demographic Information Form (*Turkish*)

- 1) Katılımcı Kodu:
- 2) Yaş:
- 3) Cinsiyet: _____ Kadın _____ Erkek _____ Diğer
- 4) En son tamamladığınız eğitim seviyesi:
 - a) Lisans derecesi
 - b) Yüksek lisans derecesi
 - c) Doktora derecesi
- 5) ICEEFT onaylı Duygu- Odaklı Çift Terapisinde tamamladığınız eğitim düzeyi:
 - a) 1. Aşamayı bitirmiş
 - b) 2. Aşamayı bitirmiş
 - c) 2. Aşamayı bitirmiş ve üzerine süpervizyon almış
- 6) Duygu Odaklı Çift Terapisi dışında terapide kullandığınız diğer model(ler) ve/veya yaklaşım(lar):
- 7) Aktif danışan gördüğünüz süre (yaklaşık klinik saat):
- 8) Aktif çift danışanı gördüğünüz süre (yaklaşık klinik saat):
- 9) Bu araştırma dahilinde düşündüğünüz yüksek çatışmalı çift(ler)i gördüğünüz ortalama seans sayısı:
(Birden fazla çift varsa her biri için ayrı ayrı)

Appendix B

Interview Questions (*Turkish*)

1) Genel olarak kendi duygu düzenleme becerilerinizi nasıl değerlendirirsiniz?

* Duygu düzenleme hangi duygulara ne zaman sahip olduğumuzu, bu duyguları nasıl yaşadığımızı ve diğer insanlara nasıl gösterdiğimizi içeren süreçleri ifade eder.

- Stresli durumlarda kendinizi nasıl sakinleştiriyorsunuz?

2) Yüksek çatışmalı çiftlerle çalışmak sizin için nasıl bir deneyim?

- Seans öncesinde ne deneyimliyorsunuz?
- Seansta çatışma esnasında ne deneyimliyorsunuz?
- Seans sonrasında ne deneyimliyorsunuz?
- Bu çiftlerle çalışırken **bedeninizde** neler oluyor?
- Bu çiftlerle çalışırken **aklınızdan** neler geçiyor?
- Bu çiftlerle çalışırken ne **duygular** yaşıyorsunuz?
- Yüksek çatışmalı çiftlerle çalışırken diğer danışanlarla farklı olarak öne çıkan duygu(lar) neler?

3) Bu duygularınızı nelerin tetiklediğini düşünüyorsunuz?

4) Bu duygularla nasıl baş ediyorsunuz? (yöntemler)

- Bu duyguları düzenlemek için kullandığınız işe yarayan yöntemler neler?
 - **Seans öncesinde** bu duyguları düzenlemek için kullandığınız ve işe yarayan yöntemler neler?
 - **Seans esnasında** bu duyguları düzenlemek için kullandığınız ve işe yarayan yöntemler neler?

- **Seans sonrasında** bu duyguları düzenlemek için kullandığınız ve işe yarayan yöntemler neler?
 - Bu duyguları düzenlemek için kullandığınız fakat işe yaramayan yöntemler neler?
 - **Seans öncesinde** bu duyguları düzenlemek için kullandığınız fakat işe yaramayan yöntemler neler?
 - **Seans esnasında** bu duyguları düzenlemek için kullandığınız fakat işe yaramayan yöntemler neler?
 - **Seans sonrasında** bu duyguları düzenlemek için kullandığınız fakat işe yaramayan yöntemler neler?
- 5) Bu deneyimleriniz (duygu deneyimleri/ duygu düzenleme becerileri) terapi sürecini nasıl etkiledi?
- Bu deneyimleriniz terapötik ilişki kurmanızı nasıl etkiledi?
 - Bu deneyimleriniz değerlendirme (assessment) yapmanızı nasıl etkiledi?
 - Bu deneyimleriniz müdahale yapmanızı nasıl etkiledi?
- 6) Aldığınız eğitimler yüksek çatışmalı çiftlerle çalışmanızı nasıl etkiledi?
- Bilgi donanımı olarak (yüksek lisans eğitimi, aldığı model eğitimi vs.) aldığımız eğitimler yüksek çatışmalı çiftlerle çalışmanızı nasıl etkiledi?
 - Hangi eğitim, hangi model?
 - Aldığınız süpervizyon(lar) yüksek çatışmalı çiftlerle çalışmanızı nasıl etkiledi?
 - Hangi süpervizyon (hangi modelden)?
 - Dahil olduğunuz komüniteler (dernek vb) yüksek çatışmalı çiftlerle çalışmanızı nasıl etkiledi?

- Hangi komüniteler, dernek adı?

7) Benim merak ettiklerim ve sorularım bu kadardı. Son olarak sizin eklemek istediğiniz veya sormak istediğiniz bir şey var mı?



Teşekkürler,

Cemile Yıldızhan



Appendix D

Informed Consent Form (*Turkish*)

Gönüllü Katılım Onay Formu

Projenin Adı: Yüksek Çatışmalı Çiftlerle Çalışan Duygu Odaklı Çift Terapistlerinde

Duygu Düzenleme

Proje yürütücüsünün adı ve iletişim bilgileri: Cemile Yıldızhan

Proje bütçesine katkı ile ve/veya diğer şekillerde projeyi destekleyen kuruluşlar:

Herhangi bütçe ve/veya kaynak desteği alınmayacaktır.

Projenin amacı: Bu çalışma bilimsel amaçla yapılmaktadır. Araştırma, yüksek çatışmalı çiftlerle çalışan duygu odaklı çift terapistlerinin bu çiftlerle çalışırken kendi duygularını nasıl düzenlediklerini kalitatif araştırma yöntemiyle incelemeyi amaçlamaktadır. Çalışmada doğru ya da yanlış cevap bulunmamaktadır.

*Yüksek Çatışmalı Çift: Çift ilişkilerindeki çatışmaları süre, yoğunluk ve zamanlama açısından çok yoğun olan, bu çatışmaları kendilerine, ilişkilerine ve çevresindekilere zararlı sonuçlara yol açan ve ilişkilerinde çoğu zaman düşmanca, olumsuz, suçlayıcı olan, dinleme ve empati eksikliği içeren davranışları gösteren çiftler yüksek çatışmalı olarak tanımlanmaktadır.

Süreç: Araştırmaya katılmayı kabul ettiğiniz takdirde, sizden yüz yüze veya çevrimiçi gerçekleştirilecek görüşmede sorulan soruları yanıtlamanız istenecektir.

Görüşme yaklaşık bir saat sürecektir. Görüşmede önce demografik bilgilerinizle alakalı sorular, sonrasında yüksek çatışmalı çiftlerle çalışırken duygu deneyimlerinizi araştıran açık uçlu sorular sorulacaktır.

Gizlilik: Çalışma süresince toplanan veriler katılımcının kimliğini belli etmeyecek şekilde anonim olarak toplanacak ve araştırmanın herhangi bir aşamasında katılımcı kimlik bilgileri kullanılmayacaktır. Her katılımcıya bir katılımcı numarası atanıp veriler anonim olarak o şekilde toplanacaktır. Toplanan veriler şifrelenmiş harici bellekte araştırma yürütücüsü tarafından saklanacaktır ve en fazla on yıl süreyle arşivlenecektir. Bu projenin danışmanları Doç. Dr. Nilüfer Kafescioğlu ve Dr. Senem Zeytinoğlu-Saydam'ın araştırma verilerine erişimi olmayacaktır ve sadece araştırma sonuçlarını görebileceklerdir.

Gönüllü Katılım: Araştırmaya katılım tamamen gönüllülük esasına dayanmaktadır. Bu formu imzalamayıp çalışmaya katılmama hakkınız her zaman geçerlidir. Formu imzalamış olsanız dahi istediğiniz an görüşmeyi sonlandırıp çalışmayı bırakma hakkına sahipsiniz. Katılımı reddetmek herhangi bir zarara yol açmayacaktır. Yukarıda sözü geçen “Yüksek Çatışmalı Çiftlerle Çalışan Duygu Odaklı Çift Terapistlerinde Duygu Düzenleme” isimli araştırma projesinin detaylarını okudum ve bu proje ile ilgili sorularım cevaplandı. Bu çalışmaya gönüllü olarak katılıyorum.

İsim Soyadı

Tarih

Appendix E

Member Checking Message Content (*Turkish*)

Değerli Katılımcı,

Nisan 2023 tarihinde bu yana 21 psikoterapistle yaptığım görüşmelerin sonucunda, Duygu-Odaklı çift terapistlerinin yüksek çatışmaları çiftlerle çalışırken deneyimlediği duyguları ve bu duyguları nasıl düzenlediklerine dair ulaştığım sonuçları sizinle kısaca paylaşmak ve bu sonuçların sizin deneyimlerinizi ne kadar yansıtıp yansıtmadığına dair değerli geri bildiriminizi almayı çok isterim.

Öncelikle her terapistin hem benliğinin hem de terapi odasındaki profesyonel kimliğinin birbirinden farklı ve dolayısıyla deneyimlerinin de birbirinden farklı olabileceğini göz önünde bulundurarak, sorduğum sorulara sizlerden en çok aldığım yanıtlarla beraber ortaya çıkan bulguları şöyle özetleyebiliriz:

Duygu-Odaklı çift terapistleri yüksek çatışmalı çiftler ile çalışmayı zorlayıcı olarak tanımlıyorlar. Bu zorlayıcı tanıma en çok eşlik eden ise seans sırasında, öncesinde ve sonrasında deneyimledikleri birbirinden farklı zorlayıcı duygular. Katılımcılar tarafından en çok bildirilen zorlayıcı duygular ise danışanlara duyulan öfke, terapi sürecinin bu çiftle etkili olup olmayacağına ilişkin umutsuzluk, seans sonralarında hissedilen yorgunluk, bu çiftle çalışırken ki yetersizlik duygusu ve bir çok durumdan kaynaklanabilen kaygı duygusu (örneğin çiftin arasındaki çatışma, performans kaygısı, çiftin güvenliğinden kaygılanmak). Aktarılan bu zorlayıcı duyguların yanı sıra az da olsa umut, tatmin ve mutluluk gibi olumlu duygular da aktarılmıştır. Olumlu duygu olarak en çok aktarılan ise çiftin seansından sonra gelen rahatlama hissi olduğu anlaşılmıştır.

Bunun yanı sıra bu duyguların tetikleyicileri olarak iki ana kaynak olduğu anlaşılmıştır. İlki terapistlerin kendi kök ailelerinden ve ilişkilerinden gelen deneyimler; örneğin yüksek çatışmalı çift olarak tanımladıkları ebeveynlere sahip olmak, kendi aile içindeki ilişkilerde veya kendi önceki/şimdiki partneriyle tetikleyici olabilecek deneyimleri yaşamış olmak terapistlerin bu duyguları deneyimlemesinde tetikliyordu. İkinci tetikleyici ise direkt yüksek çatışmalı çiftin kendisi ve onlara dair özellikler, örneğin çatışmanın bir anda yükselmesi, birbirilerine olan yıkıcı tutumları ve iletişimleri gibi.

Terapistler yüksek çatışmalı çiftlerle çalışırken ortaya çıkan bu duyguları ise birbirinden farklı ve işlevsel buldukları, kendilerine uyan yöntemlerle düzenlemeye çalışıyorlar. Bu duygu düzenleme stratejilerinin şunlar olduğu anlaşılmıştır: Terapistler nefes egzersizleri ve grounding tekniklerinin dahil olduğu bir strateji olarak “bedenlerini kullanarak” duygularını düzenliyorlar. Bunun yanı sıra bu zorlayıcı duygularla “profesyonel kaynaklarını kullanarak” baş ediyorlar, profesyonel kaynaklar arasında ise süpervizyon, yüksek lisans ve model eğitimleri ve seans öncesinde hazırlık yapmak yer alıyor. Terapistlerin en çok faydalandığı bir diğer duygu düzenleme stratejisi ise “öz-bakım aktiviteleri yapmak”. Öz-bakım aktiviteleri için; yürüyüş/spor yapmak, dizi/film izlemek, müzik dinlemek, kahve içmek ve krem sürmek verilen örnekler arasındaydı. Bunun yanı sıra, bilişsel bir yöntem olarak “kendi kendine telkinde bulunmak” yine terapistlerin duygularını düzenlemek için kullandığı stratejiler arasında gösterildi. Terapistlerin işine yarayan bir diğer yöntem ise aile bireyleri, partner ve arkadaş gibi sevdikleri kişilerden “sosyal destek almak”. Seans sonrasında seansla ve çiftle ilgili şeylerden en azından “bir süreliğine uzaklaşmak” da terapistlerin duygularını regüle etmesine yardımcı

olan yöntemlerden birisidir. Son olarak da terapistlerin özellikle uzun vadede işine yarayan bir yöntem olarak “kendi duygularını işlemek” yani seans sürecinde modeli kullanıp danışanlarıyla yaptıkları gibi, kendi duygularına da alan açmak, duyguda kalmak, onları anlamlandırmaya çalışmak ve kabul etmek işe yarıyor.

Terapistlerin deneyimlerinden anlaşılıyor ki terapistin duygu düzenlemesi özellikle yüksek çatışmalı çiftler gibi stresli bir grupta çalışırken daha da önem kazanıyor çünkü terapistler duygularını regüle edebildiklerinde daha iyi ilişki kuruyor, daha iyi değerlendirme yapıyor ve daha iyi müdahaleler yapabiliyor. Bu da danışanların terapi sürecine olumlu yansıyor. Terapistlerin duygularını regüle etmekte zorlandıkları zamanlarda ise müdahale yapacağı zaman korkma veya donma tepkisi gösterebildiği, duygulara toleransının düşebildiği, danışanla empati kurmakta zorlanabildiği, modelden uzaklaşabildiği; terapötik ilişki kurma, değerlendirme ve müdahale yapma aşamalarında zorlanma deneyimleyebildikleri anlaşılmıştır.

21 terapistle yapılan görüşmelerden genel olarak bu bulgular elde edilmiştir. Size bir kez daha aktardığımız samimi ve şeffaf deneyimleriniz için çok teşekkür ederim. Bu sonuçlar anonim şekilde yayınlanıp kimlik bilgileriniz her daim bende saklı kalacaktır. Türkiye’de yüksek çatışmalı çiftler gibi stresli bir grupta çalışan terapistlerin sesi olup deneyimlerinizi paylaştınız ve bundan sonrasında terapistler üzerine yapılacak çalışmalara da aktardığınız deneyimleriniz ile ışık tuttunuz.

Bu bulgularda size uyan/uymayan veya araştırmacı olarak kapsayamadığım noktalar var ise geri bildirimlerinizi duymayı çok isterim. Eğer sonuçlarda değişiklik yapmam gereken bir durum var ise en geç 1 hafta içinde bana dönmenizi rica ederim.

Katılımınız için tekrardan teşekkür eder, çalışma hayatınızda kolaylıklar ve başarılar dilerim.

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