

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

Understanding the Link Between
Emotional Recognition and Awareness,
Therapy, and Training

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

Doctorate
in
Clinical Psychology

at Massey University, Manawatū,
New Zealand

Amanda Leah Johnsen

2018

Abstract

Therapy is an emotionally laden event, both for individuals seeking therapeutic intervention and the therapists who provide it. While the recognition of emotions in the general population has been a popular topic of research, very little research has been conducted into the emotional competencies, or more specifically, emotion recognition and awareness of therapists. In addition, there are few studies on the effectiveness of emotion recognition training for therapists' emotional competencies, which is surprising given the innately emotional moments that clients and therapists experience during therapeutic work. This study aimed to address these gaps by investigating the association between emotional recognition, awareness, practice, and training. Fifty five therapists made up of clinical psychologists, counsellors, and a psychotherapist completed an online task that involved completion of a social-emotional orientated questionnaire and an emotion recognition task. Of these 55 participants, 26 completed an emotion recognition training before completing the same task again, two weeks later, while the remainder 29 participants were instructed to participate in no emotion recognition training. The results revealed that, compared to the no treatment condition, those who received emotion recognition training were more accurate in their recognition of emotions and also reported higher use of therapeutic emotional practice.

Unexpectedly, participants who completed emotion recognition training reported less emotional awareness than the control group. Related to this, an inverse relationship was found between emotion recognition ability and self-reported emotional awareness, as well as the finding for some support for an inverse relationship between emotion recognition ability and self-reported use of emotional practice. There are two implications of this research; first, emotion recognition training increases therapists' accuracy in emotion recognition, and second, therapists may need to be provided

emotional practice feedback by an alternative form rather than through supervision or client outcome. This is due to an inverse relationship being found between participants' actual and perceived emotional awareness. Therefore, future research into social-emotional practices and client outcomes will be advised to be considered. The limitations of the study and areas for future research are also discussed.

Acknowledgments

Thank you to everyone who has been part of, and guided me through, this research journey. I appreciate you all. I could not have done this without you!

To my wonderful supervisors and principal support team (Drs Shane Harvey, Don Baken, Peter Cannon, and David Bimler); words cannot express the gratitude I have for the knowledge, guidance, enthusiasm, encouragement, and patience you have shared over the years. Your teachings have been invaluable. The passion for, and insights you have into, this research has continued to hold my attention, even in the face of difficult times. You are inspirational, and it has been a privilege to work with you. I have learnt so much from you, and I will forever be thankful for your involvement in this journey.

To my family, partner, and friends; I am so grateful to have you in my life. Thank you for believing in me, being my cheerleaders, understanding my commitments, and for reminding me what I have to look forward to after this massive undertaking. To my parents, I will forever be in debt for all you have done for me.

To my participants; thank you for gifting your time to participate in this research. It is my hope this work will be beneficial to therapists' therapeutic practice, and without your interest and dedication, this ambition would not have been fathomable.

To my technical team – website programmer, facial coders, and technician; thank you for your time, assistance, and consistent willingness to offer support. Without your expertise, I would have felt lost.

To the Paul Ekman Group; thank you for providing the Subtle Expression Training Tool free of charge. This provision was immensely helpful financially.

Dedication

To my parents, Craig and Sue,

Thank you for everything -

This is for you.

Prologue

I was interested in mental health and treatment when I first met my supervisors. I had found my undergraduate papers fascinating, especially those on behaviour and cognition, and I had investigated the relationship between rumination and depression as part of a directed study. After listening to my supervisors' research backgrounds, it appeared evident that not enough research had been conducted on emotion in therapy, and especially in relation to therapists' emotional skills. This surprised me. I found it difficult to understand why emotion, which I could envisage being at the forefront of therapy, had not received much research interest. Would it be helpful to study emotion in therapy? My honours research topic was created from these discussions and wonderings.

My inquiry began when I investigated the relationship between therapists' emotional practices and their ability to recognise emotion in my honours research. I also compared the accuracy of therapists' emotional awareness with how accurate they perceived themselves to be. Support was found for the use of emotional skills to positively influence therapists' ability to recognise emotion, and for greater feedback needed for therapists' regarding their emotion awareness skills. However, several questions were left unanswered, and out of these questions my current doctorate research emerged. Would a training specifically aimed at improving emotion recognition ability have an influence on therapists' emotional practice and awareness? Are such skills able to be learnt and/or improved? Consequently, the core aim of this current project is to investigate the effectiveness of emotion recognition training on therapists' practice, as this gap was evident within the literature. If support can be found for emotion recognition training and thereby increasing therapists' ability to recognise client emotions', then it could be hypothesised that the implementation of such training

could lead to positive therapeutic outcomes. Since therapy is an emotional interaction, possible beneficial outcomes of training could include therapists being better able to recognise their clients' emotions in therapy as well as how they respond emotionally during therapy.

Throughout my research journey I have considered what potential barriers could explain the lack of research on therapists' emotional skills. A potential explanation that seemed to be continually evident was therapist apprehensiveness to participate. Based on my own and others' experience conducting emotion-based studies, it was often difficult gaining therapist participant interest and maintaining participation. On reflection, I could see how such apprehension could form. It could be intimidating; being deemed a qualified mental health professional and having your emotion skills tested, as surely a therapist would do well at such task, right? After all, is therapy not a space for people to discuss and address their emotions? Is it expected that emotional skills are taught to therapists so they become proficient at recognising emotion? As a real life example of the apprehension I am referring to, I distinctly remember discussing my research with a healthcare professional at a casual event; they appeared shocked that such research was being conducted, and seemed to feel challenged and intimidated at the thought of participating.

Thinking about my own training to become a therapist, emotion was not a topic that was dealt with extensively, unlike the emphasis placed on cognitions and behaviour. Emotion-based therapies were discussed in my training, but discussions were very few regarding emotion recognition, how this might influence practice, and/or possible implications of such moments. In a practical sense, it personally was not until my internship year during supervision when the importance of client emotions became particularly evident to me. Some of the most challenging questions my supervisors

asked me were my perceptions of my clients' feelings. I remember feeling hesitant answering these questions, as I often had an opinion but I felt it was based on intuition rather than something I had explicitly been taught. Maybe the feeling I had in these moments was a demonstration of how therapists might feel about participating in emotion research. Are there right answers when it comes to emotion recognition, and if so, how do you know if you are right? Is it something that can be taught and improved?

It was, and still is, exciting to be contributing to an area of limited research that involves the profession I am striving to be a part of. My hope is that this research will encourage a discussion about the importance of emotion recognition in therapy. In addition, I hope this will provide thought for those constructing therapist training programmes; that emotion recognition will be considered as a topic in the therapist-training curriculum. If emotion recognition training was found to have a beneficial effect on client outcomes, then it would seem appropriate for therapist training programme providers to teach skills to allow training therapists to recognise their clients' emotions. Furthermore, doing so would enable therapists to be competently responsive to the emergence of emotion in therapy. I have experienced the positive impact of accurately reflecting to a client the emotion they were referring to during therapy. My impression of such moments is it communicates to the client that their therapist is engaged and understands their world. This in turn promotes a stronger therapeutic relationship. Furthermore, teaching emotion-based skills to therapists may improve their confidence in handling emotions, enabling them to view emotions as opportunities to foster rapport and change rather than a powerful force to avoid.

Table of Contents

Abstract	i
Acknowledgments.....	iii
Prologue	v
Table of Contents	viii
List of Tables	xiii
List of Figures	xiv
List of Abbreviations	xvi
Introduction.....	1
Chapter One: Literature Review	2
Emotion and Universality	5
Early research on emotion.....	5
The nature of emotion expression.....	6
Universality of emotion identification.....	7
Dynamic aspects.....	10
In-group effects.....	10
New Zealand research.....	11
Critics of the universality concept.....	12
Methodological concerns of previous research.....	14
Measuring Facial Expressions	15
Facial Action Coding System.....	16
Emotional Practice	18
Emotional Intelligence	20
Models of emotional intelligence.....	21

Therapists.....	22
Training.....	22
Limitations.....	23
Emotion and Therapy.....	23
Emotion recognition and its' consequences.....	23
Emotional communication and cues.....	25
Benefits of recognising emotion.....	28
Therapists and Emotion.....	29
Therapist characteristics.....	29
Emotional self-awareness.....	31
Psychotherapists' emotion recognition.....	34
Training in Emotion.....	35
Emotional training.....	35
Profiling therapists' emotional practice.....	37
The Current Study.....	40
Criticisms of expressed emotion recognition research.....	40
Foundation research.....	42
Summary.....	46
Aims.....	47
Chapter Two: Methodology.....	49
Ethics.....	49
Overview.....	49
Development of Emotional Practice Film Stimulus.....	49
Participants and recruitment.....	49
Consent processes and materials.....	50

Apparatus and procedure	53
Film segment.....	55
Facial Action Coding System Analysis	55
Verification of identified emotions	56
Additional confidentiality agreements.....	56
Pilot.....	56
Main Study.....	58
Design	58
Participants and recruitment.....	58
Materials.....	62
Therapist Social-Emotional Interactions Questionnaire-Revised	63
Additional emotional self-awareness items	65
Emotional Practice Film Stimulus	65
Subtle Expression Training Tool	66
Procedure	67
Chapter Three: Data Analysis	70
Overview of Research.....	70
Analysis.....	75
Chapter Four: Results.....	77
Preliminary Examination of Data	77
Factor analysis and canonical correlation for the current study's items	77
Comparison of current study with Marwick (2016).....	81
Assumption Testing	84
Current Study Statistical Analyses.....	87
Research questions one, two, and three	87

Research questions four, five, and six.....	94
Chapter Five: Discussion	100
Overview	100
Research Questions and Hypotheses.....	100
Hypothesis one.....	101
Hypothesis two.....	101
Hypothesis three.....	102
Hypothesis four.....	105
Hypothesis five.....	106
Hypothesis six.....	107
Study Implications	107
Study Limitations	111
Future Research.....	112
Conclusion	114
References	116
Appendices.....	140
Appendix A: Ethical Approval Letter	140
Appendix B: Screenshots of the Website.....	141
Appendix C: Written Permission to Recruit from the Clinic.....	150
Appendix D: Clinic Advertisement for Clients.....	152
Appendix E: Clinic Advertisement for Therapists.....	153
Appendix F: Client Information Sheet.....	154
Appendix G: Therapist Information Sheet.....	156
Appendix H: Independent Therapist Information Sheet	158
Appendix I: Participant Consent Form – Therapist	160

Appendix J: Participant Consent Form – Independent Therapist	161
Appendix K: Independent Therapist Confidentiality Agreement	162
Appendix L: Participant Consent Form – Client	163
Appendix M: Request for Research Results	164
Appendix N: Reviewed Consent Form – Client	165
Appendix O: Reviewed Consent Form – Therapists	166
Appendix P: Release of Transcript Form.....	167
Appendix Q: Interview Schedule	168
Appendix R: Confidentiality Agreement – FACS Coders.....	169
Appendix S: Confidentiality Agreement – Website Programmer	170
Appendix T: Confidentiality Agreement – Technical Support	171
Appendix U: Invitation and Brief Advertising	172
Appendix V: Therapist Advertisement	173
Appendix W: Therapist Information Sheet	174
Appendix X: Therapist Social-Emotional Interactions Questionnaire-Revised	176
Appendix Y: Instructions – Training Group	187
Appendix Z: Instructions – No-training Group.....	195
Appendix AA: Instructions for Accessing the SETT.....	201

List of Tables

Table 1. Description of Marwick’s (2011) Hot-spot Labels	39
Table 2. Hot-spots, Descriptions, and Items Defined from the TSEIQ-R	64
Table 3. Canonical Correlations of Therapist Social-Emotional Interactions Questionnaire-Revised Data.....	80
Table 4. Canonical Correlations of Therapist Social-Emotional Interactions Questionnaire-Revised Data from the Current Study and from Marwick’s (2016) Study	82
Table 5. Visual Depiction of the Research Procedure	90
Table 6. Emotion Recognition Ability Mean Scores for the Training and No-training Groups at Time One and Time Two	91
Table 7. Self-reported Emotional Practice Mean Scores for the Training and No-training Groups at Time One and Time Two	92
Table 8. Self-reported Emotional Awareness Mean Scores for the Training and No- training Groups at Time One and Time Two	92
Table 9. Correlations (Pearson r) Between Dependent Variables for all Participants	98

List of Figures

Figure 1. Graphical depiction of the variation in the participants' social-emotional profiles formulated from their questionnaire responses.....	44
Figure 2. Participant recruitment for filming of stimulus.	51
Figure 3. Consent process for filmed participants.	52
Figure 4. Participant recruitment stages for the video task.....	60
Figure 5. Conceptual overview of the research variables, hypotheses, and data analysis phases to be undertaken in the current study.	71
Figure 6. Visual depiction of the relationship between the hypotheses and variables of the current study.....	75
Figure 7. Scree plot of component by associated eigenvalue for the Therapist Social-Emotional Interactions Questionnaire-Revised (TSEIQ-R) data administered at time one.....	78
Figure 8. Scree plot of component by associated eigenvalue for the Therapist Social-Emotional Interactions Questionnaire-Revised (TSEIQ-R) data administered at time two.....	78
Figure 9. Estimated marginal means for emotion recognition ability across time (time one and time two) and condition (training versus no-training).....	88
Figure 10. Scatterplot of emotion recognition ability and self-reported emotional practice at time one for all participants.....	95
Figure 11. Scatterplot of emotion recognition ability and self-reported emotional practice at time two for all participants.....	95
Figure 12. Scatterplot of emotion recognition ability and self-reported emotional awareness at time one for all participants.	96

Figure 13. Scatterplot of emotion recognition ability and self-reported emotional awareness at time two for all participants.96

Figure 14. Scatterplot of self-reported emotional practice and self-reported emotional awareness at time one for all participants.97

Figure 15. Scatterplot of self-reported emotional practice and self-reported emotional awareness at time two for all participants.97

List of Abbreviations

Acronym	Full Name
η_p^2	Partial Eta Squared
η^2	Eta Squared
ANOVA	Analysis of Variance
AU	Action Unit
CCA	Canonical Correlation
EPFS	Emotional Practice Film Stimulus
EQ-i	Emotional Quotient Inventory
ERA	Emotion Recognition Ability
FACS	Facial Action Coding System
IBM	International Business Machines
M	Mean
MOSS	Method of Successive Sorts
PCA	Principal Components Analysis
SD	Standard Deviation
SD Card	Secure Digital Card
SEA	Self-reported Emotional Awareness
SEP	Self-reported Emotional Practice
SETT	Subtle Expression Training Tool
SPSS	Statistical Package for the Social Sciences
TEIQue	Trait Emotional Intelligence Questionnaire
TSEIQ	Therapist Social-Emotional Interactions Questionnaire
TSEIQ-R	Therapist Social-Emotional Interactions Questionnaire Revised