



RESEARCH PAPER

The Relationship between Psychological Distress, Coping Strategies and Emotion Dysregulation among Novice and Experienced Therapists

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ABSTRACT

This research investigated the relationship between psychological distress, coping strategies, and emotion dysregulation, comparing novice and experienced therapists. Psychotherapists are susceptible to negative psychological outcomes (Figley, 2002), which are influenced by interconnected elements, like the factors examined in this research. A quantitative survey research design utilizing purposive and snowball sampling was employed. Responses were collected from 100 participants, including novice therapists (Nn=50) and experienced therapists (En=50) (M= 29.16, SD= 5.74). Analysis revealed that psychological distress showed significant moderate positive correlation with avoidant coping and emotion dysregulation; and significant weak positive correlation with problem-focused and emotion-focused coping. Emotion-focused coping and emotion dysregulation had a significant weak positive correlation. Moreover, novice therapists reported significantly more psychological distress and emotion dysregulation as compared to experienced therapists. No group differences were found in coping strategies. The research recommends longitudinal design to examine how coping, distress, and emotion dysregulation change with therapists' experience.

KEYWORDS Psychological Distress, Coping Strategies, Emotion Dysregulation, Novice Therapists, Experienced Therapists

Introduction

Practicing psychotherapy requires an individual to sustain prolonged emotional engagement with clients who present with a variety of psychological symptoms. Although therapists are trained to provide support, they can still experience psychological strain (such as occupational burnout, secondary trauma, etc.) due to client engagement (Cushway & Tyler, 1994; Murtagh & Wollersheim, 1997). The interpersonal exchanges that occur in psychotherapy are frequently emotionally laden with overwhelming emotions (such as feelings of fear, embarrassment, tension, animosity) that eventually impact the psychologists' mental well-being (Rabin et al., 1999).

Therefore, a therapist's coping strategies and their ability to emotionally regulate plays an important role in deciding if clinical duties will be perceived as manageable stress or psychological distress. Generally, therapists with proficient emotion management skills are likely to be more efficient at responding to their clients in an empathetic manner and are usually capable of moderating their own emotional reactions to difficult feelings or problematic behaviors of the client (Cooper & Ng, 2009; Kaplowitz et al., 2011). In other

words, strategic emotion management is something a therapist should have in their coping reservoir since psychologists must handle both professional as well as personal pressures throughout their career (Coster & Schwebel, 1997).

In the Pakistani context, there is limited literature exploring psychological distress, emotional regulation and coping strategies among mental health professionals. Most of the literature involves studies comparing psychology and medical professionals focusing on burnout and compassion fatigue. Therefore, to fill the gaps in culture-relevant literature, the current research sought to understand how psychological distress would interact with variables of emotion dysregulation and coping strategies among mental health practitioners. Lastly, going one step ahead, an intra-field comparison has also been drawn between novice and experienced therapists.

Literature Review

Psychological Distress

The adverse effects of stress are regarded as psychological distress which is a very common problem, usually manifesting as non-specific symptoms of stress, anxiety, and depression (Cuijpers et al., 2009; Oltmanns & Emery, 2012; Viertiö et al., 2021). Psychological distress in therapists may be manifested as anxiety, depressive symptoms, sleep disturbances, and emotional exhaustion. Literature on mental health professionals and trainees have highlighted the presence of other psychological problems such as anxiety, dysthymia, clinical depression, suicide (Pope & Tabachnick, 1994; Gilroy et al., 2002; Hobaica et al., 2021; Li et al., 2022). However, those who learn how to foresee, avert, and manage stress are more likely to accomplish their developmental goals throughout their lives and careers (Coster & Schwebel, 1997).

Stressors in therapists may vary across career stages. Early career therapists may struggle with competence and experience performance anxiety (Duggal & Rao, 2016) and senior therapists struggle with age-related limitations (Pingitore & Scheffler, 2005). Newly graduated therapists are especially at a risk of stress due to career uncertainty, financial constraints, and clinical placements (Wyatt & Oswalt, 2013; Pakenham & Stafford-Brown, 2012; Shen-Miller et al., 2011). They enter the profession with enthusiasm but with little awareness about field-related problems (Davies et al., 2021). If emotional regulation is inadequate, psychological distress will impair their functioning and in turn, will affect public's trust in therapy (Haas & Hall, 1991).

Coping Strategies

Coping strategies are defined as constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person (Lazarus & Folkman, 1984). Problem-focused coping directly addresses the problem causing the distress and such strategies include active coping, planning, restraint coping, and suppression of competing activities, etc. Emotion-focused coping aims to reduce the negative emotions associated with the problem. This consists of strategies such as positive reframing, acceptance, turning to religion, humor, etc. Lastly, avoidance coping consists of cognitive and behavioral efforts oriented toward denying, minimizing, or otherwise avoiding dealing directly with demands of the stress-evoking situation. Therapists may exhibit increased symptoms of secondary stress if they overly rely on avoidance coping while dealing with clients (Chrestman, 1995).

Due to various stressors encountered by the therapists, as mentioned above, self-care and supervision serve as a critical protective factor (Exum, 2002; Jones & Cutcliffe, 2009). However, stigma surrounding help-seeking remains a barrier. A study on therapists found that despite experiencing mental health problems themselves, psychotherapists reportedly endorsed significant barriers to seeking psychological help, including worries about being stigmatized by colleagues, negative repercussions on their career, and personal feelings of shame (Tay et al., 2018). Hence, as professionals in their field, therapists need to alleviate stigma associated with seeking help (Barnett et al., 2007).

Emotion Dysregulation

Coping and emotion regulation are closely associated. Gratz and Roemer (2004) defined emotion regulation as having the following abilities: emotional awareness and understanding, emotional acceptance, the ability to control impulses and pursue desired outcomes when experiencing strong emotions, and the ability to utilize appropriate strategies of emotion regulation to modulate emotional responses consistent with contextual demands and goals. Emotional dysregulation occurs when these capacities are lacking and it has been repeatedly associated with anxiety, depression, and stress-related disorders (Mennin et al., 2002; Guerrini-Usubini et al., 2023).

People experiencing problems with emotional regulation are more likely to engage in maladaptive coping strategies like avoidance (Saxena et al., 2011). Recently, researchers have become more interested in examining the role of emotion regulation in organizational capacity (Urquijo et al., 2019). Evidently, emotion regulation has been highlighted as a protective element that lessens negative reactions to stressors at work (Grandey, 2000; Troth et al., 2018).

Research Hypotheses

- There will be a statistically significant relationship between psychological distress, coping strategies, and emotion dysregulation for novice and experienced therapists.
- There will be a statistically significant difference between psychological distress, coping strategies, and emotion dysregulation of novice therapists and experienced therapists.

Theoretical Framework

Constructivist Self-Development Theory (CSDT), developed by McCann and Pearlman (1990), highlighted that people construct reality through subjective meaning-making (Raskin & Bridges, 2002) which is why traumatic narratives may alter the therapist's schemas. When therapists engage with trauma clients, they may internalize the client's distorted narratives of safety, trust and control themselves, thereby cognitively restructuring their schemas resulting in vicarious trauma and emotional depletion (McCann & Pearlman, 1990; Pearlman & McCann, 1995; Quitangon, 2019). Hence, this theory explains how prolonged empathic engagement can make the therapist vulnerable. Moreover, Hobfoll's (1989) Conservation of Resources theory conceptualized that stress occurs when either there is loss or threatened loss of resources. These "resources" fall into four categories: conditional (e.g., job, marriage), personal (e.g., effective coping mechanisms, high self-esteem), energy (e.g., money, knowledge), and object (e.g., clothing, housing). These domains originate from individual, occupational, and interpersonal sources. People with greater resources cope well and people with fewer resources gravitate towards maladaptive coping (Hobfoll & Shirom, 1993). Burnout is a

resource loss loop where ongoing emotional demands deplete the available reserves, resulting in poor coping and increasing pressure. This is relevant in therapist's case as their profession demands continuous emotional investments. To understand coping mechanisms, Lazarus and Folkman's (1984) Transactional Theory of Stress and Coping provides the conceptual basis. Depending on how an individual perceives stressors and one's own coping abilities, psychological distress is determined. At primary level, whether the event is harmful is assessed and on secondary level, coping resources are analyzed. Then coping strategies are employed to either modify the stressor, regulate emotional responses, or avoid the problem altogether. The different coping styles paired with appraisal process determine if occupational stress will translate into psychological distress.

Lastly, as per Gratz and Roemer's (2004) multidimensional model of emotional regulation, the said construct requires awareness, understanding, acceptance, impulse control, and flexible access to adaptive regulatory strategies. Having this enables a person to pursue their goals despite emotional distress. When a person is lacking in capacities, emotional dysregulation occurs which intensifies emotional distress. For therapists, emotion regulation is critical for managing countertransference, maintaining therapeutic boundaries, and sustaining empathic engagement. Within the current conceptual framework, emotion dysregulation is posited as a factor that may amplify psychological distress and influence coping style selection.

Based on these theoretical foundations, the present study proposes that psychological distress among therapists is associated with different coping strategies and level of emotion regulation, with potential differences emerging between novice and experienced practitioners.

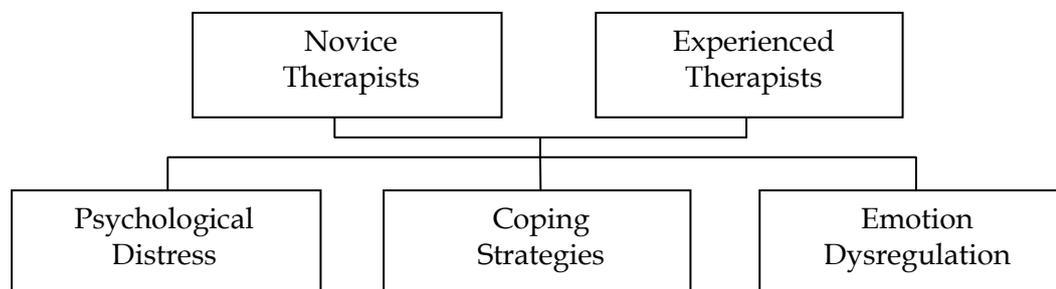


Figure 1 Proposed Model for the Current Research

Material and Methods

The current research utilized a quantitative survey-based research design. A sample of 100 participants were recruited via purposive sampling and snowball sampling.

Inclusion Criteria

- Participants in novice group were required to be enrolled in an MS/MPhil in Clinical Psychology program from a HEC-recognized university and to have completed their foundation year (i.e., 1st and 2nd semester).
- Participants in the experienced group were required to have an MS/MPhil in Clinical Psychology degree from a HEC-recognized university and to have at least 5 years of therapeutic experience.
- Participants must be providing therapy to clients at the time of data collection.

- Participants must not be enrolled in psychotherapy and must not be taking any psychiatric/neurological medication

The current research excluded responses from any participants who failed to meet the inclusion criteria.

Measures

To measure psychological distress, the Kessler Psychological Distress Scale-10 (K10) (Kessler et al., 2003) was used. It is a global measure of distress based on responses to questions about anxiety and depressive symptoms experienced in the most recent four-week period. Higher scores indicate elevated levels of psychological distress, and lower scores represent decreased levels of distress. The Cronbach's alpha in the current research for K-10 was depicted to be $\alpha=.934$. The Brief-COPE Inventory by Carver et al. (1989) was used to measure cognitive and behavior coping strategies. It is a 28-item multidimensional self-report questionnaire, and each response is measured on a 4-point Likert-type scale ranging from 1 to 4. Higher sub-scale scores reflect an elevated tendency to implement the corresponding coping strategies. Coping strategies were categorized and measured by three sub-scales, namely, problem-focused coping, emotion-focused coping, and avoidant coping (Dias et al., 2012) The Cronbach's alpha value for the sub-scales was estimated to be $\alpha=.812$, $\alpha=.712$, and $\alpha=.694$, respectively. The Difficulties in Emotion Regulation Scale (DERS) given by Gratz and Roemer (2004) was used to assess emotion dysregulation in the current research. It is a 36-item self-report questionnaire, noting responses 5-point Likert scale. Individual item scores are summed to create a total score that ranges from 36 to 180 with higher scores indicating greater difficulty faced with regulating emotions. The Cronbach's alpha for reliability in this research was calculated to be $\alpha=.933$.

Procedure

Initially, permission was obtained from authors of the respective scales used in the research. Approval from institutions was also secured where the therapists were enrolled/practicing. The participants were made aware of their rights and after obtaining written consent, participants were given a research packet containing demographic information form followed by the three questionnaires. Following completion of form, participants were debriefed about the research. Data was collected from 100 participants out of which 50 were novice therapists and 50 were experienced therapists (Females= 93, Males= 7) with a mean age of 29.16. The data collected was analyzed through the Statistical Package for Social Sciences-Version 21 (SPSS-21). The relationship among variables was analyzed by utilizing the Pearson-Product Moment Correlation. Descriptive analysis from independent samples t-test between novice and experienced therapists was used to manually calculate the Cohen's d values using an online calculator. The research was conducted in accordance with the ethical principles outlined by the American Psychological Association (APA).

Results and Discussion

Table 1
Frequencies and Percentages of Demographic Variables of The Participants of The Study

Variables	<i>f</i>	%
Gender		
Male	7	7.0
Female	93	93.0
Educational Level		

Enrolled in MS Clinical Psychology	33	33.0
Enrolled in MPhil Clinical Psychology	18	18.0
Enrolled in PhD Clinical Psychology	7	7.0
Postgraduate in MS Clinical Psychology	16	16.0
Postgraduate in MPhil Clinical Psychology	21	21.0
Doctorate in Clinical Psychology	5	5.0
Duration of Therapeutic Practice		
6 - 11 months	23	23.0
1 - 2 years	26	26.0
3 - 4 years	1	1.0
7 or more years	20	20.0
Group of Therapists		
Novice	50	50.0
Experienced	50	50.0
Employment Status		
Employed Part-time	22	22.0
Employed Full-time	48	48.0
Unemployed	30	30.0
Have a Job Beside Practicing as a Therapist		
Yes	47	47.0
No	53	53.0

Table 2
Descriptive Statistics, Cronbach's Alpha and Univariate Normality of the Study Variables

Variables	Items	<i>a</i>	<i>M</i>	Range			Actual	Potential
				<i>SD</i>	<i>SK</i>	<i>K</i>		
PD	10	.934	22.18	8.87	.64	-.47	10-45	10-50
CS	28	.865	61.48	11.33	-.10	.02	29-92	28-112
PFC	8	.812	21.37	4.68	-.20	-.29	8-31	8-32
EFC	12	.712	27.50	5.53	-.16	-.16	13-39	12-48
AC	8	.694	12.61	3.41	1.00	.76	8-24	8-32
DERS	36	.933	73.66	19.02	.815	.39	43-128	36-180

Note: PD= Psychological Distress, CS= Coping Scale, PFC= Problem-focused Coping, EFC= Emotion-focused Coping, AC= Avoidant Coping, DERS= Emotion Dysregulation,

Table 3
Correlations Analysis of the Study Variables among All Participants (N=100)

Variables	1	2	3	4	5
Psychological Distress	-	.204*	.347**	.607**	.615**
Problem-focused Coping		-	.709**	.277**	.145
Emotion-focused Coping			-	.490**	.317**
Avoidance Coping				-	.583**
Emotion Dysregulation					-

(* $p < 0.05$) (** $p < 0.01$)

Table 4
Mean, Standard Deviation and t-value for Group Differences among Therapists in Study Variables

Variables	Novice Therapists (n=50)		Experienced Therapists (n=50)		<i>t</i> (<i>df</i>)	<i>p</i>	Cohens' <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Psychological Distress	25.00	8.60	19.36	8.29	3.33***	.001	0.66

Problem-focused Coping	21.46	4.10	21.28	5.24	.191	.894	-
Emotion-focused Coping	27.70	4.94	27.30	6.11	.360	.720	-
Avoidance Coping	12.74	2.94	12.48	3.85	.379	.705	-
Emotion Dysregulation	78.20	18.49	69.12	18.63	2.44**	.016	0.48

(***p<.000) (**p<.05)

Discussion

The descriptive statistics of the study variables are displayed in Table 2, which indicates that the data was normally distributed. The Cronbach's alpha value also depicts that the scales employed in the research were highly reliable. The statistical analysis shows that psychological distress shared a significant moderate positive correlation with avoidant coping ($r=.607$, $p<.01$). Emotion dysregulation shared a significant moderate positive correlation with psychological distress ($r=.615$, $p<.01$) and avoidance coping ($r=.583$, $p<.01$). Psychological distress shares a significant weak positive correlation with emotion-focused coping ($r=.347$, $p<.01$) and problem-focused coping ($r=.204$, $p<.05$). A significant weak positive association existed between emotion dysregulation and emotion-focused coping ($r=.317$, $p<.01$). Second hypothesis was partially supported as the independent sample t-test shown in Table 4 revealed significant differences in psychological distress ($d=.66$, $p<.000$) and emotion dysregulation ($d=0.48$, $p<.05$) between novice and experienced therapists, but no group differences were found in the coping strategies.

Firstly, it was hypothesized that there would be a statistically significant relationship between psychological distress, coping strategies, and emotion dysregulation among novice and experienced therapists. Pearson's correlation analysis mentioned in Table 2 partially supported this hypothesis. Psychological distress had a significant moderate positive correlation with avoidant coping. A major factor behind this relationship can be the stressful and challenging nature of therapeutic work, which often includes helping clients navigate their traumas. Dealing with trauma-related cases has been linked to an increase in the prevalence of mental health issues (such dissociation and avoidance symptoms) among psychologists (Chrestman, 1995). Moreover, to cope with work-demands, therapists might make use of avoidance techniques allowing them to temporarily evade or suppress unwanted thoughts but if employed frequently such coping leads to persistent resurfacing of negative thoughts (Wenzlaff & Wegner, 2000).

Interestingly, problem-focused coping is widely believed to be better than emotion-focused coping. The former focuses on resolving issues, whereas the latter reduces emotional reactions to upsetting situations without completely eradicating distress (Schoenmakers et al., 2015). Emotion-focusing coping has been linked to a significant increase in distress (Ben-Zur, 2005; Baker & Berenbaum, 2007). However, the results show that psychological distress shares a significant weak positive correlation with emotion-focused and problem-focused coping. A possible explanation is provided by the Transactional Theory of Stress and Coping which posits that a situation's controllability determines what coping would be the best fit. Emotion-focused coping methods are more adaptable in uncontrollable circumstances whereas problem-focused coping is more effective in controllable ones (Folkman & Moskowitz, 2004; Masel et al., 1996). One of the reasons therapists get distressed is when they start to do the client's work themselves. Literature indicates that psychologists often have inflated expectations from themselves and invest more energy in the client than necessary; seeking to fix clients' issues even

though they themselves may not have much influence over their client's circumstances (Cushway & Tyler, 1996).

Emotion dysregulation shared a significant moderate positive correlation with psychological distress and avoidance coping. Previously, Gratz and Roemer (2004) have highlighted that emotionally dysregulated individuals find it challenging to identify, comprehend, or accept their emotional states. Becoming more susceptible to using unhealthy emotion-regulation techniques like avoidance and repression of overwhelming feelings which may gradually exacerbate stress. This mechanism can help explain the current research findings since existing evidence suggests that despite belonging to an emotionally demanding profession, therapists frequently avoid talking about their personal and work-related stressors due to perceived shame or stigma. Thereby, fostering a 'Conspiracy of Silence' where individuals choose not to acknowledge the suffering that comes with their profession, even if everyone is aware of the pressures associated with the therapeutic role (Pope & Tabachnick, 1994; Barnett et al., 2007; Tay et al., 2018).

Furthermore, a significant weak positive association existed between emotion dysregulation and emotion-focused coping in the current research. This is because, as opposed to addressing the source of stress, emotion-focused coping tries to control the overwhelming emotions that emerge due to stress (Hill & Updegraff, 2012). According to Endler and Parker (1999), the drawback of this type of stress-management is that employing emotion-focused strategies may lead to a person condemning themselves for being overly emotional in a stressful situation. Since therapists

Findings from current research further show that as compared to experienced therapists, novice therapists tend to undergo elevated levels of psychological distress. The results can be explained by Hobfoll (1989) Conservation of Resources theory which postulates that stress occurs due to a depletion in the resources an individual possesses. Interpersonal resources are the fastest to run out amongst all the resources, making therapists vulnerable to distress since interacting with people is their main responsibility (Hobfoll & Freedy, 1993). Additionally, novice therapists in this research were also in-training (i.e., studying) and were likely devoting nearly all of their four resources to this endeavor since they must juggle their professional, private, and academic lives simultaneously (El-Ghoroury et al., 2012).

No significant differences were observed in the coping strategies used by both groups. The lack of variance implies that therapists in both groups may face comparable stressors, making them prone to use identical coping techniques. The sample's novice therapist were final-year trainee psychologists who were balancing academic and clinical obligations. Whereas 70% of experienced therapists were working in different capacities (e.g., lecturer, researcher, etc.) alongside clinical practice. Suggesting both groups handled significant work demands, which could account for the resemblance in their coping mechanisms.

Lastly, novice therapists reported more emotional dysregulation as compared to their experienced counterparts. This is congruent with existing literature that emotional dysregulation is very common among trainee practitioners due to their limited ability in maintaining emotional boundaries with the client (Skovhol & Rønnestad, 2003). Also, the current research included novice therapists who had six months to two years of clinical experience during which many participants were likely to have been working with traumatized clients without adequate trauma training. Thereby, contributing to emotional problems as practitioners who work with trauma victims may experience feelings and symptoms identical to those of their clients (Bercier & Maynard, 2015). Constructivist Self-

Deterministic theory elaborates this mechanism by stating that therapists often become overly invested and begin to see the world through the same filter as their traumatized clients (McCann & Pearlman, 1990).

Conclusion

The purpose of carrying out the current research was to explore the relationship between psychological distress, coping strategies, and emotion dysregulation among therapists. Results signified a moderate significant positive correlation between psychological distress, avoidance coping, and emotion dysregulation among therapists. Moreover, a weak significant positive relationship was observed between psychological distress and the two types of coping, i.e., problem-focused coping and emotion-focused coping. It was further highlighted that a weak significant positive correlation existed between emotion dysregulation and emotion-focused coping. Furthermore, the results depicted that novice therapists experienced elevated psychological distress and greater emotion dysregulation in comparison to experienced therapists. However, no significant differences were seen in the coping strategies employed by both groups.

Recommendations

Longitudinal studies can be conducted to track changes in coping, distress, and emotion dysregulation over time among therapists, providing insights into how these factors evolve with experience and changing personal circumstances.

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