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Emotional labour and the practicing psychologist: When the psychologist's professional emotions go awry

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Abstract: The present study considers practicing psychologists' accounts when their own emotional reactions within the therapeutic relationship are troubling and unwanted. My understanding of emotions is informed both by Hochschild's (1979) construct of emotional labour and Wetherell's (2012) construct of 'affective practices'. An affective practice perspective maintains that emotions are both constituted actively as people emote and shaped over time as past practice carves out familiar, embodied ways of being. Four focus groups and 11 follow up individual interviews were conducted with early-career psychologists in Aotearoa/New Zealand¹. Discourse analysis was used to examine patterns in meaning making. I examine participants' experiences of unwanted and non-professional emotions and the tension this creates in their self-concept as a contained professional. I consider their stories of how work emotions seeps into their personal lives, and episodes of off-loading about these troubling emotions to colleagues. I look too at their descriptions of how they manage these emotion troubles. I consider why these troubles might be particularly disturbing for a psychologist's professional identity and self-concept.

Keywords: Affective practices, emotional labour, discourse analysis, clinical psychology, reflective practice

This article focuses on the 'underside' of psychologists' working lives and what happens when the psychologist's own emotions go awry. There is an expectation that practising psychologists should be able to move skillfully in and out of the various ways of emoting as required to best aid the client (Van Der Merwe & Wetherell, 2019). But what if psychologists do not feel the required emotions? In this paper I examine the accounts of early career psychologists (gathered from focus groups and individual interviews with psychologists in Aotearoa/New Zealand) about the emotional reactions they

consider unsanctioned, unwanted and non-professional. A particular aim of this qualitative investigation is to explore how psychologists manage these troubling emotions and the consequences for their sense of self and identity, along with the ways in which work seeps into their personal lives. As I am referring specifically to work in Aotearoa/New Zealand, I will use the term 'psychologist'. However, the discussion applies more broadly to the work of psychotherapists and counsellors more generally.

¹In Aotearoa/New Zealand only registered practicing psychologists can call themselves 'psychologists'. There is also a distinction made between psychologists and psychotherapists. For the latter professional registration is not mandatory. In this article, the term practicing psychologist is used to refer to a sample of ten clinical psychologists and one health psychologist who engage in psychotherapeutic work. Their training focussed on the behavioural therapies with little or no teaching on psychodynamic (or other) therapy.

Much of the literature about psychologists' (and psychotherapists') emotional management focusses on the role of therapists' emotions in building a good therapeutic alliance (Horvath, Del Re, Flückiger, & Symonds, 2011; Martin, Garske, & Davis, 2000). Emotional responsiveness and empathy are seen as fundamental to the success of therapy and the psychologist is required to respond in a non-defensive way even when the clients are hostile (Whelton, 2004, Wright & Davis, 1994, Horvath et al., 2011, Thwaites & Bennett-Levy, 2007). To some extent the way 'undesirable' emotions are understood and dealt with depends on the type of therapy practitioners are deploying. For example, in psychodynamic therapy emotions such as love and anger are not only acknowledged but expected (Prodgers, 1991, Madora, 2009, Natterson, 2003). Whereas such emotions are constructed more as threat to competence in the behavioural therapies (Mcguire-Snieckus, McCabe, Catty, Hansson, & Priebe, 2007). It is noted that in Aotearoa/ New Zealand, the clinical psychology training programmes focus on the behavioural therapies, and psychodynamic therapy is usually practiced by psychotherapists (considered a distinct profession from psychologists in Aotearoa/ New Zealand).

Kolar, von Treuer, and Koh (2017) found that early-career psychologists struggled with organisational and management issues, emotionally difficult work with clients, and with a low sense of work readiness. They managed these struggles through workplace strategies (e.g. reducing workloads, peer support, development courses), individual cognitive strategies (e.g. relaxation techniques, reflection) and out of work strategies (e.g. exercise, hobbies, and socialising) (Kolar et al. 2017). The most frequently reported coping strategy was peer support. Williams, Polster, Grizzard, Rockenbaugh and Judge (2003) found that psychologists managed distracting feelings in therapy sessions (e.g. anxiety, boredom, attraction, confusion and anger) by refocussing on the client and self-coaching, and novice psychologists were also inclined to use disclosure of their emotions.

Thériault and Gazzola (2008) conducted an in-depth study of experienced psychotherapists' feelings of incompetence, using grounded theory and substantive theory. They suggest that feelings of incompetence are a hazard to the profession, due to deleterious effects on the therapist and the therapeutic process. Their detailed analysis considers how feelings of incompetence and the therapists' response to these feelings might change across a therapist's career. They identified ongoing experiences of self-doubt even in experienced therapists, highlighting that while the nature of the self-doubt may shift over time it is still present and sometimes pernicious. They call for a greater acknowledgement and working through of these feelings of incompetence both for experienced and novice therapists, and make recommendations for how they can be addressed through things such as self-care and discussions in supervision (Thériault & Gazzola, 2008). While the surfacing of

this, often unspeakable, aspect of clinical work is admirable, their analysis and recommendations are confined to the examination of and work on the individual self, and stop short of considering how these feeling of incompetence might relate to wider social power relations.

Across different areas of practice, it would seem that psychologists and psychotherapists alike are expected to monitor their own emotional wellbeing and attend to it through self-care practices (Jennings & Skovholt, 1999). This requirement for self-surveillance and self-knowledge is a hallmark of disciplinary power which makes individuals subject both to disciplinary agents and their own self-discipline (Hook, 2003).

Theorising Emotion

In my research I draw from Wetherell's 'affective practice' theory of emotion (Wetherell, 2012) to consider how certain ways of emoting have come to be patterned through the ongoing social interactions that make up the therapeutic relationship. An affective practice perspective maintains that emotions are both constituted actively as people emote and are shaped over time as past practice carves out familiar, embodied ways of being. While it can be hard to define the boundaries between different practices, one can usually sense when one is moving from one practice to the next. Shared or expected emotional practices are formed through histories of practice formed in the context of social norms or emotional regimes for certain groups. However, there is also space to consider how individuals with their particular histories can work to maintain, alter or resist these expectations (Wetherell, 2013b).

In this sense, activity is "both constrained by past practice and the immediate situation and context and is open-ended in the sense that 'things can always be otherwise.'" (Wetherell, 2013b, p. 360). Registering an affective response to an event as a specific kind of emotional experience is a multi-layered process in which body/brain processes intertwine with personal histories, discourses and culturally available ways of making sense, and intertwine also with larger-scale social histories and the material organisation of spaces and contexts (McConville, Wetherell, McCreanor, & Barnes, 2014). In this sense I see emotions not as objects but as patterns – as relational phenomena that are patterned by social and historical relationships. These patterns can result in the formation of affective ruts for entire social groups or historical periods (Wetherell, 2012). Elsewhere I have written about the different affective-discursive repertoires this sample of early career psychologists drew on when talking about what they should be doing with their emotions within the therapeutic relationship (Van Der Merwe & Wetherell, 2019). In this article, I consider their accounts of when it becomes hard to meet

these expectations and embody the 'right' kinds of affective practice for the profession.

An affective practice understanding of emotions allows for the consideration of how emotions are involved in normative regimes of power and authority. The emergence of psychology as a scientific discipline necessarily coincides with the development of disciplinary power which has the function of objectifying people into certain categories (both through disciplinary agents and self-discipline), including emotion categories and emotion pathologies (Hook, 2003). Emotions as phenomena that are both embodied, and representative of moral judgements emerge as a key apparatus in the dissemination of power. I am interested in the ways in which psychologists act both as disciplinary agents in relation to others, and in their own self-discipline within the therapeutic relationship.

The affective practices theory of emotion is a relatively new way of understanding emotions and therefore the published empirical research using this theory is somewhat limited. A number of researchers have used this theory for research in an educational context (e.g. Mulcahy & Morrison, 2017, Loveday, 2016). Other empirical work using affective practice theory includes investigations into affective–discursive dimensions of a national commemoration day in Aotearoa/New Zealand (McCreanor et al, 2018, Wetherell et al, 2019). Leigh (2017) applied affective practice theory in her consideration of organizational conflict in a social work agency. Kerr and Garforth (2016) conducted an interesting investigation that used affective practice theory to look at the emotional subjectivities of two bioscience laboratories and how these related to the material practices of the laboratories. They focussed on flows and stoppages in patterns of affect and care for colleagues, careers and futures and how this can have material effects of the performance of the laboratories.

I also find the construct of emotional labour helpful in considering the psychologists' professional emoting. Emotional labour involves trying to induce or suppress emotion in order to display the outward countenance that produces the required state of mind in others (Hochschild, 1979, 1983). Hochschild (1983) argued that social situations are organised through sets of 'feeling rules', directing our beliefs about what we should feel. She distinguished between 'surface acting', trying to change how we outwardly appear to conform to the relevant feeling rules, and 'deep acting', trying to induce the actual feelings within ourselves. Feeling rules and surface and deep acting become commercialised when emotions become commodities, bought and sold as an aspect of labour power (Hochschild, 1979).

Hochschild's constructs of emotional labour and feeling rules are useful for the investigation of psychologists' emotions, because they provide a way to think about how emotion can

operate as a function of a professional identity and make connections between emotion and economic systems. However, as a complete theory of emotion, emotional labour is somewhat flawed, partly because Hochschild's model splits emotional experiences into those that are authentic and those that are inauthentic when any instance of affect typically has mixed performative and expressive aspects. Although Hochschild critiques the traditional psychobiological organismic, basic emotions view of emotions and focusses her research on the active management of emotional expression she also writes that emotion is a "biologically given sense" (Hochschild, 1983, p. 229 and see Wetherell, 2013a for a critique).

Rather than accept her theory as a whole, with its now outdated analysis of the psychology of emotion, I find it more useful to adopt Burkitt's (2014) view of emotional labour. He suggests that emotional labour might not be the result of external socially constructed feeling rules clashing with 'authentic' feelings, but rather a "social clash of different cultural expectations and the way they intersect personal relationships that create the situation in which such complex and ambivalent feelings arise" (pp. 136–137). Understanding emotional labour in this way allows it to sit more comfortably in an affective practice framework. From this perspective, surface acting and deep acting can be used to describe the different way participants formed meaning around their affective practices; surface acting being more of a performance, and deep acting being when therapists incorporate the manufacturing of desired emotions into their constructions of selfhood.

Emotional labour is a more established theoretical framework and consequently there is a large body of empirical research which draws on it. There does not appear to be any published research that empirically investigates the emotional labour of practicing psychologists. The closest is Yany and Shalar's (1998) investigation into the emotional labour of psychology students working as counsellors. However, in recent years there have been a number of investigations into the emotional labour associated with related caring professions such as: mental health workers (Coates & Howe, 2014, Bondarenko, de Preez & Shepherd, 2017, Edward, Herculinskyj & Giandinoto, 2017, Lewis, 2012), forensic workers (Johnson, Worthington, Gredecki & Wilks-Riley, 2015), nurses (Ho Hong & Lee, 2016), healthcare workers more generally (Pandey & Singh, 2015, Healey, 2017), and social service workers (Karabanow, 1999, Lavee & Strier, 2018). These caring professions are expected to follow prescribed display rules such as showing empathy, interest and concern, and suppressing frustration (Mann, 2004, 2005, Bondarenko et al, 2017).

Much of this research focusses on worker wellbeing and burn out (e.g. Mann 2004) and/or the impact of emotional labour

on productivity (e.g. as indicated by problems with staff retention) (e.g. Hong & Lee, 2016, Edward, Hercelinskyj, & Giandinoto, 2017). Most of the work to date on emotional labour in the caring professions makes uncritical recommendations for how these professionals can be supported in doing more work on themselves to better manage the emotional labour involved. Recommendations include improving self-care, using supervision and support from colleagues, increasing 'emotional intelligence', self-monitoring and using self-talk to manage emotions (Bondarenko, et al 2017, de Jonge et al, 2008, Edward, Hercelinskyj, & Giandinoto, 2017, Karabanow, 1999).

Some researchers, however, have taken a more critical stance and considered the wider social structures impacting on the emotional labour in these caring professions. Healey (2017), through her research with occupational therapy students, suggests that their emotional management was a part of the multiple discourses operating in their training and that students were both subject to hierarchical observation and expected to enact feeling rules for themselves through various 'technologies of the self'. She suggests that the students use "discursive/affective practice to maintain the divisions between the roles of professional/ patient within these settings" (Healey, 2017, p. 682), and she urges the profession to consider understandings of emotion that go beyond emotional intelligence and consider the role of power relations in health and social care.

Also, from a more critical perspective, Lavee and Strier (2018) explored the intersections between service providers' emotions and broader political views and ideologies. They found that social workers working with impoverished clients expressed anger about clients who 'chose' not to participate in the labour market or help themselves. Empathy was rationed and applied to those seen as the 'deserving poor'. They suggest that the participants' "emotionality echoes the neoliberal imperative of market citizenship, according to which, those who strive to support themselves through productive means are deserving and worthy of aid but those who depend on others are undeserving of external support" (Lavee & Strier, 2018, p.509).

There is limited critical discursive research which considers the emotional practices of those working in the caring professions, and even less looking specifically at those of psychologists or psychotherapists. While various authors have written about the institution of psychology from a broad critical perspective and considered how psychology as a profession reproduces social power relations (e.g. Rose, 1996, Parker 2002, Hook 2003) there is limited empirical research which considers how these practices are reproduced through the emotional practices of the therapist.

Analysing Affective Discursive Practice

While affective practices represent the assemblage of multiple phenomena (e.g. bodily responses, feelings, thoughts, interactions, narratives, social relations, personal histories), I focus here in this investigation on the discursive dimensions - on psychologists' spoken accounts and narratives of past practice, and how these socially recognisable patterns of talking about emotion within this professional identity. While this adds a layer of abstraction to analysing actual practices in the clinic and outside, considering the way psychologists' make meaning around their emotions within the therapeutic relationship is both worthwhile and enlightening because discourse and practice are always intertwined (Wetherell, 2013b). The active work of meaning making entails that psychologists' emotions are being produced and reproduced both in the moment of their practice and in the moment of recounting their practice. Through this retelling, participants are selecting and editing certain meanings and representations so that the data consists of a certain construction of the affective practices.

Discourse analysis is "the study of how talk and texts are used to perform actions" and these actions are often embedded within broader practices (Potter, 2003, p. 73). Discourse includes the formulation of affect, emotion categories and narratives, and the meanings assigned to embodied responses. I take a critical social constructionist approach to consider how social realities and identities are constructed through discourse rather than taking people's accounts as neutral descriptions of what 'really happened' (Wetherell, 2001). In any situation there are a number of available discourses, and it is the discourse analyst's task to ask why a particular discourse is being drawn on in any moment and how this relates to the wider politics of representation (Wetherell, 2001). Some discourses will be more 'available' or more 'to hand' than others because they have become so culturally dominant that they are seen as facts or taken for granted truths (Edley, 2001).

One of the difficulties of discourse analysis is that attempts to critically interrogate the resources available to participants can be read as attacks on their authority and integrity. This may be especially so when the focus is on participants' more informal accounts. I want to emphasise, then, that what follows is in no sense a critique of the participants who do their best to manage the contradictory resources and demands of their profession. My interest is in the overall pattern, in professional privileging and marginalising, and the interaction with the broader webs of social power relations in which these positions and repertoires are embedded.

Method

Ethical approval was obtained from the University of Auckland Human Participants Ethics Committee to study psychologists' accounts of their emotions in and consider how they managed them. Participants were recruited through an advertisement in the New Zealand Psychological Society newsletter and distributed through the professional networks of the first author. Participants were asked to forward the advert if they felt comfortable doing so. Ten clinical psychologists and one health psychologist agreed to participate; ten were female and one male. All fitted the study criteria of currently practising and having graduated in the last five years. All worked in the public health sector, and one also did some private practice. There was an even spread among adult, and child and adolescent services, and all had trained to be psychologists in New Zealand. The majority were Pakeha (New Zealand European) in their 20s and 30s. I am grateful to the participants for the thoughtfulness of their responses and their time.

I conducted four semi-structured focus groups (70 and 90 minutes in duration) and eleven individual follow up interviews (40-60 minutes). Both the groups and the interviews included questions around the personal versus the professional, the psychologist's emotional practices, and emotional labour. The groups focused on more general professional norms, while the interviews explored participants' own experiences in more detail.

The interviews and groups were conducted as 'conversational encounters' with the interviewer and the participants constructing meaning together (Wood and Kroger, 2000). At the time of the interview I was engaged in clinical psychology training. I was a similar age and social background to the participants and could be considered a junior peer or colleague in discussion with more established clinical psychologists. The sample is a small one and generalisations require that qualification. However, saturation was quickly reached with few new views emerging, increasing my confidence that the patterns found are consensual and typical.

The interview and focus group materials were transcribed verbatim focused on content rather than fine-grain interaction features, as this was most appropriate for our questions. Participants were assigned pseudonyms and identifying details were deleted from the transcript. Material from the interviews is indicated with 'I', and from the groups with 'FG'. Sounds such as laughter are put in parentheses followed by the text, for example (laughs). A pause is signalled by Non-verbal utterances are written phonetically, for example mmm. When the interviewer or other participants made encouraging noises and brief comments when a participant was speaking, these are included in square parentheses within the body of the speaking participant's text, for example [Helen: mm-hm].

When and extract is started or finished mid-statement this is indicated with [...]

There are no clear sets of rules when it comes to forming an account of the discourses. Rather the process is a 'craft'; it "involves following hunches and the development of tentative interpretative schemes which may need to be abandoned or revised" (Edley, 2001, p. 198). The transcripts were read and re-read to identify the main repeating patterns, noting also variability and exceptions. Once the main discourses were becoming clear, the data were interrogated further to explore the effects and implications, asking "what is the talk being used to do?", "how might this statement work ideologically?" and "what is absent from this version of the world?" (Potter & Wetherell, 1995, p. 90).

Analysis

The first part of the analysis is an example of what Gilbert and Mulkey (1984) described as 'contingent' discourse. In their analysis of scientists' discourse, Gilbert and Mulkey (1984) argued that scientists' talk about their working lives characteristically weaves together the formal and informal. Formal accounts stress, for instance, the importance of replication, the role of evidence, systematic procedures applied impersonally, and the priority given to truth and objectivity above all else. While the informal accounts paint a more contingent picture stressing luck, serendipity, derring-do, biased dogmatism, laboratory politics, competitive duels to be first, and so on. Here, then, my focus is on the informal accounts of my psychologist participants about the 'underside' of their emotional work in contrast to their more formal accounts of ideal and sanctioned professional emoting (for an analysis of these formal accounts see Van Der Merwe and Wetherell, 2019).

I go on to consider participants' accounts of how they managed these unwanted emotions; firstly, the informal practice of off-loading to trusted colleagues, then a group of more formal professionally-sanctioned strategies for managing unruly emotions. Finally, I produce an account of how psychologists' own emotional management affects their sense of self. Note that there were no obvious systematic differences between the focus groups and the individual interviews and so the analysis below treats both together.

Confessions, Intrusions and Trouble

(FG3) Jemima: Oh yeah some anger. Not as much... for me, me it's more the frustration, occasionally hopelessness.

Sal: Yup hopelessness.

Frances: I think as well there's that kind of oh my God am I even helping them. Like I know that's hopelessness, but that kind of sense of.. just that banging your head against a

wall [Helen: mmm] and is anything I'm doing... working [Helen: yeah].

Jemima: And then related to that sometimes I just feel useless (laughter from all).

Frances: Yeah useless.

Jemima: It's like "well I suck" (laughs).

Frances: That's when I go off and get good supervision and lots of reassurance (laughter), all of that. That comes in waves I find.

(FG4) Pete: I think that is part of being professional [Others: mmm], and to be honest there's certainly days where I am really tired, I've got a bad headache, I don't want to be down in [location of clinic] [Helen: mhmm] (inaudible) [Haley: that's every damn day] (laughter) you know and um I don't want to be down there, I want to be at **home**. [Helen: mmm] like and I've got four clients to see back to back, yeah I mean that's kind of.. when it's like.. it's time to put on my professional hat now [Isabelle: yup. Helen and Hayley: mmm] and ask the questions and be empathetic and **feel** it [...]

Among detailed descriptions about the affective dance psychologists 'should' be practising [Van Der Merwe and Wetherell, 2019], there was concurrent talk about this not always being easy. In this informal contingent discourse participants spoke about feeling useless, hopeless, anxious, frustrated and bored. Some emotions were constructed as particularly hard to contain, for example a participant spoke about "frustration that kind of leaks out" (Sal, FG3). Some participants spoke about having to resist the urge to say what they were thinking, for example telling the client that they are being a "shit", or saying things like "buck yourself up" (Pete, I) or "look you just have to get on with things" (Frances, I). Participants generally employed this contingent discourse briefly in the focus group discussion or in the individual interview and then typically retreated to the formal. They 'confessed' to having these 'unprofessional' feelings, but hedged them with the professional or formal discourse, such as putting on the "professional hat" and performing empathy or sorting it out in supervision (seen in the extracts above).

These contingent 'unprofessional' feelings were constructed as under the surface, unable to be released at work (as they would pose a threat to the professional identity), and bubbling up into other parts of their lives. Some participants spoke of the possibility of work with clients bringing old hurts to the surface, for example one participant said "you take on the clients' emotions and feel everything that they feel, and so that can trigger a lot of stuff" (Amy, I).

(FG3) Frances: During the internship it was like everybody came home with me [Helen: mmm] and it was so exhausting, and it was so hard to get them out of my head and stop.

(FG2) Amy: Yeah similar to Kate I remember on- for some reason on Fridays, it was Saturdays [Kate: yeah] [Helen: mmm], just being really tearful [Helen: mmm] on Saturdays and not really understanding why [Helen: mmm] and then finally kind of working out that.. yeah maybe everything during the week was taking its toll [Kate: yeah] more than I really realised [Helen: mm mmm]. And it's not too relaxed at the weekend it kind of comes.

Participants spoke about these emotions impacting them outside of work hours in a number of ways; feeling stressed, being emotional (irritable and sad), ruminating about clients, having difficulty sleeping, poor concentration, low energy, changes in appetite, and feeling wound up and on edge. One participant said "if I've had a big day, I get home I can hardly even talk I'm just so exhausted" (Tammy, I). Thoughts and feelings about clients outside of work time were constructed as unwanted intrusions.

(FG3) Sal: I had in my previous role I was working quite intensely with a young woman ..and.. for about ten months [Helen: mhmm] and I would sometimes have dreams [Helen: mmm] about her [Helen: yeah]. And I remember the first time it was like yeah, I don't know if it was shocking, but it was kind of like the ultimate intrusion I guess (laughter from all).

Jemima: It's like an invasion of privacy eh, you're like get out.

(FG1) Tracy: ...I can keep real calm when I'm with her [a client] .. [Helen: mmm] mostly calm in terms of the demeanour [Helen: mm] but I try to tell myself that I'm like fine with it later in the day (slight laugh) but I'll find that I'm more easily set off [Helen: mmm] into other emotions later in the day or more angry at other things [Fiona: yeah] or just more likely to get quite upset [...]

These unwanted emotions are constructed as troublesome, invasive, sticky and sometimes as lying dormant threatening to erupt at odd times. Because embodying the correct affective practices is constructed as such a fundamental part of being a good psychologist, participants spoke about how their emotional capacity became mobilised for work, leaving less emotional capacity for personal relationships. Most participants spoke about how becoming a psychologist impacted on their personal relationships. Some spoke about not being able to be as emotionally available to people in their personal lives, such as not doing as much voluntary work, not being as empathetic to friends and family, and needing to make social engagements at a time when they had sufficient emotional capacity. Some participants spoke of sometimes having to 'fake emotions' with people in their personal lives, for example one participant spoke about "trying to summon enthusiasm for trivial life difficulties when actually you've just

heard about someone go through a world of shit and you're just like I don't care" (Hayley, FG4). In the extract below a participant speaks about how the invasion of emotions from work into her home life damaged a personal relationship.

(FG2) Kate: [...] I ended a, a really long term relationship a year into my first um job [Helen: mmm] and when I went to see an EAP [Employee Assistance Programme] lady about it she actually said to me "did you realise how much the impact of you being at your first year of job had on you?". And I had never thought about the fact that maybe I was just so down about my job [Helen: mmm] that I was taking it home and it was ruining my relationship [Helen: mmm] [Amy: yeah]. So it can actually have a big impact on.. you know the rest of your life [...]

What resources do psychologists have for talking about and understanding intrusive, unwanted and unmanageable emotions? The discourse of stress (leading to burnout) was one of the resources most often mentioned. In the extract below participants construct needing to 'perform' the professional emotions as a sign of burnout. Sal had previously described her first job after graduating as 'soul destroying', and while she spoke about an unsupportive work environment, she ultimately framed her experience in the individualised construct of 'burnout'. Prior to the extract below the focus group participants had said that having to perform emotions such as empathy was a warning sign of burn out.

(FG3) Sal: That happened.. at the- towards the end of my first role out.. [Helen: mhmm] of uni which I did actually resign from because I was feeling close to burnout [Others: mmm], which was in the first year of leaving which was very exciting (sarcastic). And I, I think I had a lot of high risk... [Helen: mmm] suicidal... adolescent clients and my team was really unsupportive around that [Helen: mm]. It was terrible [Others: mmm] actually and I was in such an extreme state of anxiety, just like all the time [Others: mmm], that I did feel like I had to... [Helen: mmm] kind of perform I guess with some of the emotions [Helen: yeah], especially you were sitting there in the session going oh my gosh are you, are you safe, do we have a good plan in place [Others: mmm], am I doing the right thing. I think that is the fear around.. the risk and safety is...

Helen: So you are feeling this kind of intense anxiety [Sal: mmm] and you are trying to present as.. as what?

Sal: Kind of just calm.

Frances: Empathic, interested.

Sal: In control as well (laughter)

Frances: It all goes out the window when you are in that anxiety burnout fog [Sal: yeah] [Helen: mmm], yeah I've been there as well [Sal: yup, yup], yeah you are acting.

Sal: Yeah, just holding it together.

Performing the required emotions was constructed as a sign of individual deficiency. Participants' constructions of professional emotions are related to the way they construct their sense of self and sets up an unliveable contradiction. On the one hand participants reproduce the view that the personal should be separated from the professional, and yet also they are expected to 'actually feel' the required emotions. While at times work conditions are acknowledged, the construction of burn out is essentially diagnosed as a problem of self. When the problem is located within the individual it follows that the solution must also be enacted on or practised by the individual. It becomes the individual's personal responsibility to do the work required to ameliorate burn out, rather than the responsibility of the institution to change working conditions. The wider social power relations that feed into these affective practices are ignored in this individualised construction of emotion, and this means that possibilities for addressing the wider social conditions (e.g. working conditions of therapists, institutional pressures, the social positioning of both therapists and clients) are also left unspoken.

Hochschild (1979) suggested that feeling rules are more salient for those middle-class professionals who are less likely to perceive the social circumstances governing their 'deep acting', and more likely to experience the emotional labour as part of the self. For psychologists the requirement to be genuine, means that they need to work on themselves so that they 'genuinely' feel the required emotions. The emotional labour does not consist in displaying the correct emotion in exchange for remuneration, it involves embodying the required emotions and integrating them in to constructions of who one is as a person. This makes it harder to step back and make critical considerations of these unruly emotions, because performing these emotions is not something the psychologist does as part of the job. Rather, being someone who actually feels, these emotions are something the psychologist needs to be in order to be considered worthy of doing this job. This is what makes these unwanted emotions so difficult to hold. For clinical psychologists troubled talk around wayward emotion has some of the same features as scientists' contingent discourse in Gilbert and Mulkey's (1984) research, and there is the same kind of weaving backwards and forwards between informal accounts of the contingencies of working lives and retreat back to formal remedies and prescriptions for how to deal with these contingencies. The difference though is that for the clinical psychologist the contingent is rarely light-hearted or celebratory and reaches particularly deeply into the construction of personhood.

Informal Off-Loading

The next section outlines the professionally sanctioned practices of emotional coping and management which are part of the formal discourse. First, however, I want to describe in

this section a practice of coping with these unwanted thoughts and feelings mentioned by participants, which makes up a further part of the more informal contingent domain - talking things through with colleagues. At times this sort of informal interaction between colleagues was constructed as similar to supervision (e.g. calling it “on the spot supervision”) providing objectivity, emotional containment and being the “devil’s advocate”. At other times the practice of talking to colleagues was constructed as something more like a friendship than a ‘professional relationship’.

(FG1) Fiona: ... we’re a very tight team [Helen: yeah] and I think that’s really, really important [Helen: yeah, Tracy: mmm], that’s been the biggest thing, so like I’ll go up and have a massive cry [Helen: mmm] whether it’s about personal stuff or about client stuff and it will probably be half and half [Helen: yeah] or have a massive bitch.

These informal discussions with colleagues involved being able to feel sad about a client, feel anxious about competency, or feel angry towards a client and say things such as, “I am just feeling pissed off about something” (Frances, FG1) and trusting that her/his colleagues will validate her/his feelings without judging. Feeling “safe” enough to say things such as “fuck that was such a hard session” (Pete, FG4) or “I fucking hate this kid” (Fiona, I). This sharing of unwanted emotions seems to disperse the burden of holding them. This sort of practice was constructed as liberating and existing outside the bounds of the official guidelines. Participants said that it can be a relief to find out that colleagues also feel these ‘unprofessional’ feelings and that colleagues understand their emotional labour in a way that family and friends outside of work cannot. They also spoke about how this collegial support can be missing when there is too much time pressure and everyone in the service is under excessive stress. Informal offloading sits within a contingent discourse and it is marginalised within formal accounts of psychologists’ emotions. Almost all participants stressed the importance of having colleagues they felt able to be ‘real’ with and express their emotions to, however, this communication and sharing is not included in core competences for psychologists in New Zealand, and in most services there is no time set aside for this informal offloading.

Reflection, Distance and Self-discipline

Given that it is seen as problematic to simply perform and not feel the required emotion, and offloading to colleagues exists at the margins of practice, how else can psychologists do the required ‘deep’ emotional work on themselves? The practices of self-reflection, self-management skills during therapy and self-care outside of work time make up the formal discourse about how to achieve the affective identity negotiations required as a clinical psychologist.

Reflective Practice

Reflective practice is one of the core competencies for psychologists working in New Zealand (New Zealand Psychological Board, 2011). Participants’ discussion of reflective practice rehearsed the formal account; they spoke about taking the time to identify their own emotional responses when working with clients and understanding where these emotions came from. If the psychologist constructs their emotion as a ‘normal’ reaction to the client then they are able to displace the cause of the emotion onto the client rather than being a reflection on the psychologist’s competency.

(I) Tammy: [...] because it allows me to separate it a bit more, oh yeah that’s just part of them it’s.. [Helen: mhmm] it’s not that I’m responding.. [Helen: mhmm] really badly because I’m a terrible person [Helen: okay] and I don’t like them [Helen: yeah], it’s just oh that’s how they are and so.. [Helen: mhmm] I have to get past it.

Here we see troubling emotions being displaced onto the client. If on the other hand the psychologist constructs the emotions as being something that comes from her/his own ‘issues’ then this seems to necessitate some more active work on self in order to not let their personal issues affect the therapy.

(I) Amy: I think self-reflection, working out why.. [Helen: mhmm] that client has triggered such a response [Helen: yeah] because it might be something to do with.. the psychologist’s own personal history [Helen: mhmm] that is being triggered and obviously if that is the case then it’s going to be something that keeps coming up as an issue that’s- [Helen: yeah] and it’s important to work through why that is happening [Helen: mhmm] and find some way of managing it.

The psychodynamic constructs of transference and countertransference were used by some of the participants to describe this process of deciphering whether their emotions were due to their ‘stuff’ or the client’s ‘stuff’. This locating the cause of emotions within individuals (whether it be the therapist or the client) eclipses discourses about the impact of wider social structures on emotions. My research with the same data produced an account of different affective-discursive repertoires participants used when talking about their emotions in the therapeutic relationship. While there is one interpretative repertoire around the practice of psychologists acknowledging their emotions and using them to connect with clients, another interpretative repertoire, that psychologists should contain their emotions, was more frequently used and generally privileged. I think that part of

what we are seeing in the data is to do with the Aotearoa/ New Zealand context and the emphasis on behavioural therapies. Even when the psychodynamic constructs of objective and subjective countertransference were used by participants, they were done so in a way the focused attributing blame for the unwanted emotions. Perhaps research conducted with a more psychodynamically oriented group of therapists would have constructed the same emotions as less troubling and more as sources of information.

While some participants spoke about talking about their work emotions with their partners or their own therapist, all participants constructed supervision as the 'right' place to have these discussions. The supervision relationship mirrors that of the psychologist and the client, with the supervisor helping the psychologist name her/his emotions, understanding them and figuring out where they are coming from and offering an "objective viewpoint" (Amy, p. 12) on their emotions. Some participants suggested that if psychologists do not take this time to reflect, their emotions can get muddled and displaced, for example the emotional strain from the previous client can be transferred on the next client.

Self-Management at Work

The formal discourse also constructs a set of practices to be used within the therapeutic relationship. One such strategy is to try to ignore one's own emotions by shifting the focus onto the client's emotions and "focusing on the client and what it is that they are wanting really" (Sal, p. 5). Formulations of this kind were constructed as being helpful in inducing empathy, compassion and understanding in psychologists, when these emotions were not coming 'naturally'. There was talk about this being particularly useful when the psychologist is looking for a way to subdue her/his anger or frustration. As one participant suggested it is "shifting the blame" (Sal, p. 24) both away from the client and away from her view of herself as a "bad therapist".

(I) Frances: Oh yeah (sigh) (both laugh). Very, very entitled clients, narcissistic clients I.. really, really struggle with [Helen: mmm]. I have to work and I have to keep reminding myself of that kind of inner.. hidden wound, low self-esteem, early trauma, early neglect or early, early bad stuff happening [Helen: mm] that has meant that this is how they cope and it is and... they I find really hard. Really, really hard work.

Here again we see these emotions that are experienced as difficult to hold close being displaced, this time onto those who subjected clients to early trauma. Participants also spoke about modifying their emotions by using various psychology skills on themselves. Some participants spoke about using skills

from the third-wave behavioural therapies such as acceptance, or the DBT skill of 'pushing away'.

(I) Kate: ... So I do actually use the skills that are taught [Helen: mhmm] just to try them out [Helen: yeah], and that whole acceptance you know idea is awesome [Helen: yeah]. So if someone at work is really awful to me or whatever or doesn't have-, it's just about acceptance and that kind of thing [Helen: mmm]. So we do use the skills.

The skills of self-talk and mindfulness came up repeatedly. Several participants said that they needed to be mindful of their emotions when working with clients. The self-talk included telling themselves how to behave to display the 'correct' emotion, for example a participant said; "Like okay Jemima, deep breaths, keep looking relaxed, it's okay" (Jemima, I). It can also be monitoring, evaluative self-talk, constantly questioning and evaluating her/his practice or it can be talk that is meant to reduce their anxiety about not knowing what to do.

Participants acknowledged that taking on too much clinical work can impact the psychologist's ability to do the required emotional work and spoke about managing their emotions by limiting clinical work. However, participants said that it was not always easy within the context of certain workplaces, for example when self-care is not encouraged and/or there are high stress levels, for example a participant said "it's not easy because everyone, if lots of people are feeling stressed and everyone is under pressure it's not easy to keep your boundaries" (Pete, I).

Self-Care Outside of Work

(I) Amy: ... and of course I exercise and eat well [Helen: mhmm] and all those basic kind of things [Helen: yeah] because I just know that I am so much more emotionally vulnerable [Helen: mhmm] if I am not taking care of myself. And even things like sleeping well and that kind of stuff [Helen: mhmm]. All the basic things that.. you know you inherently know but certainly weren't encouraged [Helen: mhmm] or emphasised in the training.

The talk about self-care generally referred to things that psychologists do to work on themselves outside of the work environment to be better able to do the affective-discursive identity negotiations at work. There was an overall acceptance that the work to embody the professional self-extended beyond the parameters of the working day and became work on the self as a whole. Self-care practices that came up with more than one participant were exercising, socialising, eating healthily, getting enough sleep, meditating, and having 'alone time'.

Participants also spoke about setting boundaries between their work and home lives and the practical steps that can be taken to do this, such as dressing up to fit the professional role, and getting out of that professional role at the end of the day, for example getting changed out of work clothes and leaving her/his diary at work. The use of on-going, self-care practices outside the confines of work hours calls into question the separation of the professional and the personal, or at least constructs it as a one-way street; this work goes on in their personal lives to make them better professionals, but the seepage of emotions formed at work back to home is undesirable. This is another example of how simply performing the required emotions is not enough; psychologists are expected to do this work on themselves both in and out of work to manage these troubling emotions.

The Restructured Self

The previous section described how participants drew on the practices sanctioned in the profession to manage difficult emotional situations at work and to protect themselves. In this section I focus on participants' accounts about what is entailed in the restructuring of their sense of self.

(I) Kate: It can be a drain I think [Helen: yeah, mmm]. The over- the analysing things all the time [Helen: mmm] and always wanting self-improvement and stuff [Helen: yeah]. Sometimes I'd.. it would be nice to not have any of that knowledge and see what life would be like [Helen: yeah]. I would never know would I? (laughs)

While still drawn on, the convention of separating the public self from the personal self is less available to psychologists because, it creates a tension with the emphasis on forming genuine emotional connections with clients. Therefore, when there are unwanted emotions invading the therapeutic relationship and the psychologist's wider life, manufacturing professional emotions as part of a public persona is not sufficient. Psychologists are constructed as needing to engage in the practices outlined in the previous section, so that their 'true' self is transformed. While this is a continual project of self-improvement, participants spoke about this transformation largely taking place in the early stages of their career.

A few participants noted how this restructuring of self-resulted in them being able to connect more emotionally with clients and people in their personal lives and as a consequence being better able to manage their own emotions. Other participants described how hearing a lot of difficult things in their work as psychologists had had the effect of desensitising them to things that previously would have had an emotional impact.

(I) Sal: [...] I think it's definitely changed me outside of work as well [Helen: mhmm]. Umm.. I think it's been a good and a bad thing. Like I.. I had this thing with my mum and my sister where they were both really upset by something and I wasn't upset by it [Helen: mmm]

[...] I was like wow it felt weird [Helen: mmm], like oh maybe I should feel upset by this and why don't I feel upset by this and that kind of worry [...]

While most of the participants said that they welcomed the changes, certain tensions were also evident. Some participants spoke about a tension between people in their personal lives expecting them to fulfil the role of the psychologist but wanting to resist taking on this 'professional' role outside of work for a variety of reasons. They spoke about having done enough of that sort of emotional labour at work and finding it hard to be empathetic about trivial issues. Whereas other participants reported no longer being able to define where their professional identity ended and the personal one started. An example of this occurs in the following extract where the professional self is constructed as some sort of empathy parasite who has sucked the life out of the true self so that the only sort of empathy remaining is the manufactured psychologist empathy.

(FG4) Hayley: Yeah it's always been your role [Pete: yeah yeah], it's like am I psychologising you [Pete: yeah] or am I just being my genuine [Isabelle: yeah yeah yeah] kind empathetic self and so I think it's okay because my genuine kind empathetic self is slowly dying (laughter from all), so I can tell when I am being a psychologist.

Hochschild (1979) might see this as the psychologist becoming an 'emotional proletariat', estranged from authentic feeling. While this construct of the emotional proletariat has some appeal, I think it simplifies a more complex interweaving of professional, social and political rules and expectations around the correct way to emote and how this can create tensions with other histories of practice.

Discussion

This analysis starts with an account of the emotions that psychologists find troubling and at times even threatening, which I have conceptualised as a contingent or informal discourse. The inadmissibility of these emotions in therapists' constructions of their professional selves meant that were experienced as leaking out in their personal selves. I go on to consider both informal and formal strategies suggested to manage these troubling emotions. The formal discourse describes professionally sanctioned practices of emotional coping/management. More specifically, the analysis reveals a tension between formal and contingent discourses the sample

drew upon. Here, the formal discourse of reflection, self-management and self-care seems to be constructed as more 'legitimate and privileged', while the contingent account of not coping, rebelling and off-loading is seen more as a 'guilty pleasure', confessed to rather than advocated.

One's identity as a psychologist thus seems to be organised around two ideals – a public work-facing self that is calm, in control, measured and appropriate, and a private ideal self that is balanced, leaves the emotion at work, takes care of self, relaxes and 'has a life'. So, there is nowhere to 'put' the emotions confessed to in the contingent discourse because they are constructed as 'inappropriate' everywhere except as a sign that one has not yet 'learnt how to be'. Given that this was hard to talk about as an anonymous research participant, it seems likely this core aspect of the psychologists' experience remains largely unarticulated and inadmissible in formal work contexts.

The contingent discourse poses a particular kind of identity threat for psychologists. Clinical psychology is now so enmeshed with the concept of risk management (Rose, 1998), the threat of being too emotional or not feeling the 'right' emotions perhaps gets its teeth from the anxiety that the psychologist might not be able to manage the risk posed by both the clients' risky emotions and their own. I suggest that threat of adding to the risk results in the dilemma where unwanted emotions are constructed then reigned in. Given that contingent discourse is so marginalised, what could the function (purposes) of the discourse be? Here we might identify both interpersonal functions (e.g. justifying, explaining, blaming) and ideological effects (e.g. legitimating power of one group over another). In the case of their research with scientists Gilbert and Mulkay (1984) suggest that both the formal and contingent discourse work together in various ways to sustain modern science. In addition to the formal empiricist discourse science needs the contingent discourse to account for variability, acknowledge human error, and to discredit others' research (Gilbert & Mulkay, 1984). It is possible that the contingent discourse serves a similar function in this investigation, creating space for variability, humanness and 'being real' with colleagues, and, while participants generally did not use it to discredit colleagues, it was used as a point of comparison to show how far they had come on their own journey of restructuring the self.

The way participants spoke about their emotions when conducting therapy reflected the construct of 'deep acting' which involves trying to produce the actual desired emotion, rather than just an inauthentic emotional display. In a way the construction of deep acting entails its own concealment - constructions of emotions and selfhood merge and this removes the option to understand professional emoting as emotional labour, because emotions become subsumed in constructs of the self. So psychologists' emotional labour

becomes more of a personal project and the exchange of certain emotions for remuneration is hidden within their subjectivity. Rose (1990) suggested that the nature of work has changed from being presented as something that is done for financial reward, to something that is done for personal fulfilment and the identity it offers. Certainly, being a clinical psychologist offers a certain type of high-status professional identity and there is an expectation that psychologists will find the work rewarding. This expectation may contribute to the tension around the 'unprofessional emotions' produced in the contingent discourse.

I suggest that the construction of the psychologist's emotional labour as either a 'manipulated emotional expression' or a 'true authentic emotional experience' is limiting and is itself troubling. A relational, affective practices view of emotion could be used instead as a 'rhetorical tool' (a resource) to help psychologists reconceptualise what they do with their emotions. Rather than there being a tension between genuine and manufactured emotions, psychologists could understand their unwanted emotions in the therapeutic relationship as being the result of tensions between completing emotional demands based on contradictory histories of emotional practice and unclear expectations in the profession. Understanding emotions in this way would allow for the consideration of the wider social structures that impact on this dilemma, such as class, gender and culture (Van Der Merwe & Wetherell, 2019). Thinking about practice itself, I suggest that taking a discursive lens as I have done in this article, can help practitioners to reflect more deeply about the nature of their work and the way emotions are constructed. Recognising the way emotions are negotiated and represented in a dialogical context is important. For some therapists, it might be difficult to recognise that emotions do not simply arise from within which leads to simplistic assertions about the emotions being authentic or manufactured. Acknowledging the discursive context more explicitly, situates the dialogue relationally and culturally.

It would seem that psychologists (and psychotherapists in general) are often expected to embody a perfect, worked over, emotionally limber self. But what might the costs be? When does this become troubling? Like the client, the psychologist is required to partake in self-surveillance and subject herself/himself to the surveillance of others, in order to gain knowledge about her/his emotions and how to manage them. Therefore, both the psychologist's and the client's bodies and 'minds' become the target of interventions, from others and from themselves. The psychologist's emotional self-discipline is fundamental to becoming an effective disciplinary agent. One could argue that when psychologists model the 'correct' way of emoting, their emotions become embodied representations of moral judgements. Rather than liberating the individual as it claims to do the psychologist's disciplinary

knowledge creates a form of restricted experience (Cheshire & Pilgrim, 2004).

I am not arguing that aiming to be emotionally 'sorted' is necessarily a bad thing or that I am myself immune to the pressure to be emotionally well-tuned. However, I think this pressure is troubling in a number of ways. The pressure to embody 'healthy emotions' does not seem to be being discussed in training programmes and possibly is not being discussed anywhere. It is often a 'guilty secret' that many psychologists (especially early in their careers) feel like frauds helping others manage their emotions when their own emotions can feel unruly. The expectation that psychologists will be poster people for healthy emotions can make it professionally 'risky' to discuss times when they feel they are not living up to the ideal. This 'failure' is not open to discussion and critique. The options psychologists have for understanding their situation are thus reduced to explanations such as stress, and managing strong emotion becomes limited to work on the individual self. What options become invisible here? There was no talk, for instance, about things such as union membership, collective action to improve working conditions, or advocacy for social change.

There is room also to air all these discussions in training courses. I would suggest that it is a necessary part of the training to explore the nature of therapist power and the role played by their disciplinary knowledge. More specifically, it would appear to be vital to open up discussion about pressures to manage emotions within and outside of the therapy (and this applies to both client and therapist). I am advocating going beyond an individual perspective and seeing the issue of emotion management as something that both arises out of a social context and needs to be worked with on a broader systemic and social level.

Of course, practices vary across different therapy contexts and modalities in addition over the span of careers. It is possible that in some professional contexts (and cultures), therapists are already attuned to the idea of the emotional demands placed on them both relationally and in wider society. Some therapists may be more comfortable with their 'unruly' emotions, and indeed, may view these as both unavoidable and acceptable. Further research is needed to compare the nature of emotion work of psychologists and psychotherapists in different professional communities. More specifically, in the context of this article and publication, I am interested in the extent the practices of the psychologists in New Zealand may, or may not, mirror the work of psychotherapists in Europe. Is there a similar pressure to emotionally 'sorted'? Are there commonalities between the 'unprofessional feelings' identified across groups and are they similarly constructed as troubling?

I hope that this critical social account might create discursive space for discussions about the dilemmas and points of tension endemic in understandings of what psychologists' emotions or affect 'should' be, which are currently obscured or shrouded in a threatening mist of unprofessionalism and personal failure. Participants said that they would have liked for there to be more discussion in the training programmes around the emotional work involved in becoming/being a psychologist. Elsewhere I have made some more detailed recommendations for what sort of actions could be taken to broaden the scope of discourse around psychologists' troubling emotions (Van Der Merwe, 2018). My hope is for this research to help facilitate such discussions, including an explicit acknowledgement of the pressure to be emotionally sorted (and the impossibility of this). In the ideal, the contingent discourse could be openly discussed in classrooms and staff meetings, rather than confessed to colleagues behind closed doors. If 'unprofessional' or 'unruly' feelings were not understood as purely personal failings (if wider social contexts were considered), this could help reduce blame or stigma in talking about them. There could also be a consideration of what might be lost if all psychologists or psychotherapists embody the perfectly worked-over, emotionally sorted self. What new possibilities, opportunities and forms of resistance are being kept at bay through the reproduction of this type of selfhood?

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