

## Psychology Students' Perceptions of the Role and Competences of a Sociotherapist: A Qualitative Study

Postrzeganie roli i kompetencji socjoterapeuty przez studentów psychologii: badanie jakościowe

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**Abstract:** This study examines psychology students' perceptions of the role, qualifications, and competences of a sociotherapist. It focuses on the professional, interpersonal, personal, and ethical competences considered important for effective sociotherapeutic practice and professional preparation. The qualitative study involved 32 fourth-year psychology students aged 22–25. Data were collected through interviews and analyzed using qualitative content analysis to identify recurring themes and thematic categories. The findings show that participants conceptualized sociotherapist competences as multidimensional. In addition to formal qualifications and specialist knowledge, they emphasized interpersonal competences, particularly relationship building, empathy, active listening, and effective communication, as well as emotional maturity, self-awareness, and authenticity. Group facilitation skills, including managing group dynamics and maintaining appropriate boundaries, were also regarded as essential, together with ethical responsibility and professional commitment. The findings suggest that psychology students perceive the sociotherapist as a professional whose effectiveness depends on integrating specialist knowledge with interpersonal, personal, and group facilitation, as well as ethical competences.

**Keywords:** sociotherapy; sociotherapist competences; psychology students; interpersonal competences; group facilitation; qualitative content analysis

**Abstrakt:** Celem badania jest analiza sposobu, w jaki studenci psychologii postrzegają rolę, kwalifikacje i kompetencje socjoterapeuty. Analiza koncentruje się na kompetencjach zawodowych, interpersonalnych, osobowych i etycznych uznawanych za istotne dla skutecznej praktyki socjoterapeutycznej oraz przygotowania zawodowego. W badaniu jakościowym uczestniczyło 32 studentów IV roku psychologii w wieku 22–25 lat. Materiał zebrano za pomocą wywiadów i poddano go analizie jakościowej treści, identyfikując powtarzające się wątki i kategorie tematyczne. Wyniki wskazują, że badani postrzegają kompetencje socjoterapeuty jako wielowymiarowe. Obok formalnych kwalifikacji i wiedzy specjalistycznej podkreślają znaczenie kompetencji interpersonalnych, zwłaszcza umiejętności budowania relacji, empatii, aktywnego słuchania i skutecznej komunikacji, a także dojrzałości emocjonalnej, samoświadomości i autentyczności. Za istotne uznają również kompetencje związane z prowadzeniem grupy, w tym zarządzaniem dynamiką grupową i stawianiem odpowiednich granic, oraz odpowiedzialność etyczną i zaangażowanie zawodowe. Wyniki wskazują, że studenci psychologii postrzegają socjoterapeutę jako specjalistę, którego skuteczność zależy od integracji wiedzy specjalistycznej z kompetencjami interpersonalnymi, osobowymi, związanymi z prowadzeniem grupy oraz kompetencjami etycznymi.

**Słowa kluczowe:** socjoterapia; kompetencje socjoterapeuty; studenci psychologii; kompetencje interpersonalne; prowadzenie grupy; jakościowa analiza treści



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## INTRODUCTION

Sociotherapy is one of the available forms of supportive intervention to be opted for in a group setting (Jankowiak and Soroko 2014). It is perceived as an effective therapeutic approach with regard to children and adolescents experiencing emotional difficulties, as well as behavioral disorders (John-Borys 2005). Sociotherapeutic interventions facilitate the development of a coherent value system, improve the capacity for independent decision-making, promote a better understanding of oneself and others, as well as foster social competences, including the ability to cooperate while in a group in an efficient manner (Grudziwska 2015, 8). According to Jerzy Siuta (2005, 262), the fundamental component of sociotherapy is the creation of a safe, supportive environment that is free from tensions and conflicts, as well as one that promotes participants' relaxation and psychological well-being.

Sociotherapy is a form of psychological support falling somewhere between psychotherapy and interpersonal skills training, primarily intended for children showcasing challenging and problematic behavioral patterns. It is taken advantage of through structured group sessions designed to achieve therapeutic, educational, and developmental results (Sawicka 1999, 9). Jankowiak and Soroko (2014) define sociotherapy as a specific form of psychological support opted for within educational settings and in child welfare institutions that targets children and adolescents at risk of psychosocial maladjustment. At its core, there is the deliberate utilization of group-specific processes in order to compensate for participants' developmental deficits.

Alina Rozłucka (2022) points out the need for a broader understanding of sociotherapy, describing it as a form of group-based intervention opted for by a qualified sociotherapist with the aim of fostering individual development, expanding personal resources, as well as addressing both existing and potential difficulties with regard to psychosocial functioning. Sociotherapy may be taken advantage of across different age groups and encompass therapeutic, developmental, as well as educational goals. Aspects distinguishing this approach from the myriad of others are the specialized training of the supervisor, the nature of actions taken, the methods and techniques applied during group work, as well as the specific nature of

participants, including their motivation for change, individual needs, and life experiences (Rozłucka 2022).

Sociotherapy is conducted within the scope of an intentionally created social environment designed in such a way as to provide stimuli that promote improvements in an individual's functioning, especially in the area of interpersonal relationships. At the same time, sociotherapy is both an intervention method and a process through which planned psychocorrective changes can be achieved. From a psychological point of view, the term is sometimes used as an umbrella concept encompassing various forms of therapy that emphasize social and environmental factors rather than intrapsychic processes (Reber 2000, 686). These forms include, among others, group psychotherapy and psychodrama. While taking sociotherapy into account, particular importance is attributed to relationships established among group members, as the group serves not only an organizational function, but also constitutes a fundamental therapeutic tool. The effectiveness of this intervention form stems from the significant role that a structured social environment and interpersonal relationships play in the context of fostering individual development and improving social competences (Szczepanik and Jaros 2016, 21).

The predominant goal of this article is to showcase the findings of a qualitative analysis of the content of psychology students' statements pertaining to the qualifications and competences of a sociotherapist. Previous examinations have focused primarily on sociotherapists' formal professional preparation, therapeutic competences, as well as selected interpersonal skills required to ensure effective group work. Nevertheless, relatively little is known about how future professionals conceptualize and define the competences of a sociotherapist, as well as what meanings they attribute to different aspects of professional preparation and personal fitness for this role.

The analysis discussed within the scope of this paper aims at providing a multidimensional understanding of sociotherapist competences, encompassing formal qualifications, interpersonal competences, personality traits, and ethical attitudes.

## 1. SOCIOTHERAPIST COMPETENCES AND QUALIFICATIONS – A LITERATURE REVIEW

The essence of sociotherapy lies in initiating and then facilitating changes in participants' cognitive schemes, patterns of emotional responding, as well as behavioral reactions. Such

changes become possible through the sociotherapeutic process, which is understood as both a corrective and developmental influence of the group on its individual members, supported by the active involvement and guidance of the group supervisor (Waszyńska 2014). As Jagieła (2007, 25) states: “When it comes to sociotherapy, it is assumed that behavioral disorders can be corrected through the organization of social situations as part of group sessions, during which participants have the opportunity to revise and compensate for their previous traumatic and emotionally significant experiences. As a result, they gradually acquire new and more adaptive ways of responding.”

A sociotherapist should create conditions facilitating change in individual group members while simultaneously maintaining personal confidence in the possibility of such change. It may be difficult to effectively support and motivate individuals to modify their established behavioral patterns without a genuine belief in their capacity for change. A sociotherapist should therefore have a clear understanding of the goals of sociotherapeutic practice, as well as its possibilities and limitations. He or she should also remain committed to continuous professional development and ongoing enhancement of his or her professional competences. According to Jarosław Jagieła (2007), the competences of a sociotherapist can be analyzed in several areas:

a) Education and professional qualifications – a degree in psychology, pedagogy, sociology, or related discipline, supplemented by several years of postgraduate training in the field of sociotherapy.

b) Personal characteristics and professional skills - they constitute the foundation of effective helping-oriented relationships. They include the ability to establish relations and communicate effectively, empathy, tolerance, and openness towards others. Aspects that are equally important are goodwill, care and respect for others, willingness to provide support, and the ability to accept constructive criticism. Other essential qualities include self-awareness, readiness to acknowledge and express one's own emotions, serving as a positive role model through one's behavior, a sense of humor, good physical condition, as well as inner resilience.

Qualities related to the practitioner's self-awareness are particularly important in the work of a sociotherapist. They facilitate both the recognition and understanding of one's own needs and emotions that arise in the course of working with a therapeutic group. Throughout the help-

oriented process, a given sociotherapist functions simultaneously as the source, instrument, and object of change. Therefore, sociotherapeutic practice relies to a considerable extent on the practitioner's personal resources, professional skills, knowledge, and experience (Waszyńska 2014).

According to the Professional Qualification Standards of the Socioterapy Section of the Polish Psychological Association, the following competences are vital for professionals practicing socioterapy (as cited in Rubaj 2017):

- substantive (professional) competences, including a Master's degree in a relevant field and knowledge of pedagogy, developmental and personality psychology, causes and manifestations of behavioral disorders in children and adolescents, interpersonal communication, theory and practice of socioterapy, group processes, mechanisms of addiction, as well as educational, social, legal, and vocational support systems available to children and families;
- professional skills, including competences with regard to sociotherapeutic assessment, planning, design, and implementation of group sessions, as well as the ability to reflect on one's own emotions and motives underlying one's behavior, establish and maintain constructive interpersonal relationships, apply principles of effective interpersonal communication in practice, manage conflict, and collaborate effectively within a multidisciplinary team;
- prosocial attitudes and personal predispositions, including openness, commitment to the well-being of children and adolescents, readiness to work collaboratively, respect for others, absence of racial, ethnic, cultural, or religious prejudices, congruence between one's thoughts, words, and actions, awareness of one's strengths and limitations, recognition of one's personal values and their influence on professional practice, empathy, emotional stability, creativity, cognitive flexibility, as well as commitment to continuous self-development and professional growth.

A sociotherapist's professionalism is determined by the competences required to meet responsibilities associated with the professional role. These competences should be complemented by appropriate education, theoretical knowledge, practical skills, and well-developed moral and ethical patterns (Strykowska 2011, 59). A sociotherapist plays a central role within the group, bringing participants together, overseeing the course of sessions, and determining the topics of individual meetings. Responsibilities of such professionals include fostering participants' motivation to engage actively in group activities, creating a supportive

therapeutic atmosphere, and - above all else - conducting sessions in line with the established programme. Katarzyna Sawicka (1999) emphasizes that the group supervisor should participate in the group as an active member rather than solely as an external leader. As she notes: “Supervisors, acting as members of the group, model appropriate behavioral patterns for participants, engage with them in the process of acquiring cognitive and emotional experiences, learn from the group, as well as support participants with regard to gaining corrective and educational experiences. Conducting sociotherapeutic sessions requires attentiveness and patience, sensitivity and warmth, benevolent consistency combined with appropriate firmness - particularly when destructive behavioral patterns emerge within the group - as well as flexibility in terms of adapting one’s leadership style and working methods to the group’s current situation (including, but not limited to, group-specific events, the stage of group development, and participants’ needs). A sense of humor cannot be neglected either” (Sawicka 1999, 16).

A sociotherapist should continuously refine his or her professional practice, enhance his or her professional competences, as well as remain aware of the significance of his or her work and its potential to introduce a meaningful change to the lives of supported individuals. A sociotherapist plays a pivotal role in the sociotherapeutic process, as he or she is responsible for the composition of the group, shaping the relations that develop among its members, facilitating group processes, and conducting sessions in a purposeful and structured manner. The effectiveness of sociotherapeutic practice depends to a considerable extent on the practitioner’s professional qualifications, communication skills, ability to establish therapeutic relationships, self-awareness, as well as the capacity to observe clients’ behavioral patterns and recognize changes in their psychosocial functioning.

## 2. WHAT PERSONAL CHARACTERISTICS DEFINE EFFECTIVE (SOCIO)THERAPISTS?

Even though personality alone cannot be regarded as the sole factor facilitating clients’ change, a therapist’s personal attributes and temperament, expressed in the course of the therapeutic relationship, may exert a substantial influence on clients. These characteristics help attract and sustain clients’ attention while at the same time contributing to changes in their behavioral patterns and perception. Clients often aspire to develop qualities they admire in their therapists.

They seek to attain a sense of calmness, gain knowledge, self-control, and self-confidence that therapists consistently demonstrate. They are also willing to learn what their therapists understand and to act in similarly effective ways. Many therapeutic approaches explicitly recognize this modeling function. The most effective therapists are described as: approachable, trustworthy, capable of creating a sense of safety, personally engaging, and skilled with regard to establishing interpersonal relationships (Kottler 1991, 75–76). As Decker (1988, 60) argues, “Modeling provided by an effective therapist consists, first and foremost, in consistently presenting oneself as a caring person whose positive attitude is gradually internalized by the self-critical client. Secondly, it involves presenting oneself as a competent, resilient, as well as wise individual whose personal competences can be assimilated by the client. Thirdly, it entails exposing the client to a new value system that facilitates constructive coping with life’s challenges.” An effective therapist bases his or her practice on reliable, empirically supported knowledge and remains committed to continuously expanding his or her expertise. He or she is able to communicate information in a manner that is understandable to the client and appropriately adapted to the client’s abilities and experiences, while at the same time clearly justifying his or her interventions on both theoretical and practical grounds. Effective therapists are aware of their own limitations and understand how they may influence the therapeutic process as a whole. They are familiar with common beliefs and misconceptions regarding addictions and are capable of addressing them critically, recognizing that goodwill alone cannot be a substitute for professional competence. Furthermore, they are able to identify potential risks during therapy, responding to complications appropriately, making well-founded clinical decisions, as well as ensuring both the client’s safety and the confidentiality of sensitive information (Guzowska 2016, 34).

The defining characteristics shared by many of the most influential therapists are the strength of their personality and their personal charisma. They tend to radiate positive energy and are often described as optimistic, enthusiastic, witty, and confident. Their voices are pleasant to the ear and expressive, enabling them to communicate with authenticity and make an impact. Many of these highly effective practitioners are simply engaging individuals whose company others genuinely enjoy. They possess personal qualities that others aspire to develop (Kottler 1991, 78). Effective therapists are, above all else, individuals who function effectively

in their own lives. They demonstrate the ability to adapt to diverse situations successfully and exemplify the principles they encourage their clients to adopt in their own behavior. As Carkhuff and Berenson (1977, 272) observed, it is essential that therapists themselves function as fully integrated individuals. Their now-classic statement is as follows: “To be able to place demands on ourselves, and consequently on others, we must be well integrated physically, emotionally, and intellectually.”

Functioning efficiently in each of the aforementioned domains is closely connected with functioning in the others. At the highest level of personal development, these dimensions become integrated, enabling a given individual to function as a fully developed person. Such an individual represents more than the sum of his or her individual attributes. He or she demonstrates moral maturity and is guided by broader existential values that shape the development of his or her inner life. As Carkhuff and Berenson (1977, 273) explain: “If a person lacks physical strength, he or she is unable to protect those he or she loves. Without emotional sensitivity, he or she cannot defend his or her convictions. Without intellectual acuity, he or she is unable to use his or her potential to inspire others to act on his or her natural motivation.”

A therapist’s strength of character, perhaps to an even greater extent than any other single factor, determines the impact of his or her words and actions. The ability to engage clients and sustain their attention constitutes one of the key hallmarks of therapeutic effectiveness (Kottler 1991, 80–82). A therapist’s capability to maintain the client’s ongoing engagement throughout the therapeutic process is equally important. The extent to which therapists are able to stimulate and sustain their clients’ motivation depends directly on the level of enthusiasm they themselves demonstrate. Clients perceive effective therapists as professionals who approach their work with genuine passion and dedication. They also value their commitment to serving others (Beutler 1983, 28).

A therapist is most likely to provide efficient support when he or she is patient, accepting of human imperfections, trustworthy, self-confident, open, as well as capable of demonstrating genuine care, interest, and willingness to help. The ability to understand the client’s subjective world of experiences and to respond with compassion, warmth, and empathy is a factor that cannot be neglected. An effective therapist should be perceived as trustworthy, professionally competent, and compassionate (Jastrzębski 2009).

An effective therapist should also be able to alleviate the client's expressions of negativity, pessimism, and hopelessness by means of introducing elements of humor and positive emotional experience into otherwise distressing situations. The therapeutic value of humor and fun has been emphasized by Bergman (1985, 184), who argues that they may serve not only as sources of enjoyment but also as opportunities for shared joy and laughter. A therapist's sense of humor reflects qualities such as vitality, enthusiasm, creativity, and an optimistic approach to life. Those are characteristics commonly associated with engaging and inspiring individuals. Moreover, effective therapists are highly skilled observers of human behavior. They are able to see, hear, and perceive aspects of clients' experiences that often remain unnoticed by those who lack professional training or self-awareness. They serve as attentive witnesses perceiving reality with clarity, recognizing subtle yet meaningful behavioral cues, and identifying coherent patterns in the case of seemingly ambiguous and complex information (Kottler 1991, 96).

Being an efficient therapist involves notably more than merely possessing technical skills or intervening appropriately when necessary. The most accomplished therapists do not behave exclusively like compassionate professionals providing therapeutic assistance, but rather - they are effective precisely because authenticity is an integral part of who they are and requires no pretense (Kottler 1991, 159).

The effectiveness of sociotherapeutic interventions is dependent not only on the supervisor's personal and professional competences but also - on the appropriate selection of methods and intervention strategies that are properly tailored to the needs of the group and the stage of development its members are at. The contemporary literature emphasizes the integrative nature of sociotherapy, highlighting its use of techniques derived from various psychotherapeutic approaches, including the psychodynamic approach, Gestalt therapy, the cognitive-behavioral orientation, as well as the humanistic tradition (Sawicka 1999; Jagiela 2007). The deliberate and purposeful application of methods that promote the development of participants' social, emotional, and cognitive competences is considered to be of particular importance. The literature on the subject also points out that effective sociotherapeutic practice requires a highly structured group process. As Jagiela (2007) states, sociotherapy is among the most structured forms of group therapy, as each session is designed around clearly defined

objectives, a planned sequence of activities, and a set of techniques intended to achieve specific therapeutic results. Fixed elements of group sessions, such as structured opening and closing rituals, group integration exercises, as well as psychocorrective and developmental activities, enhance participants' sense of safety and contribute to the creation of a predictable and supportive therapeutic environment.

Modern approaches to sociotherapy emphasize that the effectiveness of a sociotherapist depends on the flexible and deliberate application of a wide range of supportive intervention-oriented strategies. The selection of methods should not be arbitrary, but rather it should be guided by a coherent therapeutic framework, a thorough assessment of the group's needs, and clearly defined therapeutic objectives. A sociotherapist's ability to effectively respond to the dynamics of group processes while at the same time fostering a safe and supportive environment conducive to participants' personal and psychosocial development cannot be neglected.

### 3. METHODOLOGY

The focus of this study was a qualitative analysis of psychology students' statements pertaining to the qualifications and competences that, in their opinion, should characterize a sociotherapist managing group-based interventions. The study explored participants' subjective perspectives on formal professional qualifications, personal characteristics, interpersonal competences, as well as ethical attitudes considered essential for effective sociotherapeutic practice.

The primary aim of this study was to identify and describe the qualifications and competences that the participating students considered essential for effective sociotherapeutic practice. Achieving this objective made it possible to identify domains regarded as especially important in the context of managing a sociotherapeutic group. In order to address the primary aim, several specific objectives were established, namely: (1) to identify formal qualifications considered necessary for sociotherapists; (2) to determine interpersonal and communication-oriented competences perceived as essential; (3) to identify personality characteristics attributed to an effective sociotherapist; and (4) to examine competences related to group facilitation, as well as ethical attitudes expected of professionals performing the role of sociotherapists.

Based on the study objectives, the following overarching research question was formulated: What qualifications and competences do the participating students believe a sociotherapist should possess? Taking into account the qualitative and exploratory nature of the study, no research hypotheses were formulated.

The study used a qualitative research design based on qualitative content analysis of participants' statements (Pilch and Bauman 2010). This approach was deemed the most appropriate as it enabled an in-depth exploration of participants' opinions, beliefs, and interpretations of the phenomenon investigated. Data were collected through interviews (Pilch and Bauman 2010), which provided participants with the opportunity to express their views freely and openly. This approach resulted in a rich and diverse body of empirical material encompassing multiple dimensions of sociotherapeutic practice.

The study was conducted in January 2026 and involved 32 fourth-year psychology students at the University of Warmia and Mazury, whose age ranged from 22 to 25. A purposive sampling strategy was employed. Owing to their field of study and advanced stage of academic training, the participants possessed theoretical knowledge of psychology, as well as foundational preparation allowing them to provide informed and substantive opinions regarding the professional competences required of specialists working in the field of psychological support. Participation in the study was voluntary, and participants were assured of the anonymity of their data in order to encourage openness and honesty in their responses. In the participant codes, K and M denote female (*kobieta*) and male (*mężczyzna*) participants, respectively, while the number indicates the participant's age.

The collected data were subjected to qualitative content analysis (Mayntz et al. 1985, 199–200). The analytical process involved repeated readings of the empirical material followed by open coding of participants' statements, aimed at identifying recurring themes, meanings, as well as categories related to sociotherapists' competences. After transcribing the interviews, the author conducted multiple readings of the transcripts, identifying meaningful excerpts and assigning analytical codes to them. These codes were then grouped into broader thematic categories representing formal qualifications, interpersonal and communication competences, personality traits, group facilitation skills, and ethical attitudes expected of sociotherapists. Taking into account the multidimensional nature of participants' responses, individual

statements could be assigned to more than one analytical category. This analytical approach made it possible to capture participants' subjective interpretations and reconstruct the ways in which psychology students conceptualized the qualifications and competences of a sociotherapist.

The findings of the qualitative content analysis are presented in the following section in both narrative and tabular formats. Such a presentation method facilitates the systematic organization of the empirical material and supports the interpretation of the findings, providing a more comprehensive understanding of how the participants conceptualized the qualifications and competences of a sociotherapist. The analysis of the identified thematic categories made it possible to address the research question pertaining to psychology students' understanding of sociotherapist competences and to achieve the study's objective by identifying key competency domains that participants considered essential for effective sociotherapeutic practice.

#### 4. SOCIOTHERAPIST COMPETENCES AND QUALIFICATIONS – THEMES AND PATTERNS IDENTIFIED IN PARTICIPANTS' STATEMENTS

The empirical material gathered for the study consisted of statements made by 32 fourth-year psychology students aged 22 to 25. The responses were open-ended, detailed, and often addressed multiple issues, making them well suited to an in-depth qualitative content analysis based on the identification of recurring themes, concepts, and meanings attributed by participants to the competences of a sociotherapist. The analysis focused on participants' subjective interpretations and conceptualizations of qualifications and competences required of a sociotherapist. This approach made it possible to achieve the study-specific goal of presenting a multidimensional understanding of sociotherapist competences from the perspective of future psychology professionals.

**Table 1.** Conceptual categories of sociotherapist qualifications and competences identified in participants' responses.

Table presenting ten conceptual categories of sociotherapist qualifications and competences identified in psychology students' responses. The categories include formal qualifications, specialized knowledge, interpersonal competences, empathy and sensitivity, emotional maturity, self-awareness and authenticity, group facilitation skills, boundary setting and consistency, ethical attitudes and professional commitment, and supportive personal traits. Each category is accompanied by a brief description and examples of participant statements illustrating the competences attributed to an effective sociotherapist.

| Category                                             | Content description                                                 | Examples of identified characteristics                                                                                                                                                                                       |
|------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Formal qualifications</b>                         | Relevant academic education and specialized professional training   | Obtaining a degree in psychology, pedagogy, sociology, or a similar discipline; postgraduate studies in sociotherapy; several years of specialized professional training; commitment to continuous professional development. |
| <b>Specialized knowledge</b>                         | Knowledge of therapeutic theories and intervention methods          | Knowledge of behavioral disorders and psychological difficulties, group processes, therapeutic techniques, as well as the ability to interpret diverse psychological and group-related phenomena.                            |
| <b>Interpersonal competences</b>                     | Relationship-building and communication skills                      | Ability to establish relations; clear and effective communication; active listening; paraphrasing; ability to summarize and use constructive confrontation appropriately.                                                    |
| <b>Empathy and sensitivity</b>                       | Attitude of empathy and attentiveness towards participants          | High empathy level; attentiveness and understanding; genuine concern for others; willingness to provide support; warmth, trustworthiness.                                                                                    |
| <b>Emotional maturity</b>                            | Emotional stability and psychological resilience                    | Remarkable emotional maturity; psychological resilience; inner strength; ability to remain non-defensive in challenging interpersonal situations.                                                                            |
| <b>Self-awareness and authenticity</b>               | Awareness of one's own emotions, attitudes, and behavioral patterns | Self-awareness; authenticity; honesty; ability to maintain an objective perspective on oneself; reflectiveness.                                                                                                              |
| <b>Group facilitation skills</b>                     | Group process management                                            | Observation of nonverbal cues; understanding of group roles and dynamics; flexibility in responding to group needs; appropriate selection of therapeutic activities; ability to become familiar with participants quickly.   |
| <b>Boundary setting and consistency</b>              | Maintaining group structure and boundaries                          | Assertiveness; composure and professionalism in challenging situations; ability to establish and maintain boundaries; consistency in upholding group rules; impartiality and objectivity.                                    |
| <b>Ethical attitudes and professional commitment</b> | Professional responsibility and role modeling                       | Serving as a positive role model; professional commitment; dedication to one's work; willingness to support and help others.                                                                                                 |
| <b>Supportive personal traits</b>                    | Additional personal qualities facilitating group work               | Patience; tolerance; a sense of humor; interest in the lives, experiences, and culture of young people.                                                                                                                      |

*Source: Author's own elaboration.*

The table above provides a summary of the qualifications and competences of sociotherapists identified by the participants. Taking into account the open-ended nature of the responses, individual statements could be assigned to more than one analytical category. The qualitative content analysis resulted in the identification of ten main categories encompassing formal qualifications, professional competences, as well as personal characteristics of sociotherapists.

The analysis of participants' responses showed that they perceived sociotherapists' competences as holistic and multidimensional. Rather than focusing solely on formal professional qualifications, participants placed equal emphasis on personal characteristics, ethical attitudes, and interpersonal competences. Numerous responses simultaneously referred to several areas, reflecting participants' belief that the role of a sociotherapist is inherently complex and requires a broad range of both professional and personal competences.

Within the category of formal qualifications, the participants primarily focused on the importance of obtaining a degree in a relevant field, such as psychology, pedagogy, or sociology, as well as completing additional specialized preparation through postgraduate studies or professional training in sociotherapy. Many participants also highlighted the need for continuous professional development, indicating that they perceived professional competence as a dynamic process requiring ongoing updating of knowledge and skills. Such findings suggest that students view sociotherapy as a profession that necessitates specialized expertise rather than one that relies solely on personal predispositions or inherent personality traits.

*"A sociotherapist should hold a degree in a relevant field, such as pedagogy, psychology, or sociology, have completed postgraduate studies in sociotherapy, and possess specialized training with regard to group work (...) Personal predispositions alone are not sufficient." K23*

A substantial portion of the empirical material concerned specialized knowledge. Participants emphasized the importance of understanding group processes, mechanisms underlying group functioning, as well as roles assumed by various group members. Furthermore, they highlighted the importance of knowledge pertaining to emotional disorders and developmental difficulties, which enables sociotherapists to accurately identify

participants' problems and plan appropriate sociotherapeutic interventions. Such knowledge was perceived as an essential foundation allowing for effective therapeutic practice.

*"A therapist must have a thorough understanding of group functioning and development". M22*

*"A sociotherapist should have a sound understanding of group functioning, dynamics, and participants' emotional difficulties in order to plan appropriate therapeutic support." K24*

Another clearly identified area comprised interpersonal and communication competences. Participants repeatedly emphasized the importance of establishing and maintaining therapeutic relationships, active listening, as well as communicating in a clear and understandable manner. Their responses also highlighted the value of skills such as paraphrasing, summarizing, and constructive confrontation, which facilitate a deeper understanding of participants' experiences and support the group process as a whole. These competences were perceived to be fundamental to establishing a therapeutic relationship based on trust and a sense of psychological safety.

*"A sociotherapist should be able to listen, establish relationships with participants, and communicate clearly so that group members feel safe and trust the therapist." M23*

The personal traits of a sociotherapist occupied a particularly prominent place in participants' narratives, especially with regard to empathy, sensitivity, and concern for others. Participants emphasized that a sociotherapist should be a warm, attentive, and caring individual, capable of developing a deep understanding of group members' experiences. Empathy was consistently identified as a cornerstone of effective sociotherapeutic practice, enabling sociotherapists to recognize changes in participants' functioning and respond to their needs appropriately. Emotional maturity and psychological resilience were closely associated with empathy. Participants emphasized the importance of coping with challenging situations effectively, including hostility or criticism from group members, without becoming defensive. They also highlighted the need for inner strength, emotional stability, and the ability to remain calm, composed, and objective in conflict situations. Emotional maturity was perceived as a prerequisite for effective sociotherapeutic practice and for maintaining both credibility and authority within a given group.

*“A sociotherapist should be empathetic, patient, and psychologically resilient in order to understand participants, remain calm in challenging situations, as well as provide the group with a sense of safety and security.” K24*

The analysis of the empirical material also revealed the importance of self-awareness, authenticity, and honesty in the sociotherapist’s professional conduct. Participants emphasized that the group supervisor should be aware of his or her own emotions, attitudes, and reactions, while at the same time maintaining an objective perspective on himself or herself. Authenticity and honesty were identified as qualities that foster genuine relationships with participants and strengthen trust within the group.

When it comes to facilitating sociotherapeutic groups, participants highlighted the importance of observing nonverbal cues, demonstrating flexibility, and adapting interventions to the group’s current dynamics. They also pointed out the need for the appropriate selection of therapeutic activities, the ability to become familiar with participants quickly, and a genuine interest in their lives and experiences, including the interests and culture of young people. The sociotherapist was thus perceived as an active facilitator, remaining responsive to the group’s needs and the changes occurring throughout the group process.

*“A sociotherapist should be authentic, aware of his or her own emotions, and attentive to the needs of the group in order to build genuine relationships and respond appropriately to interactions and processes taking place among group members.” K22*

The final major theme identified in the analysis concerned the sociotherapist’s ethical and professional conduct. According to the participants, effective sociotherapeutic practice requires the ability to establish and maintain boundaries, adhere to group rules consistently, as well as remain both impartial and objective. At the same time, they emphasized the importance of serving as a positive role model through one’s own behavior, demonstrating willingness to help, and showing commitment to working with the group. The aforementioned qualities were perceived as ones that strengthen participants’ sense of safety and enhance the effectiveness of sociotherapeutic interventions.

To sum up, the analysis of the empirical material indicated that, from the point of view of the participants, an effective sociotherapist should combine strong formal qualifications with well-developed interpersonal competences, emotional maturity, as well as an ethical approach

to working with group members. This multidimensional profile reflects the complexity of the sociotherapist's role and the considerable expectations placed on professionals working in this field. A sociotherapist is perceived as someone who remains consistently engaged in the therapeutic relationship with the group, attentive to participants, and responsive to the subtle verbal and nonverbal cues emerging throughout the group process.

## CONCLUSIONS

The analysis made it possible to reconstruct the meanings attributed to the role of a sociotherapist by individuals at an advanced stage of psychological training, thereby capturing a multidimensional image of a sociotherapist as a professional working with therapeutic groups.

The analysis of the empirical material demonstrated that participants perceived sociotherapists' competences as holistic and multifaceted in nature. Their responses clearly reflected the belief that effective sociotherapeutic practice requires not only appropriate formal qualifications and specialized knowledge, but also well-developed interpersonal competences, a high level of emotional maturity, as well as a coherent ethical approach to working with group members. Participants consistently emphasized the importance of empathy, self-awareness, authenticity, and the ability to establish relationships grounded in trust and psychological safety.

Another important theme that emerged from the analysis concerned the sociotherapist's role as a supervisor of group processes. Participants viewed the sociotherapist as a person responsible for understanding group dynamics, recognizing nonverbal cues, responding to challenging situations appropriately, as well as establishing clear boundaries while at the same time remaining attentive and responsive to the needs of group members.

The findings indicate that, from the participants' perspective, a sociotherapist is viewed not merely as a practitioner applying specific therapeutic techniques, but primarily as a professional whose personal qualities, interpersonal style, and relationship with the group constitute integral components of the sociotherapeutic process as a whole. From this perspective, personal and ethical competences are regarded as equally important and, in many cases, even more important than formal professional qualifications.

The study discussed in this paper is qualitative and exploratory. Therefore, its findings cannot be statistically generalized. Nevertheless, it provides valuable insights into how future psychologists conceptualize the role and competences of a sociotherapist. The findings may serve as a foundation for further qualitative and quantitative research, as well as for reflection on the education, training, and professional preparation of practitioners working in the field of sociotherapy.

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