Characteristics of Highly Resilient Therapists

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This qualitative study aimed to explore characteristics that sustain therapists’ resilience over years of practice. Ten highly resilient therapists were recruited during two phases of sample screening: peer nomination and the use of quantitative scales. Data were collected through in-person interviews and analyzed using grounded theory. Results as characteristics showed that highly resilient therapists are (a) drawn to strong interpersonal relationships, (b) actively engage with self, (c) possess a core values and beliefs framework, and (d) desire to learn and grow. The authors identified a central characteristic that interlinks with each characteristic: have a strong web of vibrant connectedness. Implications for counselor resilience development, training, and supervision are discussed.

Public Significance Statement

To maintain resilient across years of practice, highly resilient therapists have a strong web of vibrant connectedness. Specifically, as characteristics, highly resilient therapists are (a) drawn to strong interpersonal relationships, (b) actively engage with self, (c) possess a core values and beliefs framework, and (d) desire to learn and grow.

Keywords: counselor development, counselor resilience, practitioner resilience, burnout prevention

In The Great Psychotherapy Debate: The Evidence for What Makes Psychotherapy Work by Wampold and Imel (2015), a book described as one of the most important books written about psychotherapy, the authors make a strong case for the efficacy of psychotherapy and the central role of the therapist in positive outcomes. They write,

There is more evidence now for the effectiveness of psychotherapy than ever before. (p. vii)
Psychotherapy is a primarily interpersonal treatment. (p. 37)
The essence of therapy is embodied in the therapist . . . therapist effects generally exceed treatment effects. (p. 176)

At the same time that the role of the therapist and counselor in psychotherapy and counseling has been highlighted, alarming information has arrived about the possible negative effects of the work on the therapist. From a pathological and problem-oriented lens, the negative effects of counselors and therapists’ work have long been explored and documented in the professional literature. In a journal article, Freudenberger (1974) gave us the first term—burnout—to describe the negative effect of the work on community mental health counselors in New York City. Next came other terms—vicarious trauma (Pearlman & Saakvitne, 1995), compassion fatigue, and secondary traumatic stress (Figley, 1995, 2002). These four terms are often considered as overlapping with each other in the literature. Little is known about therapists’ resilience experience from a nonpathological lens.

In the psychological study of resilience, Emmy Werner’s Kauai Longitudinal Study (Werner & Smith, 1982) and Norman Garmezy’s Project Competence (Garmezy & Devine, 1984) are perhaps considered the pioneer studies of the concept of resilience in the U.S. While searching for risk factors, hazards, and negative effects of a vulnerable upbringing among identified at-risk children, both research groups recognized participants who manifested high levels of adaptation and competence. The surprising results, from both the Werner and the Garmezy research groups, led to research shifts from an orientation toward psychopathology to pathways to resilience. In the field of psychology, concepts used to describe qualities similar to resilience include protective factors (Cohen & Lazarus, 1973), stress resistance (Garmezy, 1985), psychological hardiness (Kobasa, Maddi, & Kahn, 1982), self-efficacy (Bandura, 1977), posttraumatic growth (Tedeschi & Calhoun, 1996), psychological growth (McCormack & Joseph, 2013), as well as strengths, virtues, and characteristics identified in the field of positive psychology (Seligman & Csikszentmihalyi, 2000). In defining resilience, Richardson and colleagues (Richardson, 2002; Richardson, Neiger, Jensen, & Kumpfer, 1990) proposed The Resiliency Model, which “depicts a person (or a group)
passing through the stages of biopsychospiritual homeostasis, interactions with life prompts, disruption, readiness for reintegration and the choice to reintegrate resiliently, back to homeostasis, or with loss” (p. 310). The term biopsychospiritual homeostasis, so-called “comfort zone,” is a state when “one has adapted physically, mentally, and spiritually to a set of circumstances whether good or bad” (Richardson, 2002, p. 311). Individuals’ biopsychospiritual homeostasis is constantly challenged by prompts (e.g., stressors, life events, or adversity) and individuals’ internal perceptions about the circumstances. Disruption occurs when individuals are unable to maintain a routine of coping with life prompts and to maintain homeostasis. Resilience qualities are acquired through resilient reintegration, a process when individuals move forward from dwelling in negative emotions associated with disruption and become ready to cope and incorporate new worldviews, insights, and growth, gained from reflection on adversity. In another article, Luthar, Cicchetti, and Becker (2000) defined resilience as “a dynamic process encompassing positive adaptation within the context of significant adversity.” Two conditions of adversity must be present: “(1) exposure to significant threat or severe adversity, and (2) the achievement of positive adaptation despite major assaults on the developmental process” (p. 310).

Of the few studies that examined counselor experience from a resilience lens, the primary focus has been primarily on counselors and therapists who worked with severely disturbed trauma survivors and the negative impact of such work on the counselors. For example, David (2012) examined the relationship between compassion fatigue and the level of resilience among 75 mental health practitioners who worked with clients of trauma survivors or were diagnosed with posttraumatic stress disorder (PTSD). The Professional Quality of Life Scale Version 5 (Pro-QOL; Stamm, 2009) and the Connor–Davidson Resilience Scale (CD-RISC: Connor & Davidson, 2003) were the measurements. The results of the multivariate analysis suggested that trauma therapists’ level of resilience was correlated with the combination of compassion fatigue, burnout, and compassion satisfaction. Compassion fatigue by itself was found to have no predictive power for trauma therapists’ level of resilience. In another research, Hernández and her colleagues (Engstrom, Hernández, & Gangsei, 2008; Hernández, Gangsei, & Engstrom, 2007) investigated the impact of witnessing trauma on clients’ positive responses to adversity. The process “characterized by a unique and positive effect that transforms therapists in response to client trauma survivors’ own resiliency” was referred as vicarious resilience (Hernández et al., 2007, p. 237). Literature with the primary focus on trauma therapists’ experience has given us a greater understanding of how therapists develop resilience vicariously through working with challenging clients. Nevertheless, there have been few studies on understanding how counselors who work with diverse client populations have overcome personal and professional adversities across their career life span and have sustained resilience.

Studying therapists who did not work only with severely disturbed trauma patients, Lidderdale (2009) explored internal resources that sustain therapists’ resilience. In her qualitative research on the essence of resilience in the lived experience of midlife lesbian psychologists, Lidderdale (2009) identified the four most common inner resources: “passion,” “an inner sense,” “value of an inner life as important,” and “value of authenticity combined with a sense of justice” (p. 182). Although this research was similar to the present study in attempting to find inner resources of resilient therapists, there were limitations. There was no peer review with this article, and the sample consisted of only Caucasian lesbian-identified participants, which limited the generalizability of Lidderdale’s study. Other studies have emphasized an action orientation perspective. Rather than investigating internal characteristics of how therapists remain resilient, these studies paid particular attention to what to do to in order to alleviate their vulnerability. As such, therapists’ awareness of stressors and active practice of self-care and coping were perceived as important tools for burnout prevention and remedy. For example, Mullenbach (2000) conducted a qualitative study aiming to understand therapists’ emotional wellness and professional resilience through interviews of 10 peer-nominated master therapists. Stressors and coping strategies identified in this study included: high-level professional stressors and risk factors, lessons and mastery learned from professional practice, creating positive work structure through proactive self-care strategies, choosing positive cognitions as protective factors, and solitude and relationships for fostering a personal life (Mullenbach & Skovholt, 2016). Likewise, similar self-care principles and tasks were suggested in several professional articles and comprehensive books on counselor and therapist self-care (e.g., Barnett, Baker, Elman, & Schoener, 2007; Miller & Sprang, 2017; Norcross & Guy, 2007; Skovholt & Trotter-Mathison, 2016). Aligning with an action orientation perspective, other studies on risk and protective factors in therapists’ work have also been prevalent in research. Commonly explored risk factors include therapists’ personal childhood abuse history, caseload, work hours, availability of supervision, and level of trauma-related client exposure (e.g., Benatar, 2000; Kassam-Adams, 1999; Pearlman & Mac Ian, 1995; Raquepaw & Miller, 1989; Rosenberg & Pace, 2006; Schauben & Frazier, 1995; VanDeusen & Way, 2006). Commonly identified protective factors and coping mechanisms include having balanced personal and professional lives; maintaining physical and mental health; having sustaining nutrition, sleep, exercise, and hobbies; actively coping with stress; seeking support; having self-awareness; and engaging in regular supervision (e.g., Cerney, 1995; Coster & Schwebel, 1997; Figley, 2002; Pearlman, 1999; Schauben & Frazier, 1995; Sommer & Cox, 2005). From social and organizational views, Christine Maslach, a major scholar in burnout research, and her colleagues synthesized major findings in their extensive studies on job burnout. Seven domains of risk and protective factors from both personal and organizational levels were highlighted: “workload,” “control,” “reward,” “community,” “fairness,” “values,” and “job-person incongruity” (Maslach & Leiter, 2008, pp. 500–501).

Examining through the definition of resilience (Luthar et al., 2000; Richardson, 2002), the aforementioned studies have given us greater understandings of the critical sources and causes of disruption, severe threat, or adversity that counselors encounter in their professional and personal lives. These studies have also provided us with prevention and remediation tools for better self-care. However, the inner sources that therapists own or acquire through responding to their personal and professional adversities and that enable them to bounce back and reengage in positive adaptation are still largely unknown. Thus, using The Resiliency Model (Richardson, 2002) as a framework, the present study aims to investigate characteristics that therapists own, nurture, or ac-
quire through the constant process of bouncing back from disruptions and adversity.

Furthermore, in both Werner and Garmzy’s historical studies of resilience among at-risk children, participants were studied across the life span (Masten & Tellegen, 1992; Werner & Smith, 1992). Likewise, to better understand therapists and counselors’ resilience, we argue that the development of therapists and counselors’ career life span cannot be overlooked. Based on a $N = 100$ qualitative interview study of therapists from various stages of their professional development, Skovholt and Rønnestad (1992) investigated the development of therapists and counselors. In their proposed Phases and Themes of Counselor and Therapist Development, the authors found that counselors and therapists continue to develop throughout the career life span, although all do not develop optimally (Rønnestad & Skovholt, 2013). There were five phases of therapist and counselor development identified: the novice student phase, the advanced student phase, the novice professional phase, the experienced professional phase, and the senior professional phase (Rønnestad & Skovholt, 2013). The first three phases depict developmental process and tasks encountered by counselors in training and their first few years of professional practice. Major developmental tasks in the first three developmental phases include absorbing and applying professional literature and theories to real-life practice, navigating intensive emotion from encounters with clients, demonstrating clinical competence yet remaining open to learning, identifying theoretical orientation and professional commitment, and ongoing exploration of professional identities. In the last two developmental phases, experienced and senior professional phases, counselors have experiences with various personal and professional hardships from a number of years to over 25 years. Common major developmental tasks during these two phases include seeking and maintaining congruence of professional and personal roles; and resisting and coping with boredom, apathy, burnout or stagnation. These developmental tasks recognized in the experienced and senior professional phases seemed closely relate to the present study’s investigation of counselor resilience after years of practice. Rønnestad and Skovholt (2013) further summarized their findings into a conceptual framework and many years of practice, can better help us understand the characteristics that sustain therapists and enable them to bounce back from depletion and adversity and maintain resilience over years of practice.

Through the years, the research trend on counselor and therapist development has begun to shift from a pathology and problem-oriented lens to a resilience orientation. However, most scholarship has either paid primary attention to trauma therapists’ resilience experience or highlighted the recognition of risks and the use of coping behaviors. The majority of counselors and therapists in the helping profession are those who work with general client populations, yet the characteristics that sustain their resilience throughout the career life span have been left unexplored. Thus, guided by The Resiliency Model (Richardson, 2002) and Phases and Themes of Therapist and Counselor Development (Rønnestad & Skovholt, 2013), the present study aims to address the following research question: What are the essential characteristics that sustain therapists and enable them to bounce back from depletion and adversity and maintain resilience over years of practice?

Method

Participants

Highly resilient therapists in the present study were identified through two levels of sample screening: (1) the peer nomination procedure, and (2) two self-rated measurements. Namely, in order to be identified as highly resilient therapists, participants had to receive nominations that met the cut-off points for minimum nominations, and also meet the cut-off points on two self-rated measurements.

The first level of sample selection. “Studying information-rich cases yields insights and in-depth understanding rather than empirical generalizations” (Patton, 2002, p. 230). The present study applied a peer nomination procedure (Patton, 2002) to ensure that only information-rich cases were selected to exemplify highly resilient therapists. According to Patton (2002), “the chain of recommended informants would typically diverge initially as many possible resources are recommended, then converge as a few key names get mentioned over and over” (p. 237). It should be noted that the current study is not a $N = 1$ study in which the valid selection of one person is of extreme importance. Rather, it is a study of the composite of a number of selected individuals. This ensures the control of any possible qualitative error variance. The use of a composite portrait is an important part of the validity of peer nominations.
In consultation with the dissertation advisor (Thomas M. Skovholt) and two dissertation committee members (all have had years of active clinical and research work in the geographic area of this study), 10 key informants were identified based on the following criteria: (1) active involvement in clinical work over a long period of time; (2) a strong local reputation as well-regarded, well-situated, and well-connected mental health practitioners; and (3) representation of diversity as a group. Key informants identified in this study were considered diverse in terms of racial/ethnic backgrounds, practice settings, gender, graduate programs, and disciplines (e.g., counseling psychology, clinical psychology, social work, marriage and family counseling, and psychiatry).

Of the 10 key informants, five were female and five were male. With regard to race/ethnicity, one identified as African American, one identified as Latina, one identified as biracial (East Asian and European American), and seven identified as European Americans. Regarding disciplines, seven were doctoral-level licensed psychologists, two were doctoral-level licensed marriage and family therapists, and one was a doctoral-level licensed social worker. Practice settings included college counseling centers (3), community clinics (3), independent practice (1), both community clinic and independent practice (1), and university professors in social work (1) and family counseling (1).

Following approval from a university review board, each key informant was asked through e-mail to nominate up to three people who met the following inclusion criteria: (a) The person was trained in a mental health field at the master’s or doctoral level; (b) the person had been actively working with clients full- or part-time for a minimum of 10 years; and (c) the person was described by the key informant as a highly resilient therapist. Guided by the Phases and Themes of Counselor and Therapist Development (Rønnestad & Skovholt, 2013), criterion (b) aimed to only recruit experienced and senior therapists who had broader conceptual frameworks and years of practice. Key informants were given the following definition of a highly resilient therapist that was derived from the Phases and Themes of Counselor and Therapist Development (Rønnestad & Skovholt, 2013) and The Resilience Model (Richardson, 2002):

While working as a therapist over many years, a highly resilient therapist is effective as a therapist with their clients and is able to be fully engaged with client after client. Over time, a highly resilient therapist is able to continually bounce back from discouraging and disruptive aspects of clinical work. The highly resilient therapist is able to develop recurrent professional optimism and vitality as well as experience ongoing professional growth.

The nominees of the key informants were then contacted and asked to continue the peer nomination process by following the same procedure as the key informants. Those nominated as highly resilient therapists could not nominate themselves; they could only nominate other individuals who met the above-mentioned inclusion criteria. Extensive efforts were made to encourage nominees who represented diversity (e.g., Native Americans, African Americans, psychiatrists, and deaf psychologists) to participate in the nomination process. The hope was that their participation would open up the nominated pool to a broader and more representative final sample group.

The nomination process was ceased when a point of redundancy and saturation was reached as recommended by Patton (2002). This occurred at the eighth repetition during the eighth week of the nomination process. At that point, some therapists were repeatedly being nominated and fewer new nominations emerged. In consultation with the existing literature (Patton, 2002; Skovholt & Jennings, 2004), and in consideration of the two follow-up survey scales used to further validate the quality of the research sample, a minimum of three nominations was chosen as the natural breakpoint for entering the second-level sample screening. At the end of the eighth repetitions in the nomination process, 201 different therapists had been nominated. Of these 201 nominees, 130 therapists had received one nomination, 51 therapists had received two nominations, 14 therapists had received three nominations, 5 therapists had received four nominations, and 1 therapist had received six nominations. As a result, a total of 20 nominees met the minimum three nominations required to enter the second-level sample screening.

The second level of sample selection. Results of the first-level sample screening were based mainly on the perceptions of others. To increase the validity of the study, the criterion of the second-level sample screening was whether nominees answered self-rated resilience measurements with resilient-level scores. Of the 20 eligible nominees, one declined to continue. Thus, 19 nominees were asked to complete a confidential online survey that consists of two quantitative measurements (as described in the measurements section). Eighteen out of the 19 nominees completed the online survey. Thirteen nominees, who met the resilient therapist criteria in both levels of sample screening, were invited through e-mail to participate in a semistructured, individual interview. Ten accepted the invitation.

Sample characteristics. The final sample consisted of one male and nine females and ranged in age from 41 to 70 years old. Seven were licensed psychologists (PhD/PsyD), two were licensed marriage and family therapists (MS/MSE), and one was a licensed social worker (MSW). One participant identified as Native American, nine as European Americans. Six participants had more than 20 years of postdegree clinical experience; the other four had more than 10 years of experience. Practice settings included a college counseling center (1), independent practice (6), community clinics (2), and both an independent practice and a community clinic (1). The mean number of direct therapy hours per week was 25. In addition, they devoted time to case notes, consultation, professional development, and administration. Six identified as having no particular association with any religion or spirituality, two identified as Christian, one as Buddhist, and one as Native American spirituality.

Measurements

Given the lack of measurements specifically designed to measure resilience of counselors and therapists, the following two measurements were used to examine resilient characteristics and compassion satisfaction of participants in the present study. Although any instrument has its strengths and limitations, these two primary instruments were chosen because we believed together they increase the validity that this study had a sample of highly resilient therapists.

The Connor-Davidson Resilience Scale. (CD-RISC; Connor & Davidson, 2003) has a 5-point Likert scale (0 = not at all; 4 = true nearly all the time), and 25 self-rated items. It was designed
to measure and quantify resilience in the general population and to assess clinical treatment responses in the clinical population (e.g., “able to adapt to change”; “tend to bounce back after illness or hardship”; “see the humorous side of things”; “when things look hopeless, I don’t give up.”) Although the CD-RISC was not specifically designed for assessing practitioners’ work, its questions aiming to examine characteristics of resilient adults were consistent with our sample screening procedure and ensured that only exemplary cases were recruited. Good internal consistency was reported in nonclinical populations with a Cronbach’s alpha coefficient of 0.89 (Connor & Davidson, 2003). The construct validity of the CD-RISC has been previously demonstrated in several published studies (Connor & Zhang, 2006; Karaurmak, 2010; Lamond et al., 2008). In the present study, potential participants who scored one standard deviation above the general population mean (sum score $>93.2$; Connor & Davidson, 2003) were considered to be highly resilient.

**Professional Quality of Life Scale Version 5 (ProQOL 5; Stamm, 2009): Compassion Satisfaction and Fatigue Subscale.** In addition to the nondiagnostic purpose of the Pro-QOL 5, the Compassion Satisfaction and Fatigue Subscale was chosen for the sample screening of the present study because it was particularly designed for practitioners to assess their own perception of compassion satisfaction, and it features the positive aspects of practitioners’ work that fits well with the present resilience study. Stamm (2010) referred to compassion satisfaction as the pleasure that helps experience when they are able to do well in their work, including the aspects of helping clients effectively, maintaining positive relationships with colleagues, and contributing to the workplace or the greater society. Using a 5-point Likert scale ($1 = \text{never}$, $5 = \text{very often}$), the Compassion Satisfaction and Fatigue Subscale of Pro-QOL 5 consists 10 items (e.g., “I get satisfaction from being able to [help] people”; “I feel invigorated after working with those I [help]”; “I have happy thoughts and feelings about those I [help] and how I could help them”). Data in support of the construct validity of the Pro-QOL have been found in over 200 peer-reviewed papers (Stamm, 2010). The alpha scale reliability of the Compassion Satisfaction Subscale was .88. Approximately 25% of individuals obtain $t$ scores higher than 57 (sum scores $\geq 42$), whereas 25% obtained $t$ scores lower than 43 (sum scores $\leq 22$; Stamm, 2010). Thus, in the present study, potential participants who obtain mean $t$ scores equal to or above 57 (sum scores $\geq 42$; Stamm, 2010) indicate a high level of compassion satisfaction.

**Interview protocol.** Guided by The Resiliency Model (Richardson, 2002) and Phases and Themes of Therapist and Counselor Development (Ronnestad & Skovholt, 2013), the initial interview protocol was developed by the first and second authors aiming to encourage participants to reflect on and elaborate on resilient characteristics that enabled them to bounce back from disruption, apathy, and adversity and continue to engage in professional growth at their experienced or senior phase of professional development. Participants were also encouraged to reflect on their vulnerable experiences such as critical incidents, boredom, apathy, or depletion. The final interview protocol (see Appendix) was refined twice after two pilot interviews with two licensed psychologists, both of whom have at least five years of clinical experience. The final interview protocol consists of 10 open-ended questions.

**Procedure**

The 10 participants who agreed to be interviewed by the primary researcher were asked to complete online an informed consent statement and a demographic questionnaire. Prior to the interview, participants received a copy of the interview protocol in advance in order to allow time for reflection and insight. In semistructured interviews, participants were encouraged to use their own words or phrases to describe characteristics they identified with. Follow-up questions and prompts were also used for clarification and elaboration (Patton, 2002). The average interview length was 65 min. All interviews were audiotaped and transcribed verbatim. Each participant was offered a copy of the transcript of their interview for clarification and corrections. With regard to participants’ interview behaviors, they appeared to be eager to meet, and were surprised to have been identified as highly resilient therapists yet felt honored and humbled to have been invited to participate in this study. All participants showed passion, vulnerability, and authenticity through expressing true emotions associated with challenging personal experiences especially after interview question 2, which seemed to initiate a deeper level of personal conversation throughout the interview process.

**Data Analysis**

Given the little understanding and the scarcity of existing literature that examined resilient therapists from therapist and counselor development perspectives, data analysis for this present study was guided by three-level data analysis: open, axial, and selective coding of the grounded theory method (Strauss & Corbin, 1998). The purpose of open coding was to identify essence or meaning of the data line by line. Through this process, concepts in the transcripts were extracted from raw data (words, phrases, or ideas) and emerged to higher-level concepts (themes/subcategories and categories) based on their properties and dimensions. In the present study, for example, the concepts of “hopefulness,” “positivity,” and “optimism,” coded as the related word/phrase characteristics from the open coding, emerged to a higher-level subcategory of Have a Personal Values/Beliefs Base. Next, axial coding was used to link concepts to one another. Through the axial coding process, the degree of association between codes was examined. This process is similar to “putting together a series of inter-linking blocks to build a pyramid. The pyramid represents the entire structure, but blocks and how they are arranged are the components that make it what it is” (Corbin & Strauss, 2008, p. 199). For example, in this study, the subcategories of Have a Personal Values/Beliefs Base and Have Theories/Theoretical Approaches as a Roadmap were linked and put together to form the core category of Possess a Core Values and Beliefs Framework. The core category, Possess a Core Values and Beliefs Framework, and its association with other emerged core categories were also examined in the axial coding process. Finally, although the selective coding phase, the research team revisited and reflected on the transcription and coding results. Eventually, the central characteristic, Have a Strong Web of Vibrant Connectedness, was identified by the research team in that it served as the main storyline that connects each component of the whole phenomena through the process of selective coding and helped systematically integrate and refine other categories.
Throughout the process of data collection and three-level data analysis, a constructivist view was applied in an attempt to capture participants’ reflective narratives and refine emerging categories, rather than to quantify occurrences of codes or agreements among coders (Charmaz, 2006). Peer examination was employed to ensure trustworthiness of data analysis. In the initial stage of data analysis, the primary researcher and two peer reviewers independently reviewed, interpreted, and analyzed data of three randomly selected transcripts. Examining transcripts line by line, they labeled words, phrases, sentences, quotations and ideas of each participant in order to identify and generate individual open codes. The research team then met and discussed coding results and perceived relationships among concepts, subcategories, and categories. After the general list of coding was created, the auditor verified transcripts and the initial list of coding in order to minimize researchers’ biases or errors. Using the refined list of coding based on the auditor’s feedback, the research team continued to conduct the coding of remaining participants. New codes were added after thoughtful discussions among the research team. Beginning from the 9th and 10th participants, no new open coding, core categories, or subcategories emerged. Data analysis then proceeded to the selective coding phase aiming to identify the central characteristic. To ascertain the accuracy of the methodological process and validity of the coding, the auditor examined the results throughout each coding phase.

Trustworthiness

In addition to a two-level, mixed-method selection of the research sample used to ensure information-rich cases of highly resilient practitioners, data triangulation was applied with extensive efforts to recruit participants from diverse disciplines (e.g., counseling psychology, clinical psychology, social work, marriage and family counseling, etc.); racial/ethnic backgrounds, and practice settings (e.g., university counseling centers, community clinics, independent practice, etc.). The research team also engaged in researcher reflexivity prior to the data analysis in order to examine researchers’ biases, expectations, and assumptions. The research team consisted of the primary author (Asian male), who was a counseling psychology doctoral candidate; two peer reviewers (African American male and Asian American female), who were master’s students in a marriage and family Therapy (MFT) program; and the second author (Caucasian male), a professor in a counseling psychology program and board certified by ABPP who served as the auditor. Given the diverse backgrounds of the research team, researchers’ biases and reactions to the research influenced by personal demographic backgrounds were specifically examined and discussed before and throughout the data analysis. Additionally, the primary researcher kept a memo of self-reflection throughout the research process, as suggested by Corbin and Strauss (2008). Through this memo, the primary researcher’s biases, expectations, and assumptions that could interfere with data collection and analysis were discussed in the weekly research meeting in order to maximize the credibility of the research. Moreover, the Member Checking Strategies (Patton, 2002), defined as the collaborative process between the research team and research participants, was also applied to strengthen trustworthiness. All research participants received a written transcript of their interview, along with a request for clarification, disagreement, and verification. As a further validity check, initial coding results were sent to research participants for additional insights, comments, and clarification of the researchers’ possible misinterpretations. Participants’ feedback was incorporated into data collection and analyses to increase the accuracy of the findings.

Results

Results of data analysis yielded four core categories: (A) Drawn to Strong Interpersonal Relationships; (B) Actively Engaged with Self; (C) Possesses a Core Values and Beliefs Framework; and (D) Desire to Learn and Grow, and a central characteristic: Have a Strong Web of Vibrant Connectedness. Figure 1 presents an overview of these results (see Appendix). Quotes presented below depicted the rich connections and consistency among categories, subcategories, word/phrase characteristics, and the central characteristic. To best illustrate categories that were found to be salient across participants, selected quotes from participants are presented with minor editing to increase clarity. Key concepts (e.g., words, phrases, ideas) from the open coding that portrayed therapists’ resilient characteristics, especially the characteristics identified by participants in their own words, were captured and merged to related word/phrase characteristics, although associated quotes were not presented due to page limits.

Category A: Drawn to Strong Interpersonal Relationships

This category encompasses three subcategories pertaining to personal and professional relationships. All of the participants identified strong interpersonal connections both in personal life and at work. They described a constant experience of unconditional love from spouses and loved ones at home. In the workplace, participants were comfortable in showing their vulnerable sides to trustworthy colleagues for constructive criticism. They were open, compassionate, and present to colleagues and clients.

Strongly connected to personal relationships. Participants perceived close interpersonal connections in their personal lives as essential for sustaining a fulfilling life.

I live [a professional] life where I really leave that in large part at the door and come home and be a different person. I connect with my family and get a different thing through that connection.

If I’m going to have those connections with people, if I cannot talk to people and be close to people, have friendships and close relationships with my family, I suffer for that. If I do those things, I am well connected, and my life is good.

Stay connected to valuable professional relationships. Participants highlighted the importance of professional relationships with colleagues, consultant groups, or professional communities in their professional lives. They shared a common humility in their comfort with openly disclosing what they do not know and humbly asking for feedback.

I do not live in a vacuum. I have a community like my friend now in Washington . . . . We started in an online consultation group in 2010, and we've been chatting pretty much ever since.

I got connected with a consultation group of wonderful therapists. We meet monthly. We e-mail a lot . . . . To stay oriented in this field, I
guess it’s not a good idea to be a lone wolf. It’s a hard job and it’s isolating enough as it is. It’s important to stay connected.

**Have compassion for others.** Participants valued their professional relationships with clients. They described that through showing compassion to clients, they were able to bounce back from boredom, apathy, or depletion. Showing compassion to others allowed participants to maintain a caring heart, and to be present with client after client. Here are two quotes: “I think I am really touched and moved when people make progress, and usually I let that show. I think people know I care”; and “The people that I see I believe they see me as being very caring and empathic.”

Participants also showed compassion to their colleagues. At work, they made efforts to be emotionally available to colleagues and strived to provide a supportive working environment for others. Participants actively tried to be important members of their professional communities.

[I value] being available, emotionally available to them [colleagues] . . . . There’s nobody that doesn’t have hard stuff in their life. . . . I am able to be honest and open, not with all colleagues but with close friends or colleagues.

I think I work in a very positive environment with colleagues who are really supportive and feel very much like family. . . . If I have positive feelings for them, or if I had to try to buoy them, then you naturally are doing that for yourself as well.

**Related word/phrase characteristics.**

**Feel loved and supported.** In one’s personal life, receiving and experiencing unconditional love and support from loved ones was an important resource for nurturing resilience. At work, participants also felt loved and supported through intentional connection with professional colleagues who shared similar passions, values, or viewpoints.

**Humility/Openness/Vulnerability to feedback.** Participants shared a commonality in their comfort with disclosing what they do not know in front of trustworthy colleagues. Participants tended to humbly show their vulnerability and openly ask for feedback or constructive criticism.

**Love/Kindness/Compassion.** The subcategory of Have Compassion for Others manifested participants’ efforts to remain emotionally available to clients and colleagues. Love, kindness, and compassion were salient word/phrase characteristics that come through participants’ everyday interactions with others.

**Category B: Actively Engage With Self**

All of the participants described that they not only intended to be emotionally available to clients and colleagues but were also deeply connected with the self. Knowing their personal strengths and limitations, participants were comfortable with the awareness that they might not be a good fit for every client. Participants acted decisively in preserving what was right for them. It appeared that without the courage to assert a healthy self, participants would not be able to continue positive engagement with client after client, which is essential to the work of therapists.

**Have self-knowledge.** Participants described that they know who they are and are honest with themselves and others. They tended to be deeply aware of personal strengths and expertise, as well as to humbly accept their own limitations and shortcomings.
Learning from challenging or threatening incidents in professional work, participants have become more resilient about their personal strengths and shortcomings.

[The client] is very threatening. . . . I find that to be very hard. I think being aware of our limitations is not a shortcoming. My shortcoming is that I’m threatened by those situations.

I do consultation with a training analyst, a psychiatrist, once a month, and we talk a lot about where my expertise will be particularly helpful, or whether other approaches would be better suited. That gives me a sense of really being able to trust my own sense of self. . . . It also says part of being transparent is being able to acknowledge your expertise and knowing your limitations.

**Have compassion for self.** Participants described that they were kind to themselves. They tended not to take things personally or not to harshly judge, condemn and compare themselves with other therapists. They regarded themselves as human beings like everyone else. Participants had a sense of equanimity in not knowing all the answers or not being able to solve all their clients’ problems. They tended not to take themselves too seriously, while maintaining creativity and lightheartedness.

I think that I have worked personally on being more compassionate with myself, and I think that has reaped a lot of good things in terms of ebb and flow. Things go well and they do not go well. . . . It’s just being able to be solid even when it doesn’t feel solid, to just be flexible with okay.

Accepting that I am a therapist who may not be the best therapist for some clients, and that is okay. . . . I think one of the keys to how I can be a resilient therapist is be okay with that fact that I’m probably not the best therapist for everybody. Just accepting that is really pretty freeing and puts me at ease. I do not have to be the best therapist for absolutely everybody.

**Have vocational conviction.** Participants described their commitment to be genuine to the vocational self. They constantly examined and reoriented their vocational selves in order to achieve congruence between their vocational aptitude and work. Participants attempted to fearlessly seek a right fit with the workplace, client populations, and professional roles in their work.

I have an affinity. . . . We talk about really knowing yourself, and using that knowledge to really be helpful to people. . . . I was a mom, and building this practice. One of the ways that I managed everything was to put my focus more specifically on learning to become the best couples therapist that I could be. Not trying to do it all [being good in many roles] I think really helped. Engage, find something I felt both intrigued in and interested in.

Maybe another characteristic is that the resilient therapist is not afraid to take the risk of finding the right fit in their environment or in the work that they do. . . . If I’m working at systems that do not feel good to me, or if I’m working with people that do not feel good to me, and I’m not able to have some equanimity around that, I’m willing to move.

**Have a self-conservation mode.** Participants emphasized the importance of intentionally engaging in self-care in order to prevent their personal wells from running low. One participant used a strong word, “fiercely,” to describe her efforts to conserve energy for her family life.

I also can be kind of fiercely protective of myself for my family. I want to have enough energy for my family, so I tend to set lots of boundaries like I cannot do that anymore. Like going into conservation mode and making very intentional decisions about how and where I put my energy, and doing things that I know are going to create resources again.

I think it’s really important to give yourself breaks to take time away. . . . whether it’s at the end of every day that you get away or that you have different facets to your job. . . . it’s really important that you make sure you do a healthy dose of that.

**Related word/phrase characteristics.**

**Self-acceptance/Contentment.** Participants described that they have acceptance of painful realities, such as that they may not be the best therapist for some clients and that, despite having done all they could, some clients have made little progress. With a sense of contentment, they accepted that they were not God to solve all their clients’ problems nor did they take over clients’ responsibilities within the therapeutic relationship. This word/phrase characteristic echoed the characteristic of Trust/Faith/Patience/Acceptance of Ambiguity in the next category (C). A steadfast core values or beliefs framework appeared to enable participants to accept themselves as human beings just like everyone else.

**Authenticity/Equality between people.** With self-knowledge and acceptance of personal strengths and limitations, participants strived to be authentic. Like their clients, participants viewed themselves as human beings who also experience pain and suffering in their personal lives.

**Courage.** Courage is an essential word/phrase characteristic in this category in that it took courage to acknowledge and accept one’s own limitations; it took courage to show one’s authenticity; and, it took courage to fiercely engage in self-conservation mold as well as to pursue a career that fits one’s aptitude.

**Boundaried generosity.** Although participants were generously present to their clients with love, kindness, and compassion, they maintained resilience by being comfortable with a paradoxical dynamic with clients. Participants were engaged, compassionate, and caring for clients without being enmeshed or overattached. They consciously engaged in and then separated from therapeutic relationships as they also nurtured love, kindness, and compassion for themselves.

**Being assertive in creating a balanced and fulfilling personal life.** Participants described that they had a sense of balance between their professional and personal lives. They stayed resilient by purposefully engaging in energizing personal relationships and self-care activities outside of work.

**Humor.** Participants appeared to have a sense of humor. Although their primary jobs were to dive into the clients’ ocean of intense emotions, they felt comfortable with laughing in a positive, cleansing way. They laughed at themselves, laughed with people, and laughed at the funny side of life.

**Playfulness/Lightheartedness/Creativity.** Resonating with many other word/phrase characteristics (e.g., humor, positivity, trust), participants seemed to have a playful spirit. They were lighthearted and creative, and seldom took themselves too seriously.
Category C: Possess a Core Values and Beliefs Framework

Despite coming from a variety of disciplinary, cultural, and spiritual backgrounds, all of the participants described their strong connection to their own worldview as a way to understand themselves, others, psychotherapy, and human suffering. A core values and beliefs framework helped them make meaning of difficulties at work and in personal lives.

Have theories/theoretical approaches as a roadmap. Theories, theoretic models, approaches, or orientations provided a critical frame of reference for participants. It served as a roadmap guiding participants' work with clients.

What has allowed me to stay fresh and resilient is that I very much resonate with narrative practices [Narrative Therapy] and ideas where folks are very separate from their problems. . . . This is the lens that I wear when I am in the room with people.

Having a way [relational theory] to understand has been very helpful to me . . . that certainly has helped me to understand how I can help people through difficult times. It also helps me how I can help myself through difficult times. . . . Those are the things that really inform a lot of the work that I do.

Have a personal values/beliefs base. This subcategory seemed to serve as an anchor for participants toward understanding human existence and the meaning of their work. Although participants identified with diverse spiritual backgrounds, each of them applied a firm values/beliefs base in perceiving adversity that clients bring into the therapy room or in their own personal lives. Feeling centered and grounded through a personal values/beliefs base, participants had faith despite any ambiguity presented in therapy sessions and remained hopeful and optimistic about the process. In order to better depict the consistency of the personal values/beliefs base between participants, quotes of participants from four different identified spiritual/value backgrounds are presented here.

I think I have a really core belief that every person has within themselves what they need to change and to get better. . . . It is a Native American characteristic to be quite accepting of people, whatever is going on with them, to be accepting without judgment. (Identifies with Native American Spirituality)

Yeah, I think I have a very deep faith. It’s not grounded in religion. . . . I absolutely believe in something beyond what we see, identify, feel. (Identifies with no particular spirituality)

I feel like I have the ability to see beyond suffering and see beauty in people and wholeness. . . . There’s a spiritual belief in me in the wholeness of a person that suffering and all of that doesn’t take away. . . . It keeps me very hopeful and grounded because it’s a connection with beauty; it’s a connection with wholeness, and it’s spiritual. (Identifies with Christianity)

[This is my belief, and it comes from Buddhism. If we can open to our own pain fully, our heart is open, and we can connect very deeply with the pain and suffering in other people. (Identifies with Buddhism]

Related word/phrase characteristics.

Trust/Faith/Patience/Acceptance of ambiguity. Having a core values and beliefs framework, either based on a theoretical approach or personal spiritual values, seemed to ground participants. Participants were able to accept clients as who they were while trusting the ambiguous therapy process. Rather than forcing a concrete solution to the unknown, participants were patient with ambiguity in the therapy process.

Hopefulness/Positivity/Optimism. Even if clients came into the therapy room with various painful adversities, participants seemed to be able to perceive adversities as opportunities for transformation. They tended to look for the gifts within clients’ difficulties so that they could continue to remain hopeful, positive, and optimistic.

Gratitude/Appreciation/Honor. Participants felt honored to work with clients in many different ways. Through witnessing clients’ resilience as they made meaning out of various adversity, participants experienced a sense of gratitude and appreciation. They perceive clients as gifts to them—that is, clients’ help-seeking process was actually an opportunity for therapists to receive a gift.

Category D: Desire to Learn and Grow

Nine out of 10 participant indicated that love of learning was an important characteristic. They also emphasized that personal growth was as important as ongoing professional development.

Desire for ongoing intellectual development. Participants described dedication to their jobs. They kept wanting to know more and were determent to do a better job. As lifelong learners, participants had an endless thirst and curiosity to learn and grow.

I think that I have a tenacious desire to learn, and that is a core force for me to stay vibrant and connected; it’s a feeling that is humbling because you can never know enough. You’re never quite enough.

Love of learning. Yeah, I think that’s a family value. My dad was a chemist . . . up until his 90s, he was still learning and interested, and I think it kept him vibrant and alive, and I hope for the same.

Committed to ongoing personal growth. With respect to learning, participants not only referred to intellectual learning but also described inner growth and self-development as vital characteristics for professional development. This subcategory echoes Category (B): Actively Engage with Self. Participants tended to consciously reflect, examine, and monitor themselves in order to do better work.

I think that because of some of the difficulties I’ve been through in my own life and really allowing myself to feel and work through this, it has allowed me to be better in the room with folks, to have better understanding, to have more patience, to have more compassion. I think it’s incredibly important, too, that we do our own work [personal growth].

That relationship [personal therapy] is one where I feel very known and very understood. . . . I think that the ongoing process of understanding and knowing, seeing, understanding yourself, your reactions to things, how you are changing over time, your own process of change and growth . . . that commitment, I feel really strongly that therapists would benefit from being in therapy to some degree.

Related word/phrase characteristics.

Curiosity. Curiosity toward new knowledge, clients, and the world was explicitly identified by participants as a significant characteristic in maintaining resilience.
Commitment/Persistence/Determination/Dedication. Participants constantly indicated how strongly committed and dedicated they are to do the best job they could. 

Intentional Self-reflection/Self-awareness. Participants seemed to deliberately reflect, process, examine, and monitor themselves in their work through connecting to the core self, theories, and the professional community.

It is noteworthy that among the 10 participants, one did not specifically discuss content that fit into this category as other participants did. However, it is evident that she alluded to ongoing growth through her new leadership role. She stated,

In this [leadership] role that I’m in at this agency currently where I started as a therapist, I have acknowledged over time that I have some skills that I could bring to more of a leadership role. . . . I think I’ve come to accept that actually it feels good to have a balance of that [leadership role] for myself. It allows me to do better clinical work, acknowledging and engaging in it. . . . I’m not pursuing that continuing education or whatever right now; does that make me a bad therapist? No. I come back to look at my relationships with my clients, and I do feel I’m being effective with those people.

Central Characteristic: Have a Strong Web of Vibrant Connectedness

Have a Strong Web of Vibrant Connectedness was consistently coded across the open and axial coding process (e.g., “connect,” “stay connected,” “connection,” “connectedness”) and was the most salient thread that richly and consistently interlinked to each category and subcategory. It served as a main storyline that helped refine and validate relationships between components of the data. This central characteristic was undeniably the driving force that sustains therapists to remain resilient. In addition to evidence shown in previous quotes (in italic texts), quotes presented below are salient examples that demonstrate how the central characteristic was distilled from the data.

The things that I grab onto are my relationships with other people and that the web of connectedness that I have with the people in my life. My family and my friends are the things in the web that help me to maintain my life and make it agreeable. (Category A: Drawn to Strong Interpersonal Relationships)

As I was reading through these questions after you sent them, I was realizing that I thrive on connection, whether it’s the connection with my clients or whether it’s the connection with my colleagues. It is the connection piece. (Category A: Drawn to Strong Interpersonal Relationships)

I disconnect from work and go connect. I just came back from 10 days at my cabin, so that’s a lovely thing to do for the summer. That’s where I go when I connected with family and I connected with nature. . . . There’s this part about needing to stay connected. (Category A: Drawn to Strong Interpersonal Relationships; Category B: Actively Engage with Self)

Just to connect with all of my sensory experience, like smelling this piece of burned wood brings me back to standing with my dad when I was a little girl. . . . I always loved those things, but I think I learned more to value. (Category B: Actively Engage with Self)

It is just reconnecting to what’s much bigger. It’s what’s much bigger than myself. I’m not religious, but I borrow from many traditions. . . . gardening helps me see attachment or nonattachment . . . whatever is going on in life comes up on your yoga mat. It’s a way I can actually connect with myself in a renewing way. . . . Reconnected to the nature cycle of life and that helps you to reconnect to yourself. (Category B: Actively Engage with Self; Category C: Possess A Core Values and Beliefs Framework)

It [spirituality/religion] keeps me very hopefully and grounded because it’s a connection with beauty, it’s a connection with wholeness, and it’s spiritual, I think, in nature. (Category C: Possess A Core Values and Beliefs Framework)

I think I’m determined and self-aware. I take action to get a problem solved. I do what needs to happen here. I need to connect with the group. I need to read more about that. I need to not think about that. . . . I’m monitoring my engagement level all the time, and I want to stay connected. (Category A: Drawn to Strong Interpersonal Relationships; Category B: Actively Engage with Self; Category D: Desire to Learn and Grow)

I was so fear-based from all the abuse that I experienced growing up. That transformation is what people would have seen who possibly nominated me [as a resilient practitioner]. I am not coming from a place of fear, but a place of love. And that [Buddhism] teaching and belief cultivating myself and helping to cultivate other people is what has sustained me and been the transformative part. (Category A: Drawn to Strong Interpersonal Relationships; Category B: Actively Engage with Self; Category C: Possess A Core Values and Beliefs Framework; Category D: Desire to Learn and Grow)

Discussion

The present study sought to explore essential characteristics that sustain therapists to be able to bounce back from inevitable boredom, depletion, and adversity in personal and professional lives yet remain resilient throughout their lifelong professional development. Findings led to a central category, 4 core categories, and 11 subcategories, including embedded work/phrase characteristics.

The central characteristic, Have a Strong Web of Vibrant Connectedness (Connectedness), was the most salient thread across core categories found in this study. Conceptualizing from the frameworks of The Resilience Model (Richardson, 2002) and Phases and Themes of Counselor and Therapist Development (Rønnestad & Skovholt, 2013), the central characteristic of Connectedness seems to be the major drive and characteristic that therapists possess, acquire, or foster in order to positively adapt and bounce back from depletion and adversities across years of the professional life span. This salient thread interlinks to four core categories. In addition, the concept of connectedness in the central category not only refers to Category (A), which has a focus on an interpersonal connection with others, it also stresses an internal desire to connect to the inner self, inward values and beliefs framework, and ongoing growth in Categories (B), (C) and (D).

This central characteristic captured highly resilient therapists’ inclinations to not only stay connected with external/outward sources through interpersonal connections, but also to maintain strong connections to internal/inward sources of vitality. For example, in Category (A): Drawn to Strong Interpersonal Relationships (Relationships), participants manifested their longing to stay connected in personal and professional relationships. Moving beyond interpersonal connections, participants also manifested their deep desire to stay connected with the self in Category (B): Actively Engage with Self (Self); theories, theoretic approaches, personal
values or spirituality in Category (C): Possess a Core Values and Beliefs Framework (Values/Beliefs); and ongoing intellectual and personal growth in Category (D): Desire to Learn and Grow (Grow). When examining the central characteristic in more depth, it becomes evident that it has not been accented in previous studies pertaining to therapists’ resilience, well-being, risk and protective factors, and professional development. Thus, this central characteristic of Connectedness may be a valuable addition to the literature on therapist resilience.

Findings of Category (A): Relationships and its embedded subcategories and related word/phrase characteristics suggested that highly resilient therapists have a strong desire to stay connected with others on both personal and professional levels. Findings of Category (A) suggest that highly resilient therapists are Strongly Connected to Personal Relationships. Close connection to loved ones in their personal lives enables participants to maintain a fulfilling life. Highly resilient therapists also Stay Connected to Valuable Professional Relationships in their work life with colleague, consultant groups, or professional communities. They do not live in a vacuum or become isolated from the professional community. Moreover, highly resilient therapists Have Compassion for Others. Working with clients one after another over years, they are able to continually be present and show genuine empathy to clients. With professional colleagues, highly resilient therapists not only receive support and love from them, they strive to be open and emotionally available for each other and actively help establish a loving and supportive work environment. Findings of Category (A) seemed to be consistent with the common inner source of “a value of relationship as important” (p. 182) recognized in Lidderdale’s (2009) study of resilient lesbian psychologists. This category is also akin to the emphasis on fortifying peer and personal relationships identified in Mullenbach’s (2000) study of therapists’ emotional well-being and professional resilience, as well as the emphasis on interpersonal sources in Rønnestad and Skovholt’s (2013) Phases and Themes of Counselor and Therapist Development. Moreover, this finding also complements Maslach and Leiter’s (2008) recognition of insufficient support from community as the emphasis on interpersonal sources in Rønnestad and Skovholt (2008) study of therapists’ emotional well-being and professional resilience, as well as the emphasis on interpersonal sources in Rønnestad and Skovholt’s (2013) Phases and Themes of Counselor and Therapist Development. Moreover, this finding also complements Maslach and Leiter’s (2008) recognition of insufficient support from community as the emphasis on interpersonal sources in Rønnestad and Skovholt’s (2013) Phases and Themes of Counselor and Therapist Development.

Different from the desire for human connections in Category (A), findings of Category (B): Self and its embedded subcategories and related word/phrase characteristics emphasize a close connection to the inner self with an action orientation. Highly resilient therapists engaged in ongoing understanding of themselves and Have Self-knowledge about their strengths and expertise in order to advance their work. They are humbly open to accept their limitations and shortcomings. Evolving self-knowledge enables highly resilient therapists to Have Compassion for Self in that they understand and accept their limitations. Being aware of personal strength and limitations also enables highly resilient therapists to be in tune with vocational affinities and Have Vocational Conviction. They constantly and actively search for congruence between personal aptitude, expertise, workplace, client populations, and professional roles. Moreover, highly resilient therapists proactively balance their life and Fiercely Engage in Self-Conservation Mode. Through intentional examination and management of their personal energy level, boundary settings, and self-care/nurturing behaviors, highly resilient therapists fiercely protect and conserve their core selves. Findings of Category (B) support Lidderdale’s (2009) recognition of common inner sources among lesbian psychologists in responding to challenge, such as inner sense, value of an inner life, action orientation, determination, use of internal and external resources, and internal and/or external actions. Findings of Category (B) also echo Mullenbach’s (2000) findings of values of internal focus and solitude in contributing to therapists’ emotional well-being and professional resilience. Similar to other studies (e.g., Maslach & Leiter, 2008; Rønnestad & Skovholt, 2013), it is noteworthy that the subcategory of Have Vocational Conviction supports the significance of job–person congruity and integration of personal self and professional self.

When examining findings between Category (A) and Category (B), it is noteworthy that highly resilient therapists not only desire to stay connected with others in their personal and professional lives, they also strongly desire to develop themselves as a person and a professional. On the other hand, rather than being self-centered individuals who only long for relationships in personal lives or practice compassion for themselves, highly resilient therapists seemed to be those who have balanced personal and professional connections in various interpersonal relationships.

Findings of Category (C): Values/Beliefs, its embedded subcategories and related word/phrase characteristics suggested that highly resilient therapists possess a core values and beliefs framework that provides a worldview for their understanding of the complexity of human nature, the joy, pain, and suffering as well as making meaning of their work and life. Having Theories or Theoretical Approaches as a Roadmap not only provides highly resilient therapists with a useful lens to perceive and conceptualize clients’ problems and suffering, it also provides a lens for understanding themselves through personally difficult times. Beyond the scope of clinical work and a theoretical roadmap, highly resilient therapists also Have a Personal Values/Beliefs Base for their profound understanding of the complexity of human suffering and injustice. Having a core values/beliefs base cultivated from family upbringing, personal experiences, spirituality, or religious faith, highly resilient therapists are able to understand pain and suffering and deeply connect to client after client over years of practice.

Findings of Category (C) correspond to the recognition of a profound understanding of human suffering in Mullenbach’s (2000) study of therapists’ emotional wellness and professional resilience. Differences in values and conflicts between therapists and agencies were also identified by Maslach and Leiter (2008) as vital organizational risk factors for professional burnout. Additionally, findings of Category (C) support Lidderdale’s (2009) recognition of cumulative meaning making from resilience process across lesbian psychologists’ life span. According to Lidderdale (2009), occurrence of cumulative meaning making from a resilience process involves new understandings and perspectives of self, others, and life. Similarly, in the “resilient reintegration” stage of The Resiliency Model, Richardson (2002) proposed that individuals gain new understandings of adversity and then restore, grow, and acquire qualities of resilience. Characteristics found in Category (C) that anchor and drive therapists’ meaning making process seem to support Richardson’s views of resilience acquisition.

Findings of Category (D): Grow, its embedded subcategories, and its related word/phrase characteristics suggest that highly resilient therapists have a tremendous love of learning. Highly resilient therapists have a Desire for Ongoing Intellectual Development because they feel that they can continue to learn more and
become vibrant and alive when engaged in constant learning. Highly resilient therapists are also committed to ongoing personal growth. They connect closely with their inner selves and are action-oriented, determined, and dedicated to gaining self-knowledge and engaging in self-examination. Findings of Category (D) correspond to inner sources of determination and curiosity noted in Lidderdale’s (2009) study of resilient lesbian psychologists. This category also shares much with Phases and Themes of Counselor and Therapist Development (Rønnestad & Skovholt, 2013) in that continuous reflection, awareness, and intense commitment to learn are preconditions of therapists’ optimal learning and professional development.

Findings of Category (D), together with the other three core categories, suggested that highly resilient therapists are neither those who only care about personal needs or personal growth, nor those who persist in ongoing professional growth while neglecting personal needs and growth. Rather, balance and broad connectedness seem to be the secret ingredients that enable highly resilient therapists to bounce back from inevitable risks, adversity, boredom, apathy, and depletion, and remain resilient over years of their career life span. Additionally, while this present study intended to explore essential characteristics rather than particular coping mechanisms of highly resilient therapists, findings of Categories (A), (B), (C), and (D) and their embedded subcategories appeared to be somewhat overlapping with research findings discussed earlier pertaining to therapists’ protective factors, coping mechanisms, and self-care strategies from an action orientation perspective. One possible explanation is that because highly resilient therapists consciously practice coping mechanisms and self-care strategies both on a regular basis and in resistance to circumstances of adversity, such repeated practice of self-care and coping becomes habitual. Conscious and unconscious habitual actions subsequently foster characteristics that sustain therapists toward becoming resilient.

A number of limitations of the present study warrant consideration. As with any qualitative study, findings of this study are constrained within the context of the research participants and might not be generalizable (Patton, 2002). In particular, to increase the likelihood of multiple peer nominations, the geographic location of nominees was limited to a northern state of the United States. Thus, experiences of the participants in the present study might not be transferable to therapists in other geographic locations. Also, while the nature of peer nomination procedure matches well with the social type of counselors’ personality type as suggested by Holland (1997), and the validity of this study was strengthened by two levels of sample screening, the sample selection process may have ignored information-rich exemplars in different social or professional networks. Furthermore, although extra efforts were made to include diverse participant backgrounds, and the participants were fairly diverse with respect to disciplines, practice settings, and spiritual orientations, gender and racial/ethnic diversity of participants was not amply represented in our research participants. Adding more males and a wider representation of racial/ethnically diverse participants would have enriched the findings. For example, during the data analysis, the female peer reviewer, an Asian American of Korean descent, noted her struggles in relating to the subcategory Have Vocational Conviction. Her personal experiences of searching and pursuing vocational conviction as a woman raised in a collectivistic Asian household in the United States were different from those of female Caucasian participants. In addition, the participants in this study represented diverse practice settings where general population clients were the majority served, rather than trauma-related clients only (e.g., David, 2012; Engstrom et al., 2008; Hernández et al., 2007). The client populations served by the participants in this study were mostly from the middle or upper-middle class, and the participants’ average weekly caseload was 25 therapy hours. As such, the participants’ resilience experiences might not be applicable to those who work with involuntary clients or different socioeconomic client populations, or have different weekly caseloads. It is also important to note that despite efforts made to ensure the trustworthiness of the study, researchers’ unconscious biases may have influenced the data analysis.

Conclusion and Implications

The central characteristic, Have a Strong Web of Vibrant Connectedness, captures the active role of highly resilient therapists’ eagerness to stay connected to both inward and outward sources. The spokes out from this central characteristic go to four categories: (A) Drawn to Strong Interpersonal Relationships; (B) Actively Engage with Self; (C) Possess a Core Values and Beliefs Framework; and (D) Desire to Learn and Grow. On the individual level, findings of the present study provide counseling psychologists and caring professionals a meaningful tool for regular self-examination of their practitioner resilience competence: What does my own web of connectedness looks like? How is my interpersonal connection in personal and professional relationships? How is my connection to self-knowledge, self-compassion, vocational conviction, and self-conservation? How is my connection to my core values and beliefs framework, which serves as an anchor for me, especially when I encounter personal or professional challenges? As a lifelong learner, how do I characterize my own professional and personal growth over my years of practice? What would others describe about my connection to ongoing growth? A self-examination guided by findings from this study may be useful for nonresilient practitioners who have experienced boredom, apathy, disruption, or depletion in their practice. For training programs, reinforcement of regular self-examinations guided by these findings will also provide educators and clinical supervisors a direction for fostering career-long characteristics among trainees. On the systematic level, findings of the current study call counseling psychologists, educators, and policymakers to take action in developing guidelines on practitioner resilience education, training, research, practice, and organization changes. For example, a task force that incorporates practitioner resilience competence into the curriculum and advocates practitioner resilience competence as a standard accreditation requirement of psychology training programs is worthy of consideration by caring professions. Encouragement of continuing education designed to enhance practitioner
resilience competence will also increase a long-term impact on practitioners’ career-spanning resilience and decrease a negative view of practitioner resilience as an inspirational, impractical, or egocentric goal.

Regarding future research, the central characteristic, Have a Strong Web of Vibrant Connectedness, has not been recognized as having a vital role in previous research on therapist resilience or in other studies from a pathology, risk-factor, or action orientation. Further exploration of the concept/characteristic of connectedness and how the web of connectedness interlinks with different aspects of therapists’ lives (e.g., personal and professional relationships, core values and beliefs framework, engagement of the self and continual growth) would benefit our understanding of counselor resilience development and also assist the development of training programs with a more holistic mission and training goals. Furthermore, from a multicultural lens, future research would benefit from expanding resilience experiences of counselors to more diverse identities (e.g., spirituality, ethnic minority, male therapists) and to more diverse client populations (e.g., children, aging adults, disability, and low socioeconomic status groups). For example, Richardson (2002) stated that “there is a force within everyone that drives them to seek self-actualization, altruism, wisdom, and harmony with a spiritual source of strength. The source is resilience” (p. 313). Participants who identified with specific spirituality or religion in this study all associated their core values and beliefs frameworks with their spiritual or religious beliefs. Moving forward, future studies could adopt a multicultural lens to investigate the role of spirituality and religion in counselor and therapist resilience development.

References


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(Appendix follows)
Appendix

Semistructured Interview Protocol

1. Reflect on your professional development. How have you remained determined, vibrant, and continued to grow as a therapist? (Props)

2. In your professional life, (1) were there periods of time you experienced boredom, apathy, or even disruptions or depletion? If so, when and what were those experiences like? (2) What have been turning points for you to bounce back and engage again? What characteristics about you or characteristics you have developed have helped you become more resilient after that period of time? (Props)

3. What characteristics may have your professional colleagues noticed so that you received multiple nominations? (Props)

4. Reflect on your professional career. (1) Are there critical incidents such as extremely difficult, demanding, unsuccessful cases, or the suffering of others that challenged your fundamental personal or professional beliefs? What were these experiences like? How did you deal with them? (2) What characteristics about yourself that you have recognized or characteristics you have developed have helped you become more resilient after that period of time? (Props)

5. Over the years of your practice, you might have experienced many other critical incidents in your professional life and shaped your understanding of human suffering and growth. What has grounded you as a therapist over these years and challenges? (Props)

6. Given two equally experienced therapists, what characteristics distinguish one who grows more vibrant, energetic, and fully engages with client one after another, whereas the other experiences boredom, apathy, or even depletion? (Props)

7. In your definition, what are some essential characteristics (recipe/ingredients) for a therapist to maintain resilience in their professional work? (Props)

8. What might be a helpful metaphor you would use to describe a highly resilient therapist?

9. In our study, we define “highly resilient therapists” as: “While working as a therapist over many years, a highly resilient therapist is effective as a therapist with their clients and is able to be fully engaged with client after client. Over time, a highly resilient therapist is able to continually bounce back from discouraging and disruptive aspects of clinical work. The highly resilient therapist is also able to develop recurrent professional optimism and vitality, as well as experience on-going professional growth.” In your opinion, is there any thing missing in this definition? How can we better define highly resilient therapists?

10. Is there anything that I did not ask that you think is important to know about you as a highly resilient therapist? (Props)

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