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## **Abstract**

While the importance of nurturing resilience in therapists (professionals in psychological therapies, e.g. counsellors, psychotherapists and counselling psychologists) and in particular trainees is broadly recognised, there remains limited research directly exploring this area. The intention of the present study, therefore, is to explore how pre-qualification trainee therapists who have started seeing clients make sense of their experiences of resilience and to investigate what fosters and sustains their resilience. Four trainee therapists, ages ranging from early thirties to mid-fifties, were recruited and one-to-one audio-recorded interviews conducted. Interpretative Phenomenological Analysis was used to analyse the interview transcripts. Three over-arching themes emerged from an analysis across the four cases: 'Reframing resilience', 'Locating resilience', and 'Finding the right path'. Understanding how resilience is developed is integral to fuller understanding of trainee development. Trainees need to develop competence and confidence en route to becoming therapists. Perhaps somewhat paradoxically then, findings in the present study suggest that building resilience is about becoming more vulnerable. Trainee's feelings of empowerment, self-efficacy and control may be fostered through a new less judging relationship to the experience of vulnerability. Indeed, a sense of confidence may emanate from the capacity for managed vulnerability.

## **Keywords**

Counselling, Psychotherapy, Trainee, Resilience, vulnerability, IPA

## **Introduction**

Qualified therapists may be subject to a number of significant stresses and strains. Burnout (Sodeke-Gregson, Holttum, & Billings, 2013) and vicarious traumatization (Merriman & Joseph, 2018) have for instance been identified in this group. It has been argued, therefore, that trainee and novice therapists should be equipped with the necessary tools to meet the challenges of practice (Christopher & Maris, 2010). Indeed, trainees and novices may themselves experience a range of pressures (Skovholt & Rønnestad, 2003). While the importance of nurturing resilience in therapists and in particular trainees is broadly recognised (Skovholt, Grier, & Hanson, 2001; O'Brien & Haaga, 2015), there remains limited research directly exploring this area (Clark, 2009). The intention of the present research is therefore to explore trainee therapists' experiences of resilience and investigate how it might be nurtured.

## **Background**

One view of therapist development is that it occurs linearly over series of stages (Skovholt & Ronnestad, 1992). Findings from Sawatzky, Jevne and Clark's (1994) qualitative enquiry with doctoral students in the latter stages of their studies, however, suggests a recursive developmental process that cycles from dissonance to empowerment. Wagner and Hill's (2015) dynamic model of development in trainees in the early stages of their masters-level trainings also points to a cycling process of growth, which contributes to the building of confidence and identity. Similarly, findings in Auxier, Hughes and Kline (2003) suggest counsellors-in-training use a recycling

identity formation process to identify, clarify, and reclarify their identities as counsellors. Trainees need to develop both competence and confidence on their journeys to becoming therapists (Marshall, 2000). They may, however, also experience a range of pressures en route, including: difficulties associated with feeling and being evaluated (Bruss & Kopala, 1993), acute performance anxiety (Skovholt & Rønnestad, 2003), feelings of depression and stress (Truell, 2001) and burnout (Richardson, Trusty, & George, 2018). There is therefore an impetus to identify how trainee therapist resilience might be fostered.

Clark (2009), in developing a grounded theoretical model of a resilient family therapist using data from advanced practitioners, identified a number of qualities that contribute to longevity of practice. They suggested several implications for trainees in light of their work with seasoned professionals, including for instance: the importance in trainees knowing why they chose this career path; the value in collegial support; and the importance of self-care. This assumes, however, that what trainees require to build their resilience can be inferred from the experience of advanced therapists in the context of their established practices. Indeed, seasoned and novice counsellors may experience client practice in markedly different ways (Skovholt & Rønnestad, 1992). Clark (2009) acknowledges that experiences, beliefs, values and other factors may differ depending on how many years a practitioner has spent in practice. They therefore propose that future research should explore the experience of clinicians at different stages of their careers and compare and contrast.

While there is a paucity of research exploring resilience in trainees, experiences of shame and resilience in trainee counsellors with eating disorders were explored in Dayal, Weaver and Domene (2015). The authors identified safety and belonging, invalidating perfection, and redefining ideals as key elements in fostering resilience to shame in this group. Dayal et al. (2015), however, situates its findings in the eating disorder, shame and counsellor mental health literature, meaning scope remains for trainee resilience to be considered more broadly and in in the context of trainee development.

While there is limited research directly related to resilience in counsellors and psychotherapists, career sustaining behaviours (CSBs), self-care and self-compassion have previously been linked to resilience in counsellors (McCann, Beddoe, McCormick, Huggard, Kedge, Adamson, & Huggard, 2013). Lawson (2007), from a survey of over 500 professional counsellors, identified key CSBs among practitioners, such as maintaining balance between personal and professional lives and maintaining self-awareness. While Lawson (2007) provides insight into the strategies counsellors employ to sustain themselves, CSBs were limited to those appearing on a questionnaire. There was, therefore, limited scope for new and unexpected behaviours to emerge and be explored; a limitation Lawson (2007) acknowledges.

Skovholt et al. (2001) describes a number of avenues for supporting professional and personal self-care in the helping professions. These for instance include: fostering professional self-understanding and awareness; drawing on enriching peer relationships; and attending to personal needs. Self-compassion is characterized by

feelings of kindness and caring toward oneself , as well as by a non-judging and accepting attitude towards one's failures and imperfections (Neff, 2003). This emerged as a meaningful to practicing counsellors in Patsiopoulos and Buchanan (2011), along with achieving balance through holistic self-care strategies. From a trainee perspective, Fragkiadaki, Triliva, Balamoutsou and Prokopiou (2013) found self-care and self-acceptance were important to trainee family therapists.

The challenge in defining and operationalising resilience has often been raised (Davydov, Stewart, Ritchie, & Chaudieu, 2010; Windle, Bennett, & Noyes 2011). Three broad conceptualisations of resilience (Richardson, 2002) - resilient qualities, resiliency process and 'innate resilience' - were therefore appraised in order to develop a comprehensive theoretical framework for understanding and interpreting resilience in the present study.

Resilient qualities include assets (internal to the individual) and resources (external to the individual) that help people 'bounce-back' (Richardson, 2002; Windle, 2011).

Assets might include an individual's sense of self-efficacy (Rutter, 1987), locus of control (Rotter, 1954) and agency (Bandura, 1982). Cognitive reframing has also been linked to resilience (Wu, Feder, Cohen, Kim, Calderon, Charney, & Mathé, 2013).

Resources might include environmental factors such as family and community support (Benson, 2006).

Richardson, Neiger, Jensen and Kumpfer's (1990) resiliency process model proposes how resilient assets and resources might be acquired. The model for instance describes a process of resilient reintegration, where an individual emerges from a 'disruption to

their homeostatic state' with enhanced assets and resources. Reintegration back to homeostasis, with little or no growth, as well as reintegration with overall loss are also described by this model. From a process perspective, resilient assets and resources deployed in one context may be less effective in another; moreover, an individual's experience of resilience may change over time; indeed, resilience may be something that can be built (Fletcher & Sarkar, 2013). A process perspective of resilience contrasts, however, with a view of resilience as a personality trait that is relatively stable over time (Windle, 2011). Viewing resilience as something static runs the risk of resilience being construed as a capacity that people either do, or do not have (Fletcher & Sarkar, 2013). Indeed it risks ignoring the role relational dynamics and growth-fostering relationships – characterised by mutual empathy, mutual empowerment and unconditional acceptance - play in nurturing resilience (Brown 2006; Jordan, 2008; Hartling, 2008).

Innate resilience has been defined as an inherent source of energy that fuels resilient reintegration (Richardson, 2002). Consistent with the perspective of innate-resilience is Werner and Smith's (1992, p. 202) reference to resilience as an innate 'self-righting mechanism' and Lifton's (1994) identification of resilience as a capacity to transform and change present in all. The present study acknowledges the potential ambiguity in this conceptualisation of resilience, but considers a framework that includes some accounting for what might underpin resilient reintegration as useful to a fuller understanding of the construct.



## **Rationale for study**

While O'Brien and Haaga (2015) call for continued study in the area of building therapist resilience, they are also aware of the need to use this research to inform and promote the development of training. The present study acknowledges and supports the call for additional research and for its application to practice. Moreover, Clark (2009) suggest further work on therapist resilience should include the voices of practitioners at different levels of experience. Since trainees' voices have had limited representation on this topic, the authors of the present study contend that a deeper exploration of trainees' experiences of resilience is essential to a fuller understanding of what fosters and maintains it throughout training, as well as onwards in professional life-long practice. Indeed, others have called for inquiry into the subjective and lived experiences of trainee therapists (Pascual-Leone, Wolfe, & O'Connor, 2012; Fragkiadaki et al., 2013). Therefore, an in-depth exploration of trainee experiences of resilience would, in addition to identifying what nurtures and sustains resilience, contribute to a broader picture of the trainee experience.

A wide range of pathways exist for training therapists (BACP, 2019). Because this study is interested in exploring resilience in trainee therapists, the trainee status is of primary importance, rather than modality or pathway of training. Consistent with literature, 'therapist' is used in the present study to refer to anyone practicing in the psychological therapies, including counsellors, psychotherapists and counselling psychologists (Killian, 2008; Kottler, 2017).

## **Rationale for approach**

The present research considered a qualitative approach the most appropriate for the exploration of the lived experience of resilience in trainee therapists. Furthermore, a systematic, interpretative approach, committed to exploring how individuals make sense of the lived experience, was sought. Interpretative Phenomenological Analysis (IPA) was therefore used to inform the design of the present study and to analyse the data (Smith, Flowers, & Larkin, 2009).

IPA's idiographic commitment lends it to in-depth inquiry with small samples (Smith & Osborn, 2007, p. 56). Given that the present study was committed to in-depth exploration of how trainees make sense of their experience of resilience, four trainee therapists were interviewed and their accounts analysed in detail. Themes were subsequently elicited across the cases and these are presented in this research.

## **Research questions**

In response to the limited research in the area of therapist resilience, the present study sought to answer two questions.

*Primary research question:* How do trainee therapists make sense of their experiences of resilience?

*Secondary research question:* What helps foster and sustain resilience in trainee therapists?

## **Method**

### **Participants**

Participants were recruited through the first author's professional networks and included counselling agencies and training programmes. Academics, agency managers and supervisors in these networks were furnished with a digital copy of a participant information sheet, which they then disseminated. Trainee therapists interested in participating made contact with the first author by email. Participants included in this research were not known to the first author prior to the study.

Four female participants, ages ranging from early thirties to mid-fifties, consented to take part in one-to-one interviews for the purposes of this research. Participants were trainees in the latter halves of psychotherapy, counselling and counselling psychology postgraduate degrees and had all been seeing clients for at least six months. All participants were second-career therapists in training. Participants included one UK national, two EU nationals and one non-UK/EU national who had been residing in the United Kingdom for some time.

The pseudonyms Carolyn, Maureen, Jane and Sue have been used to refer to participants.

### **Ethical considerations**

This study received ethical approval from the University Ethics Committee. Participants were made aware that participation was entirely voluntary, that they could withdraw

consent at any time and that anything they shared would be treated with confidence. Signed consent was provided by each participant prior to face-to-face interviews commencing (three interviews) and verbal consent was provided where the interview was conducted over the phone (one interview). Further ethical issues are considered from a reflexive perspective below.

### **Interviews**

Four semi-structured, one-to-one interviews were conducted over the course of a month, producing just under four hours of recorded data. A semi-structured interview approach was adopted in order to allow space for novel issues to arise and be explored (Pietkiewicz & Smith, 2012). Interview questions were designed to facilitate an inquiry into how participants make sense of their experience of resilience and included (1) tell me about a time that captures your experience of resilience while on your journey to becoming a therapist? (2) How did you navigate this experience? Participants were also invited to draw from their personal lives parallel to their trainings and from their personal and professional lives prior to their therapy trainings. Participants were not provided with a definition for resilience in the recruitment materials, or during the interviews. The broad framework for understanding resilience adopted in the present study was intended to accommodate a range of perspectives on and meanings for resilience.

Each participant was interviewed once for around one hour. Interviews were recorded on a secure electronic device with secure onward storage through an encrypted cloud service. Interviews were subsequently transcribed verbatim by the first author.

### **Analytical approach**

Each case analysis was undertaken in a number of stages (Smith et al., 2009, p. 82). Firstly, the transcript was read through a number of times, including whilst listening to the interview recordings. The second stage involved situating transcript data in the middle column of a three-column table with rows separating each section of dialogue. Initial observations of how the participant made sense of their experience and initial interpretative and conceptual comments were included in the right-hand column. Thirdly, emergent themes - concise statements capturing the essence of what was important in the researcher's initial notes and the associated portions of transcript - were included in the left-hand column of the table. An iterative process of clustering and re-clustering emergent themes led to the identification of themes within a case. Themes were then checked back against the transcript, notes and emergent themes and through several iterations, were refined. This process was repeated for each case-study. A cross-case analysis, which included a synthesis of common observations and shared and diverging patterns of lived experience, was then performed, resulting in the formulation of three over-arching and four sub-ordinate themes.

## **Reflexive statement**

The first author is a practicing psychotherapist and conducted the one-to-one interviews with participants. Potential issues around an imbalance in power between the researcher and the participant can potentially arise in qualitative research (Haverkamp, 2005; Bimrose & Hearne, 2012).

In order to address the potential sense of a power imbalance in the relationship, I (the first author) shared why the research was important to me as a therapist based on my own experience. I shared something of my experience at the start of the interview, but disclosed more towards the end, so as not to overly influence the participants own sharing. I also sought to empower participants with a sense of themselves as the experts on the topic and where appropriate, assured them that whatever they shared was entirely valid and valued. I did not know my participants, but as they had been informed about my research through contacts in my wider professional network, I potentially knew individuals connected to them. I therefore disclosed the fact that I was an accredited psychotherapist prior to the interviews taking place. Being transparent about my background, as well as paying particular attention to clarifying confidentiality and consent, helped with building a foundation of trust in the researcher-participant relationship.

My own experience of challenge whilst navigating the rigors of a psychotherapy training mean this topic is both personally and professionally meaningful to me.

Although every attempt was made to ground the analysis in participant accounts, what is presented in this paper is not offered as the definitive interpretation of the data. My

experiences as a psychotherapist are anticipated to have contributed to the interpretative position of this paper.

### Analysis

Analysis of the data produced three super-ordinate and four sub-ordinate themes (Table 1). Each theme is presented in turn below and is evidenced using verbatim extracts from participant accounts.

Table 1

*Summary of superordinate and subordinate themes*

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Superordinate Theme	Subordinate Theme
1. Reframing resilience	a. From invulnerability to vulnerability
	b. Embracing failure and challenge
2. Locating resilience	a. Uncovering resilience within
	b. Resilience in relationship
3. Finding the right path	

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## **1. Reframing resilience**

How participants understand resilience appears to have changed over time. Their accounts suggest that empowerment and confidence are increasingly accessed through being permeable to, rather invulnerable to, the impact of experience. Moreover, how participants relate to and frame challenge appears also to have changed, with participants experiencing enhanced feelings of control and self-efficacy through embracing and successfully navigating challenge.

### **a. From invulnerability to vulnerability**

Participant accounts suggest that prior to their trainings, their approaches to navigating challenge were informed by beliefs that they should be invulnerable and impervious. Rather than weaken, shifting away from a position of invulnerability appears to have empowered participants with a sense of their own efficacy and control, as well as with a sense that their own needs should be honoured too.

Sue for instance once held the view that a therapist was this 'person with no feeling' and prior to her studies to become a therapist, she considered herself a resilient person. On reflection, however, she feels her studies have 'made [her] less resilient'. By this, she means her understanding of resilience in the therapeutic context has changed:

Before I never thought I would disclose to a client, I mean not in the, I'm not saying that something overwhelmed me and I would disclose this, but if something touched me, or something just puzzled me.



Sue later shares her sense of how being vulnerable as a therapist relates to sharing and self-disclosure in the therapeutic alliance:

...maybe more vulnerable, but, and I know what to do with this and how to use it and when not to use it.

There is something vulnerable in disclosing one's felt experience, but there is a sense that Sue has choice around how and when she taps into vulnerability and uses it. This dynamic use of self in the work points to a growing flexibility in the way Sue works with clients, which both strengthens the therapeutic connection and deepens her sense of efficacy as a practitioner. Moreover, it suggests a shift in her expectation of how a therapist should be. Rather than be a therapist who is impervious, she can now allow herself to be a therapist who feels.

Similarly, Maureen once held the view that she should be invulnerable. She shares the cultural and familial origins of her earlier understanding of how challenge should be met:

...something about the culture and the work ethic and the, and maybe what it meant for me growing up to be resilient or to be, yeh, to ... almost be, be made out of steel.

Maureen however finds that she now resonates strongly with the emphasis placed on practitioner self-care within the talking-therapies and has a sense of the relative lack of emphasis in her previous professional role. Maureen shares an example of where she tussled to balance her own and her client's needs following a personal loss:

...there was something going on [in work with a client] that felt important to tend to. Um, and, and I felt that, that I was good enough for that.

Discussion with a senior colleague, however, helped guide Maureen's attention back to her own self-care needs:

...she identified that with me that I felt I was able to and she said I feel you are able to, but do you need to.

By 'good enough', Maureen may be pointing to her capacity to attune to her client's needs. This implies that so long as she felt she could do the work of a therapist, she should push on through. Discussion with a senior colleague however appeared to empower Maureen with a sense that it was ok to take the time she needed.

#### **b. Embracing failure and challenge**

Participant accounts suggest that through reframing and learning from failure and mistakes, it is possible to emerge from potentially challenging situations with greater self-efficacy and enhanced feelings of control.

Jane has developed the capacity to learn from, even welcome failure; however, she has a sense that there may be limits to where an adaptive reframing of failure could be applied. Jane shares how it was for her to fail an assignment for the first time:

I was quite pleased I failed. I was embarrassed I failed, but also quite pleased. I think it was kind of reassuring to know I'm glad I can fail, I know I can fail as well.

Rather than feel defeated by failure, Jane instead experienced a sense of being bolstered by it. Jane went on to share:

...when you fail, you know how can you make a difference.

Jane's sense, however, is that failure in the clinical context could take on an entirely different meaning:

...if you have someone, they lose their life as a result of you, or, not you, but you start thinking, that me? Anything I could've done? And that's something, something more irreversible, and quite scary.

Jane appears to have been empowered through being able tolerate failure; and perhaps more than merely tolerate it, reframe it as something positive. Furthermore, Jane interpreted the failure in this instance as meaning that she need only try harder next time, thus a better performance remained within her control. She however anticipates that a sense of failure in some contexts could lead to a level of self-doubt that would be difficult to reframe and move on from.

In a similar sense, Sue has gained a greater sense of her own efficacy in her work with clients. Sue shares an experience from her clinical practice where she was deeply impacted by the feelings a client expressed about their own child:

So it, it must be hitting my own, like child's memories, or, or, it just brings up the child in me

Sue subsequently found herself defending the child's position to the client, which she felt caused a temporary rupture to their therapeutic relationship. However, Sue sought to address this in the same session, which left her feeling 'quite pleased with [herself]' for not having left it hanging until the next appointment.

Sue experienced it as being within her control to address the feeling of rupture in the session. She was able to bounce back in that moment and use her skills to re-establish understanding and trust in the relationship; the alliance was restored, as was Sue's confidence. Sue was likely empowered with a sense of her own therapeutic ability and efficacy through this learning experience. Linking her initial reaction to the client to her own childhood memories also points to the value Sue increasingly places on self-awareness in the work and on establishing a sense of self that is separate from the client.

## **2. Locating resilience**

Participants experienced resilience as both an internal and external phenomenon - something that is both uncovered within, as well as found and enhanced in relationship. Whilst most participant accounts point to a sense of both, some felt that one or the other tended to stand out more, either across a lifetime, or in a particular instance.

**a. Uncovering resilience within**

Participant accounts appear to point to a sense of resilience as something that is uncovered within. This growing sense of something internal does not appear to reflect a view of resilience as a quality that one either does or does not have, but rather as something inherent and universal.

In exploring what resilience means, Carolyn shared how meditation has served to bring her into contact with a sense of 'something that is inherently more well'.

This feeling of wellness is experienced by Carolyn as something which transcends herself:

...it connected me in to a much wider field of resilience, of inherent wellness, that is not just my own

Carolyn proceeds to share what inherent wellness means to her in terms of an innate capacity to adapt:

...that's a kind of core part of my inherent wellness, my sense of having capacity to withstand, or if I don't withstand, my body will shift and change anyway.

Fostering resilience for Carolyn does not appear to have involved incorporating something into herself which was not already there, but rather it seems to have been a process of uncovering and reconnecting with something that naturally tends towards wellness.

Likewise, Maureen appears also to have developed a sense of resilience as a capacity that is both adaptive and inherent. Maureen shares an analogy, linking bouncing back to the experience of pain and recovery in one's muscles when learning how to dance:

In the beginning, everything hurts and you feel like you can't walk. And after a while, things still hurt, but they hurt differently and there something about the muscle becoming adjusted.

Maureen returns to the muscle analogy, providing a further layer of meaning:

And I think that the confidence is like oh but I know my muscles are good enough for this, even if I feel like shit right now, I'll get back up and that, that's sort of a, it's more of a trust I guess in your ability to recover.

Maureen's sense is that resilience, like a muscle, is built up and developed over a series of exertions and challenges. Moreover, the muscle analogy captures Maureen's growing trust and confidence in her ability to recover.

Maureen's current view of resilience reflects a growing sense of her own efficacy. Furthermore, it is Maureen's muscles that adapt in the face of difficulty, therefore her locus of control is internal in terms of how she experiences and responds to life's challenges. Furthermore, trust and confidence in her capacity to heal may suggest Maureen's sense of something innate within herself that tends towards health. The data also appears to suggest that Maureen experiences resilience as a capacity that is built over time.

In the latter stages of her degree, Maureen experienced a personal loss and felt drawn to plug into the wider support of her training:

I think when people talk about resilience, a lot of the time it feels like a very internal thing. But actually in that instance it was about making sure that I, that I could go elsewhere.

Although Maureen appears to be developing a sense of resilience as including something internal, it does not appear to limit her from drawing on a wider web of relational support. Indeed, it was through going 'elsewhere' that Maureen was introduced by a senior colleague to the dance analogy above, which appears to have provided her with a means to access and make sense of her own experience of resilience.

#### **b. Resilience in relationship**

Participant accounts point to a connection between relationship and resilience. In addition to providing support, relationship also serves to enhance internalised feelings of belonging and acceptance. Self-reliance, however, remains important for some.

Carolyn's sense, for instance, is that the presence and absence of relationship has informed when she has been both with and without a sense of her own resilience. Carolyn shares her view of the essentiality of relationship in terms of the struggle she has experienced through a lack of it:

Wherever I go, I cannot bare not to have relationship. When I don't get relationship, then I have a real problem.

By contrast, Carolyn has experienced love and acceptance in her therapy training group. These helped instil a sense of community and belonging in her even when she was away from her peers:

I just had an operation, so the sense of being connected to them but not being connected to them while I was recovering was extraordinary.

Carolyn explained further that the sense of connection with others came 'from feeling loved in terms of accepted, welcomed, received.'

The accepting, loving and supportive environment of the training group appears to have internalised an enduring felt quality of belonging that was still accessible to Carolyn, although physically separated from her peers.

Jane's account, however, presents a contrasting view. Although Jane feels she is more likely to ask for help now than she once did, on balance, Jane's feels she has drawn more on her inner assets than on external resources in facing life's challenges. Jane shares her understanding for why this might be so:

I don't want to trouble anyone, so I want to be flexible to get things done, so that is my own thing, um, so this is very personal thing, and that kinda like help me get a certain strength and help with building up my resilience.

Jane also shares how life's challenges have shaped her sense of her own resilience:



I think I'm in a good place to start this course, because I have been through quite a bit, and all these years of experience have helped me to accept myself; accept my value.

Jane's account suggests she has built and enhanced resilient assets within herself through navigating and growing from challenging life experiences. Jane, through recognising how she has previously coped and rebounded, is empowered in the present with a self-belief that she can face the tests of her current training. It appears Jane's experiences of challenge prior to embarking on her therapy training have contributed to her cultivating a more accepting relationship towards herself.

### **3. Finding the right path**

A number of participant accounts point to their dissatisfaction with previous professional roles. The journey to becoming a therapist, however, appears to resonate in a deeper and more personally meaningful way.

This is particularly salient for Sue who currently finds herself at a crossroads and is contemplating whether to stay in the security of her day job, or to take a leap of faith and wholly pursue a career as a therapist.

Sue contrasts her roles as a therapist and an office worker in terms of the sense of power that they either instil, or erode in her:

When I go for the sessions with clients I never feel so weak as when I am stripped of my powers in the, in the office environment.

Sue proceeds to link her sense of power in her role as a therapist to being valued in that role:

I feel much more valued in this setup. Plus also, I think also I feel much more valued by myself.

Moreover, Sue experiences a 'complete feeling that I am in the right place' in her work with clients.

Feeling valued in a role is important to Sue and undertaking what she truly wants to do may be experienced as an act of self-valuing. Sue appears to experience a sense of purpose in her emerging role as a therapist and seems to trust in this feeling as a validation of the path she has chosen.

## **Discussion**

At the time of writing, the present research is one of only a few to have investigated resilience in therapists. The idiographic commitment of the approach employed helped provide depth insights into how individual subjective experiences help shape resilience in the trainee therapist. A combination of general and idiographic findings are discussed below.

The framework we adopted for understanding and interpreting resilience allowed a diversity of conceptualisations and meanings for the construct to emerge. Overall, participants' experiences reflected the process-like nature of resilience (Richardson, et

al. 1990): disruptions of one kind or another prompted growth and the acquisition of new or enhanced assets (e.g. increased self-efficacy) and resources (e.g. greater openness to external support and relational connection). This process may echo the cyclical developmental processes of the trainee described in literature (e.g., Sawatzky et al., 1994; Marshall, 2000). The counsellor experiences dissonance, or a disruption to their identity of some kind, which they then navigate with the aid of assets (e.g. self-reflection) and resources (e.g. supervision) and emerge from empowered and with a renewed and enhanced sense of their developing therapist identity and efficacy .

Participant accounts suggest resilience in trainees is associated with self-efficacy, an internal locus of control, reframing of experience, a sense of purpose, self-care, self-compassion, self-awareness and a clearer awareness of self and other. With respect to the latter two, Clark (2009) found that resilient therapists possess the ability to assume a separate “I” position relative to their clients and are therefore able to avoid taking more responsibility than is appropriate. This is perhaps consistent with the importance qualified counsellor’s placed on ‘maintain self-awareness’ in Lawson (2007); although, exactly how participants in that study interpreted this item is unclear. Sue’s experience in the present study adds depth to Clark (2009) and Lawson (2007), as it appears to show how this resilient quality may develop while training.

There is a lack of evidence supporting self-efficacy as an internal factor related to resilience in counsellors (McCann et al, 2013). However, the trainee practitioner-self is still developing (Skovholt & Ronnestad, 2003), therefore, it is conceivable that a growing sense of one’s own abilities may carry more meaning to trainees than to

qualified therapists. Indeed, empowerment in terms of a sense of internal authority and personal agency (Sawatzky et al., 1994) and self-efficacy (Marshall, 2000) have been identified as key themes in trainee therapist development.

### **Reframing resilience**

The present study suggests trainee therapists build resilience through the process of establishing a new, more accepting relationship to vulnerability. This process is characterised by the letting go of rigid ideas of invulnerability, as well as a willingness to be more open and permeable to experience. Indeed, the data indicates resilience may be the capacity for managed vulnerability. Managed vulnerability may include the skilful use of disclosure and self in work with clients and the acknowledgement of and tending to of self-care needs. Moreover, findings in the present study suggest enhanced feelings of self-efficacy and empowerment may be accessed through acknowledging and embracing vulnerability. This echoes findings in Brown (2006) and in Jordan (2008), where the process of embracing and acknowledging personal vulnerability was linked to resilience to feelings of shame and disconnection.

Through accepting their limitations and weaknesses as beginning therapists, trainees in Fragkiadaki et al. (2013) found new, less-punitive ways of approaching themselves. Moreover, their anxieties were eased through forming more realistic expectations for themselves as therapists. Participants accounts in the present study also reflect journeys towards greater self-acceptance and a dissolving of expectations. Indeed, non-judging self-acceptance is key component of self-compassion (Neff, 2003), which

emerged as meaningful to qualified practitioners in Patsiopoulos and Buchanan (2011) and was previously linked to resilience in counsellors in McCann et al. (2013).

Participants' changing views of resilience point to the temporally and contextually dependent nature of the construct (Fletcher & Sarkar, 2013). Indeed, a more steel-like and impermeable approach may well serve in the corporate context. However, the impermeable walls that served to protect in previous roles may be experienced as much less helpful in the role of the therapist, where empathy with the client requires some measure of being impacted by the client's sharing.

Rather than be diminished by failure, participants are instead empowered through being able to reframe their experiences, as well as through being able to appreciate their own capacities to successfully navigate challenge. The ability to reappraise in this way has previously been linked to resilience (Wu et al., 2013). Moreover, and consistent with previous findings, participants in the present study appeared to welcome challenge (Sawatzky et al., 1994), as well as view it as an opportunity to learn (Auxier et al., 2003).

### **Locating resilience**

A number of participant accounts point to a sense of resilience as being, in part, something that is uncovered. That is not, however, to say it is experienced as either a quality that is there, or not there, but rather it is experienced as something that is universally shared, or as something that is inherent and merely waiting to be

uncovered. This points to an understanding of resilience that fits with Richardson's (2002) conceptualisation of innate resilience.

Participants drew on external resources, such as friendships, supervision, and peer and mentor support. More than merely support though, participant resilience, in the form of instilled feelings of acceptance and belonging, appears to have been fostered through meaningful relational connection (Brown, 2006; Jordan, 2008; Hartling, 2008). Although most participants linked external support and relational connection to resilience, Jane appeared to place emphasis on self-reliance. This adds a new dimension to Fragkiadaki, Triliva, Balamoutsou and Prokopiou (2013) as rather than being nurtured in an accepting and non-judging training community, Jane suggests her self-acceptance was born of life's challenges and prior to her training.

### **Finding the right path**

Participants had left, or were in the process of leaving, careers in wholly or mostly unrelated fields to start new roles as therapists. Dissatisfaction with prior professional roles was apparent in a number of participant accounts. By contrast, the therapeutic training context was experienced as a source of support, relational connection and belonging. Feeling purposeful and valued also arose in relation to work with clients. A sense of meaning and purpose in the work have previously been linked to therapist resilience in the literature (Clark, 2009; Skovholt et al., 2001). Furthermore, the meaningfulness of feeling valued for Sue is of interest, because although a sense of feeling valued has been linked to resilience in other health professions, it does not appear to have been identified in therapists (McCann et al., 2013).

Consistent with previous research (McCann et al., 2013), findings in the present study point to links between personal and professional identity and resilience in therapists. Participant accounts suggest that the role of therapist was experienced as a closer fit with who they are as people. This adds depth to Clark's (2009) finding that seasoned therapists experience their work as an extension of their identities, suggesting that a sense of this may emerge as someone trains. Furthermore, this finding may imply that the process of individuation, described by Skovholt Ronnestad (1992) as the gradual integration of personal and professional selves, may begin in the trainee practitioner.

### **Fostering resilience in trainees: Recommendations for practice**

A number of participants experienced supportive and accepting relationships with peers, supervisors and senior colleagues as instilling felt qualities of belonging and empowerment. Jordan (2008), Hartling (2008) and Brown (2006) point to the role that growth-fostering relationships - characterised by mutual empathy and mutual empowerment - can play in nurturing resilient qualities in individuals. The findings of the present study support the proposition that therapy trainings should therefore continue to identify opportunities to facilitate meaningful relational connections for trainees.

Clark (2009) suggests trainees should carefully consider their reasons for choosing to become therapists, finding that the therapeutic role had resonated deeply with experienced practitioners. Indications were that trainees in the present study experienced a similar resonance with the role and profession. Therefore, this study agrees that trainees should be supported in inquiring into their motivations for

wanting to become therapists, as a sense of personal congruence with their developing professional identity may serve to sustain them as they progress into their career.

Furthermore, Richardson (2002) proposes that therapists should, in addition to identifying and nurturing resilient qualities in their clients, seek to support the client in discovering their own innate resilience. Conversely, trainees could be supported in undertaking a journey of inquiry to discover what resilience means to them. Indeed, a number of participants in the present study reported that they found the interview process useful in this regard. A journey of this kind could be supported in personal therapy, or in the format of a group inquiry within trainings.

Wagner and Hill (2015) point to lived experience and previous identity development as contributing to how a trainee may experience entry into a training programme.

Indeed, findings in the present research suggest trainees may start their trainings with particular views on resilience as well as assets and resources acquired from their personal and prior-professional lives. Therapy trainings could provide a forum that supports an active exploration into which assets, resources and conceptualisations of resilience might continue to serve and which may not in the therapeutic training and practitioner contexts.

Trainees may already receive various forms of resilience training in their counselling and psychotherapy programmes, even if not explicitly named as such. Self-care training that facilitates an enquiry into what self-care means and that supports the adoption of self-care strategies may, for instance, serve a similar role. Counselling and



psychotherapy programmes should therefore identify the various ways they currently foster trainee resilience and where gaps exist, consider supplementing these.

### **Limitations**

The intention of the present study was to inquire at depth into the lived experience of trainee therapists. Therefore, no claim is made about the generalisability of the findings. While participants were homogenous in terms of their trainee status, they were heterogenous in terms of age and modality of training. Response to stressors among trainees may be, to some extent, age dependent (Skovholt & Ronnestad, 2003). Therefore, future research could consider how age, training pathway and indeed prior professional background contribute to trainees' experiences of resilience. Moreover, mixed methods approaches could provide more insight when for instance questionnaire scales are used to identify resilient assets and resources (Lawson, 2007; O'Brien & Haaga, 2015).

### **Conclusion**

Understanding how resilience is developed is integral to fuller understanding of trainee development. Trainees need to develop competence and confidence en route to becoming therapists. Perhaps somewhat paradoxically then, findings in the present study suggest that building resilience is about becoming more vulnerable. Trainee's feelings of empowerment, self-efficacy and control may be fostered through a new

less judging relationship to the experience of vulnerability. Indeed, a sense of confidence may emanate from the capacity for managed vulnerability.

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