

Section: Preliminary studies in PPT

RESILIENCE OF PSYCHOTHERAPISTS THROUGH THE LENS OF THE PRIMARY CAPACITIES OF NOSSRAT PESECHKIAN'S POSITIVE PSYCHOTHERAPY



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Abstract

This study explores the correlation between the resilience of therapists and the primary capacities of Nossrat Peseschkian's Positive Psychotherapy theory. The aim of the study is to examine whether the developmental state of these capacities, related to the emotional aspects of an individual, can work towards increasing the resilience of therapists. A cross-sectional study was conducted to collect and analyze numerical data using questionnaires, to examine the relationship between primary capacities as an independent variable and resilience as a dependent variable. The study included 93 participants, psychotherapists from Greece, Romania, UK, Spain, Poland, Ukraine, Germany and Austria, all of them over 24 years of age with more than 1 year of experience as psychotherapists. A statistically significant correlation was found between the therapists' primary capacities and resilience. Therapists with a higher level of primary capacities were more likely to be resilient in the face of adversity. This suggests that developing primary capacities can help therapists cope with the challenges of their work and maintain their well-being.

Keywords: primary capacities, resilience, well-being, positive psychotherapy

Introduction

Resilience has long been the subject of research and yet always topical with the focus being either on internal factors or external ones in relation to the individual, such as family environment, social and cultural context etc. (Fleming et al., 2008).

As a property, resilience gives the individual the ability to adapt positively to adversity and

challenge in life through protective and successful coping strategies.

A number of internal and external factors can determine the degree of an individual's resilience dynamic, the latter being a skill that can be cultivated and developed (APA Dictionary of Psychology). Currently, researchers are still focusing on the individual dimensions of resilience, supporting through their work and findings that resilience is an internal ability and skill, the latter being studied in a wide range of

research during the last half-century (Wagnild and Young, 1993; Oshio et al., 2003; Sinclair and Wallston, 2004). This is the direction of this study as well.

Therapists are by definition in circumstances that test their mental strengths, as they are constantly confronted with conditions and situations that must be handled with empathy and acceptance combined with a preventive and self-protective attitude to maintain mental equilibrium (Cooper et al., 2013). Their resilience in these circumstances is a necessary condition to maintain their functionality and good mental health which can be challenged under various adversities, among which was the COVID-19 pandemic (Aafjes-van Doorn et al., 2022).

From the perspective of positive psychotherapy, man inherently possesses two fundamental interconnected capacities, the capacity to love and the capacity to know and understand things (Peseschkian, 1996). One's capacity to love enables a set of primary capacities to be activated and developed, such as of patience, sexuality and tenderness, love and acceptance, time, contact, hope, trust, and faith. From the fundamental ability of knowing flow some secondary capabilities such as one's ability to maintain order, the ability to be punctual, to be honest, kind, obedient, faithful, frugal, and just.

Both sets of capabilities of the individual - primary and secondary - form a matrix of abilities in which the primary capacities seem to regulate mainly the emotional aspects of the individual, while the secondary ones mainly determine the behavior and action of the individual (Peseschkian & Walker, 1987). Therefore, in the context of therapy, both primary and secondary competencies of the therapist can either work towards increasing resilience in the work context or undermine it, depending on their content, development and direction.

The therapist's resilience is an important factor for his/her health and well-being as well as the therapeutic process and outcomes. The Primary Capacities in Positive Psychotherapy constitute core features and their development defines to a wide extent the functionality and well-being of a person.

There are several researches which explore the relations between resilience and different factors as secondary trauma, COVID19 as a special stressor.

Lazos, Kredentser (2021) in their research underline that in Ukrainian therapists is a statistically significant inverse relationship between psychotherapist resilience and secondary trauma as a result of therapists' contact with trauma victims.

Tavel&all (2022) found out in their research regarding COVID19 as stressor, that higher dispositional resilience significantly reduced the level of perceived stress among psychotherapists.

A Greek group of researchers Lakioti, A., Stalikas, A., & Pezirkianidis, C. (2020) found out that positive emotions, and satisfaction with relationships (factors described by Positive Psychology – Seligman theory) might play an important role in the development of strategies for improving therapists' mental health and functioning.

There is also underlined a statistically significant positive relationship between psychotherapist resilience and indicators of their professional experience (as receiving personal therapy, ongoing supervisory support as well as trauma coping training) (Lazos, Kredentser, 2021).

There are no researches focused on capacities described by Peseschkian and their relations with resilience of therapists. This paper explores how the developmental state of the primary capacities is connected with a therapist's resilience, whether it be increasing or hindering it. The reason why the primary rather than the secondary capacities has been chosen to be explored in relation to resilience is not only that they are the capacities on the basis of which the secondary group is developed, but also that they are the ones closer to the emotional content of the self and the basis on which the secondary one's manifest (Jork & Peseschkian, 2006).

Methodology

2.1. Research Aim

The purpose of this research is to explore the relationship between a therapist's resilience and primary capacities. The research questions included in the research were the following:

- 1) Is there a relationship between the therapist's demographic characteristics and the therapist's resilience?
- 2) Do therapists whose primary capacities are more developed, appear to be more resilient than others?

2.2. Design

A quantitative method was used for the study, collecting, and analyzing numerical data through questionnaires to investigate the relationships between variables, and to draw conclusions about the population under study. The study was a cross-sectional study in which data were collected at only one point in time.

2.3 Research tools

In the present study, the survey was conducted using an online questionnaire consisting of 56 questions which took about 20 minutes to complete. The questionnaire was developed and consisted of demographic information about the therapists, such as gender, age, marital status, country of residence, academic level, years of work, work context, and appropriate measurement tools for the purpose of the study.

We used the Connor - Davidson Resilience Scale (CD-RISC) to measure the psychological resilience of the sample of mental health professionals. The CD-RISC questionnaire contains twenty-five (25) self-report items (based on participants' beliefs and perceptions) that are rated on a five-point Likert scale (0 = "Never", 1 = "Rarely", 2 = "Sometimes", 3 = "Often", 4 = "Always"). The twenty-five items of the scale are grouped together and correspond to five different factors that include specific characteristics related to the therapist's qualifications. These factors are related to the following qualities:

- Personal competence,
- High standards and perseverance,
- Confidence in intuition,
- Tolerance of difficulties and stressful events,
- Positive acceptance of change and secure relationships,
- Control
- Spiritual influences.

Higher scores indicate higher levels of resilience, and scores can range from 0 to 100. A score can be derived for each factor, but also an overall score for the scale. The scale in the English version, which was applied to a general population, shows good internal consistency with a Cronbach's α index of 0.89 (Connor & Davidson, 2003).

The WIPPF questionnaire - Wiesbaden Inventory for Positive Psychotherapy and Family

Therapy International Version 2.04 was developed by Peseschkian and Deidenbach (1988) and adapted by A. Remmers in 1995 for international use. WIPPF assesses the Actual Capacities - both the Primary and Secondary - which can potentially constitute areas of conflict (Tritt, K. et al., 1999). More specifically the questionnaire consists of 88 questions covering all actual capacities, both primary and secondary of which 24 refer to the primary capacities, which was the focus of this paper, hence the exclusion of questions relevant to the secondary capacities. The 24 items are rated on a four-point Likert scale (1 = "Fully disagree", 2 = "Partially disagree", 3 = "Partially agree", 4 = "Fully agree"). For this reason, the questions related to the therapist's secondary capacities were excluded from this study.

2.4. Data collection process

The survey instrument was used to collect data from therapists in different countries. The study period was from April to June 2023 and the collection was administered through chain-referral sampling. 93 questionnaires were collected. Participants were over 24 years of age. The sample group participated in the study by completing an electronic questionnaire sent via email. Potential participants received an invitation email with details about the study and a link to the survey.

2.5. Analytical Procedure

The therapists' resilience was considered as the dependent variable and the therapist's primary capacities as the independent variable. Categorical variables were expressed as absolute and relative frequencies (N, %). Quantitative variables were presented as mean (SD) values. All continuous variables were tested for normality using the Kolmogorov-Smirnov and Shapiro-Wilk tests. The Student's t-test for independent samples was used to assess the relationship between a categorical and a qualitative variable when the sample met the normality assumption.

The non-parametric Mann-Whitney U test was also applied to analyse differences between groups. Moreover, the one-way ANOVA and the corresponding non-parametric Kruskal Wallis test were used to examine statistically significant differences between a quantitative and a qualitative variable with more than two

categories. The non-parametric Spearman's correlation coefficient (r) was used to assess the linear correlation between two quantitative variables. All statistical analyses were performed using IBM SPSS Statistics v25.0. The aforementioned statistical tests were performed at a significance level of 0.05.

2.6. Ethical Issues

Given the nature of this project, certain ethical considerations were taken into account. All study participants were informed of the purpose of this study and had the opportunity to decline participation or withdraw consent at any time. Information obtained from participants was kept confidential and individuals were not identifiable as the data collected were stored anonymously in an electronic database.

Results

3.1. Demographics

The basic demographic characteristics of the sample are shown in Table 1. Most of the participants were female ($n=78$, 83.9%). Regarding age, the majority of the sample was 36-45 years old ($n=44$, 47.3%), 30.1% ($n=28$) were 46-56 years old, followed by participants aged 24-35 years ($n=16$, 17.2%) and 57-67 years

($n=5$, 5.4%). Concerning family situation, most participants were married ($n=54$, 58.1%), followed by unmarried ($n=26$, 28%). 31.2% ($n=29$) of participants had 1-5 years of work experience, followed by those with 11-15 years ($n=24$, 25.8%) and up to 16 years ($n=23$, 24.7%). Most of the participants worked in the private sector ($n=78$, 83.9%), 14% ($n=13$) worked in the public sector and 2 participants were volunteers ($n=2$, 2.2%). Of the 93 respondents, 86% ($n=80$) had completed post-graduate studies, 5 participants (5.4%) had completed basic degree education, and 8 participants (8.6%) had a PhD.

3.2. Reliability

The reliability of the scales used in the current study was assessed by calculating Cronbach's alpha (α). The subscales of the questionnaire CD-RISC showed good reliability, as the Cronbach's alpha coefficient was greater than 0.60. For the subscale "Positive acceptance of change and secure relationships", the reliability was below the acceptable threshold. The CD-RISC-25, takes values from 0 to 100, with higher values reflecting greater resilience. The mean (SD) of the overall resilience scale was 70.22, indicating a high level of resilience (Table 1).

Table 1.
Descriptive statistics and reliability analysis for CD-RISC questionnaire

	Mean	SD	Min-Max	Cronbach's alpha
Personal competence	23.46	4.14	14-32	0.807
Confidence in intuition	18.25	3.34	10-27	0.639
Positive acceptance of change and secure relationships	15.29	2.49	9-20	0.538
Control	8.73	1.96	1-12	0.632
Spiritual influences	4.48	2.07	0-8	0.613
Resilience	70.22	10.94	37-91	0.878

In addition, the Cronbach's alpha for the WIPPF questionnaire was lower than 0.6. The primary capacities take values from 3 to 12, with higher scores reflecting greater agreement with

each capacity. Higher scores were for the capacities hope (Mean = 10.22), trust (Mean = 10.02) and love/acceptance (Mean = 10.02) (Table 2).

Table 2.
Descriptive statistics and reliability analysis for WIPPF questionnaire

	<i>Mean</i>	<i>SD</i>	<i>Min-Max</i>	<i>Cronbach's alpha</i>	
Patience	9.02	1.59	6-12	0.576	
Hope	10.22	1.42	6-12	0.561	
Sexuality/Tenderness	9.84	1.46	6-12	0.415	
Trust	10.02	1.14	7-12	0.188	
Time	9.26	1.57	6-12	0.441	
Faith/meaning of life	9.39	1.96	4-12	0.599	
Contact	9.49	1.33	5-12	0.263	
Love/acceptance	10.02	1.33	7-12	1.379	1.380

3.3. Relationship between Resilience and Primary Capacities

The spearman correlation coefficient was performed to evaluate possible relationship between resilience and primary capacities of therapists. According to the results, a positive, significant correlation was found between "Personal competence" and patience ($r = 0.462$, $p < 0.01$), hope ($r = 0.505$, $p < 0.01$), time ($r = 0.404$, $p < 0.01$), faith/meaning of life ($r = 0.268$, $p < 0.01$), contact ($r = 0.341$, $p < 0.01$) and love/acceptance ($r = 0.356$, $p < 0.01$).

Furthermore, the "Confidence in intuition" subscale was positively correlated with patience ($r = 0.359$, $p < 0.01$), hope ($r = 0.479$, $p < 0.01$), trust ($r = 0.305$, $p < 0.01$), time ($r = 0.330$, $p < 0.01$), faith/meaning of life ($r = 0.229$, $p < 0.01$), contact ($r = 0.230$, $p < 0.01$) and love/acceptance ($r = 0.308$, $p < 0.01$). A positive significant correlation was observed between "Positive,

acceptance of change and secure relationships" and patience ($r = 0.372$, $p < 0.01$), hope ($r = 0.296$, $p < 0.01$), time ($r = 0.316$, $p < 0.01$), faith/meaning of life ($r = 0.222$, $p < 0.01$) and love/acceptance ($r = 0.326$, $p < 0.01$). Positive, significant correlation was also found between "Control" and patience ($r = 0.384$, $p < 0.01$), hope ($r = 0.495$, $p < 0.01$), time ($r = 0.326$, $p < 0.01$), faith/meaning of life ($r = 0.300$, $p < 0.01$), contact ($r = 0.291$, $p < 0.01$) and love/acceptance ($r = 0.263$, $p < 0.01$). Moreover, the "Spiritual influences" subscale was positively correlated with patience ($r = 0.225$, $p < 0.01$), hope ($r = 0.331$, $p < 0.01$), time ($r = 0.443$, $p < 0.01$), faith/meaning of life ($r = 0.566$, $p < 0.01$) and love/acceptance ($r = 0.292$, $p < 0.01$). Finally, resilience was positively correlated with patience ($r = 0.471$, $p < 0.01$), hope ($r = 0.545$, $p < 0.01$), time ($r = 0.473$, $p < 0.01$), faith/meaning of life ($r = 0.367$, $p < 0.01$), contact ($r = 0.306$, $p < 0.01$) and love/acceptance ($r = 0.406$, $p < 0.01$).

Table 3.
Spearman correlation coefficient between resilience and primary capacities

	<i>Personal competence</i>	<i>Confidence in intuition</i>	<i>Positive acceptance of change and secure relationships</i>	<i>Control</i>	<i>Spiritual influences</i>	<i>Resilience</i>
Patience	0.462**	0.359**	0.372**	0.384**	0.225*	0.471**
Hope	0.505**	0.479**	0.296**	0.495**	0.331**	0.545**
Sexuality/Tenderness	0.062	0.071	-0.063	0.075	-0.029	0.055
Trust	0.096	0.305**	0.080	0.103	0.106	0.177
Time	0.404**	0.330**	0.316**	0.326**	0.443**	0.473**
Faith/meaning of life	0.268**	0.229*	0.222*	0.300**	0.566**	0.367**
Contact	0.341**	0.230*	0.112	0.291**	0.132	0.306**
Love/acceptance	0.356**	0.308**	0.326**	0.263*	0.292**	0.406**

Note. ** $p < 0.01$, * $p < 0.05$

3.4. Therapists' Resilience and Demographics

Appropriate statistical tests for the questionnaire CD-RISC were conducted to compare the resilience between males and females. No statistically significant difference was found in the total resilience scale (Statistic = -0.031, $p = 0.975$) and the subscales "Personal competence" (Statistic = -0.042, $p = 0.967$), "Confidence in intuition" (Statistic = 0.954, $p = 0.343$), "Positive acceptance of change and secure relationships" (Statistic = -0.247, $p = 0.805$), "Control" (Statistic = -0.048, $p = 0.962$) and "Spiritual influences" (Statistic = -0.369, $p = 0.712$) (table 1, appendix A).

Moreover, one-way ANOVAs and Kruskal-Wallis tests were performed to investigate whether there was a relationship between age and resilience. No statistically significant difference was found in the overall resilience scale (Statistic = 2.329, $p = 0.103$) and the subscales "Personal competence" (Statistic = 1.911, $p = 0.385$), "Confidence in intuition" (Statistic = 4.941, $p = 0.085$), "Positive acceptance of change and secure relationships" (Statistic = 2.528, $p = 0.085$), "Control" (Statistic = 0.316, $p = 0.854$) and "Spiritual influences" (Statistic = 5.802, $p = 0.055$). Although there was a trend in our sample, older psychotherapists

showed higher resilience but it was not significantly higher (table 2, appendix A).

Table 3 in appendix A shows the results of one-way ANOVAs and Kruskal-Wallis tests to compare resilience according to family situation. No statistically significant difference was found in total resilience scale (Statistic = 1.417, $p = 0.243$) and the subscales "Personal competence" (Statistic = 0.852, $p = 0.837$), "Confidence in intuition" (Statistic = 1.69, $p = 0.639$), "Positive acceptance of change and secure relationships" (Statistic = 1.539, $p = 0.21$), "Control" (Statistic = 4.622, $p = 0.202$) and "Spiritual influences" (Statistic = 4.35, $p = 0.226$). Married psychotherapists appeared to have the highest resilience, but this relationship was not significant.

Appropriate statistical tests for the questionnaire CD-RISC were conducted to compare resilience according to years of experience. A statistically significant difference was found in subscale "Positive acceptance of change and secure relationships" according to years of experience (Statistic = 2.962, $p = 0.036$). Bonferroni post-hoc comparisons revealed that participants with more than 16 years of experience had more positive acceptance of change and secure relationships than participants with 0-5 years of experience ($p =$

0.036). No statistically significant difference was found in the total resilience scale (Statistic = 0.933, $p = 0.428$) and the subscales “Personal competence” (Statistic = 0.420, $p = 0.739$),

“Confidence in intuition” (Statistic = 1.211, $p = 0.311$), “Control” (Statistic = 1.336, $p = 0.721$) and “Spiritual influences” (Statistic = 1.207, $p = 0.312$) (Table 4).

Table 4.
Comparisons of the CD-RISC scale according to years of experience

	Years of experience				Statistic	p
	0-5	6-10	11-15	16 and over		
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)		
Personal competence	23.1(4.2)	23.76(4.15)	23(4.44)	24.17(3.89)	0.420	0.739
Confidence in intuition	17.31(3.82)	19(2)	18.67(2.99)	18.43(3.73)	1.211	0.311
Positive acceptance of change and secure relationships	14.28(2.68)	15.76(2.75)	15.33(1.97)	16.17(2.19)	2.962	0.036
Control	8.45(2.41)	8.76(1.79)	8.63(1.56)	9.17(1.85)	1.336	0.721
Spiritual influences	4.62(2.34)	3.65(2.32)	4.58(1.91)	4.83(1.59)	1.207	0.312
Resilience	67.76(12.36)	70.94(10.23)	70.21(10.29)	72.78(10.2)	0.933	0.428

In addition, one-way ANOVAs and Kruskal-Wallis tests were also performed to investigate whether there was a relationship between work context and resilience. No statistically significant difference was found in the total resilience scale (Statistic = -0.925, $p = 0.357$) and the subscales “Personal competence” (Statistic = -1.400, $p = 0.162$), “Confidence in intuition” (Statistic = -0.860, $p = 0.390$), “Positive acceptance of change and secure relationships” (Statistic = -1.594, $p = 0.111$), “Control” (Statistic = -0.970, $p = 0.332$) and “Spiritual influences” (Statistic = -0.590, $p = 0.555$). Psychotherapists working in the private sector had higher resilience, but it was not significantly higher (Table 4).

Table 5 shows the results of one-way ANOVAs and Kruskal-Wallis tests comparing resilience according to educational level. No statistically significant difference was found in total resilience scale (Statistic = 1.106, $p = 0.335$) and the subscales “Personal competence” (Statistic = 1.804, $p = 0.406$), “Confidence in intuition” (Statistic = 0.991, $p = 0.609$), “Positive acceptance of change and secure relationships” (Statistic = 1, $p = 0.607$), “Control” (Statistic = 1.411, $p = 0.494$) and “Spiritual influences” (Statistic = 3.882, $p = 0.144$). Psychotherapists with higher levels of education had higher resilience, but not significantly higher (table 5).

Table 5.
Comparisons of CD-RISC scale according to level of education

	Level of education			Statistic	p
	Basic degree Mean (SD)	Postgraduate level Mean (SD)	Doctoral degree Mean (SD)		
Personal competence	21.2(6.14)	23.5(4.03)	24.5(3.93)	1.804	0.406
Confidence in intuition	17.6(2.7)	18.18(3.41)	19.38(2.97)	0.991	0.609
Positive acceptance of change and secure relationships	14.6(2.51)	15.29(2.52)	15.75(2.38)	1.000	0.607
Control	8.2(2.17)	8.71(1.99)	9.25(1.49)	1.411	0.494
Spiritual influences	3.8(1.64)	4.41(2.02)	5.63(2.62)	3.882	0.144
Resilience	65.4(14.5)	70.09(10.7)	74.5(11.08)	1.106	0.335

Conclusions

The aim of this study was to examine the relationship between therapists' primary capacities and resilience. The importance of examining such a relationship lies in the intrinsic nature of the profession of the therapists belonging to the group of helping and healing professions, frequently experiencing several hazards undermining their resilience. According to literature, providing services to patients and engaging in intense interaction with them, can lead to burnout syndrome, vicarious trauma or secondary traumatic stress, compassion fatigue and ethical vulnerability (Faber and Norcross,2005; Figley,2002; Hernandez et al.,2010; Larson,1993; Rothschild, 2006; Tjeltveit & Gottlieb,2010). In total 93 therapists participated in the research, and they answered a structured questionnaire. Most of them were female (n=78, 83.9%) and worked in the private sector (n=78, 83.9%).

The research results revealed that there is a positive correlation between the variable "resilience" and the variables: "patience", "hope", "time", "faith/meaning of life", "contact" and "love/acceptance". Besides, the research revealed a correlation between the "confidence in intuition" subscale and trust.

From our attempt to correlate the primary research results with the literature review, it is worth saying that the ability to manage time effectively and in a more balanced way helps therapists to allocate their time and energy in a more self-protective manner. This allows them to promote their self-care and professional and

personal well-being (Peseschkian,1987; Peseschkian, 2016a; Sinici et al.,2014). In other words, resilience is correlated with time, as a balanced investment and allocation of time offers therapists several benefits (Cope, 2009; Peseschkian, 1987; Peseschkian, 2016a) that contribute to fostering a better-balanced life overall (Ziede & Norcross,2020).

In addition, the correlation of the therapists' resilience with patience can be explained by considering previous research results, presenting that patience is an indispensable capacity linked with the therapist's empathetic skills, namely, unconditionally accepting and respecting the uniqueness of the client (Freire,2013; Rogers,1980) and patiently following their pace towards healing (Cope, 2009; Peseschkian, 1987; Peseschkian,2016a). Besides, it has been found to help therapists, especially those with traumatized clients, develop vicarious resilience (Gold,2017; Hernandez et al.,2007). It is also linked with the therapists' patience regarding therapy results and their capacity to value delayed gratification by experiencing feelings of reward. Conversely, other findings maintain that therapists can be subjected to vicarious traumatization, experiencing physical and mental health issues thus interfering with the outcomes of the therapeutic process (Rothchild,2007).

The correlation of the therapists' resilience with faith/meaning of life, found in this study, can also be supported by research findings maintaining that fostering a sense of meaning, related to both their choice of the specific

profession and their personal lives, can be a deterrent of burnout increasing compassion satisfaction (De Lange & Chigeza, 2015; Harishankar, 2014). This capacity motivates individuals realize their dynamic and potential, cultivating personal and professional growth and life purpose (Cope, 2009; Michalchuk & Martin, 2019; Peseschkian, 1987; Peseschkian, 2016c) and therefore, their vicarious resilience as well (Gold, 2017; Hernandez et al., 2017).

Previous research findings (Bennet-Levy et al., 2015, Rabu et al., 2016) argue that therapists' devotion to personal growth and development allows them to experience positive emotions such as enthusiasm which can both stem from and cultivate the capacity of hope, which also correlated with high resilience levels in this study. Research has shown that if the capacity of hope is well developed the therapists will be optimistic about both their self-efficacy toward fulfilling life goals and plans and about therapy results as well (Bailey et al., 2007).

Faith and hope are also linked with spirituality, which has been found to constitute a protective factor against burnout, emotional fatigue and detachment as therapists who cultivate a spiritual aspect of themselves have been found to be less prone to the aforementioned hazards (Hardiman & Simmonds, 2013). However, it has also been found that spirituality of therapists can be adversely affected when exposed to the traumatic experiences of their clients (Edelkott et al., 2016).

Furthermore, the correlation of the therapists' resilience with contact can be explained considering that if the capacity of contact is well developed it will lead individuals to seek social interaction. According to previous research findings (Cope, 2009; Peseschkian, 1987; Peseschkian, 2016c) social interaction, which encompasses another capacity, that of trust, is beneficial for coregulation and thus individuals who interact frequently with others tend to be more extrovert. As it has been noted (Skovholt & Trotter, 2016; Yalom & Leszcz, 2005) therapists, who are open to communication with their peers can benefit by, among other things, healing their traumas. Additionally, therapists can benefit from social interaction and contact as they manage to experience a good quality of life, which in turn elevates their well-being (Skovholt & Trotter, 2016).

Last but not least, the correlation of the therapists' resilience with love/acceptance lies in the way therapists perceive themselves, how they trust themselves and their professional skills and at the same time how they respect and accept themselves, recognizing their limitations and boundaries with kindness and understanding, becoming thus more compassionate toward both themselves and their clients (Harishankar, 2014; Valente & Marotta, 2005; Ziede & Norcross, 2020). It is also connected with another crucial factor impacting resilience of therapists which is self-care, namely the monitoring, fostering and maintaining personal wellness, both physical and mental (Coster & Achwebel, 1997; Lakioti et al., 2020).

According to relevant research, this can be done through self-care practices such as personal therapy, supervision, promoting professional and financial security and satisfaction as well as through meeting physiological needs, that is sleeping, taking breaks, exercising or maintaining healthy relationships (Ziede & Norcross, 2020; Skovholt & Trotter, 2016) nurturing thus a healthier, more energetic self as a prerequisite for a more effective, ethically informed and responsible practice (Norcross & VandenBos, 2018; Pope & Vasquez, 2016).

It also means that therapists have the capacity to connect emotionally with others (Cope, 2009; Peseschkian, 2016a) toward a balanced life and consequently to becoming more resilient, compared to therapists who have not developed the capacity to experience love/acceptance. Additionally, according to relevant literature (Lakioti et al., 2020; Lee et al., 2010) the acceptance of the self and others helps therapists to experience self-efficacy and satisfaction from their work.

Finally, the research revealed a correlation between the "confidence in intuition" subscale and trust. This seems reasonable as trust enables individuals to rely on their social regulation system and develop a sense of safety (Porges, 2022).

Apart from the correlation between therapists' resilience and their primary capacities, this research attempted to find connections between therapists' resilience and demographics such as age, gender, family situation, years of experience and work content. The only correlation, the research results

revealed, was the correlation between the variable “resilience” and the variable “years of experience”. Specifically, the research results revealed that therapists with more than 16 years of experience had more positive acceptance of change and secure relationships compared to therapists with 0-5 years of experience.

There is clearly still much to learn about the role of resilience in psychotherapy. Perhaps one of the most important implications of the study of resilience is that it may lead to new coping strategies, which can help therapists to develop resilience through the cultivation of their primary capacities.

Such strategies could be beneficial to therapists by protecting against various issues such as burnout, vicarious trauma, compassion fatigue, ethical vulnerability, and by helping them to inform and improve their practices towards better therapeutic outcomes.

Understanding how resilience is developed is integral to better understanding how therapists could develop resilience. Therapists need to develop primary capacities such as patience faith/meaning of life contact and love acceptance. Future researchers could conduct phenomenological, qualitative studies to help the scientific community understand how therapists experience resilience in relation to their primary capacities.

4.1. Study Limitations

There is a need for quantitative studies in large representative samples. Such studies could provide useful information about the extent and the frequency of the under-investigation phenomenon. For instance, future quantitative researchers could examine how the overdevelopment of some, or all the primary capacities can correlate positively or negatively with resilience. A research question, that could lead future research on the above-mentioned research problem, could be “Is managing time successfully but in a more rigid way still a favorable predictor of resilience in therapists?” To a similar direction other research questions could be: “How secondary capacities are correlated with resilience of therapists?”, “How are the secondary capacities conducive or unconducive towards promoting resilience of therapists?” and “How can they interfere with the primary capacities and resilience of therapists?”.

References

- [1]. **APA Dictionary of Psychology.** URL: <https://dictionary.apa.org> Accessed: 18.10.2023
- [2]. **AAFJES-VAN DOORN, K., BÉKÉS, V., LUO, X., PROUT, T. A., HOFFMAN, L.** (2022). Therapists’ resilience and posttraumatic growth during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 14(S1), 165–173. <https://doi.org/10.1037/tra0001097>
- [3]. **BAIRD, S., & JENKINS, S. R.** (2003). Vicarious traumatization, secondary traumatic stress, and burnout in sexual assault and domestic violence agency staff. *Violence and Victims*, 18(1), 71–86. <https://doi.org/10.1891/vivi.2003.18.1.71>
- [4]. **BAUM, N., & MOYAL, S.** (2020). Impact on Therapists Working with Sex Offenders: A Systematic Review of Gender Findings. *Trauma, Violence, & Abuse*, 21(1), 193–205. <https://doi.org/10.1177/1524838018756120>
- [5]. **BAILEY, T., ENG, W., FRISCH, M., SNYDER, C.** (2007). Hope and optimism as related to life satisfaction. *The Journal of Positive Psychology*. <http://dx.doi.org/10.1080/17439760701409546>
- [6]. **BENNETT-LEVY, J., WILSON, S., NELSON, J., ROTUMAH, D., RYAN, K., BUDDEN, W., STIRLING, J., BEALE, D.** (2015). Spontaneous self-practice of cognitive behavioural therapy (CBT) by aboriginal counsellors during and following CBT training: A retrospective analysis of facilitating conditions and impact. *Australian Psychologist*, 50(5), 329–334. <https://doi.org/10.1111/ap.12154>
- [7]. **CHRIST, C., & RAISCH, S.** (2022). Bouncing Back: Resilient Human Factor Management. *The Global Psychotherapist*, 2(1), 34–40. <https://doi.org/10.52982/lkj157>
- [8]. **CLARK, P.** (2009). Resiliency in the practicing marriage and family therapist. *Journal of Marital and Family Therapy*, 35(2), 231–247. <https://doi.org/10.1111/j.1752-0606.2009.00108.x>

- [9]. **COPE, T. A.** (2009). Positive Psychotherapy's Theory of the Capacity to Know as Explication of Unconscious Contents. *Journal of Religion and Health*, 48(1), 79–89. <http://www.jstor.org/stable/20685204>
- [10]. **COPE, T. A.** (2010). The Inherently Integrative Approach of Positive Psychotherapy. *Journal of Psychotherapy Integration*. 20. 203-250. doi: 10.1037/a0019769.
- [11]. **COPE, T. A.** (2009). Positive Psychotherapy's Theory of the Capacity to Know as Explication of Unconscious Contents. *Journal of Religion and Health*, 48(1), 79–89. <http://www.jstor.org/stable/20685204>
- [12]. **COOPER, M., O'HARA, M., SCHMID, P. F.** (2013). *The Handbook of Person-Centred Psychotherapy and Counselling*. Bloomsbury Publishing.
- [13]. **COSTER, J. S. & SCHWEBEL, M.** (1997). Well-functioning in professional psychologists. *Professional Psychology: Research and Practice*, 28(1), 5. <https://doi.org/10.1037/0735-7028.28.1.5>
- [14]. **FLEMING, J. & LEDOGAR, R. J.** (2008). Resilience, an Evolving Concept: A Review of Literature Relevant to Aboriginal Research. *Pimatisiwin*, 6(2):7-23. PMID: 20963184; PMCID: PMC2956753 <https://doi.org/10.1037/11219-000>
- [15]. **GONCHAROV, M.** (2020). Conflict Model of Positive Psychotherapy. In: Messias E., Peseschkian H., Cagande C. (Editors) *Positive Psychiatry, Psychotherapy and Psychology*, (pp. 331-348), Springer, Cham (Switzerland).
- [16]. **HERNÁNDEZ, P., ENGSTROM, D., & GANGSEI, D.** (2010). Exploring the impact of trauma on therapists: Vicarious resilience and related concepts in training. *Journal of Systemic Therapies*, 29(1), 67–83. doi: 10.1521/jsyt.2010.29.1.67
- [17]. **HENRICHS, C.** (2012). Psychodynamic Positive Psychotherapy Emphasizes the Impact of Culture in the Time of Globalization. *Psychology*, 3, 1148-1152. doi: 10.4236/psych.2012.312A169.
- [18]. **HENRICHS, C., HUM, G.** (2020). Positive Psychotherapy and Other Psychotherapeutic Methods. In: Messias E., Peseschkian H., Cagande C. (Editors) *Positive Psychiatry, Psychotherapy and Psychology*, (pp. 401-408), Springer, Cham (Switzerland).
- [19]. **HOU, J. M. & SKOVHOLT, T. M.** (2020). Characteristics of highly resilient therapists. *Journal of Counseling Psychology*, 67(3), 386. <https://doi.org/10.1037/cou0000401>
- [20]. **JAKE, S., ZIEDE & JOHN C. NORCROSS** (2020) Personal Therapy and SelfCare in the Making of Psychologists, *The Journal of Psychology*, 154:8, 585-618. <https://doi.org/10.1080/00223980.2020.1757596>
- [21]. **JORK, K. & PESECHKIAN, N. (Eds.)** (2006). *Salutogenese und Positive Psychotherapie: Gesund werden [Salutogenesis and Positive Psychotherapy: Becoming Healthy]*. Hogrefe AG; 2., aktualisierte und ergänzte edition, 297 s. [in German]
- [22]. **LAKIOTI, A., STALIKAS, A., & PEZIRKIANIDIS, C.** (2020). The role of personal, professional, and psychological factors in therapists' resilience. *Professional Psychology: Research and Practice*, 51(6), 560–570. <https://doi.org/10.1037/pro0000306>
- [23]. **LAVERDIÈRE, O., OGRONICZUK, J. S., & KEALY, D.** (2019). Clinicians' empathy and professional quality of life. *Journal of Nervous and Mental Disease*, 207(2), 49–52. <https://doi.org/10.1097/NMD.0000000000000927>
- [24]. **LAZOS, G. & KREDENTSER, O.** (2021). Resilience of Psychotherapists and the Relationship Between Their Personal and Professional Characteristics, *American Journal of Applied Psychology*. Vol. 10, No. 6, 2021, pp. 162-172. doi: 10.11648/j.ajap.20211006.15
- [25]. **LEE S. M., CHO S. H., KISSINGER D., OGLE N. T.** (2010). A typology of burnout in professional counselors. *Journal of Counseling & Development*, 88(2), 131–138. <https://doi.org/10.1002/j.1556-6678.2010.tb00001.x>

- [26]. LUTHAR, S. S., CICHETTI, D., and BECKER, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3): 543–562
- [27]. LUTHAR, S. S., ZELAZO, L. B. (2003). Research on resilience: An integrative review. In: S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 510–549). Cambridge University Press. <https://doi.org/10.1017/CBO9780511615788.023>
- [28]. MALINOWSKI, A. J. (2013). Characteristics of job burnout and humor among psychotherapists. *Humor*, 26(1), 117–133. <https://doi.org/10.1515/humor-2013-0007>
- [29]. MASTEN, A. S. (2001). Ordinary magic: Resilience processes in development. *Am Psychol*, 56, 227–238.
- [30]. MICHALCHUK, S., & MARTIN, S. L. (2019). Vicarious resilience and growth in psychologists who work with trauma survivors: An interpretive phenomenological analysis. *Professional Psychology: Research and Practice*, 50(3), 145–154. <https://doi.org/10.1037/pro0000212>
- [31]. NORCROSS, J.C, VANDENBOS, G. R. (2018). *Leaving It at the Office: A Guide to Psychotherapist Self-Care*, Second Edition. Guilford Publications.
- [32]. OLSSON, C., BOND, L., BURNS, J. M., VELLA-BRODERICK, D. A., SAWYER, S. M. (2003). Adolescent resilience: A concept analysis. *Journal of Adolescence*, 26, 1–11.
- [33]. PEREIRA, J. A., BARKHAM, M., KELLETT, S., SAXON, D. (2017). The role of practitioner resilience and mindfulness in effective practice: A practice-based feasibility study. *Administration and Policy in Mental Health and Mental Health Services Research*, 44(5), 691–704. <https://doi.org/10.1007/s10488-016-0747-0>
- [34]. PESECHKIAN, H. (2023). Positive psychotherapy: Core principles. *Current Psychiatry*, 22(1), 5–9. doi: 10.12788/cp.0317
- [35]. PESECHKIAN, H., REMMERS, A. (2020). Positive Psychotherapy: An Introduction. In: Messias E., Peseschkian H., Cagande C. (Editors) *Positive Psychiatry, Psychotherapy and Psychology*, (pp. 11-32), Springer, Cham (Switzerland).
- [36]. PESECHKIAN, H., REMMERS, A. (2020). Positive Psychotherapy: Life Balance with Positive Psychotherapy. In: Messias E., Peseschkian H., Cagande C. (Editors) *Positive Psychiatry, Psychotherapy and Psychology*, (pp. 91-102), Springer, Cham (Switzerland).
- [37]. PESECHKIAN, N., TRITT, K. (1998). Positive psychotherapy effectiveness study and quality assurance. *The European Journal of Psychotherapy, Counselling & Health*, 1(1), 93-104.
- [38]. PESECHKIAN, N. (1987). *Positive Psychotherapy. Theory and practice of a new method*. Berlin, Heidelberg: Springer-Verlag. (First German edition in 1977).
- [39]. PESECHKIAN, N. (1996). Oriental stories as tools in psychotherapy: The Merchant & The Parrot. New Delhi: Sterling Publishers.
- [40]. PESECHKIAN, N. (2016a). *Positive psychotherapy of everyday life*. Bloomington, USA: AuthorHouse. 326 p.
- [41]. PESECHKIAN, N. (2016b). *Positive Family Therapy*. Bloomington, USA: AuthorHouse. 428 p. (first published in 1986, Springer-Verlag, Berlin, Heidelberg (Germany)).
- [42]. PESECHKIAN, N. (2016c). *Positive Psychosomatics: Clinical Manual of Positive Psychotherapy*. Bloomington, USA: AuthorHouse. 601 p.
- [43]. PESECHKIAN N., DEIDENBACH, H. (1988). *Wiesbadener Inventar zur Positiven Psychotherapie und Familientherapie (WIPPF)* [Wiesbaden Inventory for Positive Psychotherapy and Family Therapy (WIPPF)], (pp. 128-276), Springer-Verlag, New York (USA). [in German]
- [44]. PORGES, S. W. (2022). Polyvagal Theory: A Science of Safety. *Front. Integr. Neurosci.* 16:871227. doi: 10.3389/fnint.2022.871227
- [45]. RĂBU, M., MOLTU, C., BINDER, P. E., MCLEO, D. J. (2016). How does

- practicing psychotherapy affect the personal life of the therapist? A qualitative inquiry of senior therapists' experiences. *Psychotherapy Research*, 26(6), 737–749.
<https://doi.org/10.1080/10503307.2015.1065354>
- [46]. **REMMERS, A.** (2010). Positive Psychotherapy meets Psychodynamic Therapy Psychodynamic Approaches in the Positive Psychotherapy of Nossrat Peseschkian. *Materials of the World Conference on Positive Psychotherapy*, Istanbul, Turkey.
- [47]. **REMMERS, A.** (2021). To Be or Not to Be – Hamlet and the Psychotherapeutic Technique: About Therapeutic Alliance, Growth and Effective Therapy. *The Global Psychotherapist*, 1(1), 39-44.
<https://doi.org/10.52982/lkj140>
- [48]. **REMMERS, A., PESECHKIAN, H.** (2020). The First Interview in Positive Psychotherapy. In: Messias E., Peseschkian H., Cagande C. (Editors) *Positive Psychiatry, Psychotherapy and Psychology*, (pp. 309-330), Springer, Cham (Switzerland).
- [49]. **SERDIUK, L., & OTENKO, S.** (2021). The Ukrainian-language adaptation for the Wiesbaden Inventory for Positive Psychotherapy and Family therapy (WIPPF). *The Global Psychotherapist*, 1(1), 11–14.
<https://doi.org/10.52982/lkj135>
- [50]. **SINICI, E., SARI, T., MADEN, Ö.** (2014). Primary And Secondary Capacities in Post-Traumatic Stress Disorder (PTSD) Patients in terms of Positive Psychotherapy. *International Journal for Psychotherapy (IJP)*, 18, 1356-9082.
- [51]. **SKOVHOLT, T. M., RØNNESTAD, M. H.** (1995). The evolving professional self: Stages and themes in therapist and counselor development. John Wiley & Sons.
- [52]. **SKOVHOLT, T.M., TROTTER-MATHISON, M.** (2016). *The Resilient Practitioner: Burnout and Compassion Fatigue Prevention and Self-Care Strategies for the Helping Professions* (3rd ed.). Routledge.
<https://doi.org/10.4324/9781315737447>
- [53]. **SNYDER, C.R.** (2000). Genesis: The birth and growth of hope. In: C.R. Snyder (Ed.) *Handbook of Hope: Theory, measures and applications*, (pp. 25-38). San Diego, CA: Academic.
- [54]. **TAVEL, P., TRNKA, R., FURSTOVA, J., KASAKOVA, N., KUSKA, M., & MEIER, Z.** (2022). Dispositional resilience predicted the perceived stress experienced by psychotherapists during the COVID-19 outbreak. *Psychological Services*, 19 (Suppl 1), 5–12.
<https://doi.org/10.1037/ser0000600>
- [55]. **WAGNILD, G. M., YOUNG, H. M.** (1993). Development and psychometric evaluation of the Resilience Scale. *Journal of Nursing Measurement*, 1, 165–178.
- [56]. **WERNER, E., & SMITH, R.** (1982). *Vulnerable but Invincible: A Longitudinal Study of Resilient Children and Youth*. New York: McGraw-Hill.