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Resilience of Psychotherapists and the Relationship Between Their Personal and Professional Characteristics

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Abstract: The article analyzes resilience in Ukrainian psychotherapists. Empirical research conducted by the authors found that Ukrainian psychotherapists generally had an average level of resilience, which decreased with age. The authors discuss the relationship between psychotherapists' resilience and their personal (type of emotional attachment, stress-coping strategies and personal traumatic experience) and professional (emotional states and professional experience) characteristics. It was found that such types of emotional attachment as anxiety and avoidance were negatively related to the level of psychotherapist resilience, while such psychotherapist coping behaviors as assertive action and social joining, on the contrary, had a positive relationship with psychotherapist resilience. Various traumatic events faced by psychotherapists related differently to their resilience. While violence and traumatic events in the psychotherapists' lives generally related negatively to the level of their resilience, the «other events» traumatic situations experienced by therapists, on the contrary, were positively related to the level of their resilience. There was a statistically significant inverse relationship between psychotherapist resilience and secondary trauma as a result of therapists' contact with trauma victims. There was also a statistically significant positive relationship between psychotherapist resilience and such indicators of their professional experience as receiving personal therapy, ongoing supervisory support as well as trauma coping training. The findings emphasized the role of occupational psychohygiene in promoting psychotherapist resilience.

Keywords: Psychotherapist Resilience, Type of Emotional Attachment, Coping Behaviors, Secondary Traumatic Stress, Professional Experience

1. Introduction

The critical conditions that have developed in Ukraine in recent years including forced internal displacement of citizens due to military activities in the east, as well as the COVID-19 pandemic, have had a notable impact on the entire population of the country. Our research shows that even experienced psychotherapists who have often dealt with human suffering and loss note a rather serious and exhausting workload in their profession [28-29]. It is well known that therapists' indirect assimilation of trauma symptoms and empathic deformity threatens the main goal of therapy, which is the treatment of trauma victims [18, 36, 46]. In other words, the effectiveness of trauma treatment largely depends on psychotherapists, who can cope with work challenges and adjust to their clients' intense traumatic material.

The work of psychotherapists always involves risks because of the contact with trauma victims. Empathic involvement in a relationship with a person who experiences psychological difficulties (consequences of trauma, crisis periods, etc.) brings about changes in psychotherapists' inner experience in the form of emotional reactions (conditions). Therefore, therapists cannot avoid developing their own negative conditions, because helping clients implies empathizing with them. This, in turn, causes therapists' emotional reactions and conditions known as *compassion fatigue, secondary traumatic stress, emotional burnout, vicarious traumatization, traumatic countertransference, STSD (secondary traumatic stress disorder), etc.,* which are considered by many scientists as occupational risk factors [5, 41, 14]. The risk of such emotional conditions increases significantly during the periods of social crises, when the

number of people in need of psychological assistance increases significantly. According to our previous research, some counselors, psychologists and psychotherapists faced considerable stress when working with military trauma victims and sometimes even had to change their profession [28]. These findings are consistent with a study by Lambert and Lawson, which found that counselors who provided psychological assistance to the victims of Katrina and Rita Hurricanes, were twice as likely to develop compassion fatigue and secondary traumatization compared to ACA counselors (American Counseling Association, 2014) [26]. The importance of our research is confirmed by the studies on the role of the Covid-19 pandemic in counselors, psychologists and psychotherapists' development of negative conditions [31, 58].

Based on the relevant works by leading researchers, resilience can be defined as the ability of a person or a social system to build a normal, full life under difficult conditions [32, 39]. Despite the simplicity of this definition, which we use in our research, we understand that the phenomenon of resilience is much broader and more extensive than coping. At the same time, this approach implies a positive result despite high risks (for example, when a person has to deal with many factors that cause stress and tension), preservation of basic personality traits in times of danger, full recovery from trauma and achieving success later. We should also add that many scientists consider resilience as not only the achievement of homeostatic equilibrium after traumatic events, but also the achievement of a certain growth, that is a post-traumatic growth in functional competencies [23, 56].

Thus, by therapist resilience, we mean therapists' adaptive state and personality traits that are influenced by many variables related to personal and professional characteristics that allow them to endure stress, enjoy work and grow.

Based on our practical experience, our previous research findings [28-29] and relevant socio-cultural factors, we have built a theoretical model of psychotherapist resilience, which includes two main groups of characteristics (personal and professional) that affect it.

The psychotherapists' resilience-relevant, personal characteristics include type of emotional attachment, personal life history (the presence and features of traumatic experience), and usual ways of coping with difficult situations, (i.e. coping strategies).

The psychotherapists' resilience-relevant professional characteristics include compassion fatigue, secondary traumatic stress, emotional burnout, as well as the characteristics related to work experience: continuous professional development, knowledge of how to work with trauma; receiving supervision or intervision; the presence of their own therapeutic experience in dealing with life's difficulties and conflicts.

2. Literature Review

There are a number of studies that aimed to find out why some therapists endure and even enjoy their work, and grow professionally and personally, while others burn out and leave the profession [12, 26]. Also, some researchers have focused on resilience as a theoretical construct that could potentially explain how to counteract the detrimental effects of work risks faced by psychotherapists [12, 26-27]. Additionally, other researchers have examined psychotherapists' predisposition to resilience or development of adverse effects being caused by work risks [24–25, 27]. Still, other researchers study the characteristics and qualities of highly resilient therapists [9, 21, 38]. For example, Hou & Skovholt determined that highly resilient therapists had strong interpersonal relationships, actively engaged with self, possessed a core values and beliefs framework, and desired to learn and grow [21]. It should be noted that when analyzing the literature on psychotherapist resilience, we use the words «psychotherapist», «counselor», «counseling psychologist», «mental health specialist», etc., as synonyms.

The analysis of the literature showed that therapists' personal characteristics that can reduce their resilience when working with trauma patients, include therapists' traumatic personal history and childhood violence, age, gender, and clinical experience [2, 17, 27, 29, 57]; temperament, lack of locus of control, attitude, ineffective coping (escape coping), ability to manage stress, low professional self-esteem, and social anxiety [2, 7, 30]. Researchers also note the lack of therapists' knowledge about self-care, which can cause their negative emotional conditions [11, 15, 31].

The traumatic events in therapists' life also have an impact on their personal and professional life. Studies have shown that the severity and number of traumatic situations in the life of therapists can add to their work stress, affect their emotional condition and quality of provided psychotherapeutic treatment [16-17, 20, 46]. In addition, therapists' stress-coping behaviors that have developed over the years affect their personal and professional life as well as their resilience [27, 31, 37].

Of particular interest are J. Bowlby theory-based studies on the relationship between resilience and personal characteristics associated with the quality of early attachment [3]. The attachment theory proponents have proved that reliable attachment, which is formed in infancy, plays an important role in creating a system of effective mental protection of a child and stimulates the development of their prosocial behaviors, which is the basis of their adulthood resilience and their resistance to mental trauma, psychosomatic and/or mental dysfunctions [6, 20, 48]. Thus, an important prerequisite of a successful psychotherapeutic work is the relationship and attachment between a therapist and a client. According to Skovolt, in order to build effective professional attachment, therapists need to learn “how to be emotionally involved yet emotionally distant, united but separate” [51, p. 88]. With a strong empathic attachment, a therapist can be safely involved in a one-sided care process until a client is separated and the work is finished successfully.

A large number of studies have been devoted to negative emotional conditions, which develop as a result of giving

assistance to different groups of trauma victims. Thus, a lot of studies in recent decades have tried to understand compassion fatigue as a stressful condition that arises from helping or a desire to help trauma victims [1, 15]. Also, researchers have studied significant emotional, cognitive and behavioral consequences in therapists as a result of empathic deformity and compassion fatigue [5, 24]. It should be noted that in literature, these conditions are often defined as occupational risk factors and/or characteristics of professional quality of life [12, 15, 25, 53].

Compassion fatigue and emotional burnout have many things in common; both of them are the result of direct contact with trauma victims and can create barriers for providing treatment. However, compassion fatigue and emotional burnout are different. Compassion fatigue is characterized by feelings of deep empathy and sadness to those who suffer, while burnout is a state of physical, emotional and mental exhaustion caused by constant involvement in emotionally difficult professional situations and heavy workload [35, 47, 53]. Factors influencing therapist burnout, which are associated with increased stress, dissatisfaction with their professional role, work schedule, non-supportive or toxic work environment, unrealistic work expectations, and perfectionism are currently being widely studied [8, 24, 31, 35, 47].

Another occupational risk is secondary traumatic stress and vicarious trauma. Secondary traumatic stress (STS) manifests itself in the form of changes in psychotherapists' internal experience that occur as a result of their empathic involvement in clients' traumatic material [5, 13, 15]. Furthermore, this condition is associated with therapists' traumatic experience and may suddenly arise from specific information provided by a client during treatment [36]. According to researchers, when the symptoms of STS (as well as vicarious trauma) are combined with therapists' own previous trauma, psychotherapists may become more susceptible to emotional arousal, which can lead to compassion fatigue and burnout [27, 36, 45].

Whereas psychotherapists and clients have different life histories and different experiences of coping with them, psychotherapists respond in their own way to certain clients and their histories. In this case, it is important to have their own experience of dealing with difficult life situations, in order to properly manage the traumatic countertransference that occurs during work with trauma victims [29, 46]. Fundamental research on the role of personal therapy for the therapists who work with different groups of patients and in different modalities has been conducted by Norcross, Orlinskiy & Ronnestad [43-44]. Lack of clinical supervision and inadequate social support in the context of negative professional and emotional consequences are studied mainly in relation to burnout [16, 30].

However, it should be noted that non-medical psychotherapy in Ukraine as a practical field appeared only starting in the 90s thus the accumulation of general professional experience occurs only in the last 30 years. Moreover, professional work experience with military trauma victims was completely absent, features of personal and professional characteristics in the context of the development of resilience of Ukrainian psychotherapists have not been studied, during the time when their analysis was extremely necessary. The results of this research should be the basis for creation of special programs for specialists' prevention and psychological support, and the creation of psychotechnologies for the development of their resilience.

The *object* of research is the resilience of psychotherapists, whereas the *aim* is to investigate psychotherapist resilience and analyze the relationship between personal and professional psychological characteristics of specialists and level of their resilience.

3. Methods of Research

*Connor-Davidson Resilience Scale CD-RISC-25 (*Connor & Davidson, 2003 [10], adaptation of team of professionals of Ukrainian Catholic University (UCU) consists of 25 self-assessment points in order to measure and quantify the resilience of the general population, as well as to identify indicators of psychotherapeutic and training procedures for its development. The scale was used to study the overall level of resilience of therapists. Despite the fact that the scale is not designed specifically to assess the resilience of therapists, its peculiarities concerning the study of characteristics of the resilience strengthen our sample screening procedure and make it possible to compare the indicators obtained in the mentioned specific sample with the general sample of population.

Life Experience Questionnaire LEQ (Life Experience Questionnaire, developed based on various diagnostic procedures (Norbeck, 1994; Saranson et al., 1978, adaptation by Tarabrina, 2007) [42, 50, 55]. The questionnaire is based on respondents' self-reports, developed for the purpose of assessment of the impact of psychological traumas that took place in the life of a specialist on his/her personality. Life experience from early childhood to the present is covered. The technique makes it possible to identify the degree of impact of a traumatic event on the current state of the psychotherapist known as the trauma index.

Questionnaire "Experience in Close Relationships" (Experiences in Close Relationships (ECR), Brennan, Clark & Shaver, 1988; adaptation by Sabelnikova & Kashirskiy, 2015) [4, 49]. The technique is aimed at studying the characteristics of a person's emotional attachment in relationships with close ones. In the study, it was used to identify specific types of emotional attachment.

Strategic Approach to Coping Scale (Strategic Approach to Coping Scale, SACS, Stevan E. Hobfoll, 1994, adaptation by Sokolovski, Solomonov, Fomina, & Banshchikova, 2019 [19, 52]) was used to study strategies and patterns of coping behavior (stress-coping behavior) as the usual types of reactions of psychotherapists that help them cope with stressful situations in life.

The Professional Quality of Life Scale (ProQOL; Stamm, 2010 [54]*,* adaptation by Lazos, 2017*).* The questionnaire

was used to identify and assess specific emotional states of psychotherapists in work with different categories of patients, namely: compassion satisfaction, empathy fatigue, emotional burnout and presence of secondary traumatic stress.

Semi-structured author's questionnaire "Peculiarities of work with different groups of patients" (Lazos, 2017 [28]*).* The tasks of the questionnaire are to collect general information about specialists and their professional experience (age, experience, specialization, visiting supervision groups, experiencing personal therapy, etc.) and identification of specific professional and personal characteristics that affect the emergence of negative emotional states of therapists and their resilience. The purpose of the protocol was to encourage respondents to reflect on their professional experience, awareness and identification of their own resilience characteristics, and opportunities to develop resilience as a mental health specialist, processing it all in detail.

Participants. The study involved 70 female psychotherapists of different ages and with different work experience. Based on the obtained statistical data, the sample can be characterized as follows. Firstly, most of the specialists who work with the consequences of victims' injuries are middle-aged women (from 30 to 65 years old, 50% of the sample belong to the group "40-50 years old") with work experience in the specialty "psychologist-psychotherapist" more than five years (average experience is 12 years). The vast majority of psychologists received additional education in dealing with trauma (68%), while 17% of specialists do not have such education and 15% are in training. The majority of psychotherapists (68%) work with servicemen in military hospitals and rehabilitation centers, 32% work in private practice with various groups of patients (forcibly displaced persons, family members of military trauma victims, etc.). Interesting is the data on specialists gaining their own experience and constant supervisory support: most of the interviewed psychotherapists have no experience of processing their experiences through their own psychotherapy for more than 100 hours (72%), only 28% have such experience. The majority of psychotherapists surveyed (68%) regularly visit supervisory support groups; only 25% of psychotherapists attend mutual support groups or Balint groups.

The study was conducted in three stages. At the first stage, the general level of resilience of psychotherapists who work with different categories of trauma victims was studied. At the second stage, the connection between the level of resilience of the therapist and his/her personal characteristics was investigated. At the third stage, the relation between professional characteristics of a psychotherapist with the level of his/her resilience was studied.

4. Results

At *the first stage of the study*, we analyzed the level of psychotherapist resilience.

The results of the study have shown that domestic specialists generally have an average level of resilience (M = 70.09, SD = 12.805). The distribution of the level of development of resilience of the subjects in percentage rating is presented in table 1.

Table 1. *Levels of Resilience Development of Psychotherapists.*

	Levels of development			
	high	***average***	***low***	***extremely low***
Level of resilience	37.1	42.9	20.0	0.0

Despite the lack of respondents with an extremely low level of resilience indicators, the obtained results on the distribution by levels of its development – 20% of low indicators in the group – indicate the presence of certain problems among specialists. It should be noted that according to the results of previous studies, exactly 20% of specialists who joined the provision of psychological assistance to trauma victims in early 2014, emotionally burned out and left not only work but also the profession [28]. It should also be added that at the level of the trend, we managed to find the following: the older the specialist is, the lower his/her resilience index is ($p < 0.05$). Presumably, middle-aged and older middle-aged specialists, unreliable types of emotional attachment, ineffective patterns of coping behavior, as well as lack of constant supervisory support and insufficient hours of personal experience in dealing with life problems also affected the obtained indicators of low level of resilience, which requires further research.

At *the second stage of the study*, we analyzed the relationship between resilience and the personal characteristics of psychotherapists (type of emotional attachment, stress coping strategies, and traumatic personal experience).

The sequential relationships are the following.

First of all, we will analyze the peculiarities of *the type of emotional attachment* of psychotherapists in relationships with the close ones and its relationship with their resilience.

The results of the research have shown that the averages of the subscales of the methodology *"Experiences in Close Relationships"* correspond to the average level, namely "Avoidance" (M = 41.74, SD = 10.905), "Anxiety" (M = 41.83, SD = 13.335). Despite the fact that the averages on the two subscales are almost the same, the results on the subscale "Anxiety" showed correlations with the age of specialists ($r = 0.332$, $p < 0.01$), that is the higher the age is, the more anxiety felt in the relationship.

Regarding the relationship between the level of resilience of psychotherapists and the type of their emotional attachment, the data shows that there is a statistically significant inverse relationship between a specialist's level of resilience, the type of attachment "avoidance of close

relationships" (r = -0.406, p < 0.001) and the type of "anxiety" in relationship (r = -0.291, p < 0.05) (Table 2).

Table 2. *Relationship between resilience level and types of emotional attachment.*

	Types of emotional attachment	
	Avoidance *(close relationships)*	***Anxiety (in relationship)***
Resilience	-0.406 ***	-0.291*

* p < 0.05; *** p < 0.001.

Thus, we can state that such unreliable types of emotional attachment in a relationship during adulthood generally reduce a specialist's level of resilience, that is, the higher the indicators of these types are, the lower the indicator of resilience is. There is also a statistically significant positive relationship between two types of attachment (r = 0.238, p < 0.05). This affirms that the increase in the indicators of "anxiety" in the relationship increases, which is quite understandable due to the level of "avoidance" within close relationships. "Avoidance" as a type of attachment was most sensitive to the level of resilience, which once again confirms the importance of the relationship and the possibility of entering into social contact during stressful life events. The findings confirm the hypothesis of cruciality in gaining a strong attachment in a relationship formed from an early age, which is a reliable protective factor in coping with stress and sustainable resilience in further development.

The analysis of the relationship between resilience and *strategies for coping with stressful situations* should be examined.

First of all, the level of development of strategies for coping with stressful situations of psychotherapists under study should be considered (Table 3).

The analysis of the obtained data has shown that the highest level of assessment was received by stress-coping behavior as "seeking social support" (M = 24.79; SD = 4.599). The peculiarities of this type of strategy consist in the fact that it, firstly, belongs to the prosocial and active stress-coping strategies and is defined as an effective type of coping strategies; secondly, the obtained indicators show a high level of demonstration of coping strategies. It is important that psychotherapists are able to use such patterns of behavior for prevention, the process of coping with stressful situations in real life (if necessary), and to teach others (clients, patients) how to use them.

The pattern of behavior "social joining" appeared to be in the second place (M = 22.85; SD = 2.568), which also belongs to the group of prosocial stress coping strategies with indicators of average level of manifestation in coping strategies. The third place is occupied by the passive coping strategy "cautious action" (M = 19.79; SD = 3.849), which also has indicators of average level of manifestation. Presumably, the overall average level of resilience is also associated with the use of an ineffective "caution" strategy. On the one hand, the profession of psychotherapist is characterized by analyticity, caution, and deliberateness, especially when working with trauma. Specialists should be prepared and calm before starting work. On the other hand, if this stress coping strategy is maintained in real life, when necessary to respond actively and timely, it does not contribute to effective coping with stress.

Table 3. *Descriptive statistics of coping models according to the SACS.*

	M	**SD**	**Min**	**Max**
Assertive Action	18.85	2.707	13	25
Social Joining	22.85	2.568	16	27
Seeking Social Support	24.79	4.559	16	41
Cautious Action	19.79	3.849	6	26
Instinctive Action	18.73	2.181	14	24
Avoidance	17.15	3.060	9	23
Indirect Action	16.42	3.099	8	22
Antisocial Action	12.88	3.444	7	22
Aggressive Action	15.13	3.185	9	23

Note. M – is the arithmetic mean, SEM is the standard error of the mean, SD is the standard deviation, Sk. is the asymmetry, SESk. is the standard error of the asymmetry, Ku. is the excess, SEKu. is the standard error of the excess.

The lowest indicators and the lowest degree of manifestation were obtained by coping behavior patterns: "antisocial action" (M = 12.88; SD = 3.444) and "aggressive action" (M = 15.13; SD= 3.185). This, in turn, proves the professionalism and maturity of the specialists in the study sample.

Commenting on the general use of coping strategies among the specialists in the study, we can note the following: active and prosocial strategies had the highest levels of manifestation; passive strategies ("indirect action", "avoidance") and direct strategies ("instinctive action") have indicators of the average level of manifestation; indirect ("manipulative action") and antisocial strategies – "antisocial action", "aggressive action" – respectively have the lowest level of manifestation in the sample.

Regarding the results of data on the relationship between the level of resilience and the use of different models of coping strategy by psychotherapists, the results were quite

obvious: the higher the pattern indicators of coping behavior, such as "assertive action" (r = 0.614, p < 0.001) and “social joining”(r = 0.257, p < 0.05) are, the higher the level of resilience is (Table 4).

Table 4. *Relationship between resilience of psychotherapists and patterns of their coping behavior.*

	1	2	3	4	5	6	7	8	9	10
1. Resilience	1									
2. Assertive action	*.614****	1								
3. Social joining	*.257**	.222	1							
4. Seeking social support	.041	-.117	*.334***	1						
5. Cautious action	.122	-.201	.056	-.159	1					
6. Instinctive action	-.085	.154	.135	-.223	-.011	1				
7. Avoidance	-.179	*-.302**	*-.287**	-.077	.092	.048	1			
8. Indirect action	-.034	-.106	-.038	.022	-.157	-.042	*.626****	1		
9. Antisocial action	.034	.064	.019	-.147	.054	*.278**	*.355***	*.368***	1	
10. Aggressive action	-.035	.042	-.128	*-.428****	-.065	*.251**	.172	*.299**	*.423****	1

* p < 0.05; ** p < 0.01; *** p < 0.001.

Commenting on the rest of the statistically significant relationships identified, the following can be noted. The passive pattern of coping behavior “avoidance” has opposite relationship with “assertive action” (r = -302, p < 0.05) and “social joining” (r = -0.287, p < 0.05) – the higher the indicators of assertiveness in behavior and direct social joining, the lower the indicators of “avoidance” are. At the same time, the higher the indicators of coping behavior “seeking social support” (p < 0.01), the lower the indicators of “aggressive action” (r = -0.428, p < 0.001). There was an expected strong positive relationship that did not require further explanation between such patterns of coping behavior such as “avoidance”, “indirect action” and “antisocial behavior”; between “antisocial action” and “aggressive action”; the pattern of coping behavior “instinctive action” has a positive relationship with “antisocial action” and “aggressive action”, also being associated with attachment types such as avoidance in relationships; the higher the indicators of “aggressive action” are, the higher the indicators of such level of attachment as anxiety are.

Finally, we analyze the relationship between psychotherapist resilience and their *personal traumatic life experience*. Based on the *Life Experience Questionnaire*, the following groups of traumatic events were identified as the main indicators of personal traumatic life experience: criminal events, natural disasters and general traumas, physical and sexual violence, other traumatic events, and traumatic events in general.

Correlation analysis showed that there was an inverse statistically significant relationship between psychotherapist resilience and the trauma index of traumatic personal experiences such as violence (r = -0.358, p < 0.01), other traumatic events (r = 0.238, p < 0.05), and traumatic events in general (r = 0.242, p < 0.05) (Table 5).

Table 5. *Relationship between resilience of psychotherapists and their trauma index.*

	Trauma index of traumatic personal experience				
	criminal events	**natural disasters**	**violence**	**other events**	**traumatic events in general**
Resilience	-0.034	-0.022	-0.358**	0.238*	-0.242*

* p < 0.05; ** p < 0.01.

Commenting on the obtained relationships, it can be noted that traumatic events are generally related to the level of resilience of the studied therapists, and the experience of violence in the life of psychotherapists is likely to reduce the level of resilience. It should be noted that until the beginning of 2014, Ukrainian psychotherapists did not encounter such intense traumatic material in their daily work. Most of them were not specially trained to help such categories of trauma victims and, in general, military events along with their serious consequences. Involvement in such events both through the media and through the stories of the trauma victims reduces the overall human resilience. At the same time, traumatic situations experienced by therapists in the category of “other events” that include situations of age and family crises, divorces, financial difficulties, situations of humiliation and contempt, physical trauma can increase resilience. This category of traumatic events is likely reflected in the experience of each person. Sometimes these events are experienced more than once, they relate to life experience in general and do not go beyond the unexpected, too traumatic, i.e. those that exceed human adaptability, as in situations of violence of different nature. It appears that the experience of such traumatic situations strengthens the specialists, increasing their resilience.

At *the third stage of our research*, we analyzed the relationship between resilience and the professional characteristics of psychotherapists (emotional states and indicators of professional experience).

First of all, we consider the relationship between *psychotherapists'* resilience and *emotional states* (compassion satisfaction, compassion fatigue, emotional burnout and secondary traumatic stress (STS)).

It should be noted that most therapists have a middle-level STS and emotional burnout, while only a small number of

therapists have STS and emotional burnout at a high level. The characteristic of compassion satisfaction demonstrated that the vast majority of therapists experienced compassion satisfaction at middle and high levels. We believe that satisfaction from the opportunity and ability to help trauma victims through the joy of jointly being involved in this struggle help therapists keep STS and emotional burnout at an average level, avoid their dangerous development (PTSD, STSD (secondary traumatic stress disorder), and also keep them in this difficult and sometimes underpaid profession. However, comparing the obtained data with the data of traditional studies (for example, Maslach [34]), we note that the percentage of emotional burnout among domestic specialists is much higher. We explain this phenomenon by the fact that, in addition to organizational disorder, psychotherapists work in a crisis situation in which they are involved, i.e. they are also emotionally involved in the tragic situation in which the country finds itself, from which people suffer and the military get injured (physically and psychologically).

Regarding the symptoms of STS, it turned out that most psychologists experienced intrusive reactions during its development, noting the presence of obsessive thoughts after working with particularly complex clients, the experience of difficult dreams related to dreams or stories of clients and involuntary recollection of terrible experiences while working with clients. In terms of intensity, the symptoms of avoidance reactions were in the second place: continuous apathy and fear of meeting with particularly traumatized clients, involuntary forgetting of important episodes in working with clients, social alienation. Symptoms of arousal occupied the third (last) most intense place. The respondents mentioned general anxiety, poor sleep with difficulty falling asleep, increased irritability. As for the content of emotional burnout, its main features included the following ones: reduced work efficiency due to immersion into clients' problems, poor sleep, decreased overall activity, a sense of futility and stagnation.

Correlation analysis showed that there is an inverse statistically significant relationship between psychotherapist resilience and secondary trauma ($r = -0.299$, $p < 0.05$). (Table 6). That is, growth of the secondary trauma indicators of psychotherapists reduces their resilience.

Table 6. *Relationship between resilience of psychotherapists and their emotional states.*

	Emotional states		
	compassion satisfaction	**Compassion fatigue**	
		emotional burnout	**secondary traumatic stress**
Resilience	0.044	-0.048	-0.299*

* $p < 0.05$.

Commenting on the results obtained, we can assume that the military with the signs of PTSD due to military activities, physical injury and trauma, the experience of death of comrades, emotional humiliation and physical violence in captivity; temporarily displaced people can indirectly recall and elevate the untreated traumatic experience of psychotherapists with their stories, thus increasing their level of secondary trauma and, accordingly, reducing their level of resilience.

We will also analyze the relationship between psychotherapist resilience and indicators of their professional experience (experience of personal therapy, receiving ongoing supervisory support, visiting support groups, work experience with victims, the experience of special training to work with trauma) (Table 7).

Table 7. *Relationship between resilience of psychotherapists and their professional experience.*

	Indicators of professional experience				
	Personal therapy	**Ongoing supervision**	**Visiting support groups**	**Experience with trauma victims**	**Receiving trauma counseling training**
Resilience	0.424***	0,322*	0.048	0.130	0.316*

* $p < 0.05$; ** $p < 0.01$.

First of all, it should be emphasized that in general, Ukrainian psychotherapists have rather low levels of all these indicators. On the one hand, psychotherapists have a significant psychological and physical load in working with trauma victims, on the other hand, the research has shown that very often they neglect professional psychohygiene measures. In our opinion, this is due to a number of reasons. Firstly, the profession of a psychotherapist in Ukraine is a relatively new practical field, consequently, the formation of professional culture and experience of psychotherapists is in the process of establishment and development. Secondly, domestic psychotherapists have no experience working with military trauma victims;. Such work began only in 2014. Protocols related to prevention and psychohygiene when working with this category of the population are still being developed and implemented.

Correlation analysis showed that there is a statistically significant relationship between psychotherapist resilience and such indicators of their professional experience as personal therapy ($r = 0.424$, $p < 0.001$), ongoing supervisory support ($r = 0.322$, $p < 0.05$) and the experience of special training to work with trauma ($r = 0.316$, $p < 0.05$). Thus, high-quality personal experience of psychotherapy, ongoing supervisory support and the experience of special training to

work with trauma increase the resilience of psychotherapists. Personal therapy helps to process the traumatic experience of a specialist (if there is such), relieves emotional stress, negative experiences, helps psychotherapists overcome occupational emotional risks that may arise in the context of communication more successfully (e.g., STS, burnout, etc.) [15]. The more successful the personal experience of therapy has been, the better the therapists incorporate their personality and the easier it is to develop, grow as a professional and recover [43]. Supervisory support is recognized as a mandatory component of the profession of psychotherapy, and in addition to the supportive function, it also serves as a good preventive method of negative emotional states. The experience of special training of specialists forms a sense of confidence in both their professional qualities and the effectiveness of therapy, the specialists feel its transformational power, and this contributes to the full internalization of the professional role (healer) and protects them from burnout [28].

5. Discussion

The results of the research showed that psychotherapists generally have an average level of resilience, which tends to decrease with the age of psychotherapists.

Comparing the data obtained with the studies of K. Connor, J. Davidson [10] based on the American general sample, it should be noted that in general the level of resilience of Americans is higher. This may further indicate the importance of taking into account the socio-cultural and professional context of the subjects.

The relation between psychotherapist resilience and the system of personal (type of emotional attachment, strategies for coping with stressful situations and personal traumatic experience) and professional (emotional states and professional experience) characteristics was studied for the first time.

It is worth noting that the relationship between resilience and individual characteristics of psychotherapists as well as occupational risk factors has been studied by many researchers [12, 15, 24]. The results of the research generally confirm the results of already known studies, at the same time it was important for us to study the resilience of Ukrainian therapists in a consistent manner to identify their specifics, because direct extrapolation of methods and results obtained from samples of other countries may not be sufficiently consistent taking into account socio-cultural, political and economic situation in Ukraine for the last 7 years.

The results of the research showed that the level of resilience of psychotherapists is significantly related to the types of emotional attachment. Unreliable types of emotional attachment in a relationship have been shown to be negatively correlated with the psychotherapist's level of resilience.

A comparison of the data on the types of emotional attachment with the research of European scientists [49] based on the general female European sample showed that specialists in our sample have almost the same indicators on the subscale “Anxiety” and lower than average indicators on the subscale “Avoidance”. The identified differences from the European sample can be explained in different ways and, in our opinion, primarily through the prism of professional activity. Presumably, avoiding a relationship involves a certain detachment and the use of protective mechanisms, because the risk of “infection” with suffering and pain of clients/patients carries danger and occupational risks for specialists. A neutral position is not only a professional element here, but also a safe strategy.

With regard to coping strategies, the results of the research confirmed the data obtained by other authors [7, 26-27, 31, 37] on the positive impact of “active” coping strategies on the resilience of psychotherapists, such as “assertive actions” and “social joining”. As we have already mentioned, prosocial and active patterns of coping behavior are effective strategies for coping with stress both in personal life and in professional practice. Coping with stressful situations is more effective when: the person is actively involved in the process of self-help or help, feels assertive, understands where and how to find help, and relies on safe and secure relationships, engages in social contact with close circle or with a wider one, which has been proved to be an important factor in effective stress overcoming [6; 26; 40]. Moreover, such specialists can teach the use of effective coping strategies to their clients, patients.

This is consistent with the data obtained by Lambert, & Lawson [26] that showed that psychotherapists who use effective stress coping strategies experienced lower levels of compassion fatigue, secondary trauma, and burnout than those who used ineffective (escaping, avoidance) coping strategies.

The data concerning the connection between psychotherapist resilience and their personal traumatic life experiences turned out to be interesting. The research has shown that past personal traumatic experience is related to psychotherapist resilience in different ways, depending on the content of the events, i.e. some events are negatively related to resilience, others are positively related to resilience.

This is consistent with the results obtained by other researchers. The research by Pearlman, Mac Ian found that psychologists/psychotherapists with a personal history of trauma demonstrate more negative consequences of work with trauma victims than those who do not have such a history [45]. At the same time, Baird & Jenkins, researching trauma therapists and social workers, found that those specialists who have their own history of trauma tend to work with trauma victims more often [2, 22]. According to the scientist, psychotherapists with a traumatic history spend more hours per week counseling trauma victims than those without such history. This fact allowed her to suggest that specialists who have experienced violence and who have received psychotherapeutic help have more motivation and inspiration for “intolerable” work with other trauma victims [2, 22]. Specialists who have not received such help may somehow, consciously or unconsciously, limit the number of patients

because of their own unresolved issues. Or, as researchers point out, these specialists may not have as many counseling skills compared to the specialists who have gained their own experience in dealing with their problems and traumas [2].

The research by Martin, McKean, Veltkamp shows that the level of impact of traumatic events in someone's personal life (the sample consisted of police officers) depends on gender [33]. Thus, it has been proven that female officers with previous trauma experience are more likely to cope with the consequences of trauma and less vulnerable to traumatic events they encounter at work than male officers. The authors suggested that this is due to the nature of women, who a priori face more traumas in life and have to/are able to overcome them in order to raise posterity [33]. Maslach and colleagues found that the younger the specialist is and the less professional and personal experience he/she has, the more exposed he/she is to secondary trauma and the more vulnerable he/she is to emotional burnout [34]. We believe that the relations presented in these studies are interesting and need to be studied in more detail in domestic samples in future studies.

Regarding the relationship between resilience and emotional states (compassion satisfaction, emotional burnout, secondary traumatic stress), the results of our research showed a relationship only with secondary traumatic stress. In our opinion, this requires further research and clarification on the lack of connection with other indicators of the quality of professional life.

At the same time, David investigated the relationship between compassion fatigue and the level of resilience of therapists. He concluded that compassion fatigue, compassion satisfaction, and burnout were related to the level of resilience of therapists (high statistically significant relationship). However, gender, years of clinical practice, educational level, number of clients treated did not show any statistically significant relationship [12].

The results of the research confirmed our hypothesis and proved the importance of such indicators as "personal therapy", "ongoing supervisory support" and "experience of special training to work with trauma" in the professional activity of psychotherapists to increase their resilience. We emphasize once again that in the context of Ukrainian realities, where psychotherapists have insufficient experience in working with trauma victims and do not pay enough attention to professional psychohygiene, the data obtained are significant and important.

The results of the current research should be interpreted subject to certain limitations. The first limitation is that the research includes a same-sex sample of psychotherapists. On the one hand, there are more female psychotherapists in Ukraine than male psychotherapists, on the other hand, men did not state their willingness to be interviewed. However, we believe that it would be appropriate to look at the studied features of psychotherapists of different sexes.

The second limitation is that the research began before the introduction of quarantine measures related to Covid-19. The calculations and generalization of the results took place during the quarantine, therefore, the impact of the stressful situation due to the Covid-19 pandemic on the emotional states of psychotherapists and their resilience was not taken into account. It should also be noted that the research presents only reliable (relations) results to avoid increasing the results with insignificant "effects". This may be the subject of further research. Finally, future research should examine the relationship between the provision of services remotely, the level of resilience of specialists, and the impact of changes from services for different emotional states of specialists.

In general, the results obtained in the research will be the basis for the development of psychotechnologies, aimed to develop resilience of a psychotherapist and help prevent negative states due to empathic contact with trauma victims.

6. Conclusions

It was found that psychotherapists have an average level of resilience, which decreases with age. A group of specialists with a low level of resilience (20%) is of special interest for further research.

The connection between resilience of psychotherapists and the system of personal (type of emotional attachment, strategies for coping with stressful situations and personal traumatic experience) and professional (emotional states and professional experience) characteristics was studied for the first time.

The study of the relationship between resilience and *personal characteristics* of therapists revealed the following: a) unreliable types of emotional attachment "anxiety" and "avoidance" in a relationship negatively related to the level of resilience of a psychotherapist; b) positive statistically significant relationships were found between the resilience of a therapist and such patterns of coping behavior as "assertive actions" and "social joining"; c) there is a statistically significant relationship between psychotherapist resilience and the index of trauma by such events of traumatic personal experience in their lives as "violence", "other traumatic events" and "traumatic events in general". And if the experience of "violence" and "traumatic events in general" in the lives of psychotherapists is negatively related to their level of resilience, the traumatic situations experienced by therapists in the category of "other events", on the contrary, are positively related to the level of psychotherapists' resilience. This emphasizes the fact that traumatic experience of a person does not always affect him/her negatively, and sometimes, successful experience of coping with life troubles grows into a resource, making the experience a protective factor while also promoting resilience and post-traumatic growth.

At the stage of studying the relationship between therapists' resilience and *professional characteristics*, it was found that: a) there is a statistically significant inverse relationship between psychotherapist resilience and secondary traumatization; b) there is statistically significant positive relationship between psychotherapist resilience and indicators of their professional experience as personal therapy, the availability of ongoing supervisory support and special training to work with trauma. This emphasized the

need to pay more attention to the measures of professional psychohygiene and increase these indicators.

Thus, the personal and professional characteristics of Ukrainian therapists have been found, on the basis of which specific psychotechnologies will be created in order to develop therapists' resilience that can ultimately contribute to the prevention of negative conditions due to empathic contact with trauma victims.

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