The resilient couples and family therapist

Christie Eppler, PhD
Resiliency is a process of thriving, coping, and mediating risk by noticing and augmenting strengths, resources, and the positives (Becvar, 2013; Walsh, 2006). Resiliency involves overcoming adversity, finding our best selves, and focusing on meaningful perspectives. Fostering resiliency is an intentional, life-long practice of cultivating supportive connections, having compassion for self and others, and being aware. Applying concepts of resiliency to self-care and self-of-the-therapist work enlivens us to be our full selves and better therapists. Using narrative therapy techniques (White & Epston, 1990) is one way to develop deeper insight into being a resilient couples and family therapist.
Enjoyable activities are important, preventative, and restorative, yet a robust understanding of self-care is more nuanced and complex than time spent relaxing. To put self-care in systemic terms, nature walks, bubble baths, and binge watching your favorite show are first order changes; they are symptoms of self-care. While these actions are necessary and life giving, resilient therapists understand the necessity of second order change, or examining what supports and sustains our self-care. Systemic, or second order change, comes from affirming our purpose, exploring where our energy is rooted, and articulating the metaphors, symbols, and stories that create and affirm a resilient therapist's identity.

Multiple models of resiliency guide therapists to realize their clients' strengths. Walsh (2006) offered a holistic and comprehensive conceptualization of family resiliency. Her model's key processes include making meaning of adversity, having a positive outlook and a purpose, being flexible and adaptive, showing connectedness through mutual support and respect, mobilizing human and financial resources by reaching out to kin and balancing work/life, and being clear, open and collaborative in communication and problem solving. Honoring Native American wisdom when working with youth in foster care, Brendtro, Brokenleg, and VanBockern's (1990) Circle of Courage synthesized belonging, mastery, independence, and generosity. Resilience is developed when there is harmony among having a sense of community, obtaining competence and achieving goals, making decisions and taking responsibility for actions, and giving back by offering the best to others. Career Counseling's Planned Happenstance encourages clients in vocation transitions to utilize curiosity, persistence, flexibility, optimism, and risk taking (Mitchell, Levin, & Krumboltz, 1999).

While these models privilege the client system's strengths, resiliency is inherent in self-of-the-therapist work. Satir believed that therapists increased their own congruency by working through personal unresolved issues, building self-esteem, and taking responsibility for their actions (Satir, Banmen, Gerber, & Gomori, 1991). Bowen (1978) encouraged therapists to embody a non-anxious presence by observing their part in the client system, maintaining an active and present relationship, even when feeling provoked, and being a calming force in times of heightened anxiety. Person-of-the-therapist training encourages clinicians to use their whole selves as clinicians by reflecting on their own humanity and vulnerability (Aponte et al., 2009).

Given the convergence between strength-based models and self-of-the-therapist work, it is important for family therapists to ask specifically about their own resiliency. Externalization and deconstruction, techniques in narrative therapy (White & Epston, 1990), are amenable to conceptualizing a resilient clinician in creative ways. While these techniques are typically applied to a presenting problem, they can be adapted so that therapists may better understand their own sense of purpose and meaning.

In the spirit of resiliency and narrative therapy techniques being highly collaborative, I asked Kim Bradley and Sarah Odell, students, and Rebecca (Becky) Cobb, PhD, LMFT, faculty, of Seattle University's Couple and Family Therapy program, to externalize and deconstruct a resilient therapist. Deconstruction is pulling apart cultural, filial, and dominant discourse messages to better understand one's lived experience. Sarah indicated resilient therapists are engaged, aware of self and systems, and able to disconnect when necessary. She noted there could be a level of being "desensitized to suffering" while striving to "fully acknowledge the immense suffering present both individually and globally, the pervasive and intimate nature of the systems which contribute to our suffering and thriving, and the systems which we consciously and unconsciously perpetuate, to the detriment or success of ourselves and others." She added that resilient family therapists had the "ability to remain in the field for a long time, the ability to engage positively with clients from a variety of different backgrounds and needs, and the ability to leave work at work."

Kim offered a parallel response, noting a resilient family therapist may exhibit qualities such as, "firmness, objectivity, persistence, detachment, and toughness, as well as self-awareness, hardness, compassion, and thoughtfulness for self and others." She noted, "any of these can be taken to problematic extremes when they are disproportionate so that, for instance, when my persistence blurs my awareness of realizing when to ease up, try something else, or take a break." In both students' responses, we see threads of having knowledge of systems, perseverance, and clear boundaries, balanced with the ability to engage, offer compassion, and be flexible.

Becky echoed the need for balance and boundaries, and she added the importance of honoring imperfections: 

**A resilient family therapist is someone who can hold the difficult stories shared by their clients, while simultaneously caring for one's self and their own family system—someone who is caring and holds clear boundaries for their own self-care.**

I worry, however, that many people...
think that you need to have everything figured out to be a resilient family therapist. It’s okay to struggle with self-care. It’s okay to be imperfect in your own relationships. It’s okay to not have all of the answers. Being perfect isn’t what makes a resilient family therapist. A resilient family therapist is someone who can recognize their own struggles and imperfections and is comfortable accepting that as part of life’s journey—moving forward with intentionality. A resilient clinician allows the same grace for herself or himself that they would afford clients.

Next, I asked Kim, Sarah, and Becky to externalize “resilient family therapist.” Externalization is the process taking the situation out of the body to examine it. In clinical work with someone who identifies or has been labeled as depressed, the narrative therapist questions, “when did sadness come to you?” Sadness is an object, something that can be taken out of the body to be observed and examined. I promoted, “if you were to externalize ‘resilient family therapist,’ what metaphor, image, or word would you use?”

Becky responded:

*At first thought, a beautiful plant or flower seems like the perfect image of a resilient family therapist—deeply rooted, tall standing, and nourishing. Yet, I don’t think that resilience should be portrayed as a display of perfection. A cactus may be most fitting. Cacti are diverse and have a unique ability to adapt to conserve resources (such as water). Cacti are survivors, providing both protection to one’s self and nourishment for others—bearing edible fruit from brilliant blooms. Some may be hesitant to get too close to a cactus, an experience likened to the stigmatization of therapy, but once you get close, you may find that the cactus offers care for others. Many provide protection from the harsh desert sun and offer homes to birds. Each is unique and beautiful in its own way.*

Kim also used an organic metaphor, indicating strength and vulnerability. She saw an “an image of a limb of a mature-growth tree. The flexibility or give of the branch, its hardiness and strength, vulnerability to the elements and surroundings, and connection to a greater whole.”

This flexibility and adaptability is evident in Sarah’s metaphor: 

*Resilient family therapists are like memory foam; they maintain the ability to shape and mold their responses to whatever the clients need, holding their clients in a safe and responsive space. However, once the client leaves, the therapist retains their ability to return to their truest form, maintaining integrity to themselves, and creating a clean space ready to respond and shape to the next client.*

Deconstruction and externalization help us better understand our vision for being resilient clinicians. The three respondents’ messages echo constructs found in the resiliency literature (like adaptability and connectedness) and each is deeply personal. The students’ images included a richer description of confidence, whereas the faculty member’s metaphor highlighted imperfection. A resilient therapist could hold different meanings based on a clinician’s development stage and social locations. For nascent clinicians, there is power in using newfound knowledge to build confidence. For experienced therapists, there could be more room to hold ambiguity.

Metaphors leave room for growth and transformation. What happens when the memory foam stops bouncing back? If the old growth branch breaks, what new possibilities are there for the reclaimed wood? Does a cactus ever yearn for a gentler climate? Naming and revising one’s metaphors may help therapists become unstuck. For example, when working with a difficult case, returning to a metaphor may serve as a reminder to take a stance of not knowing or to seek out additional knowledge. Perhaps metaphors may enrich first-order self-care activities (such as thinking symbolically about the trees on a nature walk). Understanding and visualizing their resilience, clinicians find, validate, and affirm old and new strengths, which may help fight against burnout while increasing meaning, purpose, and self-care.

**Christie Eppler, PhD, LMFT**, is a program director and professor in Seattle University’s Couple and Family Therapy program. She is an AAMFT Clinical Fellow and Approved Supervisor. Her teaching and research explores the intersections of resiliency and spirituality.

**References**


