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Fortigenic qualities of psychotherapists in practice

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This brief report presents preliminary findings on the exploration of strengths (fortigenic) qualities of psychotherapists which can buffer them against compassion fatigue. Participants were seven South African psychologists in private practice. Data were collected using qualitative interviews and thematically analysed using narrative analysis. Findings suggest fortigenic qualities such as resilience, acceptance, appreciation and passion, humour, philosophy of life and a higher level of logic act as buffers against compassion fatigue.

Keywords: Fortigenesis, resilience, compassion fatigue, burnout, stress of conscience, psychotherapists, private practice, qualitative research

People in the helping professions, such as psychotherapists, experience vulnerability to or the possibility of burnout and compassion fatigue (Trull & Phares, 2001). Burnout and compassion fatigue are often used as interchangeable concepts (Glasberg, Eriksson, & Norberg, 2007; Schaufeli & Enzmann, 1998; Strümpfer, 2003). Although they vary in degree of severity where burnout is the extreme end point of compassion fatigue and exhaustion; and they constitute various symptoms of stress that can be experienced by persons working in the field of health care. Compassion fatigue is defined as a work related condition of exhaustion (Schaufeli & Buunk, 2002) and it is not exclusive to one specific field, though mental healthcare workers tend to be at a high risk for experiencing professional burnout (Onyett, Pillinger, & Muijen, 1997; Oubiña, Calvo, & Fernández-Ríos, 1997; Schaufeli & Enzmann, 1998).

Compassion fatigue is an occurring risk amongst psychologists (Vredenburg, Carlozzi, & Stein, 1999). This could be the result of a need for achievement and a troubled conscience when faced with failure. The occupational demands of health care work, such as psychotherapy, involves emotional strain and ethical dilemmas, which, in turn, impacted on the moral strain they experienced, thus causing compassion fatigue and eventually burnout (De Lange, 2010; 2011). When working with people in the context of psychotherapy, issues such as the use of words, phrases, and idiomatic expressions, amongst others could lead to misunderstandings, faulty diagnoses and thus cause problems with therapeutic analyses and aims (Sue, 1998).

It is also not clear to what extent the training of practising psychologists in South Africa sufficiently deals with training the therapist to deal effectively, with the diverse nature and behaviour of people from various backgrounds and cultures (De Lange, 2011).

Research found that clinical psychologists in particular see more severe cases of people with more chronic and complex problems as compared to other counsellors in private practice (Cape & Parham, 2001), and may have a higher prevalence of compassion fatigue and burnout (Cape & Parham, 2001).

Fortigenic qualities may assist people in the helping professions to cope with work-related burnout (Strümpfer,

2003). Strümpfer (1995) describe the concept of fortigenesis as the origins of strength in human experience. This follows Seligman's (2005) development in the field of positive psychology. Seligman and Csikszentmihalyi (2000, p. 5) emphasised the task of positive psychology as "a beginning to catalyse a change in the focus of psychology from preoccupation only with repairing the worst things in life to also building positive qualities". Strümpfer's (1995) model on fortology also focused on the strength and resources that human being possesses, enabling the individual to cope with the demands of everyday life and stress. Compassion fatigue is the pathogenic construct to the concept fortigenic qualities (Strümpfer, 2003). This area is aligned with self-care, but research in this area is scant and thereby motivated this study. Volz (2000) stated in this regard that psychologists are beginning to realise the effect that stress has on them. They are becoming more aware that they need to cope with their own stress and exhaustion. He highlighted the stress of busy schedules, neglect of self-care, as well as the danger of vicarious traumatising.

Goals of the study

The aim of the current research study was to explore the fortigenic qualities of seven South African psychologists in private practice, through a qualitative research design. What are the personal strengths or coping skills they have which equip them to maintain a full-time private practice for longer than ten years?

Method

Design

Qualitative research with an explorative descriptive design was employed during the study (Thorne et al., 2004). In the study, social reality was co-constructed in the interview as the narrative emerged (Clandinin & Connelly, 2000; Denzin & Lincoln, 2000; Gilhooly & Green, 1996; Kvale, 1996; Neuman, 1994). Through exploratory conversations, a rich source of narrative material was collected from the experiential world of the participants in the research study (Kvale, 1996; Potgieter & Heyns, 2006; Silverman, 1997).

Participants and procedure

The ethical considerations of the study included obtaining ethical clearance from the Ethics Committee of the University of Pretoria and gaining permission and co-operation from the psychotherapists for the following: participation in the research, digital recording, presenting the research as part of the requirements of a doctoral study and publication of findings. Confidentiality and anonymity were guaranteed for the participants. Snowball sampling was used to gain access to the participants. This was done through personal contacts established by one of the researchers who is a psychotherapist. The psychotherapists who were contacted first provided possible names from their peer group. Participants consisted of seven psychotherapists, six female and one male. They were registered in the categories clinical (four), counselling (two) or educational psychology (one participant) at the Health Professions Council of South Africa. They were in full-time private practice for between thirteen and twenty years. The specification of maintaining private practice for longer than ten years was a purposive criterion included in order to find psychotherapists that were maintaining full-time private practice as a long-term career.

Data gathering

Data were collected through in-depth interviews which suited the exploratory nature of the research and which allowed for emergent themes to be checked and re-checked for credibility. The research question introducing the topic was "Describe your experience of full-time private practice." A follow-up question was what are the fortigenic qualities that enable you to cope in a full-time private practice for longer than ten years? This was following probing, rephrasing or reframing, clarifying and exploring meaning in the conversation. An audit of the completed research process was executed for accountability of the research study. Data were audio recorded, transcribed verbatim and analysed.

Data analysis

Data were analysed using a narrative analysis approach (Clandinin & Connelly, 2000; Gilhooly & Green, 1996). This involved that the various components that the narratives consist of, e.g. moments of transformation, progress and characters, themes, nodal points and dramatisations were identified (Clandinin & Connelly, 2000; Kvale, 1996; Lawler, 2002). The emergent research themes were re-checked with the participants serving as member checking and analysis was conducted until a point of saturation was reached (Kaminer, 2006; Robertson, Venter & Botha, 2005; Terre Blanche & Durrheim, 1999).

Findings and discussion

The main fortigenic qualities that emerged from this explorative study were: resilience, acceptance, appreciation and passion, humour, philosophy of life and a higher level of logic. See Figure 1.

Resilience

In this study, resilience was one of the necessary fortigenic qualities in dealing with the occupational stress that the work environment of private practice places on the psychotherapist, as evident from the words of a participant: *"I am resilient, no doubt about that, I have to be! I tend to specialise in the fields I enjoy and manage my own time"* (participant A, female, age 45). Strümpfer (2003) described resilience as a person's capacity to bounce back or resile from stressful conditions. Resilience is seen as a growth-enhancing factor that enhances positive views of the self and inner motivation (Sabin, 2006).

Acceptance

Acceptance is mentioned in relation to the nature of the work as a psychotherapist as well as to accept the dynamics of the work environment is fortigenic: *"I have truly grown to accept the nature of my job and this helps me to cope with the dynamics of being in private practice"* (participant B, female, age 55). Nakamura and Csikszentmihalyi (2005) translate acceptance to be focusing more on the client than on yourself and this creates a state of flow or liberation.

Appreciation and passion

Some of the participants find that they enjoyed their work by being passionate and assessing their situation favourable. *"I have a passion for this... I often say to people, I am really fortunate that I can do a job that I love like a hobby I enjoy being able to assist my clients"* (participant D, male, age 56). Appreciation fosters engagement and purpose in life. *"It is important to remain interested and creative in your work, being a psychotherapist has a purpose in my life"* (participant F, female, age 47). In support to this Strümpfer (2006b); Walfish and Walraven (2005), state that it is both motivating and satisfying if



Figure 1. The fortigenic factors buffering compassion fatigue & stress of conscience

people experience their work as positive, and if it fits with their personality. The most rewarding and important factor of satisfaction for the psychotherapist in practice is to assist clients and an increasing awareness of the problems presented (Levin, 1983).

Humour

A sense of humour is also another fortigenic quality that assisted therapists in this study to remain calm and focused. They believed that humour relieve them from exhaustion and burnout. *"Sense of humour enables both you and the people around you to lighten up"* (participant C, female, age 57). Humour is acknowledged as a fortigenic quality in positive psychology and also linked to coping (Roos & Strong, 2010). In addition, Strümpfer (2006a) and Wentzel (1994) highlighted that humour keeps people interested in their work. Humour is a state of mind which affects how people think, feel and behave, especially during hard times. Humour informs higher level of thinking which facilitates new meaning to a situation (Strümpfer, 2006a; Volz, 2000).

Philosophy of life

In this study participants referred to philosophy as a fortigenic quality that enables them to find ways to deal with life challenges and to have respect for life in general. Philosophy of life entails that all people in life are touched emotionally, spiritually, physically and interpersonally and have empathetic understanding of their struggles or even enjoyment of life (Nakamura & Csikszentmihalyi, 2005; Seligman, Steen, Park, & Peterson, 2005). Some of the participants' sentiments about the philosophy of life are as follows: *"This is the most humbling job that you can ever have and I think the more you look at the universe and grow spiritually, in actual fact you become more humble...There is something positive happening and we must look into it. Don't go for the negative"* (participant F, female, age 46). *"What happened in my own life. By that I mean trying to create harmony within my own life that becomes my motto with my patients as well"* (participant D, male, age 56).

Higher level of logic

This was described by participants as the capacity to view life from a higher level of logic. Participants also regard higher level of logic as the continuous self-reflection of their position as therapists and cumulative recognition of clients helped over a lifetime. One of the participants mentioned that, *"throughout my past experience as a psychotherapist when I reflect back I always believe that, everything that you are, everything that you have forms part of what you have to offer"* (participant B, female age 55). Another participant also said that, *"clients' own uniqueness and what they bring to the therapy and being able to give them the help they need give me a satisfaction as a psychotherapy practitioner"* (participant E, female, age 53). Volz (2000) also believes that, private practice seems to affect the self of the therapist personally and professionally.

Implications of findings

The fortigenic qualities that emerged from the psychotherapists' experiences were: resilience, acceptance, appreciation and passion, humour, philosophy of life and a higher level of logic. Psychotherapists who develop or use resilience to deal with the continuous ambiguity of people's emotional needs can serve their clients as well as care for themselves more effectively. Acceptance in the context of psychotherapy facilitates growth and the ability to cope with a dynamic work environment. The fortigenic qualities of appreciation and passion enable psychotherapists to favourably assess their work, to remain engaged and to demonstrate passion for what they do. These qualities promote strengths and resources so that psychotherapists are able to cope with stress. The process of fortigenesis allows an individual to negotiate and resile the demands of life and harness them towards flourishing (Strümpfer, 2006b). The fortigenic quality of humour helps the psychotherapists to develop constructive thinking and be conscious about their feelings and how to behave towards their clients when faced with difficult situations. Humour brings relief from painful emotions by allowing people to gain better perspective on disappointing situations or failures (Strümpfer, 2006a). Philosophy of life enables the psychotherapists to grow spiritually and to cultivate positive emotions towards life. Postive emotions broaden and build upward spirals towards improved well-being, as well as undo the lingering effects of negative emotions (Strümpfer, 2006a, p. 152). Fortigenic quality of higher level of logic provides psychotherapists an opportunity to reflect and observe their position as therapists. Reflection assists therapists to appreciate who they are as well as their own uniqueness and those of their clients. Higher level of logic contributes to psychotherapists' satisfaction as practitioners through differences they make in the lives of clients over the years in the private practice. Future research could explore positive work experience supports for psychotherapists working in other areas, such as universities or corporate companies. Findings would be important for promoting good self-care, professional behaviour and ethical practice to the psychologists working in various environments.

Conclusion

This study explored the fortigenic qualities of psychotherapists working in private practices. Resilience, acceptance, enjoyment and reward, humour, philosophy of life and a higher level of logic, were fortigenic qualities presented as strengths and resources that psychotherapists in this study possess to cope with stress and compassion fatigue. Fortigenic qualities increase well-being and promote healthy professional behaviours and ethical practice among psychotherapists in private practice.

References

- Cape, J., & Parham, A. (2001). Rated casemix of general practitioner referrals to practice counsellors and clinical psychologists: A retrospective survey of a year's caseload. *British Journal of Medical Psychology*, 74, 237–246.

- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative Inquiry: Experience and story in qualitative research*. San Francisco, CA: Jossey-Bass.
- De Lange, E. F. (2010). The fortigenic exploration of psychotherapists' experiences in full-time private practice. (Unpublished doctoral thesis). University of Pretoria, South Africa.
- De Lange, E. F. (2011). *From behind closed doors: Well-being & resilience for the mental health practitioner*. Saarbrücken, Germany: Lap-Lambert.
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2000). *Handbook of Qualitative Research*. London: Sage.
- Gilhooly, K., & Green, C. (1996). Qualitative inquiry: perspectives, methods and psychology. In J. T. E. Richardson (Ed.), *Handbook of qualitative research methods* (pp. 25–43). Leicester, UK: BPS.
- Glasberg, A. L., Eriksson, S., & Norberg, A. (2007). Burnout and 'stress of conscience' among healthcare personnel. *Journal of Advanced Nursing*, 57(4), 392–403.
- Kaminer, D. (2006). Healing processes in trauma narratives: a review. *South African Journal of Psychology*, 36(3), 481–499.
- Kvale, S. (1996). *Interviews. An introduction to qualitative research interviewing* (pp. 19–37). Thousand Oaks, CA: Sage.
- Lawler, S. (2002). Narrative in social research. In T. May (Ed.), *Qualitative research in action* (pp. 242–258). London: Sage.
- Levin, A. M. (1983). *The private practice of psychotherapy*. New York: The Free Press.
- Nakamura, J., & Csikszentmihalyi, M. (2005). The concept of flow. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 89–105). New York: Oxford.
- Neuman, W. (1994). *Social Research Method: Qualitative and Quantitative Approaches*. Boston, MA: Allyn and Bacon.
- Onyett, S., Pillinger, T., & Muijen, M. (1997). Job satisfaction and burnout among members of community mental health teams. *Journal of Mental Health*, 6(1), 55–66.
- Oubiña, V. M. T., Calvo, M. C. M., & Fernández-Ríos, L. (1997). Occupational stress and state of health among clinical psychologists and psychiatrists. *Psychology in Spain*, 1(1), 63–71.
- Potgieter, J. C., & Heyns, P. M. (2006). Caring for a spouse with Alzheimer's disease: Stressors and strengths. *South African Journal of Psychology*, 36(3), 547–563.
- Robertson, A., Venter, C., & Botha, K. (2005). Narratives of depression. *South African Journal of Psychology*, 35(2), 331–345.
- Roos, V., & Strong, G. (2010). Resilience In A Group of Postgraduate Students In A Challenging Training Programme. Applying The Mmogo-method™. *Journal of Psychology in Africa*, 20(1), 85–92.
- Sabin, J. E. (2006). Resilience. *Harvard mental letter*, 23(6), 5–6.
- Schaufeli, W. B., & Bunk, B. P. (2002). Burnout: An Overview of 25 years of research and theorizing. In M. J. Schabracq, C. L. Cooper, & J. A. M. Winnubust (Eds.), *Handbook of work and health psychology* (pp. 383–425). Chichester, England: Wiley.
- Schaufeli, W. B., & Enzmann, D. (1998). *The burnout companion to study and practice: A critical analysis*. London: Taylor & Francis.
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive Psychology: An introduction. *American Psychologist*, 55(1), 5–14.
- Seligman, M. E. P. (2005). Positive psychology, positive prevention, and positive therapy. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 3–9). New York: Oxford.
- Seligman, M. E. P., Steen, T. A. Park, N., & Peterson, C. (2005). Positive psychology progress: empirical validation of interventions. *American Psychologist*, 60(5), 410–421.
- Silverman, D. (1997). *Qualitative Research: Theory, Method and Practice*. London: Sage.
- Strümpfer, D. J. W. (1995). The origins of health and strength: From "salutogenesis" to "fortigenesis". *South African Journal of Psychology*, 25, 81–89.
- Strümpfer, D. J. W. (2003). Resilience and burnout: A stitch that could save nine. *South African Journal of Psychology*, 33, 69–79.
- Strümpfer, D. J. W. (2006a). Positive emotions, positive emotionality and their contribution to fortigenic living: A review. *South African Journal of Psychology*, 36(1), 144–167.
- Strümpfer, D. J. W. (2006b). The strengths perspective: Fortigenesis in adult life. *Social Indicators Research*, 77, 11–36.
- Sue, S. (1998). Psychotherapeutic unices for ethnic minorities: Two decades of research findings. *American Psychologist*, 43, 301–308.
- Terre Blanche, M., & Durrheim, K. (Eds.). (1999). *Research in Practice: Applied Methods for the Social Sciences*. Cape Town, South Africa: UCT Press.
- Thorne, S., Jensen, J., Kearney, M. H., Noblit, G., & Sandelowski, M. (2004). Qualitative Metasynthesis: Reflections on Methodological Orientation and Ideological Agenda. *Qualitative Health Research* 14(10), 1342–1365.
- Trull, T. J., & Phares, E. J. (2001). *Clinical psychology: Concepts, methods and profession*. (6th Ed.). New York: Wadsworth.
- Volz, J. (2000). Clinician, heal thyself. *American Psychological Association Monitor*, 31, 46–47.
- Vredenburg, L. D., Carlozzi, A. F., & Stein, L. B. (1999). Burnout in counselling psychologists: type of practice setting and pertinent demographics. *Counselling Psychology Quarterly*, 12(3), 293–302.
- Walfish, S., & Walraven, S. E. (2005). Career satisfaction of psychologists in independent practice. *Counselling and Clinical Psychology Journal*, 2(3), 124–133.
- Wentzel, A. M. (1994). *Full-time private practice*. Unpublished proceedings of workshop on private practice. University of Pretoria, South Africa.