

**A Phenomenological Study Exploring the Lived Experiences of Compassion Satisfaction in
Early Career Mental Health Counselors**

by

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Abstract

This qualitative study explored the lived experiences of compassion satisfaction in eight early career mental health counselors. Through in-depth, semi-structured interviews, the researcher sought to capture the nuances and essence of compassion satisfaction. Using a transcendental phenomenological approach, the researcher endeavored to minimize researcher bias through bracketing in order to preserve the subjective meaning and richness of the participants' lived experiences of compassion satisfaction. Six themes emerged from the data, the former three illuminating *what* the participants have experienced regarding compassion satisfaction, and the latter three revealing *how* they have experienced compassion satisfaction, referencing the contexts and settings in which they experienced it: Reciprocal benefits, self-efficacy, "wind in your sails," a trusting therapeutic relationship, witnessing client change, and making a difference. Implications for mental health counselors, counselor educators, and clinical supervisors are also provided for the purposes of promoting counselor wellness and sustained quality of client care.

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Dedication

I dedicate this dissertation to counselors around the world who continue to show up and pour your hearts into your work. *You* are making a difference. I wrote this poem not only for you, but also for all the clients who have bravely allowed us to join them on their journey of healing and self-discovery. *You*, too, have made a lasting impact on our lives.

Thank you.

The Nature of With

The word *with* – it signifies togetherness
Not just one, but two
Two people who were once far apart
Paths crossed - so here I am with you.

With - meaning I see you
I hear you
I feel what you feel
Together, with you, we will make it through.

With – meaning you have your story
And I have mine
Together, we will grow
We will learn and strive.

With – meaning you won't know
And neither will I
Together, though, we'll figure it out
I am your ally.

With – meaning you try and I try
It's not just you and it's not just me
If you want to see progress
We can't be carefree.

With – meaning I can lean on others
I don't have to do this alone
I can't, I won't
I must not do this on my own.

With – meaning in order to help you
I must take care of me too
The wind in my sails
This will help me through.

With – meaning I see you happy
And I know I'm in the right place
Together, we did it
We climbed the staircase.

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Chapter I: Introduction and Literature Review

Introduction and Background

Compassion fatigue, secondary traumatic stress, and burnout are significant and rampant concerns among mental health professionals (Perkins & Sprang, 2013; Tabaj, Pastirk, Bitenc, & Masten 2015; Thompson, Amatea, & Thompson, 2014). The literature indicates the negative experiences associated with these phenomena, including but not limited to, emotional and physical exhaustion, decreased empathy and capacity for connection, mixed experiences of anxiety and depression (Baker, 2012; Mathieu, 2012), intrusive thoughts and images, avoidance of trauma reminders, functional impairment (Pearlman, 2012), irritability, and decreased motivation (Baker, 2012). If protective measures are not taken, these can be natural consequences of the intensely emotional nature of counseling work. These consequences pose a risk to clients, as well as liability for treatment sites, including increased absenteeism and turnover rates (Wagner & Harder, 2011).

The American Counseling Association (ACA) Code of Ethics (2014, Section C.2.g.) mandates counselors to “monitor themselves for signs of impairment from their physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others.” To support counselors’ efforts to uphold this ethical responsibility, researchers have largely focused on the risks involved in mental health work (Lanham, Rye, Rimsky, & Weill, 2012; Lent & Schwartz, 2012; Newell & MacNeil, 2011; Perkins & Sprang, 2013; Schwartz, Tianyu, & Dwyer, 2007; Tabaj et al., 2015; Thompson et al., 2014). Although monitoring for signs of impairment will continue to be an ethical obligation among counselors, it is critical that researchers also examine constructs associated with counselor wellness, as the ACA Task Force on Counselor Wellness and Impairment strongly

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encouraged (Lawson, Vernart, Hazler, & Kottler, 2007). The present study is one such effort to support this strengths-based shift towards understanding how counselors foster wellness and sustain themselves in their work.

Significance of Topic

Research shows that compassion satisfaction, which is theoretically defined as a sense of pleasure derived from the ability to do one's work well (Stamm, 2010), may serve a protective role against the deleterious effects of helping (Pelon, 2017; Samios, Abel, & Rodzik, 2013; Sansó, Galiana, Oliver, Pasual, Sinclair, & Benito, 2015; Thompson et al., 2014). Harr (2013) described compassion satisfaction as a key factor in sustaining one's sense of hope, meaning, and purpose when faced with clinical challenges that often feel discouraging. However, little is known about the complexities of this phenomenon, the specific mechanisms that help to cultivate it, or in which contexts it is experienced.

Although researchers have examined compassion satisfaction quantitatively in samples of mental health professionals, including social workers (Pelon, 2017; Thomas, 2013; Wagaman, Geiger, Shockley, & Segal, 2015), child welfare workers (Hiles-Howard, Parris, Hall, Call, Razuri, Purvis, & Cross, 2015; Salloum, Kondrat, Johnco, & Olson, 2015), and traumatic bereavement volunteers and professionals (Thieleman & Cacciatore, 2014), there are few studies examining this phenomenon in counselors (Browning, McDermott, & Scaffa, 2019; Lawson & Myers, 2011; Perkins & Sprang, 2013; Thompson et al., 2014). Moreover, there is limited research on compassion satisfaction specific to mental health counselors (Thompson et al., 2014). The high rate of compassion fatigue, secondary traumatic stress, and burnout among mental health professionals (Perkins & Sprang, 2013; Tabaj, et al., 2015; Thompson et al., 2014) highlights the need for additional research in this area, particularly qualitative research to build a

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deeper understanding of compassion satisfaction in mental health counselors.

Lawson and Myers (2011) wrote, “To remain effective and vital in their work, counselors must be able to recognize and find joy in their ability to help others” (p. 164). Because researchers do not yet have a thorough understanding of how mental health counselors experience compassion satisfaction, the aim of the present study was to gain an in-depth understanding of the lived experiences of compassion satisfaction in a sample of mental health counselors. To further hone my research sample and maximize applicability to the counselor education and supervision field, I chose to explore the experiences of early career mental health counselors, as defined by five years or less of post-master’s clinical experience. I conducted this study not only due to its significance to counselors and counselors-in-training, but also to their clients who deserve the provision of quality mental health care. To explore the complexities of each participants’ experiences, I have chosen a qualitative method (Creswell, 2013) to contribute to the improved understanding of counselor wellness and sustainability, as well as lead to directions for future research.

Creswell (2013) recommended using a phenomenological approach when the researcher desires an in-depth exploration and understanding of a specific phenomenon. Therefore, I chose to use a phenomenological method for this study to explore the lived experiences of compassion satisfaction in early career mental health counselors, which fills a gap in the literature, as well as provides rich description of the participants’ experiences and essence of compassion satisfaction.

Literature Review

Introduction

Research indicates that compassion fatigue, secondary traumatic stress, and burnout are prevalent among mental health professionals (Newell & MacNeil, 2011; Pelon, 2017; Sodeke-

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Gregson, Holltum, & Billings, 2013). According to Stamm (2005, 2010), the developer of the prominently used *Professional Quality of Life Scale*, secondary traumatic stress and burnout are subcategories of compassion fatigue. Compassion fatigue comprises of emotional and physical exhaustion, desensitization, decreased capacity for empathy and intimacy with others, as well as increased stress, anxiety, and depression (Mathieu, 2012). Secondary traumatic stress is a set of symptoms that one may experience after being indirectly exposed to a trauma narrative. The symptoms mimic those of post-traumatic stress disorder, including hyperarousal, intrusive thoughts and images, distressing emotions, avoidance behaviors, and impaired functioning (Bride, 2012). Baker (2012) defined burnout as feelings of fatigue, irritability, physical complaints, decreased motivation, and mixed experiences of anxiety and depression.

Newell and MacNeil (2011) found in their quantitative study that approximately half of the mental health professionals in their sample scored in the moderate to high range for compassion fatigue and burnout. In another quantitative study, nearly 80% of social worker participants scored in the moderate to high range for compassion fatigue (Pelon, 2017). Additionally, 90% of a sample of therapists scored in the moderate to high range for burnout, and all participants scored in the moderate to high range for secondary traumatic stress (Sodeke-Gregson et al., 2013). These negative experiences have detrimental implications for client care (Xu, Harmon-Darrow, & Frey, 2019); therefore, it is critical that counselors increase their knowledge of factors that protect against them.

Protecting against these negative experiences requires an understanding of factors that sustain mental health professionals, one of which may be compassion satisfaction. In fact, findings of recent quantitative studies show that compassion satisfaction is associated with lower levels of compassion fatigue (Pelon, 2017; Rossi et al., 2012), burnout (Sansó et al., 2015; Smart

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et al., 2014; Thompson et al., 2014), secondary traumatic stress (Samios et al., 2013), anxiety (Samios et al., 2013), and psychological distress (Rossi et al., 2012; Thomas, 2013) among helping professionals. A significant portion of the compassion satisfaction literature has been conducted outside of the counseling field to identify prevalence rates and factors associated with decreased burnout and compassion fatigue in nurses (Smart et al., 2014; Zhang et al., 2018), one of which may be higher education level, according to a recent meta-analysis (Zhang et al., 2018). The purpose of this literature review is to provide an assemblage of recent studies that have expanded the body of knowledge on compassion satisfaction. Furthermore, this review emphasizes research within the mental health field to enhance applicability to counselors.

Researchers have quantitatively examined compassion satisfaction in various samples of mental health professionals (Pelon, 2017; Sansó et al., 2015), but a paucity of research including compassion satisfaction as a variable under study have involved mental health counselors exclusively (Thompson et al., 2014). Furthermore, although researchers have quantitatively studied compassion satisfaction in mental health professionals in the United States (Martin-Cuellar, Atencio, Kelly, & Lardier, 2018), many of the quantitative studies that include this variable have been conducted outside of the United States, including Israel (Zeidner & Hadar, 2014) and Australia (Samios et al., 2013).

There is a scarcity of qualitative research exploring compassion satisfaction. Sterling (2014) conducted a qualitative study investigating how Canadian counselors actively sustain compassion satisfaction, which illuminated that the following were essential for accomplishing this task: maintaining boundaries, self-care, self-awareness, developing fulfilling relationships, engaging in continuing education, and embracing professional variety. Although the findings of this study provide valuable insight that may apply to other counselors, the sample size was small

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(n = 6) and additional research is needed to capture the complexity of the phenomenon of compassion satisfaction itself in mental health counselors prior to further examination of the strategies they use to cultivate and sustain it. Additionally, Hunter (2012) studied the risks and benefits involved in the therapeutic bond, including vicarious traumatization and compassion satisfaction, in Australian therapists. However, other qualitative studies have not centered around explicit investigation of compassion satisfaction. Some other related topics that researchers have qualitatively explored include vicarious resilience in Canadian therapists (Silveira & Boyer, 2015), how Australian therapists who work with trauma “thrive and sustain their engagement,” (Ling, Hunter, & Maple, 2014, p. 297), and the “positive impact” of providing therapy to child survivors of trauma in a sample of Irish therapists (Wheeler & McElvaney, 2018). Wheeler and McElvaney (2018) described the professional satisfaction that the therapists in their study expressed as being “comparable to the phenomenon, compassion satisfaction” (p. 521). However, they were not explicitly seeking to capture the complexities and essence of this phenomenon.

Additionally, there is only one known study to date examining compassion satisfaction in mental health counselors (Thompson et al., 2014). Moreover, although Thompson et al. (2014) included compassion satisfaction as a variable in their study, the overall focus was on identifying personal and contextual predictors of compassion fatigue and burnout, including perception of working environment, demographic characteristics, and coping strategies. Lastly, the studies involving exclusive samples of counselors representing various specialty areas are quantitative (Browning et al., 2019; Lawson & Myers, 2011; Thompson et al., 2014) or mixed-methods (Perkins & Sprang, 2013), further highlighting the need for in-depth exploration of compassion satisfaction through qualitative inquiry.

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A Shift to the Positive Aspects of Helping

Radey and Figley (2007) described the tendency of clinicians to focus on client problems and challenges of the work, while often overlooking the positive and fulfilling aspects of being a helper. The findings of recent qualitative studies demonstrate this tendency, such that researchers reported that during their interviews with participants, it was difficult for therapists to focus on the positive aspects of their work, often requiring prompting to do so (Hyatt-Burkhart, 2014; Wheeler & McElvaney, 2018). Similarly, nearly half of the therapists in Wheeler and McElvaney's (2018) study acknowledged that focusing on the positive aspects of their work was an unfamiliar experience for them.

Radey and Figley (2007) wrote, "Given that empathetic providers will face negativity, our profession requires a constant source of inspiration that increases our positivity" (p. 214). Compassion satisfaction may be a key factor that both bolsters positivity and protects against the negative consequences of helping (Pelon, 2017; Rossi et al., 2012; Samios et al., 2013; Sansó et al., 2015; Smart et al., 2014; Thomas, 2013; Thompson et al., 2014). It is important that the focus of research continues to shift in the direction of furthering the understanding of this phenomenon. This involves consideration of the variables that may correspond to compassion satisfaction, including the characteristics associated with professional quality of life.

Characteristics Involved with Professional Quality of Life in Mental Health Professionals

Stamm (2005, 2010) described "professional quality of life" as the combination of positive and negative effects of helping individuals who have experienced stressful life events, the former referring to compassion satisfaction and the latter to compassion fatigue (with sub-categories of burnout and secondary traumatic stress). Researchers have found various factors to be associated with professional quality of life, such as age of the professional (Browning et al.,

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2019; Somoray, Shakespeare-Finch, & Armstrong, 2015), clinical experience (Thompson et al., 2014; Wagaman et al., 2015), affective characteristics (Sansó et al., 2015; Wagaman et al., 2015), attention to self-care needs (Browning et al., 2019; Martin-Cuellar et al., 2018), positive work environment (Hiles-Howard et al., 2015; Somoray et al., 2015), and supervisory support (Kearns & McArdle, 2011; Sodeke-Gregson et al., 2013). Due to the emergent and open-ended nature of qualitative research (Creswell, 2013), I did not explicitly seek to explore how the above-listed factors contribute to compassion satisfaction, but I rather remained open to the participants' subjective experiences throughout the present study. It is helpful, however, to understand what researchers have already found regarding the relationship between these factors and professional quality of life in mental health professionals.

Age of the Professional

The literature shows mixed results concerning the influence of age on professional quality of life in helping professionals. Somoray et al. (2015) found in a sample of mental health professionals that there may be a connection between older age and higher compassion satisfaction. However, age was not related to compassion satisfaction in a sample of child welfare workers (Salloum et al., 2015). Concerning the consequences of caring, older age was related to lower burnout in mental health professionals working in a variety of settings (Browning et al., 2019; Sodeke-Gregson et al., 2013; Somoray et al.); however, Salloum et al. (2015) found the opposite relationship in a sample of child welfare workers (Salloum et al., 2015). Perhaps it is not solely age that influences these phenomena, but also the therapists' extent of clinical experience.

Clinical Experience

Thomas (2013) and Wagaman et al. (2015) found a positive relationship between years

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of experience and compassion satisfaction in their samples of social workers. Craig and Sprang (2010) found a positive association between these variables, as well, in a sample of trauma treatment therapists. Thompson et al. (2014) found additional promising results in their study. In their sample of mental health counselors, they discovered that more years in the counseling field was related to lower compassion fatigue and burnout. Researchers found similar results among social workers (Thomas, 2013; Wagaman et al., 2013), although Sodeke-Gregson et al. (2013) found no significant relationship between years of experience and either burnout or compassion satisfaction in their samples of therapists. Albeit the connection between clinical experience and compassion satisfaction is unclear, researchers have identified other factors that may play a role in its presence or lack thereof.

Affective Characteristics

Radey and Figley (2007) described that positive affect might contribute to increased creativity and thoughtfulness in clinical work, while negative affect may limit one's ability to tap into these internal resources. They also discussed how experiencing positive emotions leads to personal gratification and a sense of meaning derived from one's work. Supporting this notion, Samios et al. (2013) and Zeidner and Hadar (2014) found that higher positive affect was related to higher compassion satisfaction in mental health professionals. They also discovered that self-reported emotional intelligence was related to higher compassion satisfaction. This finding may point to the role of emotional intelligence in forming strong therapeutic relationships, as well as to its role in helping clinicians recognize and attend to their emotional needs to sustain them.

Researchers have found additional connections between emotional characteristics and compassion satisfaction. For instance, compassion satisfaction was found to be positively associated with emotional awareness (Sansó et al., 2015) and emotional regulation (Wagaman et

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al., 2015). With greater emotional awareness comes greater empathic ability, which is key to establishing a strong therapeutic relationship and promoting the change process (Rogers, 2003). Since compassion satisfaction involves the perception that one is effectively helping another (Stamm, 2010), it stands to reason that the ability to both recognize and regulate emotions in oneself and clients is paramount to providing effective client care, enhancing self-efficacy, and sustaining mental health professionals in their work.

Attention to Self-Care Needs

The ability to remain in-tune with one's emotional experiences and then respond in a helpful manner is essential to enhancing professional well-being. In fact, emotional awareness and self-care were positively related in Sansó et al.'s (2015) study. Xu et al. (2019) linked higher self-care behaviors to lower burnout risk. Trauma-informed self-care, specifically, may be important for therapists working with trauma survivors, as research shows this to be associated with higher compassion satisfaction and lower burnout (Salloum et al., 2015). Furthermore, the participants in Ling et al.'s (2014) qualitative study recognized that they would no longer be effective therapists if they did not care for themselves. Sterling (2014) found similar results in her qualitative study; cultivating self-care was an essential component of maintaining compassion satisfaction among the participants. Mindfulness practice may be one such strategy for doing so, as researchers have found it to be positively related to higher compassion satisfaction (Martin-Cuellar et al., 2018; Thieleman & Cacciatore, 2014) and negatively related to compassion fatigue (Thompson et al., 2014), burnout (Thieleman & Cacciatore, 2014; Thompson et al., 2014), and secondary traumatic stress (Thieleman & Cacciatore, 2014).

Work Environment

Studies point to the powerful influence of work environment on one's professional

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quality of life (Somoray et al., 2015; Thompson et al., 2014). Thompson et al. (2014) found that a positive perception of one's work environment was related to lower compassion fatigue and burnout in mental health counselors. A work culture characterized by trust (Kearns & McArdle, 2011), appreciation (Tabaj et al., 2015), and respect for autonomy (Kearns & McArdle, 2011; Tabaj et al., 2015) may contribute to a positive perception of one's work environment, which may, in turn, promote compassion satisfaction. Experiencing a sense of belonging in the workplace appears to be critical, as well, based on qualitative research findings (Kearns & McArdle, 2011). In fact, workplace belongingness was the strongest predictor of compassion satisfaction among a sample of mental health professionals (Somoray et al., 2015).

Supervisory Support

Research indicates that quality supervision is an important form of support in the workplace, one that has the potential to promote compassion satisfaction, reduce burnout risk (Sodeke-Gregson et al., 2013), and sustain therapists in their work (Ling et al., 2014). A participant in Wheeler and McElvaney's (2018) qualitative study noted that, without good supervision and support, they would not be a strong therapist. Individualized supervision may be especially valuable to novice clinicians during their transition into the field (Kearns & McArdle, 2011). Initial experiences with clients can feel intimidating and filled with uncertainty, often leading to clinical anxiety (Bischoff & Barton, 2002; Stoltenberg, Pierce, & McNeill, 1998; Stoltenberg & McNeill, 2010). Early career counselors take on the complex, and often arduous, tasks of building self-efficacy and professional individuation, which is "higher order integration of the professional self and personal self" (Skovholt & Ronnestad, 1992). Therefore, having a supervisor who provides an appropriate balance of challenge and support through these early developmental stages can make a significant difference in promoting clinical competence and

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confidence (Bernard & Goodyear, 2014). In addition to the aforementioned characteristics that may play significant roles in the cultivation of compassion satisfaction, it is also important to consider how reflective work may impact this process.

Cultivating Compassion Satisfaction Through Reflective Work

The findings of recent qualitative studies demonstrate that it may be difficult for mental health professionals to focus on the positive characteristics of their work (Hyatt-Burkhart, 2014; Wheeler & McElvaney, 2018), which may lead to reduced compassion satisfaction overtime. Once prompted to do so, however, therapists in these studies were able to reflect upon and thoroughly describe the rewarding aspects of their work with clients. In fact, participants described this work as an honor and privilege (Hunter, 2012; Wheeler & McElvaney, 2018), some speaking to the sacredness of helping clients along their healing journeys (Hunter, 2012). Therapists in multiple qualitative studies spoke to the rewards of helping clients overcome adversity (Hiles-Howard et al., 2015; Silveira & Boyer, 2015; Wheeler & McElvaney, 2018). Some therapists expressed feeling inspired by their clients' resilience (Silveira & Boyer, 2015), which, in turn, enhanced their own resilience (Wheeler & McElvaney, 2018). Given that greater resilience was associated with higher compassion satisfaction in a recent study (Hiles-Howard et al., 2015), this further highlights the promising benefits of reflecting on the rewarding aspects of clinical work.

Therapists have also described changes in personality characteristics from their work with clients. Some of these included increased hope, enthusiasm, optimism (Silveira & Boyer, 2015), creativity, honesty, courage, and resourcefulness (Wheeler & McElvaney, 2018). Participants described increased open-mindedness, tolerance, flexibility, and gratitude for life, as well (Hyatt-Burkhart, 2014). The rewards of therapeutic work are abundant, yet it may be

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difficult to focus on these positive aspects due to the often-challenging nature of clinical work (Wheeler & McElvaney, 2018).

Research Questions

For the present study, a qualitative approach enabled deep exploration of the lived experiences of compassion satisfaction in early career mental health counselors. Limiting participants to those who are early career, as defined by five years or less of post-master's clinical experience, enabled me to gain insight into the unique lived experiences of this specific population, as well as to maximize the applicability of the research findings to counselor education and supervision. Through semi-structured interviews, I sought to understand and richly describe each participant's experiences with compassion satisfaction. An in-depth analysis, then, enabled me to identify themes within the data, which captured the essence of how early career mental health counselors experience compassion satisfaction.

To explore this phenomenon, the central research question for this study is listed below. Per Creswell's (2013) recommendation, I developed four sub-questions to generate additional focus for the study, which are also listed below.

Central Research Question: *What are the lived experiences of compassion satisfaction in early career mental health counselors?*

SQ1: *How do participants define compassion satisfaction?*

SQ2: *What does compassion satisfaction feel like to participants?*

SQ3: *What meaning do participants ascribe to their lived experiences of compassion satisfaction?*

SQ4: *In which contexts do participants experience compassion satisfaction?*

Conclusion

In an effort to foster counselor wellness and client welfare, it is necessary to continue exploring how counselors experience the phenomenon of compassion satisfaction. Qualitative analysis enables the researcher to explore and capture the complexities of participants' experiences (Creswell, 2013). Although most of the qualitative studies on the sustaining characteristics of therapeutic work, including vicarious posttraumatic growth and compassion satisfaction, were conducted outside of the United States (Hunter, 2012; Kearns & McArdle, 2011; Ling et al., 2014; Silveira & Boyer, 2015; Wheeler & McElvaney, 2018), they undoubtedly add value and depth to the body of literature on compassion satisfaction. Due to different countries' varying educational requirements and qualifications required to become a practicing clinician, additional qualitative studies are needed in the United States to gain deeper insight into how early career mental health counselors, specifically, experience this phenomenon. The following chapter contains a thorough description of the research methods and theoretical frameworks that I used to investigate the participants' lived experiences of compassion satisfaction.

Chapter II: Methods

Qualitative Methods

Creswell (2013) defined qualitative research as the study of “the meaning individuals or groups ascribe to a social or human problem” (p. 44). The researcher is the instrument; they generate data through various means, including interviews, field observations, and archival data (i.e., documents, pictures, etc.). Regarding data analysis, qualitative researchers employ inductive and deductive analyses to establish themes from the data and to check themes against the data, respectively. Furthermore, qualitative research is emergent in nature, meaning the initial plan for a study cannot be strictly outlined and the researcher should remain flexible as the study unfolds (Creswell, 2013).

A qualitative research approach enables researchers to explore a particular issue or phenomenon in all of its complexity (Creswell, 2013). Using this method helped me gain a deeper understanding of the subjective experiences of the participants, acknowledging that there is no one truth, but rather multiple subjective truths. This is the worldview that social constructivists posit.

Social Constructivist Paradigm

According to the social constructivist paradigm, or worldview, knowledge is co-constructed between individuals (Cottone, 2017) and reality is understood through lived experiences (Creswell, 2013). We as humans “make concepts, models, and schemes to make sense of experience, and we continually modify these constructions in the light of new experience” (Schwandt, 2007, p. 38). Ascribing to the social constructivist paradigm, I believe there are multiple subjective truths (Cottone, 2017). Within this paradigmatic framework, the objective of the present study was to gather and analyze the participants’ descriptions of their

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lived experiences in order to create an interpretation of their truths. Phenomenology, the research design I chose for the present study, aligns closely with social constructivism due to its emphasis on co-constructing knowledge of lived experiences through semi-structured interviews and “attending to language as a means for understanding people’s subjective worlds” (Haverkamp & Young, 2007).

Transcendental Phenomenology

Broadly speaking, phenomenology is a method of inquiry that involves an in-depth exploration of a specific phenomenon (Creswell, 2013). Rooted in the work of German philosopher Edmund Husserl (1931), phenomenology aims to learn and richly describe the subjective experiences of research participants. As a transcendental phenomenologist, Husserl argued that one must be unencumbered by preexisting emotions, preconceived judgments, and personal experiences in order to open oneself to understanding the complexities of someone else’s experiences through the use of epoché or bracketing (Moustakas, 1994; Schwandt, 2007). Employing this process, “the everyday understandings, judgments, and knowings are set aside, and phenomena are revisited, freshly, naively, in a wide open sense, from the vantage point of a pure or transcendental ego” (Moustakas, 1994, p. 33).

Clark Moustakas (1994), a prominent phenomenologist, described that a researcher utilizing a phenomenological approach recruits a sample of participants who have all experienced the phenomenon under study. Upon interviewing each participant, the objective is to analyze and report findings in such a way that “reduces individual experiences with a phenomenon to a description of the universal essence” (Creswell, 2013, p. 76), which is a description of the common experiences or themes existing among participants. Even when engaging in the process of bracketing, qualitative research introduces the inevitability of

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researcher values and ideologies influencing the research process (Erickson, 2011); however, there are multiple strategies that I used to reduce their impact on my interpretations, including self-reflexivity, member-checking, and peer review.

Ensuring Rigorous Methods and Credibility of Findings

The use of rigorous methods in qualitative research contributes to validation, or credibility, of findings. As social constructivists believe that reality is constructed through lived experiences, “truth” and “accuracy” are of less importance (Creswell & Miller, 2010), and “credibility” may be a more relevant term to conceptualize validation procedures in qualitative research. Truth claims are not derived in isolation, but instead, they result from co-existence with other people. Credibility refers to the “trustworthiness, verisimilitude, and plausibility of the research findings” (Tracy, 2010, p. 842), and qualitative researchers utilize various strategies to promote this in their work.

Tracy (2010) identified self-reflexivity, which is the exploration of personal values, inclinations, and biases, as a key criterion for determining credibility. As the researcher, my experience as a mental health counselor is crucial to understanding and interpreting the findings, but it is also important that I make my subjectivity known to enhance the credibility of the study (Creswell, 2013; Tracy, 2010), which I have delineated later in this chapter. To uphold this aspect of rigorous research, I engaged in self-reflexivity throughout the present study to critically examine and suspend my subjective biases and experiences, as if I removed them from the spotlight for now, in order to allow the experiences of the participants to take center stage.

When analyzing data, Creswell (2013) and Tracy (2010) noted the value of triangulation in maximizing the credibility of research findings. This term refers to the use of multiple vantage points, investigators, and methods to support or validate a theme identified in the data. First, I

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identified a peer reviewer who is knowledgeable about the field of counseling and the phenomenon under study to serve as an outside auditor and examiner of my research decisions, biases, and interpretations (Lincoln & Guba, 1985). During our multiple virtually arranged meetings, my peer reviewer assisted me with bracketing my personal biases, and she also reviewed my codebook to ensure consistency across codes and themes. Second, I maintained a separate audit trail throughout this study to track my research decisions and activities (Creswell & Miller, 2010). Lastly, I used member-checking, which involves participants reviewing preliminary analyses in order to minimize the impact of personal biases and misunderstandings on my interpretation of the findings (Lincoln & Guba, 1985). This provided an opportunity for me to receive clarification and feedback on my interpretations of their experiences and the themes identified from the raw data, as Creswell (2013) suggested.

Another aspect of rigorous, credible qualitative research is the use of thick description. Denzin (1989) eloquently described this term as going “beyond mere fact and surface appearances. It presents detail, context, emotion, and the webs of social relationships...the voices, feelings, actions, and meanings of interacting individuals are heard” (p. 83). To assist me with incorporating thick description into the final presentation of the research findings, each interview was audio-recorded and transcribed with the participants’ informed consent to preserve their verbatim quotes.

The Role of the Researcher

The researcher takes an active and collaborative stance in qualitative methods. The researcher is the instrument; therefore, in contrast to quantitative research, this mode of inquiry relies on interaction with participants, rarely relying on formal assessments or questionnaires to generate data (Creswell, 2013). Qualitative researchers are responsible for engaging in numerous

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research tasks, including but not limited to, conducting field observations, interviewing participants, collaborating with colleagues, engaging in ongoing self-reflection, transcribing interviews, coding data, identifying themes, and documenting findings to be disseminated.

In qualitative research, the participant is the expert of their lived experiences, and the researcher is seeking to understand them (Josselson, 2013). Bracketing my preconceived notions, biases, and values (Moustakas, 1994) enabled me to take a not-knowing stance, allowing me to actively hear the participants' experiences (Berg, 2009).

I also assumed the role of fostering a safe, comfortable space for participants to explore their lived experiences of compassion satisfaction (Josselson, 2013), as I do in my work as a counselor. This involves creating a balance of empathy and probing, in addition to avoiding judgmental responses (Berg, 2009; Josselson, 2013). Lastly, the notion of *being with* participants, both physically and emotionally, also fosters a safe environment, as this enabled me to convey genuine interest in and validation of their experiences (Josselson, 2013). Following this discussion on the role of the researcher, the next section includes my reflexivity statement.

Reflexivity Statement

As a Licensed Professional Counselor with master's-level training in clinical mental health counseling and doctoral training in counselor education and supervision, I have been intentional about exploring the lens through which I view this research and the biases I possess. Regarding my clinical experiences, I have provided counseling to clients in a community mental health setting and private practice. Being a private practitioner and entrepreneur comes with its own stressors, such as fluctuating income, liability, role strain, and professional isolation (Cohn & Hastings, 2013); however, I am passionate about my work, and it affords me with significant autonomy and flexibility in determining the hours I work, general business operations, and

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clinical niche. In my conceptualization of this study, I identified that I believe private practice enables me to experience higher compassion satisfaction, but I am also aware that this is *my* perspective, which may not be shared by others. For instance, although the pressures of agency would potentially contribute to burnout risk for me, I knew that this may not be considered a stressor or risk factor for the participants I interviewed.

Furthermore, during data collection, I was conscious that our ethical obligation as counselors to monitor for signs of impairment (ACA, 2014) may influence the transparency of interview responses. Although personal feelings regarding my counseling career have primarily been characterized by compassion satisfaction, I have experienced moments of compassion fatigue and I am able to normalize counselors' experiences with this. In addition, I am aware of what I do to cultivate and restore compassion satisfaction, but others likely have different experiences. Also, in order to present a literature review for this study, I gained insight into various factors that influence professional quality of life, such as positive affect (Samios et al., 2013; Zeidner & Hadar, 2014), mindfulness practice (Martin-Cuellar et al., 2018; Thielemann & Cacciatore, 2014), appreciation in the workplace (Tabaj et al., 2015), and quality supervisory support (Ling et al., 2014; Sodeke-Gregson et al., 2013); however, I strived to remain cognizant that participants may have different preferences regarding the various aspects of their professional and personal lives, including work setting and tasks, clientele, and self-care strategies.

Lastly, although theoretical definitions of compassion satisfaction exist, it was essential to learn how each participant conceptualizes it and how they experience it in their own lives. I accomplished this by asking open-ended questions during interviews that allowed for in-depth investigation of participants' lived experiences. Throughout this study, I remained open to and

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curious about exploring the unique experiences of participants, as opposed to making assumptions based on my personal experiences with compassion satisfaction.

Participant Characteristics

For the present study, I used purposive sampling to recruit early mental health counselors from across the United States. As Creswell (2013) noted, “This is the primary sampling strategy used in qualitative research...the inquirer selects individuals and sites for study because they purposefully inform an understanding of the research problem and central phenomenon in the study” (pp. 299-300). When using a phenomenological approach, all participants must have experience with the phenomenon (Moustakas, 1994), compassion satisfaction, which I confirmed by asking each participant how they define compassion satisfaction at the beginning of their interview.

The final sample included eight early career mental health counselors, which falls within Creswell’s (2013) recommended range of three and fifteen participants. I stopped at the number of participants needed to identify no new themes in the data, which is also referred to as reaching saturation (Creswell, 2013). Six participants reported identifying as White/Caucasian, one participant as African American, and one participant as White/Caucasian and Hispanic/Latinx. At the time of data collection, six participants reported that they were fully licensed, two were provisionally licensed, five were nationally certified, and two held specialty certifications. The average age of the participants was 31.88 years, ranging from 27 to 41 years. The average length of time in clinical practice was 3.81 years, ranging from 1.5 to 5 years. Regarding average hours of direct client services per week, one participant reported 30-40 hours, one reported 20-25 hours, one reported 15-20 hours, two reported 10-15 hours, two reported 5-10 hours, and one reported less than 5 hours when data was collected. Lastly, at the time of data collection, two

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participants reported working at a community agency, three participants at a college/university, two participants at both a community agency and private practice, and one participant was in private practice only.

To recruit participants, I distributed emails to clinical supervisors, mental health agency clinical directors, as well as through CESNET, a counselor education and supervision professional listserv, and a state counseling board listserv using an IRB-approved email template (Appendix A). I also utilized social media invitations via Facebook (Appendix B), professional networking, and snowball sampling to identify participants, which involves recruitment by individuals other than the researcher (Marcus, Weigelt, Hergert, Gurt, & Gelléri, 2017). Creswell (2013) noted the challenges of finding themes in the data when there is significant heterogeneity in characteristics among participants, which serves as rationale for the specificity of the following inclusion criteria: a) age 19 or older, b) holds a Master's degree in Clinical Mental Health Counseling (or the equivalent) from a CACREP-accredited program, c) fully or provisionally licensed by one's respective state counseling board, d) 5 years or less of post-master's counseling experience, e) currently working in a clinical setting providing professional counseling services to clients, f) endorses personal experience with compassion satisfaction, and g) willing to participate in one audio-recorded interview for data collection purposes. To ensure that all individuals who expressed interest in participating met inclusion criteria, I requested the completion of a demographic questionnaire (Appendix C). Upon receiving the signed informed consent (Appendix D), along with a completed demographic questionnaire, the interview was scheduled with each participant individually.

Data Collection

Upon receiving approval from Auburn University's Institutional Review Board (IRB) and

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identifying participants on a rolling basis, I completed one semi-structured interview with each participant using an interview protocol (Appendix E). Each interview lasted approximately 45-60 minutes to thoroughly explore their lived experiences with compassion satisfaction (Moustakas, 1994). Interviews were audio-recorded and took place via phone or Zoom, a secure video platform, based on each participant's preference. Participants who met criteria for the study and were able to fully participate in the interview process were entered into a drawing for a chance to win one of three \$50 electronic Amazon gift cards at the conclusion of data collection. The gift cards were sent to the winners through email.

Data Analysis

Participant interviews were transcribed verbatim by Scribie, a professional transcription service. I, then, engaged in inductive analysis to organize the data into categories and themes (Creswell, 2013). To begin this process, I identified significant statements within the interview transcripts. Next, I grouped the statements into themes, also known as “meaning units,” to capture the essence of the participants' common and shared experiences (Creswell, 2013). Developing a codebook, which is a set of codes, themes, operational definitions, and quote examples, assisted with data organization and consistency of categorization (DeCuir-Gunby, Marshall, & McCulloch, 2011). Throughout this process, I used deductive analysis to check themes against the data (Creswell, 2013), in addition to enlisting my peer reviewer to review my codebook and provide critical feedback to minimize researcher bias, ensure thematic consistency, and examine rationale for theme development. She also assisted me with bracketing my personal biases during multiple virtual meetings throughout the study. Finally, I provided preliminary, individualized thematic analyses to each participant and received feedback from all eight participants, all of whom agreed with and approved my interpretations of the findings.

Ethical Considerations

First and foremost, I obtained IRB approval through Auburn University before initiating the recruitment process. Throughout the study, I kept the concept of beneficence, meaning “do no harm,” at the forefront of my mind to guide ethical decision-making (Orb, Eisenhauer, & Wynaden, 2001). Before initiating interviews, I received signed informed consent documents from participants, which included a thorough description of the nature and purpose of the research study, as well as their rights in the process. I made each participant aware that their participation was entirely voluntary and that they had the right to terminate their participation at any time. Lastly, I was vigilant about maintaining justice in my practices, ensuring fairness and equity of voice in my presentation of the findings (Orb et al., 2001).

Additional ethical considerations include protecting participants’ confidentiality and anonymity. To accomplish this, participant files and interview recordings were stored in a HIPPA-compliant, online storage platform (Auburn Box) using pseudonyms chosen by participants. I created a listing of assigned pseudonyms and participants’ information in a spreadsheet, which was also stored in Auburn Box. I removed any identifying data, such as workplace location, from my final presentation of the findings. Additionally, the participants upheld their ethical responsibility to protect client confidentiality; therefore, no identifying information of clients was shared during the participant interviews. Lastly, I reported findings honestly, preserving participant meanings to the best of my ability, with my efforts being supported by the participants during member-checking.

Chapter III: Findings

Based on my experience with the present study, I have discovered that the construct of compassion satisfaction is nuanced, and the lived experiences of the participants are deserving of thorough illustration. The narrative composition for the presentation of the findings is comprised of a textural and structural description. The textural description details *what* the participants have experienced concerning compassion satisfaction, including verbatim quotes, to preserve the richness of their lived experiences. The structural description discusses *how* they have experienced compassion satisfaction, referencing the settings and contexts that influenced their experiences. Finally, I merged both descriptions, resulting in an overview of the shared experiences, or “essence,” of the phenomenon (Creswell, 2013). To provide additional context to the presentation of the findings, I have included the participants’ general information, at the time of data collection, on the following page in Table 1.

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Table 1

Participants' General Information

Pseudonym	Age	Gender Identity	Race/Ethnicity	Years in Clinical Practice	Current Employment Setting(s)	Hours of Direct Counseling Per Week
Millie	27	Female	White/Caucasian	3 years	Community agency	10-15 hours
Shelly	31	Female	White/Caucasian	1.5 years	Community agency & Private practice	5-10 hours
Jimmy	29	Male	White/Caucasian & Hispanic/Latinx	2 years	Community agency	30-40 hours
Sally	41	Female	White/Caucasian	5 years	College/University	5-10 hours
Faith	28	Female	African American	5 years	Community agency & Private practice	15-20 hours
Cathryn	32	Female	White	5 years	Private practice	10-15 hours
Justice	40	Cisgender female	White/Caucasian	5 years	College/University	Less than 5 hours
James	27	Male	White/Caucasian	4 years	College/University	20-25 hours

Reciprocal Benefits

Is it possible for counselors to prioritize their clients' well-being and treatment process, while also deriving positive benefits themselves? According to the findings of this study, the answer is a resounding "yes." There is a "reciprocity in the relationship," stated Justice. Sally also believes this to be true. She passionately declared:

I wanna do this work and I wanna keep doing this into my aging years. I wanna keep showing up and doing the work and learning how to do the work better and better and better to benefit more people. And, therefore, by benefiting others, I'm actually benefiting myself too...there's a reciprocal benefit.

Justice described the therapeutic relationship as "mutually beneficial," although she clarified, "I'm not doing it for my benefit, even though I receive benefit from it." When Cathryn is able to support a client through a dark time in their life, she experiences a reciprocal benefit; she feels "good" about it. "If we can help people, you know, not kill themselves or something...why wouldn't you? So just literally being able to do that and then feeling good about that," she stated.

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Furthermore, Jimmy explained that his top priority is being there with his clients and helping them reach their goals, and that he also receives benefits from the work. Jimmy described moments of compassion satisfaction as confirmation that this is his “life’s work,” and that it can continue to enrich his life:

And I think these moments and why this matters is because when I experienced those moments of compassion satisfaction, I know – that I still want to do what I set out to do, and I’m still benefiting from it, and I still find it enriching and enhancing for myself as a human...the biggest thing is to be there with the client and to help them achieve their goal, but I think for myself, there’s that other part of it, too, where you’re getting something out of it...But I think it does go back to knowing that our work matters and knowing that what we’re doing is helpful and that I’m getting something out of this too, not just a paycheck, this is not why I’m here, just to get a paycheck. And there’s a lot of different professions out there and I’m not going for any of those. I really want to be here because this is my life’s work, this is what I really wanna be doing. And so, I think that it’s important, it’s significant because when I can experience these moments of compassion satisfaction, I know that at a deeper level this line of work is beneficial to me as a human.

When working with trauma, conscious recognition of the reciprocal benefits of working with clients may be particularly critical. Sally described the importance of creating a balance between giving to others and allowing herself to embrace the benefits she receives from it:

Deriving pleasure from my work for me is essential. It’s not all fun. It’s not all roses of course, and it’s very difficult work, especially because of the work that I do. I do work with trauma, so it’s a constant growing edge for me to live on this line of boundaries

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regarding gaining pleasure from the work that I'm doing, but also trying to give back to the greater good, the macro level.

Sally used the word "essential" to describe the significance of embracing the reciprocal benefits. She believes that an over-emphasis on deriving pleasure from her work could be detrimental in some way; therefore, she balances this with a keen attention to giving back and benefiting others. This appears to sustain her through the challenging trauma work she guides clients through.

What are these reciprocal benefits that the participants referenced? Thus far, it is clear that their work with clients matters to them; it holds personal significance. They feel connected to it, and it appears that it has a positive impact on not only their professional lives, but also their personal sense of well-being.

Enjoying Work

Shelly hates driving, yet she drives an hour to and from her clinic to meet with her clients – *after* her full-time job. "I feel satisfied and I feel like I'm actually doing something that I love and enjoying it and I care about it; that means a lot," Shelly enthusiastically stated. For Millie, she frequently feels compassion satisfaction in her work. She asked the rhetorical questions, "Why else would I do it? 'Cause it's hard, so why would I do it if I didn't love it?" Cathryn feels deeply connected to the work she does, which is precisely why she cannot imagine switching careers: "I don't really plan on ever switching. I know statistically a lot of people switch careers. I don't wanna do that. I'm just really, really into it."

"Love it," "really into it" – there is passion in their voices. In the process of defining compassion satisfaction, Cathryn and Justice described it as the "opposite of compassion fatigue." Compassion fatigue adds life and uplifting energy to the picture, whereas compassion

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compassion fatigue is heavy; it leaves a sense of depletion and dread in those it haunts.

Millie declared, “I can’t believe I get paid to do this; this is wild.” Justice reportedly made “good money” where she used to work during her pre-counseling days, but it was just that – *work*. Counseling “doesn’t feel like it’s work” to Justice. “What I was doing before was not what...I made good money, but it wasn’t what I loved. But my clients definitely represent that,” Justice shared. She continued, “And when I think of compassion satisfaction, I’m getting joy out of what I’m doing.” Millie and Justice both exuded a sense of feeling privileged to work with clients. Shelly believes “it’s important to like what you do when you’re working...enjoying it and actually wanting to go to work.” That is what compassion satisfaction is to her in a nutshell.

Pleasant Emotions

What exactly does compassion satisfaction feel like? In analyzing the data, I noticed a common theme of pleasant emotions across all participants’ experiences with compassion satisfaction. For many, part of it is a sense of accomplishment, happiness, excitement, gratitude, and pleasure. For some, it is a sense of hopefulness and feeling honored to join clients on a journey of self-discovery, particularly when the support and safety that they receive in the therapy room is unlike anything they have experienced in the outside world, as Justice and Shelly expressed. Cathryn described compassion satisfaction as an “organic” experience, something that she allows without shaming it or pushing it out of conscious awareness, as one would if it were something inherently wrong to feel. “It doesn’t seem like something I can purposefully elicit though. It just seems like an experience that sort of hits me and then if I’m more aware of it, then it strengthens it,” Cathryn reflected. Millie defined compassion satisfaction as “feeling fulfilled from your work, feeling like a sense of pleasure and joy from what you’re doing.” James described compassion satisfaction as something “different” and “special,” with visceral qualities.

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For him, it is a feeling that dissipates after a period of time:

When I feel like there's something really special happening, I feel this sort of warmth in my chest, or in my heart, or in that area. And so it's not super intense...It's definitely different enough for me to notice it and to take stock of it, and it feels good for a time and then kind of dissipates. And the next client comes in or something else happens or you leave home for the day or life goes on. But at least for that period of time there's some warmth, there's some recognition that like, "Hey, this is kind of special."

Millie experiences compassion satisfaction physiologically, as well. She said, "It's definitely bodily, I feel like more warm and I feel a little like tingly, probably, like, 'Oh, I'm so excited.'" She continued, "And it's just kind of an inner light that lights up and I'm so happy for them." For Cathryn, it is a "surge of dopamine and energy" that serves as a special reminder of why she continues to work in the field: "Oh, my gosh, that was such a powerful session...This is why I do that...I have a positive energy, literally will have more energy...Takes a little bit of time to come down from," she described. Faith explained that compassion satisfaction is a feeling that comes up in her chest; she even compared it to the happiness she felt when her child was born. When her clients make progress, she feels happy and so does her client, alluding to the reciprocity of the therapeutic relationship:

It's in my chest...I haven't experienced this type of excitement. Probably when I had my child, but I was too drugged up to realize it...I just felt happy... And it wasn't just good for me, it was good for my client, too.

Because Justice identifies as "Type A," she stated that she tends to find it challenging to remain present with pleasant emotions in-session because she is someone who "constantly strives to improve herself." Therefore, she often experiences compassion satisfaction as a "momentary"

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feeling. Jimmy described that he notices physiological changes when he experiences compassion satisfaction. When this happens, he allows himself to notice and experience it for a few seconds, and then redirects his attention away from what he is gaining, back to being present with the client:

You're there and you want to be present...But I think when those moments happen, within the session, and I don't know if this is with everybody or this is just me and my experience with it, but there are these, I don't know, physiological types of changes. Like my heart might skip a beat or my heart might race a little bit more because I'm really excited about this particular moment happening and I might sort of briefly reflect on some sort of newfound insight or something like this that could be happening with the client. Then again, I try to, you know, pull myself away from what I'm getting out of this because, again, I just wanna be there for the client, but I think, briefly within maybe a second... Two or three seconds, I might be thinking about that, and then I just kinda quickly go back to what the client's describing.

Shelly described compassion satisfaction as an overarching state of being happy about the opportunity to help her clients. To her, it involves being “able to help other people as a counselor...and help them deal with their problems, I think, and being happy about it.” Sally views compassion satisfaction as something “cumulative,” and Cathryn also referred to it in a similar light. Cathryn described compassion satisfaction as something “continuous,” an “ongoing practice in order to combat compassion fatigue,” in addition to something that she experiences in isolated moments in time – an experience that reminds her of the gift of therapy:

So I personally look at it like that on continuous, but also there's always these moments that I get, and I wouldn't say it's every single session or anything like that...but there's

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every now and then you leave, and you're like, "Oh, my gosh, that was such a powerful session... This is why I do that."

To Faith, moments of compassion satisfaction come in the form of doing mental "backflips." She said, "...inside, I was doing backflips. I was so excited... I was so proud for her." Jimmy also alluded to mental backflips of sorts. In his words, moments of compassion satisfaction can feel like a "celebration in my head." Inside, he exclaims, "Wow! This is a great moment. This is awesome... I can see, not only from their non-verbals, but also from what they're saying verbally, that this is making a difference." For Justice, she provided a distinction between a sense of accomplishment and happiness, the former being "attached to a task," and the latter being "a state of being." Justice believes that counselors allowing themselves to relish in these moments of happiness with clients could have a powerful impact:

Because I think being in those moments of mindfulness, and just stopping and appreciating that moment of happiness that I felt, without rushing to the next thing; well I think we're really good at that. We rush to the next... we lose that opportunity to relish what all parts of that are. It's like gypping it. We focus on the negative so much.

James and Jimmy both indicated that experiencing moments of compassion satisfaction contributes to a sense of hopefulness for the future. It seems that these moments are rejuvenating for James, reminding him that the work he is doing matters. He said, "It makes me feel more excited or invested or hopeful that even though this is hard work, that this is worthwhile work." Jimmy described, "There may be ups and downs. You may not always have great sessions... but I think that when those things do happen, it shows you that the hard work's, hopefully, paying off for both of you there..." Jimmy described that witnessing progress in clients is tangible evidence

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that forward movement is happening, which leads to a sense of hope. This experience seems to fulfill a basic human need for him:

The human connection with all this is that I think in anything we do in life, we're almost, in a sense, looking for something, some type of hope, some type of thing that's gonna lead us to another day, or to another step, to another part of life.

Hope is also a component of compassion satisfaction for Millie. She values moments where she sees a glimmer of hope that change can, in fact, happen in the world:

Even adolescents I've worked with, talking about the more, like, feminist principles, are recognizing, "Yeah, I wasn't gonna date that guy because he talked down to me..." I get so stoked...I feel like hope and excited because I guess there's so many things in the world, at least for me right now, that I can feel really negative about, about how things are going, like politically and socially that I'll... I'll hear that, and yeah, I'll get excited. And I'll think that maybe these things, like violence and violence against women that have been happening forever, maybe there actually is a way for them to lessen.

James, Millie, and Shelly described that an element of compassion satisfaction is a sense of gratitude. James attributes the warmth he feels in his chest when "something really special" happens in-session with a client to a feeling of gratitude. Millie and Shelly seem to feel particularly grateful for the opportunity to create a safe space for their clients. Millie experiences a "sense of deep gratitude that they have let (her) come on this journey with them...and that they're at a place where they're getting enough support that they can recognize what's happening." Similarly, Shelly feels "happy" and "appreciative" that her clients trust her and that she gets to create a non-judgmental space for them: "It just makes me happy that they can trust me and I can provide that safe space for them."

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Shelly described that she feels “so honored” to help her clients. Justice also revealed in the fact that she is “given opportunities to be with individuals in their darkest hours and their most painful hours.” She feels “blessed” and “honored” to work with clients who are part of the LGBTQ+ community, which is “not my lived experience,” she shared. Justice characterized this experience as “invaluable,” describing that the feelings that come from this opportunity are “almost indescribable... There’s no way to put a full term on it.” In other words, compassion satisfaction can feel so special that it is difficult to fully articulate sometimes.

A sense of accomplishment and success is another component of compassion satisfaction, according to six participants. The teamwork, the hard work paying off – “doing this together,” as Jimmy put it – contribute to pleasant emotional experiences for these participants. Jimmy described this feeling as being similar to the one that elicits celebration at a soccer game, a sport with less frequent scoring:

I would maybe compare it to soccer, or football, as it’s said in other cultures, but where there’s maybe not as much scoring going on, but where there is a goal that happens.

There’s people running around and taking their shirts off, and celebrations are maybe a little bit more extreme compared to other sports where the scoring is a little bit more expected...we’re celebrating together because there’s been work that’s been put into this and we can both sort of relish in this experience, but also know that – we’ve done this together.

Shelly described that she feels “positive” after productive sessions, ones where she knows “work was done.” “That’s what I love,” she said. Shelly seems to feel a sense of accomplishment after these kinds of sessions. Cathryn described a similar feeling. Although she believes in empowering clients and giving them the credit for their progress, she also expressed that she

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experiences a sense of accomplishment from her work. She said, “Inside you’re kind of like, ‘Yeah, I worked hard, I’m proud of this as well...’” Or, ‘This was a tough family or a tough couple that we have. We really hung in there.’ And I can pat myself on the inside...” Sally expressed that the “sense of achievement” she experiences feels like a “little high.” She enjoys this feeling; however, she strives to maintain a balance between feeling accomplished and striving to improve:

Oh my God, I can do this. When you get the sense of achievement like, “This feels good.” I’m getting that reciprocal benefit...It’s kinda like a little high, maybe. Like, “Okay, I am doing this. This is exciting. This is what I wanna do with my life”...think that that success is really powerful to drive you forward, but I also think that it needs to be balanced so that it doesn’t become bordering on incompetence. I think there always has to be this balanced ego in, “Okay, there’s always something new I can learn...I’ve always got growing edges.”

Millie feels a sense of accomplishment when her clients make progress, albeit a softer form of it – “contentment.” Because she works with trauma survivors, also disclosing that she identifies as one herself, she stated, “I’m happy for myself and other people...And also contentment. I guess, contentment with my work that we’ve gotten to, with our work together, that we’ve gotten to a place where this is possible.” Faith identifies as a trauma counselor, as well, and she described that the meaning behind compassion satisfaction is a sense of “success” from her perspective:

Yeah, I feel successful. Like the kiddo I was talking about with the trauma narrative, I was like, “This is why I work hard; this is what I’m working for.” Like that feeling. So, success and accomplishment is the meaning behind it.

Hard work paid off. It took both the counselor and the client to get to this place of success, and

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celebration is in order - a sense of accomplishment indeed.

A Sense of Purpose and Meaning

Five of the participants mentioned deriving a sense of purpose or meaning from their work with clients. Not only does compassion satisfaction seem to involve a recognizable emotional state, often paired with physiological sensations, it also comprises of a deep personal connection to the work. Jimmy described that the enthusiasm he feels about counseling comes from a place of knowing that the work he does with a client can be “profitable” and “helpful” for them. Jimmy indicates that there is a “back and forth” exchange of benefits between clients and himself. He continued, “It’s hopefully enriching their experience, but also, helping me with my meaning in this, and my value, and my purpose, and my compassion satisfaction.” In defining compassion satisfaction, Cathryn described it as follows, “A renewal of my purpose, I suppose, and just like a deeper sort of experience. It’s just very meaningful...I just sort of feel like a direction and a purpose.” She derives personal and professional meaning from it, which contributes to her experience with compassion satisfaction:

I couldn't envision myself doing anything else 'cause it just, it does give me a lot of meaning...I enjoy the role of helping and connecting and trying to...help people reach their goals...Yeah, so it's personal, professional, it's just sort of my contribution to the community, I guess.

Millie expressed, “I don’t dread going to work. I love what I do, and I feel a responsibility to do what I do...I have a particular need that I'm filling.” Similarly, Jimmy described that being a counselor is much more than “just an occupation.” To him, a sense of purpose and meaning is a reciprocal benefit that he receives through his work with clients:

And it’s not just an occupation, or it’s not just something that I go to and come back. And

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maybe there are some days where it feels that way, at times, or it just seems that way, but knowing then the whole picture of things, it's not that, and these moments, again, go back to that sustainability of, "There's a greater result out of this that I'm getting for myself as a human and striving for purpose and meaning in my life, and why does this matter, and why am I doing this," and all of those existential kinds of things.

After searching for the right professional fit for ten years, Justice discovered her passion. She stated, "It took me a while to figure out what I was meant to be and what to do. And so, coming into counseling and finding my passion, it's one of the things I feel blessed and grateful to be in this spot, and my clients give me that purpose." After working in hospice, Millie found her way to trauma-specific work. "This is what I'm meant to be doing," she confidently stated. According to Millie, compassion satisfaction "shows you that you're on the right path, that you're doing what you should be doing." She believes it is important to do "something that you care about," something that is "meaningful for you." Shelly echoed this sentiment: "I am so happy with how my road came to where I am now, because I think...I just feel like I made the right decisions." For Justice, her Christian faith guides this purpose: "It's like that sense that the work that I'm doing is bigger than me, is greater than me..." James described compassion satisfaction as "the satisfaction or meaning that I make out of working with other people and having compassion for them, and being involved in other people's stories and pain and growth and struggles and all of that." It is not only in the joyful moments that James experiences compassion satisfaction; he also experiences it simply because clients invite him to join them on their journeys in all their complexity.

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Growth of the Self

In detailing their lived experiences of compassion satisfaction, half of the participants noted that growing from their work with clients is a component of this phenomenon, a reciprocal benefit that they receive. Justice and Faith shared stories about their development as multiculturally competent counselors. Justice stated, “I feel blessed to be engaged with them in this way, that I'm growing from it.” Working with clients who possess varying cultural identities has expanded her perspective, commitment to advocacy, and empathy. In this particular quote, Justice referenced the LGBTQ+ community specifically:

I have found myself advocating in ways that I've never advocated before 'cause I'm not part of this particular community. And so, just having individuals, my clients from different populations that I work with, it's definitely opened my eyes and I think increased my empathy across the board because these are not my lived experiences. But it really helped shape how I look at any individual that I come across anymore... We don't realize how gendered even the English language is and the words that we use and how painful and impactful and hurtful it can be for other people.

Faith also values the learning process – she reportedly derives feelings of happiness, enjoyment, and satisfaction from it. One such learning experience took place during her practicum, when she was first learning how to put her knowledge of counseling into practice. While working with marginalized youth, she had the opportunity to confront and eliminate preconceived notions and biases that she previously carried. As with Justice’s story, this was an eye-opening experience for her, one that stretched her to grow both as a person and as a counselor:

It's more than just me pouring into other people that gives me satisfaction, it's me also noticing a growth in myself while I'm doing that... I just love learning. I feel like you

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never know everything. No one is the expert on anything. And the more that I can absorb, the more that I can learn, the happier I am... So different types of learning that I enjoy, and I don't mind making a mistake 'cause I'm learning what not to do... So I started out with my practicum and I was working with marginalized youth who had been kicked out of school, forever. And I went in with this mindset of what I was gonna get. And none of that was true. Yeah, if you looked at the surface, that's who they were, but as you got to know them, you'd notice and you would learn so much about them, and they're nothing like what you would think they were. So that changed my mindset and it eliminated some of the biases that I realized that I had in myself.

Sally holds a similar belief about the learning process – the imperfect learning process. For Sally, it is essential to remain aware of her strengths and her “growth edges.” In fact, this duality is a component of the way she defines compassion satisfaction:

Being aware of my strengths, but also being aware of my growth edges, and making sure that I'm not afraid of failing... And so I think that's a part, for me... That's part of the pleasure. That's part of the growth and sitting in the ambiguity of the job that we do, which is not easy. It definitely takes a lot of energy and a lot of mindfulness and intentionality to be able to show up and do our jobs on a daily basis.

Shelly and Justice also spoke to their experiences with learning from clients. Shelly learns through her clients' feedback: “They're helping me know what I'm doing right and what I'm doing wrong. They kind of teach me what's right and wrong.” When she does something “right,” this feels “satisfying” for her. Because Justice is her own “worst critic” and “really hard on (herself),” she seems to especially value the authenticity and bravery that her clients model, helping to remind her that she does not need to be “superwoman.” They show Justice that it is

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brave to be vulnerable:

I think my clients show me what that means, what authenticity means, but we'd been willing to get in touch with all emotions and some of the rawest and most painful emotions. So, that serves as an example to me, how to be brave...How to face fears...my client's model a lot of that for me, of what it's like to take a risk and put themselves out there.

Thus far, the experience of enjoying work, pleasant emotions, a sense of purpose and meaning, and growth of the self, are four of the reciprocal benefits that emerged from the data. For the participants in this study, these benefits come from being a counselor, often emerging within the context of the therapeutic relationship. It also appears that, for some, the therapeutic bond in and of itself is a component of the multi-faceted phenomenon of compassion satisfaction.

Therapeutic Bond

“We're all gaining something from relationship,” Sally said, and the therapeutic relationship can be an extraordinary one, as Justice noted:

It's not friendship that I get with my clients, but there is a connection that is unlike any other. Because I think even in our personal relationships...I'll speak for myself. I think it's rare for me to get to that level of depth and sincerity and authenticity, even though I strive for it.

Millie, who identifies as “pretty extroverted,” experiences moments of close therapeutic connection as “really exciting.” For Millie, these moments cultivate an intuitive sense that she is on the “right path.” Millie values “deeper, more emotion-focused conversations,” which is something she experiences plentifully in her therapeutic work. Justice professed that she “cannot live without relationships.” Therapeutic relationships are different from others; they are not

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intended to last forever. For Justice, there is a reciprocal quality to the therapeutic connection. No matter where life takes her clients after the therapeutic relationship ends, Justice is able to rest in the fact that she embraced the opportunity to positively impact others, and that she was positively impacted herself:

I don't know what happens in the end or where their life's going, it's knowing that I've planted a seed and if for whatever moment, whether it's an intake session or it's a two-year, three-year relationship, that I've impacted them and they've impacted me...

Self-efficacy

“That question was freaking solid...Okay, I have skills. I have skills...And this is helping the client I'm with,” said Jimmy. When he realizes he is not an imposter after all, this feels reassuring. When Cathryn is experiencing compassion satisfaction, she feels confident in her skills, too: “I'm not doubting anything. I feel confident in my skills and abilities...And I just feel secure and confident in it all and that makes me rejuvenated. It's pretty nice.” To the participants, an essential component of compassion satisfaction is knowing that they are making a difference – that they are effective in their role as helpers.

For Sally, compassion satisfaction is a multi-layered phenomenon comprised of ongoing attention to her strengths, growing edges, and self-care: “All of those elements that I'm utilizing on a daily basis to make me a more balanced or a well-rounded human being, but also a clinically competent counselor,” she mentioned. Sally stated that compassion satisfaction is something that “gives (her) a sense of competence.” As an “attachment-oriented” counselor, Sally places a great deal of emphasis on modeling self-efficacy, authenticity, and hope within the context of the therapeutic relationship:

It's not self-confidence, it's self-efficacy. And kind of having that courage in yourself to

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show up, and being able to be okay with who you are as a person; that gives you hope that things will be okay as you move forward, and that you believe in your own self, you believe in your own capacity, you believe in your own confidence to kind of move forward through life.

Through modeling this to her clients, Sally hopes that they will then be able to experience a sense of empowerment within themselves, as well as awareness of the personal agency they possess over the direction of their lives:

And they can really lean into and believe that they have the influence over their own self, or their own conditions that affect their lives, right? That's where the hope comes from...It's not about fixing everything for other people, it's being able to kinda turn that mirror towards them for them to be able to see themselves.

For the participants of this study, an essential component of compassion satisfaction is knowing that their efforts are having a positive impact. Shelly expressed, “Just feeling like I am doing something for someone...it’s so important to feel that way.” Jimmy described compassion satisfaction as something that helps to combat negative core beliefs. Experiencing moments of it with clients provides counter evidence to self-doubtful internal messages that appear at times:

I'm feeling positive about it, avoiding any negative core beliefs or whatever just kinda like, I'm not used to this, I'm not a loser and being able to say, “Yeah, there's something that I can contribute into this world. There's something I can do...I can do things, I can help.” And so it's those kinds of things where sufficiency, or self-sufficiency, being able to do things for myself in a sense, but also to do things to help others. And so I think at those very basic levels, it's fulfilling that...any self-doubts that I may have about myself or any...It’s hopefully those other things and experiences that show the alternative of

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things.

Cathryn experiences compassion satisfaction as “validation in (her) skills and abilities.”

However, validation is only part of it for Cathryn; it is also knowing that she is being helpful to her clients. She needs to feel and know that she is “providing quality care” to them. Justice posed a question: “How can we be as effective as counselors if we're stuck there (compassion fatigue), if we're always focused on what we did wrong versus what we did right?” Sally described the importance of self-efficacy: “Believing in yourself matters when facing a challenge. That hopefulness – piece is really, really important...having a sense of self-efficacy can help you achieve goals, can kind of give you the momentum to kind of move forward,” as Bandura (1986) asserted. For Sally, the reciprocal benefits of therapeutic work and self-efficacy sustain her as a counselor: “What I gain from my work, and me being competent at my work, is actually one of the driving factors in why I get to show up over and over again.” Compassion satisfaction is fuel – “wind in your sails,” as James poetically phrased it.

“Wind in Your Sails”

A “spark,” “gas for your car,” “energy to draw from,” “what keeps me in the field” – these are the words that Cathryn, Faith, James, and Sally, respectively, chose to describe the meaning of compassion satisfaction to them. It is a beautiful collection of “this is why I do this” moments, as Cathryn and Faith said. Jimmy spoke to the sustaining quality of compassion satisfaction: “Knowing that those things help sustain, in a way - that drive to continue.” Cathryn referenced the energizing, rejuvenating effects of compassion satisfaction: “Maybe I've had a couple harder sessions before, and I'm like, ‘Oh my gosh, yeah, this has sort of sparked me again.’” Compassion satisfaction has a similar effect on James:

I guess it gives me some more resilience...Clients that are struggling, or I'm feeling

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drained or wiped out or overloaded, or feeling a little hopeless myself, it kinda picks me up a little bit, I guess. It keeps me...It gives me a little bit of energy, I suppose...energy to draw from when like, “Okay, now the wind's not at my back anymore.” Like there's struggle...I'm frustrated with something, or there's hard moments...it's something to pull on or lean on.

For Faith and Millie, compassion satisfaction elicits motivation to continue working hard to help more people. Faith expressed, “It keeps me going. You get this under your belt and you're like, ‘Well, there's some more kids I could help.’ I think it keeps you pushing.” For Millie, it appears to mitigate feelings of cynicism and powerlessness. Compassion satisfaction serves as a reminder that change can happen not only on an individual level, but also on a systemic level: “Okay, I'm excited. Things could get better, so I wanna keep working. Where kind of the opposite is, ‘Things aren't gonna get better, why should I even care?’” The latter mindset often accompanies compassion fatigue and burnout (Baker, 2012; Mathieu, 2012). Justice experiences compassion satisfaction as the “opposite of compassion fatigue,” as well.

Ultimately, knowing that they are effectively helping their clients is sustaining for the participants. Counseling is “hard” and “difficult,” yet it is also “worthwhile.” James shared his thoughts on the “bigger picture” of counseling:

I think the bigger picture for me is that counseling does something...it's actually making a pretty big difference in people's lives. And that even though it's hard, that it's worthwhile, I think, makes me feel that there's value there. And the bigger picture of this means something to somebody, and I care about that thing that it means...It kinda like puts some more wind in your sails to keep going.

Sally echoed this sentiment and shared that compassion satisfaction is what sustains her

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in the field, despite the challenges involved:

Well, I think ultimately, if I can say it simplistically, it's what keeps me in the field. It's one of the parts that keeps me focused and able to do the work and to know that I'm making a difference. It's part of a jigsaw puzzle piece that propels me forward in the complex work that we do. It's a huge part of how I show up day by day by day, even when it's difficult work.

A Trusting Therapeutic Relationship

Cultivating a Therapeutic Alliance

For Millie, the most rewarding part of her work with clients is building strong therapeutic relationships with them – a sense of “togetherness with the client,” as Jimmy put it. Knowing that she has done her best to cultivate a trusting therapeutic connection with clients is grounding for Millie – whether a client is reaching milestones or not:

I think some of those client successes or times where they reach milestones, that's really rewarding. But I do try and I know it's important to have more internal rewards for myself, because clients face all kinds of barriers that might restrict them from getting to that place. So I do think the most rewarding thing is when I know I have worked really hard and done as well as I can with the resources I have at the time to build a good relationship. And what I mean by that is when it's like the core conditions, like empathetic and genuine, and has unconditional positive regard. Like when I can do that, even when maybe I have things going on that I feel like shit, then I feel like that's really rewarding, and that's kind of like my superpower, that's my strength. That's what I'm kind of put on this earth to do.

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Likewise, Faith and James' experiences of compassion satisfaction are not always tied to treatment progress. Faith does not believe she is a "magical therapist" who can fix everything for a client, "But I am confident in the fact that I will do my very best to help them overcome, and to feel comfortable in therapy...if it doesn't work, I know that I've done everything that I could do," she said. When James worked in juvenile corrections, serving as a healthy attachment figure to the kids was enough for James to experience compassion satisfaction:

I think in the prison, sometimes things got better, but a lot of times it didn't. But just knowing what the relationship meant to those kids, and that even if I couldn't, or we couldn't, do a lot about their lives, just to know that they had someone in a situation and setting and period of time for them that felt really dark, that they had someone that could be a safe person for them, that could be a positive person for them, that they could actually have a healthy attachment to. And then for some of those people, maybe that was the first time in their life. So even though outcomes weren't maybe what I always wanted them to be, I think it was more clear.

Treating these kids like humans, not criminals, was critically important to James. He hoped that doing so would challenge the beliefs they held about themselves and the world, and that their experience within the therapeutic relationship would be something they could hold onto for the rest of their lives:

My hope, and I think the meaning that I give to that, is that even if things don't go maybe the way I would want for them, or they recidivate, or even sometimes those kids would get killed or end up in really bad situations or things like that, that even if stuff was not what they wanted or I want for them, that they could look back on that time and say, "Hey, there was someone who cared for me. There was someone who was there,

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there was someone who tried to treat me like a kid and tried to treat me like a human rather than this person who's done all these horrible things.” Not like a criminal I guess, and know that there was someone who believed in them. And even if I'm no longer there or a part of their lives, they could remember that was true and they had that experience. And hopefully that can even challenge maybe some of their own schemas about themselves or the world, like they're unlovable or, “No one will ever like me knowing the things I've done,” or whatever...But stuff like that, something that they could hold on to and look back on.

Treating clients with dignity is important to Cathryn, as well. She described herself as “humanistic in nature,” and she stated, “I believe that humans have value. I try not to dehumanize people.” Respect is an essential component of a trusting therapeutic relationship.

Justice described the uniqueness of counseling and the opportunities it provides to form deep therapeutic relationships: “Opportunities to connect on an authentic and personable level that feels like deeper than -- a general connection.” Justice experiences compassion satisfaction through her close therapeutic relationships with clients. She admires them for their ability to “be brave,” “put themselves out there,” and “face fears.” Millie derives compassion satisfaction from “walking with” clients through their stories of healing that often resemble her own:

I can see so much of myself and my own process with some of the clients I work with, so I've gotten so much joy from those moments where I'm kind of walking with someone and we've worked together for a long time, and built a really strong, empathetic relationship.

Sally also believes that being present and authentic is paramount to cultivating compassion satisfaction within the context of a therapeutic relationship:

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For me, it's more of leaning into being present in the moment with the client and not thinking about anything else, just being so versed and practiced in bringing myself to the relationship and showing up in a way that there's an intentionality behind it. And being nuanced with the moving parts and the different dynamics that show up. [...] I feel the more I can lean into this feeling of understanding the client's narrative, understanding where they're coming from, understanding their story, the more pleasure I am able to derive from the work that I'm doing, the more it adds to our relationship, our therapeutic contract, our therapeutic relationship...being able for me to gain satisfaction within the relationship is about me being able to do my work effectively, too, by knowing what the client wants and being able for the client to be able to share that with me, being honest, like authenticity.

For Sally, each of these elements – mindful awareness, intentionality, authenticity, effectiveness, compassion – create the ideal context for compassion satisfaction to flourish. Shelly also believes in the power of authenticity within the therapeutic relationship. In fact, she had one of her best sessions when she brought her authentic self into the room: “The first time I did the empty chair technique, I was like, ‘I'm just gonna try it...’ You can't have a script for that. It was one of the best sessions that I'd ever had.” Being herself with clients helps them see that she is also a human being, as opposed to a blank slate robot without feelings. For Shelly, bringing her authentic self to sessions required a shift away from perfectionistic thinking:

I think that both people have to be authentic and I think...It took me a while to be my true self in counseling 'cause I felt like, “I have to do a perfect job. I have to be this perfect perfect counselor. I have to say the right things.” And yeah, I try to say the right things to help them, but I don't feel like I have to follow the script anymore and I think getting

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comfortable with what you do helps with that, helps with being able to feel authentic.

[...] Well, I think they see me, and they don't feel like I'm a robot that just doesn't have any emotions or expressions. I'll say what's on my mind, if I think it's appropriate and it's therapeutic...(They) might find out a little bit about me...Even though they don't know me as a person. If I am my authentic self, they get a sense of my personality, they get a sense that I'm not a robot, or I do have feelings, or I do have emotions, and I do care about them. So I think it's important to be yourself in counseling.

As mental health counselors, we do not have all the answers and imperfection is to be expected, no matter our experience level. Faith experiences compassion satisfaction when she is learning. She enjoys “different types of learning,” even when it is learning what *not* to do. “I don't mind making a mistake 'cause I'm learning what not to do,” she said. For some, it can be relatively easy to move past mistakes, while it is more difficult for others. Justice described her work with clients who identify as LGBTQ+ as “impactful and humbling.” When she unintentionally misgendered a client in session, Justice felt terrible, yet “blessed” when they confronted her about it, as this was evidence of a strong therapeutic relationship:

But we got so strong in our relationship that they stopped it, the session, and they're like, “I cannot believe you just did that. You of all people, you know what my thoughts are, you're my therapist, and you just misgendered me.” And I had to obviously apologize and repair...It was a real awakening, that's where I feel like they trusted me enough, and that's where I feel blessed, they trusted me enough to confront me on something that I did even though I've been working with them for two years.

Justice continued, “They gave me a lot more grace than I gave myself. I beat myself up for a long time after that.” Not only did the grace her client extended to her help her move past this

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place of self-criticism, her peers also played a vital role in this. Based on Justice's experiences, it seems that they helped her combat compassion fatigue, see the benefit of this challenge within the therapeutic relationship, and ultimately, restore compassion satisfaction. When Justice was sharing her story with me, she grew tearful:

I think of the kindness, the generosity, the selflessness in which others have displayed compassion towards me...in those moments when I first start beating myself up when I have had a rupture with a client, and had my peers come in and show me compassion in those moments and helping me see where -- things were actually beneficial for myself and for the client, and picking me up when I needed it. [...] It is re-establishing for myself in ways I couldn't see it because I was so like a horse with blinders on, seeing it from one perspective. But having that compassion, I'm able to reach that and see it for myself. But many times it takes a peer to do that, for me to do that. And I'm very fortunate to have a couple of peers who...And I don't feel like they're just telling me this stuff just because, but I trust their clinical opinions, I trust them personally, and they're able to help me see, "Oh, okay," in ways that I didn't, and I can have more compassion for myself.

Building multicultural competence is an ongoing learning process that requires curiosity and an intentional "joining" with clients, as Sally described, ultimately contributing to the formation of a trusting therapeutic alliance:

So I guess multicultural competence to me is just being aware of more than one culture. It's not just my culture. It's about cultural competence and allowing myself to learn through the process, and not expecting to have all of the right answers, but being curious and having awareness within the moment regarding differences, and working in a

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meaningful way through that with the clients. It's like a joining. It's like a joining with the clients.

The therapeutic relationship is “joining with,” “walking with,” “togetherness,” as Sally, Millie, and Jimmy, respectively, described it. Shelly believes that the best sessions unfold when both the counselor and client are present with one another in the room. It seems that compassion satisfaction thrives within the context of mutual investment in this special kind of relationship, as Shelly described:

Not only is it meaningful for me when I have a really good session, I just think that we both put in the work, we both tried, we both were listening and hearing each other and, well, me especially listening and hearing and trying to help and them really putting out there what they needed to say, not what they wanted to hold back or anything. I just think when you have a good session nobody's holding anything back, and you are both present. And I think time flies when you're in a session that's really good.

Sally believes that authenticity and trustworthiness are connected, as well, and she hopes that these two qualities enable her clients to show up authentically in-session and in the world outside of therapy:

I'm more trustworthy in that way. I think that's the piece. If I can be my authentic self and if I can be completely...If I can model that, if I can tune in to that and bring my best self or my authentic self to the relationship, then I hope, I'm hopeful that they can do the same and that will help them outside of the therapeutic session. They will be able to implement that outside of the session, and that gives me satisfaction in the work that I'm doing, that maybe life will be a little easier for them, maybe life will be a little more hopeful for them if they can show up in the most authentic way. For me, that is the satisfaction that I

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get in the work that I do.

Clients Building Trust

Intentionally working to create a safe therapeutic space often leads to clients building trust and being able to open up. “Deepening vulnerability” is a telltale sign that the therapeutic relationship is strengthening, James explained. Shelly agrees. “Them being able to tell me things that they maybe are nervous to tell me, means a lot,” she stated. For Shelly, moments like these contribute to the pleasant emotional state of compassion satisfaction:

It just makes me feel -- a little comfortable...I feel comfortable with them just as they might feel comfortable with me. And it just makes me happy that they can trust me and I can provide that safe space for them. Because there might not be anybody else in their life they can talk to about that, or tell about that, or tell what they did without getting judgment. And I'm appreciative that I'm able to do what I...be able to be that safe space for them.

James recalled something a client once told him: “You know, I expected just to come in for one session and never come back, and then I actually came back because you turned out to be a nice person and I could actually trust you. You were actually the last adult that I was going to try to trust. You were kind of it.” That was a meaningful moment for James. When a client begins to trust him, it gives him a sense of hope for their work together:

I think I feel some of that compassion satisfaction, and I think I feel some gratitude, and also some excitement 'cause it's like, “Alright, cool. We're getting somewhere.” And some hope for the future and what our work could be.

Not only did moments like these give James hope, they also seemed to give his clients hope and motivation to connect with him:

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And I just noticed too, with the therapeutic alliance...they would seek me out more, they would be more willing to talk about the things that were really going on, they'd be more willing to have hope for their future that, "You know what? Even though it sucks that I'm in prison right now, there are things that I can do, there are things that I can learn from this experience." So I noticed, too, that the ones that I felt like I had a better relationship with and I think they felt like they had a better relationship with me, were more...They would seek me out more or would be more engaged.

Shelly believes trust is a foundational component of the therapeutic relationship. She has also found that when clients trust her, they are more invested in the counseling process, creating a context for compassion satisfaction to grow:

Like for example, one client had struck her daughter, several times. And we talked about it. "Yeah, of course, that's wrong. That is absolutely wrong. You should have never done it, and you should never do it again. And what can you do differently? Now with your life or with your child, when she comes over, how can you work with her and how can you not get as angry?" And she was willing to work, and wanted to never do that again... More times than not they do learn to trust me and I think that's important. That trust has to be there.

For Cathryn, trust is essential, as well. When her clients start to become "much more honest, much more congruent" with her, she is able to challenge them. In other words, a sense of security within the therapeutic relationship enables her to empower her clients so that they can be successful without her in the future: "I always tell them like, 'I want you to feel validated and respected, but also know I'm going to challenge you. That's part of the gig so you don't see me forever.'" Shelly stated that trust and openness seem to foster client empowerment. She said, "I

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think they are able to help themselves so much better if they aren't closed off.” James described that within the context of a strong, trusting therapeutic alliance, there is “more relational capital to draw from,” which enables him to feel more comfortable and confident with “challenging and confronting” his clients.

Although Cathryn did not explicitly state that the practice of honoring her clients’ vulnerability contributes to compassion satisfaction, she did express that this plays a preventative role against burnout and compassion fatigue:

That's something I do try to actively cultivate, in order to prevent burnout and compassion fatigue and stuff like that, is sort of -- remembering and respecting and honoring that they're being that vulnerable.

When clients learn to trust and become more vulnerable with their counselor, the deeper therapeutic work can take place. For Millie, seeing this process unfold contributes to her compassion satisfaction:

But I think that also is an experience of satisfaction when maybe there's been a client who's been more hesitant or resistant, or just feels unsafe, for a lot of reasons that trauma survivors feel unsafe. And when we start to build that relationship and it's up to a place where they feel like they can let some things out, I think that feels like tension building... building... Talking with the clients, I'm really just trying to be a steady light for them and I could tell they're really anxious or scared or sad, and they were almost like at the precipice where they want to talk about it. And I continue to bring -- immediacy and present moment awareness to what's happening and of course, always offer a choice, because being trauma-informed, I know how important that is. But then when they get to that point where they're like... “I'm just gonna tell you,” “Okay let's do it.” I have a lot of

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gratitude for that as well.

James also shared that he experiences compassion satisfaction when clients move from being guarded to feeling safe enough with him to open up about their past: “When we did the intake, she was pretty guarded about the trauma that happened, and then she was able to share more about what actually happened, and sexual assault and things like that.” Justice feels honored when clients trust her enough to “share their world” with her, particularly when she represents a majority group that has caused pain:

As someone who identifies as cisgender and is in a heterosexual relationship, both of my clients that I refer to, both knew that about me, and have had very poor experiences with people that identified the way I identify, and for them to still sit with me and share their pain and share their world in a way that I may not completely understand, but were willing to share that with me and let me be with them in it, that's where I feel a bit honored.

“Deepening vulnerability” is one indicator that the therapeutic relationship is strengthening, as James mentioned. For Faith and Shelly, shifts in body language are also cues that this is happening. “Everybody’s chill. That’s the environment I try to keep going in my office,” Faith said. She continued, “That’s when I realized that they’re comfortable. If we haven't gotten to that point, where you still like sitting up straight and barely talking, then I'm gonna check myself to see what I've done or have not done, and I'm gonna probably address it, 'cause I want them to feel comfortable.” Both Faith and Shelly want their clients to feel at home in the therapeutic space. Shelly mentioned, “The clients who I feel trust me sit close and they'll have their feet up or they'll not have a pillow over them or things like that. They just kind of make themselves at home, and that's when I know that trust is there.” For all the participants, a trusting therapeutic

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relationship creates a context for compassion satisfaction to grow. James listed several indicators of a strong therapeutic alliance: a) “deepening vulnerability,” b) willingness to stretch themselves or challenge themselves, and c) more investment and hope in their own process.

Witnessing Client Change

All participants expressed that witnessing client change produces compassion satisfaction for them. For James, the “most rewarding” part of counseling is seeing “people healing and growing.” He said, “I feel very happy and excited when people experience that...when they can have that and take that forward, and they're a more whole person...Function better, they're more who they want to be going forward.” Counseling requires courage to look within and consider alternative perspectives, as Sally described:

I explain it like it's easier to see something when you're inside the circle. It's much harder to step outside of the circle and look in with maybe a different perspective. When it's your own life, when you're in it, you're living it, it's way easier to get dragged down with the weeds. But it takes a lot of courage, it takes a lot of strength and hope to step outside of the circle and look in and gain a different perspective.

Faith is reminded of the reason for her hard work when clients begin to think differently: “When I can notice a change in the thought process, I'm like ‘Okay, we're getting there, this is why I do this.’” Millie also values moments like these. She experiences immense compassion satisfaction when “clients who’ve experienced sexual assault or sexual abuse” come to the realization that they are not to blame:

They actually start to get to a place where they're not blaming themselves, and when they start to, even when they start to get angry, I really can connect with that because they're no longer feeling angry at themselves, they're feeling angry at the perpetrator. So I have a

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lot of compassion satisfaction in those moments when it's like the tables are turned where they're not beating themselves up anymore.

James experiences compassion satisfaction when clients recognize how far they have come from the start of their healing journey:

And them coming in and saying, “You know what? Wow. I can't believe that I don't feel the way I did anymore. I'm not having those intrusive thoughts, I'm not having those panic attacks, and I never thought that I could feel this way.” And for them to see their own progress and to see them experience that, something that they didn't think was possible. Or they had some hope that it would be possible, but wasn't sure how to get there, and to know that our work was a big part of that.

“It means a lot to me to be able to be a piece of that for people,” James mentioned. However, he expressed unadulterated happiness for clients when they make progress, which is a component of compassion satisfaction that is different from that which he experiences from being a part of this process:

There's a definite chunk of that feel-good factor about knowing that I got to do it and be connected to it and see it and be a part of it. But I think the bigger, the majority of it is just feeling happy for them...whether they connected or expressed gratitude or connect that I've been a part of that, I still feel a sense of satisfaction knowing that they got better, and knowing that even if they don't understand how it all happened or aren't able to...Just to see them satisfied that they have gotten better feels good for me.

Seeing clients happy is “the most rewarding thing” to Faith. Similarly, Cathryn experiences compassion satisfaction when a client is “really proud of their success,” particularly when she “worked really hard with this client.” Jimmy values the moments when he and his clients get to

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“relish” in their accomplishments. “We’ve done this together, in a sense,” Jimmy said, which calls for “celebrating together.” It feels good when hard work pays off.

Counselors understand that transformation does not happen overnight; it often transpires gradually. Baby steps are signs of forward moving progress, and they are victories that deserve recognition. For Jimmy, these incremental steps reconnect him to the purpose of his work with clients:

There's a purpose behind this, and we're going from this person had a concern to we're discussing that concern. Now, they're maybe making progress with it, and they're getting closer to what they wanted to do or where they wanted to be in life. Maybe, albeit incremental, maybe, at times or many times, but I think nevertheless, knowing that it's the direction that we're going in, and it might be a half, it might be five steps, 10 steps...But it's in that direction and it's not the other way.

Sally also embraces the gradual progression of treatment in many cases, as well, particularly when clients are learning the skill of emotional regulation. One cultivates eventual achievement of a goal by making small, momentary choices that are congruent with that goal. It appears that maintaining realistic expectations for change, and tapering lofty ones, helps Sally hold onto hope, thus creating more fertile soil for compassion satisfaction to grow:

It's tolerating...If that's all you can do. Knowing if that's all you can do, if you can just sit in this right now, that's all you need. Just don't turn away. Lean into it. Try not to turn away. And if you turn away, then maybe just you can just reflect and look into it just for one second. Then next week it might be two seconds. Then we might regress a little bit, but maybe you can just lean in for three seconds. Three seconds the week after. It's those small increments that lead up to the bigger whole and accumulation of feeling hopeful,

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feeling resilient, feeling like, “Okay, I've got this thing called life.”

The ACA (2020) defined counseling as “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.” The overarching goal is *empowerment*. Therefore, it is rewarding when clients experience this for themselves and when they gain confidence to move forward on their own. Shelly described that she experiences compassion satisfaction “when clients feel happy that they have moved forward...and they are working on something, and they’re able to do it themselves” – without her help.

“It’s like watching your kid graduate or something,” Faith expressed. Witnessing client change is *that* special. As a trauma counselor for children, “you get beaten down every day because you can't take these kids outta these situations...And so you're fighting a losing battle sometimes, so when you get that win...it's overwhelming,” Faith mentioned. She had her “best session” with one of her child clients when they were able to retell her trauma narrative and “own it.” Compassion satisfaction is most powerful for her when she “can see that they are no longer as affected whenever that trauma comes up.” Therefore, this was an impactful moment for Faith. She continued, “I mean, a kid that wouldn’t even look at you in your face when you talked to them at the beginning, and now they're like, ‘This doesn't bother me, and if you don't like me, I don't care.’ It was amazing.” Experiencing this kind of overcoming and self-empowerment can lead to the formation of an “advocacy identity,” as Millie described. When she can see this happening in clients, Millie feels “a great deal of compassion satisfaction.” Joining her clients in agency-run productions centering around the theme of healing from sexual abuse is one of the many joys of her work as a mental health counselor.

James, Justice, Jimmy, Faith, and Sally love the “aha” “lightbulb” moments. “I wish

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every client I worked with could have that aha moment,” James expressed. Although these moments may happen less frequently than he would like, they evidently put “wind in (his) sails.” For Justice, she experiences compassion satisfaction when taking a risk with an intervention results in an epiphany for clients:

And it was in that moment when they finished their sand tray, and then they were both exploring it, describing it, and what it meant, that they...The female partner had an epiphany, and recognized, and was able to verbalize to her partner, “Oh my gosh. We don't see this the same way. Oh my gosh, what you think, where we were and how we're gonna rebuild it, I completely disagree with, and you don't understand the depth of pain that you've caused me. And then, I can't see how we could ever rebuild the trust the way you think we can.” And in that moment, for me, the compassion satisfaction was taking a risk.

As Jimmy described contexts in which he experiences compassion satisfaction, he mentioned, “That lightbulb moment I think is a big one.” Jimmy defined these moments as a “realization of maybe connections that are being made within sessions or between their thought processes or these types of things.” Sally defined these “aha moments” as “I'm seeing it now from a different perspective.” “I love to see that aha moment in clients,” Sally enthusiastically stated. When working with adult clients, Faith also experiences compassion satisfaction “when the lightbulb clicks, when they're able to change their thought processes to better their outcomes.” A particularly salient moment of compassion satisfaction was when Faith witnessed a shift in a client's view of therapy:

I have an older adult...that came to me, “I don't believe in this therapy stuff, talking is not gonna change my life, whatever.” And then suddenly in one session, it clicked that she

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could use therapy, and that she was traumatized as a child. And when she finally was able to make that link to the childhood trauma and things that she would do as an adult, and how it even affected her into late adulthood.

Making a Difference

The participants want to be helpful. They want to support their clients through their healing process, and when they witness change happening for them, it results in compassion satisfaction. For Jimmy, he values being a part of this process. He said, "...knowing that if I'm able to do this...and have a positive impact...then it goes back to that fulfillment of my experience as a counselor and knowing that what I'm doing is making some sort of difference." For Sally, it was difficult to identify a single most rewarding part of her work with clients, although it is evident that she values the opportunity to instill hope:

Most rewarding. Wow. I think it's a combination of things, but I think that it is the ability to show up and do life. I think that's what counseling, from my perspective, helps clients with, is this making life more manageable, making life more hopeful.

For Millie, positive supervision experiences have enhanced her compassion satisfaction by connecting her back to the value of this work. Conversely, she said, "Some of the negative ones, it felt like a chore, like it felt like an add-on, it probably detracted from my compassion satisfaction." Supervisors have the ability to instill hope in their supervisees, reminding them that their work with clients is making a difference:

She would tell me how even though you won't always see the full progression right there, that it does make a big difference...She always talked about planting seeds, that even if maybe things don't work out with the client here, at least you help them see that counseling could be safe. Maybe they'll come back here to our agency a different time.

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James received letters and birthday cards from the kids at the juvenile prison. Gestures like these made him feel valued and let him know that he was making a difference in their lives:

My time in juvenile corrections was pretty meaningful to me 'cause I think that it was pretty obvious, or they made it pretty clear, that my presence made a difference, or that the work we were doing made a difference, because it was kinda...I don't know, I guess the situation was so extreme, or the emotions were so extreme, the stakes were so high. I don't know, maybe that's how I would word it. So I think it made it more visible.

When Jimmy can tell that counseling is providing a new context for clients to “unlock something,” he experiences a great deal of compassion satisfaction. Moments like these are confirmation that he, as the counselor, and the trusting therapeutic relationship, are making a difference:

I think that's where I'm deriving a lot of that compassion satisfaction because I think I'm seeing some sort of outcome or some sort of payoff for them that in turn fulfills me. Because I'm doing something that I wanted to do, which is to help somebody sort of unlock something that they never did in the past or at least have that space to feel comfortable in doing that.”

Counselors *do* make a difference. Faith became a counselor because she felt inspired by what her counselor did for her. She stated, “So now when I get a client, I wanna help them the way I was helped when I was in college...So when I finally can do that for them, no matter what it is for them, it makes me happy.” The process of giving back contributes to Faith’s experience with compassion satisfaction.

Validation from Clients

Five of the participants shared that they experience compassion satisfaction when their

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clients express appreciation or offer validation that their efforts are helping. When Shelly feels like her work with a client is making a difference, this feels “satisfying” to her. Receiving words of appreciation from them is confirmation that her work with them is making a positive difference. For James, this helps him feel “closer” and “more connected” with his clients:

I think for me it feels good, it feels...Makes me take a step back and feel like, “Oh, wow.” Like, “Hey, this is actually pretty cool. This is meaningful. This actually does something.” And it reminds me that the work is valuable because it was valuable to them, or they've expressed that it was valuable to them in a way. So that makes me feel good. I notice that – it's not a really intense feeling for me, and I've thought about that, and it doesn't usually last for that long, but it does I guess jolt me out of the mundane and make me remember the bigger picture, and that does feel nice for me. And it does feel...I feel closer to the clients when they express those things too. I feel more connected I guess.

Moments of compassion satisfaction have a jolting effect for James. These moments remind him that the work he is doing matters: “For me it reminds me that, ‘Hey, no, you're a part of this.’ And it connects me back to the process and connects me back to some of the outcome and stuff like that.” Perhaps it illuminates the purpose of it all amidst the challenges that often arise in clinical work. When clients express words of appreciation, Jimmy also experiences compassion satisfaction:

Like, “If it wasn't for you, I'd be out on the street using drugs or this or that.” And so those types of things are I think for me meaningful and I think that's where I'm deriving a lot of that compassion satisfaction because I think I'm seeing some sort of outcome or some sort of payoff for them that in turn fulfills me.

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When Shelly and James left their previous job positions, they felt valued when their clients expressed a desire to follow them. Hearing words such as, “I’m so sad you’re leaving. I wish I could follow you,” and “I wish that our work could continue,” signify to Shelly and James that they contributed something positive to their clients’ lives, that they were effective in their role as counselors. “That kinda made me feel good that I actually helped them and worked through some things with them,” Shelly said. Knowing that their efforts to help were effective promoted compassion satisfaction within them.

Jimmy described clients’ verbal expression of appreciation as “pretty much the biggest thing that I could want out of counseling for myself.” Receiving this reciprocal benefit within the context of the therapeutic relationship promotes compassion satisfaction:

Those admissions from the client. Just saying, “Hey, this is really helping, or this is really making a difference in my life.” And I've been able to make these changes that I've never done in my life, or I've never done this before. And I don't think I could have done that without this or whatever. And I think that's to me, when I can hear something like that, or see something like that, maybe it doesn't mean a lot to somebody else, but to me, it's pretty much the biggest thing that I could want out of counseling for myself, for those selfish reasons. Just this is, these are those moments that I really yearn for as a counselor and wanting that for not only my clients, but for myself. And again, it's from that selfish perspective.

Faith used the word “overcome” multiple times throughout my conversation with her. Helping her “kiddos overcome their trauma” is “compassion satisfaction for (her).” Therefore, receiving positive updates from parents feels like success - a step toward overcoming. One parent called and excitedly said, ““Hey, kid just had a total meltdown and they started doing this breathing

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thing you taught us, and it works.' I'm like, 'Great, let's keep that up.'" For some clients, the coping skills are not what they will remember. Sometimes, the therapeutic bond that was formed is what meant, and always will mean, the most to them. James shared:

They would leave prison and they would be out in the community for a while, and some of them came back or stuff like that, and they would say, "I forgot all the tools that we talked about, I forgot everything that you told me, but I knew that you had my back and that's all good." And so that was cool.

For Jimmy, he experiences compassion satisfaction when he recognizes that the therapeutic environment and experience fostered new insights and moments of deeper reflection within clients:

For instance, recently one of my clients might have said something like, "Well, that's a good question," or "I hadn't thought of that before," or "I don't really know how to answer that," or...These types of things where I know in their mind this is something that they haven't really considered and I think it took this space, this environment for them to share something, for me to think of something, and then respond in some way where they're now getting something new or something different out of this.

Shelly also experiences compassion satisfaction in this context. For Shelly, she experiences a sense of satisfaction when psychoeducation assists clients with gaining new understandings that hopefully lead to positive change for them:

And she didn't see this at first, and so I was able to talk to her about what gaslighting is, the cycle of abuse, and now she understands...And that is satisfying because I helped her learn about things that were happening in her life and now she can identify it and know that's what's happening.

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Collective and Systemic Change

Nearly all the participants shared that they experience compassion satisfaction when they have the opportunity to make a difference beyond the individual counseling level. As a supervisor at her job, Faith enjoys supporting the clinical development of her teammates. Furthermore, knowing that this will benefit many more clients in the future contributes to her experience with compassion satisfaction:

I'm a supervisor at my job, so I like helping my staff members learn more, and I like helping them. We have case concepts every afternoon where we talk about difficult cases. And I enjoy that. They teach me, I teach them, and we work together collaboratively...we work together on figuring out, "What's the best way to help this kiddo?" So that's something that brings me satisfaction as well, is helping my teammates...I'm helping someone else, I'm helping them develop. I'm not saying I'm the most developed therapist, but if I can help someone else become more developed, then that's awesome...And then in the end, their clients are gonna benefit from that, and not just the client that we talked about in that particular case concept, but clients years from now because they're gonna remember what we had our conversation on.

Shelly loved being a part of an antibullying program where she trained high school students to become mentors to middle school students: "Not only were the high school students learning about how to do that...then the middle school students got to learn how to do that...Again -- If I'm not helping people, I'm not happy." Shelly derived compassion satisfaction from being able to help on a systemic level. Sally said, "If I can have an effect in a micro level, then ultimately, I'm gonna affect the mezzo and the macro level moving forward." Making a difference with clients one-on-one has a domino effect, so to speak. "For me personally, that perspective of

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being a part of the system and how systems overlap” is “huge,” Sally emphatically stated.

At Millie’s place of work, she stated that they have an “advocacy side and a counseling side...so there’s room for even counselors to go and do some more outreach and prevention work.” Millie experiences compassion satisfaction when she helps clients heal from trauma in an individual counseling context, as well as when she gets to be a part of “prevention efforts” to promote systemic change:

And I think that's really helped bolster my sense of feeling happy in my work, because it's not always that I'm doing like that. It's not remediation, but it's like the trauma has already happened, some of the damage is kind of already done at this point. So how can we help it be more manageable, but then also diversifying my activities...try and help us in prevention efforts too...I felt as though I was making maybe a more systemic change, doing the work I was doing. And that felt good to me because I've always wanted to do meaningful work. So I think that was part of why it felt more meaningful, is it's like we can prevent some pain and hurt from happening.

For Jimmy, he experiences compassion satisfaction when he is able to support the clinical development of counseling master’s students:

Even as a supervisor, supervising the Master's students, I've had those experiences too where I know that this is really gonna pay off or I sense a moment where we have discussed something that if they are implementing with their client or if they can take down the road and use this later on, that it can really help them in their development as a counselor. And so those types of experiences too. I guess kind of, like you said, broadening out a little bit with the settings. Those are some different areas where I could sense that compassion satisfaction.

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Cathryn believes part of her purpose is contributing to a positive reputation of the counseling field. Not only does she want her work with clients to speak to the high quality of care that licensed professional counselors provide, but she also wants to “protect the public” and promote “the viability of our profession and having our stake in this.” An essential role of counselor educators and supervisors is to monitor the development of counselors-in-training and protect the public from incompetent professionals (Bernard & Goodyear, 2014). Perhaps Cathryn’s passion for upholding this responsibility is a key reason for her pursuing a career in the counselor education field. In her current faculty role, it stands to reason that Cathryn experiences compassion satisfaction when she witnesses growth in her students. When they experience a sense of compassion satisfaction, so does she:

Or it's been a rough, long week with my faculty role, and then there's a class where they're just sort of getting it or see my students' skills progress, and they get excited about helping...And it's this sort of this tertiary like...satisfied at their compassion satisfaction.

The Essence of Compassion Satisfaction

Compassion satisfaction is experiencing reciprocal benefits from therapeutic work – the feeling of enjoying work, pleasant emotions intertwined with distinctly apparent bodily sensations, a sense of purpose and meaning, the privilege of growing and learning from clients, and an experience of close connection within the therapeutic bond. Compassion satisfaction is conscious awareness of one’s competence, or in other words, self-efficacy. It is sustaining, like “wind in your sails” – it is restorative and boosts momentum to navigate through the challenges of clinical work. Compassion satisfaction emerges within the context of a trusting and safe therapeutic relationship, in the presence of mutual investment of the counselor and client. It is an experience that is recognizable both in singular moments and cumulatively, particularly when

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witnessing client change and when it is evident that they are making a difference, both in the lives of individual clients and on a broader scale. The “lightbulb moments,” validation intentionally expressed by clients, seeing clients happy and proud of their hard work – compassion satisfaction is a sometimes-fleeting experience to take note of in the moment and reflect upon later.

In the participants’ own words, compassion satisfaction is an overall sense, even amidst the difficulties that will inevitably arise in clinical work, that the honor of “walking with” (Millie) clients through pain and victories is “worthwhile work” (James). It is a sense that you “made the right decisions” (Shelly) by choosing this profession. Compassion satisfaction is “mental backflips” and “overcoming” (Faith) – it is “celebrating together” (Jimmy). Compassion satisfaction is a “renewal of purpose” (Cathryn) and a meaningful, cumulative phenomenon that, quite frankly, is “what keeps me in the field” (Sally).

Chapter IV: Discussion

The findings of the present research study illuminate the rich essence of the lived experiences of compassion satisfaction in early career mental health counselors. Using a phenomenological method, I sought to answer the following research questions: a) what are the lived experiences of compassion satisfaction in early career mental health counselors?, b) how do participants define compassion satisfaction?, c) what does compassion satisfaction feel like to participants?, d) what meaning do participants ascribe to their lived experiences of compassion satisfaction?, and e) in which contexts do participants experience compassion satisfaction?

To minimize research bias and remain open to understanding the nuances of each participant's lived experiences, I engaged in the process of epoché throughout the study (Moustakas, 1994). After conducting one semi-structured interview with each of the eight early career mental health counselors, I employed transcendental phenomenological data analysis to make meaning of the data, arranging participants' quotes into a total of six overarching themes, with nine subthemes. In this chapter, I discuss how the findings of the present study contribute to the literature. Additionally, I propose implications for counselors, counselor educators, and supervisors, as well as recommendations for future research.

Purpose of Study

The purpose of the present study was to gain a thorough understanding of the lived experiences of compassion satisfaction in early career mental health counselors, defined by five years or less of post-master's clinical experience, in order to maximize applicability of the findings to counselor education and supervision. Using a transcendental phenomenological approach to qualitative research, participants' descriptions of their lived experiences with compassion satisfaction were "revisited, freshly, naively, in a wide open sense, from the vantage

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point of a pure and transcendental ego” (Moustakas, 1994, p. 33). To assist with bracketing my personal experiences and preconceived judgments, I incorporated self-reflexivity, peer auditing, and member-checking into this study. The presentation and discussion of the findings contribute to the improved understanding of compassion satisfaction, counselor wellness, and one’s ability to sustain themselves in their clinical work.

Discussion of Research Findings

Through my analysis of the research findings, I was able to identify shared experiences of compassion satisfaction among the participants, which fall under six overarching themes. The first three themes make up the textural description, *what* the participants experienced regarding compassion satisfaction. The latter three make up the structural description, *how* they experienced compassion satisfaction, referencing the contexts in which it is experienced. Using broad, open-ended questions during the semi-structured interviews with the participants enabled me to maintain a curious stance that fostered a collaborative exploration of and respect for their multi-layered experiences with compassion satisfaction. I was intentional about bracketing my assumptions, as to not accept nuanced recollections or ideas at face-value, and instead, I inquired about the meaning behind the language participants chose, how they experienced compassion satisfaction in their mind and body, and the meaning they ascribed to their lived experiences. This enabled me to remain aligned with the social constructivist paradigmatic perspective that reality or truth is subjective and understood through thoughtful co-exploration of lived experiences (Cottone, 2017).

First, deriving *reciprocal benefits* from their work with clients, such as pleasant emotions and growth of the self, was a prominent facet of compassion satisfaction for all the participants. Second, compassion satisfaction involves clinical *self-efficacy* for five of these early career

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mental health counselors. Third, compassion satisfaction is like “*wind in your sails*” or “gas for your car,” as James and Faith, respectively, described it. Fourth, the participants agreed that *a trusting therapeutic relationship* is an essential context for compassion satisfaction to flourish. Fifth, the early career mental health counselors in this study experience compassion satisfaction when they are *witnessing client change*. Sixth, when the participants realize that they are *making a difference* and that their efforts matter, they experience meaningful moments of compassion satisfaction, which often have a cumulative, sustaining effect on their work as mental health counselors. Although not every participant conveyed experiences that fall within all the above listed themes, a theme was only identified if over half of the participants shared a similar experience. It is important to note that four of the six aforementioned themes were shared by all participants (reciprocal benefits, a trusting therapeutic relationship, witnessing client change, and making a difference), one theme was shared by all but one participant (“wind in your sails”), and one theme was shared by five participants (self-efficacy). Although three of the participants did not describe self-efficacy as being an aspect of their experiences with compassion satisfaction, it was a prominent component for five of the participants, which serves as my rationale for including this as a theme. Additionally, I identified nine subthemes, which are bolded and italicized below, to assist with organization and presentation of the findings, as well as to capture additional, sometimes less common, nuances of the participants’ experiences.

Reciprocal Benefits

All participants expressed receiving reciprocal benefits, which I have defined as positive effects derived from investing in therapeutic relationships with clients. The findings of this study indicate that enjoying the work and receiving rewards from it contributes to compassion satisfaction and sustains mental health counselors, echoing the findings of Ling et al.’s (2012)

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qualitative study. In the present study, several participants expressed that they received benefits from reflecting on their experiences of compassion satisfaction. For instance, James, whose moments of compassion satisfaction have been “few and far between,” found it beneficial and restorative to reflect on his experiences with this phenomenon:

I've really enjoyed thinking about this. And just even now as I'm talking with you about it, it's making me think about and remember and reflect and do the thing that I suck at doing...it's kinda making me remember and be like, “Oh yeah, no, this does matter. This isn't always frustrating or heavy without any relief or anything like that.” So, that's been cool.

This reinforces the findings of past qualitative research indicating that therapists would benefit from increased discussion on the positive effects, or reciprocal benefits, of their work with clients (Wheeler & McElvaney, 2018). In the present study, the following subthemes of reciprocal benefits of therapeutic work emerged from the data: a) enjoying work, b) pleasant emotions, c) a sense of purpose and meaning, d) growth of the self, and e) the therapeutic bond.

Enjoying Work

Half of the participants of the present study expressed that enjoying work, which I have defined as the idea of work possessing an overall positive connotation, is a salient component of their experiences with compassion satisfaction. They experience enjoyment in their work with clients, and one participant, Justice, even mentioned that counseling “doesn’t feel like it’s work.” Millie also expressed disbelief that she gets paid to do this. This sense of enjoying work suggests a personal compatibility with the profession, similar to the “sense of compatibility” that the therapists in Ling et al.’s (2014) study expressed.

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Pleasant Emotions

Experiencing pleasant emotions, a general term I selected to represent an array of emotional experiences that are pleasurable to the participants, was another component of compassion satisfaction shared amongst all the early career mental health counselors in this study. Martin Seligman, the founder of Positive Psychology, claimed that positive emotions are a core element of psychological well-being (Seligman, 2011). For many of the participants, a component of compassion satisfaction is a sense of happiness, gratitude, excitement, pleasure, and accomplishment. Some described it as feeling honored and hopeful, reinforcing the positive relationship Browning et al. (2019) found between compassion satisfaction and hope in their study on transcendent characteristics of counselors. Because counseling work involves goal setting with clients, as well as intellectual and emotional investment to support each client, it stands to reason that the participants described pleasant emotions, including feelings of accomplishment, as a key element of compassion satisfaction. This finding supports Seligman's (2011) assertion that feelings of satisfaction, another core element of psychological well-being, emerge as a result of setting goals and achieving them.

One participant mentioned that intentional and consistent focus on the client can lead one to "mildly dissociate from yourself" (James). Pausing to recognize the physiological sensations that accompany compassion satisfaction may be beneficial for counselors. Participants described moments of compassion satisfaction as "an inner light that lights up," (Millie) a "surge of dopamine and energy," (Cathryn) and "my heart might skip a beat or my heart might race a little bit more" (Jimmy). Research indicates that those who experience higher levels of positive emotionality experience higher levels of compassion satisfaction (Samios et al., 2013). It might feel more familiar to recognize emotional states, but also acknowledging bodily changes may

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help counselors become more attuned to and conscious of the full experience of compassion satisfaction, and thus, helping to sustain them in their work. Zeidner and Hadar (2014) wrote, “When practitioners experience positive emotions over time, they are capable of obtaining personal gratification and meaning from helping others” (p. 94).

A Sense of Purpose and Meaning

Five of the participants of the present study expressed that a sense of purpose and meaning, which I have defined as the desire to add value and live a life of significance, which contributes to a sense of fulfillment, is a significant component of compassion satisfaction. This reinforces past research findings, which have shown a positive association between subjective well-being, compassion satisfaction, and a sense of meaning in life (Itzick, Kagan, & Ben-Ezra, 2018). Additionally, these findings support Seligman’s (2011) claim that adding value and being connected to something greater than oneself is a foundational element of psychological well-being (Seligman, 2011). Smart et al. (2014) found that considering caregiving a calling is an antecedent to compassion satisfaction in healthcare workers. These research findings indicate the importance of counselors deriving a sense of purpose and meaning from their work, as this can have a substantial impact on one’s work engagement, commitment, and quality of their services (Vaksalla & Hashimah, 2015).

Growth of the Self

Experiencing growth of the self, which I have defined as the expansion of one’s pre-existing perspective, knowledge, and skills, was a shared component of compassion satisfaction for half of the participants in this study. Participants in the present study and past qualitative studies, as well, expressed the value of learning from their clients, such as how to be more open and willing to take risks (Wheeler & McElvaney, 2018). Having a love for learning and

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perceiving challenges as growth opportunities was a component of compassion satisfaction for some participants in the present study. Research suggests that “engaging in ongoing learning” keeps clinicians “fresh, engaged, and inspired by their work,” thus, being an important strategy to maintain compassion satisfaction (Sterling, 2014, p. 100). Other therapists have also cited this continuous learning curve as a rewarding aspect of clinical work (Ling et al., 2014).

Furthermore, there is evidence in the literature that therapists with a personal trauma history may experience higher levels of personal growth through their work with clients (Linley & Joseph, 2007), which may be attributed to vicarious post-traumatic growth (Hyatt-Burkhart, 2014). It is reasonable to postulate that an increase in vicarious post-traumatic growth could contribute to one’s experience of compassion satisfaction, as a participant of the present study indicated. Millie, a self-identified survivor of trauma, stated, “I can see so much of myself and my own process with some of the clients I work with.” She heals *with* her clients: “What I was telling her, I was also telling myself, so it was a mutual healing process. But it was on a different level, it's not like I hadn't ever heard those things before, I didn't believe them, but I guess there's just something different about being in that empathetic connection...” When it is evident that healing from trauma is taking place within others, Millie expressed that she experiences compassion satisfaction, which involves feeling “happy for (herself) and other people.”

Therapeutic Bond

Three participants expressed that the therapeutic bond, which I have defined as a meaningful, emotionally intimate connection with clients, was a significant component of their experience with compassion satisfaction. Connecting with clients in a meaningful way was described as a reciprocal benefit of therapeutic work in the present study, as other therapist participants have also noted (Hunter, 2012). There is a certain “depth and sincerity and

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authenticity” to the therapeutic bond, as Justice expressed. Other therapists have described this bond as “special,” “empathetic attunement,” and “magic” (Wheeler & McElvaney, 2018).

It is well-understood that empathy is essential for effective clinical practice (Rogers, 2003) and has been found to be positively associated with compassion satisfaction and negatively associated with compassion fatigue (Wagaman et al., 2015). The therapists in Hunter’s (2012) study perceived “empathy as a building block in the therapeutic bond” (p. 182), as this enables clients to feel understood and accepted. The capacity for empathy may not be the only critical element, however, for counselors to experience compassion satisfaction within the therapeutic relationship. The ability to empathize and engage in affect sharing with clients, while also possessing the ability to regulate one’s affective responses, has been linked to higher compassion satisfaction (Zeidner & Hadar, 2014). This finding supports the assertion of Thomas (2013): “The ability of humans to regulate their own emotional responses in the face of another’s pain is necessary if they are to be optimally helpful to others who are distressed” (p. 375).

Self-efficacy

Five of the participants of this study expressed that self-efficacy, which I have defined as a sense of assurance and belief in one’s skills and ability to provide quality care, is an integral component of compassion satisfaction. In the participants’ own words, it “gives me a sense of competence” (Sally), it helps one feel “secure and confident,” (Cathryn) and it “helps you achieve goals” (Sally). Feeling a sense of self-efficacy within the experience of compassion satisfaction helps with “avoiding negative core beliefs” (Jimmy) because it serves as a reminder that one’s efforts are making a difference. Shelly described that feeling as though she is “doing something for someone” is “so important.” Bandura (1986) established the empirical foundation of self-efficacy, elucidating that successful performance of a task is directly associated with

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one's beliefs or judgments about his or her ability to perform well. Low self-efficacy leads to decreased motivation to complete a given task and greater anxiety surrounding the possibility of failure (Bandura, 1986).

Feelings of low self-efficacy and clinical anxiety are often pervasive among novice counselors (Stoltenberg et al., 1998; Stoltenberg & McNeill, 2010). Low self-efficacy and clinical anxiety often exacerbate one another (Bandura, 1986; Mehr, Ladany, & Caskie, 2015), and although research shows that counselor self-efficacy generally increases overtime (Kozina, Grabovari, De Stefano, & Drapeau, 2010), it is critical to address these issues early on in one's counseling career to reduce the risk of emotional exhaustion and burnout (Gündüz, 2012). For most of the participants of the present study, compassion satisfaction and a sense of accomplishment, which contributes to self-efficacy, are intimately intertwined, particularly when significant efforts have been made to create a positive and productive counseling experience for clients. This finding supports Stamm's (2010) theoretical definition of compassion satisfaction, which entails the perception that one is effectively helping another. Qualitative research shows that professional self-concept, or the perception of one's competency and professional skills, is essential for sustaining professional wellness (Newswald-Potter et al., 2013). Research also demonstrates that self-efficacy is an important component of resilience (Kearns & McArdle, 2011), suggesting that it serves an important role in helping counselors bounce back after facing clinical challenges. This may indicate that feeling effective as a counselor creates a steady foundation and the bandwidth to cope in productive ways, thus, enabling compassion satisfaction to flourish.

Research shows a connection between authenticity, self-efficacy, and compassion satisfaction, as well. Authenticity seems to contribute to increased self-efficacy in these early

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career mental health counselors, supporting the findings of previous quantitative research (Mayton, 2018; Stets & Burke, 2014). This makes intuitive sense, as feeling more confident in one's skills reduces clinical anxiety and preoccupation with using all the "right" interventions, thus creating more willingness to bring one's authentic self to session, remain present with the client, and respond to their needs in the moment. In describing her experiences with compassion satisfaction, Sally expressed that "being present in the moment with the client" and "being so versed and practiced in bringing myself to the relationship" enables her to garner a deeper understanding of her clients' narratives. This, in turn, enables her to derive "more pleasure" from the work through the continued cultivation of the therapeutic bond.

Research shows that low ability to remain mindfully present during counseling sessions predicts lower self-efficacy, in addition to decreased ability to express accurate empathy to clients (Greason & Cashwell, 2009). The ability to be present and aware of one's own emotions and the emotions of others has been found to be positively correlated with self-efficacy. Research shows that this contributes to greater perceived efficacy in attending to process and managing challenging client behavior (Easton, Martin, & Wilson, 2008).

All the participants in this study identified a trusting therapeutic relationship as a primary context for experiencing compassion satisfaction. Without empathy and presence of mind, how can a strong therapeutic relationship be built? When a counselor brings their authentic self to session, they are not a "robot," as Shelly phrased it, enabling a deeper therapeutic connection to form with the client. She described that "a good session" happens when "nobody's holding anything back, and you are both present." Cultivating this therapeutic bond creates an environment in which confrontation and challenging becomes appropriate, as Cathryn and James expressed, which is often important for stimulating the change process and improving treatment

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outcomes.

As I later describe, witnessing client change is a leading context for the participants to experience compassion satisfaction. Therefore, it stands to reason in the context of this study that forming a therapeutic bond through the use of empathy, appropriate challenge, and authenticity can promote client progress, which strengthens counselor self-efficacy, and thus, creating the perfect combination for compassion satisfaction to grow. Furthermore, Zeidner and Hadar (2014) suggested that positive affect, which participants of the present study described as a salient component of compassion satisfaction, may contribute to greater cognitive flexibility and creativity regarding clinical interventions. This fusion of factors has the potential to enhance client engagement and progress, professional self-efficacy, and compassion satisfaction in mental health counselors.

Lastly, self-awareness is a critical aspect of remaining effective as a counselor, including attentiveness to one's own needs (Ling et al., 2014). Research shows that emotional clarity and body awareness determine the level to which counselors can access and utilize their authentic self in the therapeutic space (Tsur, Berkovitz, & Ginzburg, 2016). Sterling (2014) found that self-awareness is essential to maintaining compassion satisfaction. The participants in her study described the importance of consciously "checking in and monitoring internal states (bodily, emotions, thoughts), so they can identify present-moment needs and attend to them" (p. 97). Sally's words reiterate these research findings:

Bandura says -- self-advocacy is an essential part of the self-system, it comes from that knowing oneself and knowing that how you perceive situations can make the difference. It can give you the momentum to get through a really challenging situation. Our belief in our own ability adds to how we show up in the world, and who we think we are, and how

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our own ability adds to how we show up in the world, and who we think we are, and how we think and how we act and how we feel about what we what we think.

Sally eloquently articulated the integration of attention to self-care needs, authenticity, and self-efficacy to open oneself to the experience of compassion satisfaction:

And then if I do have a headache, let's say that's just the symptom, then I'm able to take care of myself more effectively because I know that it's somatic oriented, and I know that it's a part of the work that I've been doing, and it's that compassion for self, right? It's leaning into, "Okay, well I really enjoy my work and I gain pleasure from this, but I also have to take care of myself too." So there's a follow-up to that [...] And if I'm not aware of those learning edges or growing edges or what triggers me, and if I'm not aware of -- the new literature that adds to burnout in the field, if I'm not implementing and reviewing my own self care plan periodically and consistently, if I'm not taking my own time to reset my own boundaries, if I'm not showing up in an authentic way, if I'm not being honest with my clients, then none of this is possible. I'm not able to do my work effectively. So it's part of the same jigsaw puzzle piece. And therefore I feel I'm not able to do my work effectively...

The inability to do one's work effectively contradicts the very definition of compassion satisfaction. The recurrently evidenced negative correlation in the literature between compassion satisfaction and compassion fatigue (Pelton, 2017), burnout (Thompson et al., 2014), and secondary traumatic stress (Samios et al., 2013) demonstrates the necessity of promoting self-efficacy development in early career mental health counselors.

“Wind in Your Sails”

Amidst clinical challenges, compassion satisfaction may help early career mental health

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counselors sustain themselves, as the findings of the present study suggest. Compassion satisfaction puts “wind in your sails,” as James described it. Seven of the participants in the present study used phrases similar to this, such as “gas in your car,” illuminating the restorative, sustaining, and motivating effects of compassion satisfaction. Due to the paucity of qualitative research on this phenomenon, there are limited pre-existing findings to support this theme. Although Hunter (2012) did not explore compassion satisfaction exclusively in her grounded theory study including couple and family therapists, her findings do suggest that compassion satisfaction, coupled with various resilience, counterbalance the difficulty of exposure to clients’ traumatic experiences, thus reducing the risk of vicarious traumatization. These findings further substantiate evidence in the literature that compassion satisfaction may protect clinicians against the deleterious effects of helping (Pelon, 2017; Thompson et al., 2014).

A Trusting Therapeutic Relationship

In analyzing the data, it became clear that a trusting therapeutic relationship, which I have defined as a relationship between counselor and client that is characterized by empathy, respect, and safety, is a context in which the early career mental health counselor participants experience compassion satisfaction. This finding echoes the theoretical underpinnings of Client Centered Therapy (CCT). Carl Rogers (2003), an influential humanistic psychologist and pioneer of CCT, asserted that congruence, unconditional positive regard, and accurate empathy are three essential characteristics of a growth-producing therapeutic climate. Aaron Beck, a psychiatrist and developer of Cognitive Behavioral Therapy, spoke to the necessity of striving to “be a nice human being in the room with patients” (Beck & Beck, 2011, p. 18), which involves the incorporation of empathy, a desire to understand the client’s perspective, accurate reflection of their internal experiences, and demonstration of genuine care for the client. Rogers (2003) also

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spoke to the importance of possessing a deep respect for the innate worth and dignity of each client, which promotes an authentic therapeutic relationship.

Participants in this study shared similar values. For example, Cathryn believes that all “humans have value,” and she prioritizes “respecting and honoring” clients’ vulnerability, which helps protect her against compassion fatigue and burnout. At his previous job, James wanted the kids he worked with to feel respected as “a human rather than...a criminal.” He wanted them to “know that there was someone who believed in them.” Other therapists have emphasized their gratitude for being able to create a safe space for children to recognize that safe and trustworthy people *do* exist after all (Wheeler & McElvaney, 2018). Feeling “honored” to come alongside their clients, particularly when support and safety are in limited supply outside of the therapeutic space, is an element of compassion satisfaction for multiple participants. The therapeutic relationship is integral to Millie’s experience with compassion satisfaction, as well. Regardless of treatment outcomes, Millie is able to rest in knowing that she tried her best to build “a really strong, empathetic relationship.” She defined this as a relationship that possesses the “core conditions” – “empathetic and genuine and has unconditional positive regard.”

Participants expressed that when a client begins to demonstrate trust, they experience a stronger sense of connection, which contributes to compassion satisfaction. One sign of this is “deepening vulnerability,” as James worded it and others described. According to Cathryn, “trust is essential” and promotes honesty and congruence within clients, supporting recent research findings. Kim, Joseph, and Price (2020) found a positive relationship between clients’ self-reported authenticity and relational depth, referring “to moments in a therapeutic relationship in which a person has feelings of aliveness, satisfaction and immersion.” Counselors enjoy working with clients who are emotionally-invested and motivated to work towards change, which the

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therapists in Hunter's (2012) study also expressed. Ultimately, counseling requires teamwork, as Beck and Beck (2011) emphasized, which involves active efforts on the counselor's part to cultivate a trusting therapeutic relationship and the client's willingness to trust and invest in the process.

Witnessing Client Change

All participants in the present study indicated that witnessing client change is an integral component of compassion satisfaction for them. Participants described their work with clients as a "privilege," as have other therapists. Joining clients on their healing journeys has been described as "walking in the sacred spaces" (Hunter, 2012, p. 185). Counselors strive to empower their clients; therefore, watching clients "go beyond what they ever thought they could" (Cathryn) is a powerful experience. The present research supports the findings of previous qualitative work. For instance, Ling, Hunter, and Maple (2014) found that being able to provide assistance to clients was a prevalently noted rewarding aspect among the therapists in their study. It appears that shifting from unrealistic expectations to conscious recognition of small victories seemed to help participants sustain compassion satisfaction, echoing past research findings that positive reframing and compassion satisfaction are positively correlated (Samios et al., 2013). Additional research suggests that maintaining a balance of realism and idealism, or managed optimism, may be an important component of resilience (Kearns & McArdle, 2011).

The constructs of compassion satisfaction and resilience appear to be connected, as one participant illuminated when he said that moments of compassion satisfaction give him "some more resilience" (James). This echoes the findings of previous research indicating a positive connection between resilience and compassion satisfaction (Hiles-Howard et al., 2015). As the participants in this study noted, compassion satisfaction generates feelings of hope and optimism.

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Participants in Ling et al.'s (2014) study believed that "taking the view that adversity can be triumphed over allowed for the belief that trauma counseling can make a difference" (p. 303). "You have to start small...and then build from that," Sally noted. She expressed that viewing progress from this perspective contributes to her experience with compassion satisfaction, enabling her to keep showing up on a daily basis. For Faith, compassion satisfaction is helping her clients to "overcome their trauma." She knows this is possible and expressed that she has nearly cried when she has seen this happen for her clients. Millie loves seeing her clients "not beating themselves up anymore" and Shelly finds it rewarding to see her clients "happy that they have moved forward, and they are working on something, and they're able to do it themselves." James feels "happy and excited" when clients heal and grow, and Justice feels "happy," too, when she sees foundational change happening for her clients, setting them up for future success. Compassion satisfaction is a collection of celebratory moments when counselors smile and say, "The hard work paid off" (Faith). "We've done this together." (Jimmy).

Making a Difference

Compassion satisfaction is knowing that one's efforts to help are making a difference, a positive impact somehow – it is a special recognition that "this matters" (James). *Making a difference* was a salient theme among all the early career mental health counselors in this study. Given that "helping" has been identified as a top-ranked work value among counselors-in-training (Blount, Bjornsen, & Moore, 2018), it stands to reason that accomplishing this goal, both in isolated incidents and cumulatively, is an integral component of the participants' experiences with compassion satisfaction. Hunter's (2012) study illustrated similar findings. The participants described a "deep sense of satisfaction from being involved in the client's recovery process and in helping clients make a difference in their lives" (p. 183). Facilitating the growth

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and empowerment of clients is a primary motivating factor for counselors continuing to show up, a claim that is supported in the literature (Ling et al, 2014). The findings of the present study confirm the theorized assumption offered by Harr (2013). When a therapist “perceives that an intervention has successfully improved the quality of life of the client, even in a minimal way, or has prevented further harm from occurring, the values and beliefs that motivated them to enter the profession are supported and reinforced” (p. 82). Sometimes, making a difference looks like “planting seeds,” as Millie’s supervisor used to say. Other times, making a difference looks like transformational change that leads to clients saying, “Wow, I never thought I could feel this way. This was so awesome,” as James recalled. Justice believes “counseling provides a bigger opportunity than just the average individual has to impact others in ways that are growth-producing and not self-serving.”

According to five participants, validation from clients is another way that early career mental health counselors realize that they are in fact making a difference. This subtheme emerged from the data as a compilation of participant statements indicating the value of receiving confirmation from clients that one’s efforts to help have been valuable or effective. Counselors want to make a positive difference and receiving feedback that they are doing so often promotes compassion satisfaction. Verbally expressed validation from clients may be particularly impactful for early career counselors, with the need for this gradually decreasing overtime, as the findings of Skovholt and Ronnestad’s (1992) qualitative study revealed. Additional qualitative research, however, suggests that receiving affirmation or appreciation from clients may be meaningful and important for counselors across all experience levels (Hunter, 2012).

Lastly, most of the participants in this study described that contributing to larger scale

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change is a context in which they experience compassion satisfaction. Diversifying tasks, and thus, creating additional avenues for making a difference, may be sustaining for mental health counselors, according to both the present and previous research findings (Ling et al., 2014). For instance, two participants, Jimmy and Cathryn, expressed that promoting the development of counselors-in-training, who will then go out to make a difference in their clients' lives, fosters compassion satisfaction within them. Additionally, expanding her advocacy efforts contributes to Millie's experience with compassion satisfaction, and it may also serve a protective role against vicarious trauma, as the findings of Ling et al.'s (2014) qualitative study suggest. Additional qualitative research points to the importance of variety in clientele and work roles for sustaining compassion satisfaction (Sterling, 2014). Contributing to social justice efforts and systemic change may be particularly important for trauma counselors and boost feelings of professional satisfaction (Wheeler & McElvaney, 2018). For example, Millie shared that "passion" is "another big part of compassion satisfaction" – "finding the thing that kind of ignites you and pisses you off about the world, and then wanting to find a way to help that be better." Together, we can change the world.

Implications

The participants of this study offered powerful wisdom, and it is my role as the researcher to assemble their words and collective insight in such a way that enables practical application of the findings. To preserve the richness of their shared lived experiences and perspectives, many of the implications are in the words of the participants themselves. In the following section, I have presented implications for counselors, counselor educators, and clinical supervisors.

Implications for Counselors

Actively Promoting Compassion Satisfaction

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The emphasis should be placed on *promoting* compassion satisfaction, as opposed to *avoiding* compassion fatigue and burnout (Radey & Figley, 2007). Due to the negative correlation between compassion fatigue and compassion satisfaction, Pelon (2017) reinforced this recommendation to connect to the affirming aspects of helping. Some helpful strategies to accomplish this may include regularly reflecting on daily successes, clients' words of appreciation, in addition to one's efforts to prevent continued trauma, promote compassion satisfaction (Radey & Figley, 2007). If we could only "reflect on those maybe fleeting moments more often." It is something we must "train ourselves to do," as James expressed.

Compassion satisfaction is "an ongoing practice to prevent compassion fatigue," as Cathryn noted. Echoing the notion that one can actively cultivate compassion satisfaction, perhaps James' words will provide additional guidance, as well as normalize the often-inevitable challenges involved in doing so. James is working on connecting to active practices that shift his focus from the discouraging aspects of counseling to the "bigger picture" in order to enhance compassion satisfaction:

Sometimes I journal about it, sometimes I'll talk with a colleague about it, sometimes I will try to remind myself of that. I don't do it very well and probably don't do it often enough because a lot of the times, I do feel kind of discouraged and do feel kind of frustrated, and don't feel a lot of compassion satisfaction. So I think that it's something that I'm trying to connect myself to more and more so that I can feel more satisfaction, and remember the bigger picture than getting bogged down in the details or the parts of the job that I hate or don't like as much or whatever, or things that are frustrating to me. Skovholt and Ronnestad (1992) also discussed the importance of maintaining "a reflective stance, which means that the individual is consciously giving time and energy to processing,

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alone and with others, significant experiences. An active, exploratory, searching, and open attitude is of extreme importance” (p. 509). Furthermore, to be able to reflect on moments of compassion satisfaction, either with oneself or with colleagues, one must first possess the knowledge of “what compassion satisfaction looks like, and what works for you and what doesn’t work for you,” as Sally expressed. Helping counselors to understand this phenomenon to a deeper extent was the primary driving force for this study.

Counselors must also be able to answer the question Sally posed, “How do you integrate self-care?” This might look like establishing boundaries, “separating mine from theirs” in therapeutic work, “moment to moment awareness and just checking in with oneself,” as Sally noted. She continued to beautifully illustrate the art of “holding” oneself in the session:

Being aware of what my environment is, being aware of my bodily sensations, being aware of my own symptomology, with an openness, a sense of warmth towards myself, a sense of nurturing maybe, and a wide lens of being open to options. It's like this whole thing, I guess that's the best way that I can describe it. It's like I'm holding the space for the client, but I'm also holding myself in the session.

I cannot help but ask: *What could our profession become if we all chose to offer ourselves the same compassion and care that we are readily willing to pour out to others?*

Addressing Clinical Anxiety and Imposter Syndrome

Part of this self-compassion work might involve supporting oneself through experiences of clinical anxiety and imposter syndrome. The latter challenge involves doubting one’s intelligence, attributing successes to luck, believing that others overestimate one’s abilities despite contradicting evidence (Clance & Imes, 1978), and fearing that clients will detect one’s inadequacies (Bischoff & Barton, 2002). Imposter syndrome can feel “powerful” and “very

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overwhelming,” as Sally described.

From this study’s findings, in addition to the findings of previous research, mindfulness may be an effective tool in helping counselors move through these challenging experiences with more ease, particularly while in-session with clients. Research shows that mindfulness not only promotes the ability to remain present-focused with clients, but it also enables counselors to remain non-judgmentally aware of uncomfortable emotions during session (Greason & Cashwell, 2009; Thompson et al., 2014). As Sally expressed, imposter syndrome can trigger emotional dysregulation:

It can trigger me becoming dysregulated in the moment. It can trigger -- my prefrontal cortex becoming offline, and me just letting the amygdala lead...It can be very, very powerful. And I think that I've learned how to, one, be honest with myself about it, and to acknowledge that it's happening, and to go into an acceptance...It's like, “Okay, yes. This is happening right now. But what do I know that's happened in the past that can move me through it?” “What do I need right now in the moment?” So I guess that's the mindfulness that comes back if I'm dysregulated, if I'm feeling imposter syndrome...

In addition to developing practices to support oneself through moments of emotional dysregulation, it is also critical to develop realistic expectations of oneself and the therapeutic process. This may be particularly important for novice counselors, as the findings of this study suggest. An excessive sense of pressure contributes to anxiety. Some anxiety can positively contribute to clinical awareness and motivation, but too much can stifle one’s demonstration of skills (Bernard & Goodyear, 2014). Much of this anxiety can come from a place of expecting oneself to fix and solve problems. Cathryn strives to not “put a lot of pressure” on herself to “fix” anyone. She reminds herself, “I’m just gonna do my best with the session that we have.

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And if I need to grow in an area, I'm gonna try to grow in that area, and I'm not gonna have that pressure.” Jimmy finds that removing this felt pressure and allowing the inner knowing of the client to lead can sometimes be the most beneficial approach to take:

Knowing that if we're able to sort of let clients lead at times and let them follow their own thoughts and their own curiosities, that that can be much more insightful than any question that I could come up with, or anything that I could add to that. And so, I think there's value in that...maybe for me in that moment, saying, “I don't need to be jumping in here. I can sort of just see where this goes...” I think it's also just trying to be as open to knowing that that process can be much more helpful for the client than if I jump in there and I have all these different clever things to say...

Furthermore, it is critical to remember that one particular counselor cannot possibly be the right fit for every client, as Shelly described. This may serve as a grounding reminder that a client dropping out or missing a session may not, and in many cases does not, indicate personal inadequacy or one's lack of fit within the profession, as some novice counselors may fear. James also mentioned the importance of tapering expectations as they relate to treatment outcomes:

...Kind of letting go of outcome and letting go of that to some extent. Not to the point where it's like, “Well, I don't care what happens,” 'cause that's not true. But not hanging my hat on that, because that is a fickle beast and I would get way too frustrated if that's the thing that I focus on.

It may be helpful for early career mental health counselors to accept and embrace the fact that human growth and change are non-linear and complex. It is highly unlikely that one perfectly delivered intervention, or even ten remarkable sessions, will “fix” a client's deteriorated self-

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esteem and complex trauma history, for instance. For some clients, having a safe space and trusting therapeutic bond may be the most valuable outcome of counseling.

Remembering the Gift of Therapy

Counselors have the opportunity to provide a novel relational experience to clients – one that is safe and healing, something to which multiple participants alluded. The findings of this study indicate that cultivating a trusting therapeutic relationship not only promotes compassion satisfaction for the participants, it also may enhance client outcomes. Some participants mentioned feeling more comfortable to challenge or confront clients when the therapeutic relationship is strong, which has the potential to promote treatment progress. James described, “If you don’t have a relationship, it makes it really hard to do anything, even if you’re really trained in CBT or DBT...that’s the thing that I’m always attuning to or wanting to, I don’t know, be the first priority.”

A counselor bringing their presence and authentic self to session may be two of the most valuable therapeutic tools. Lastly, consciously reminding oneself of the gift of therapy, as Yalom (2002) described it, may be a powerful contributor to compassion satisfaction. The ability to gain “greater insight into people’s struggles and their pain” (Justice) and having the opportunity “to see the traits that they have, and the specialness, the uniqueness that they have, just by realm of being human” (Sally) – is an honor and a gift. Repeatedly and intentionally reflecting on this is likely to cultivate compassion satisfaction.

Implications for Counselor Educators

Counselor educators are responsible for empowering counselors-in-training and equipping them with the knowledge and skills necessary for providing their clients with high quality, ethically conscious care. Higher education is not all about grades; it is about intellectual

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stimulation and active engagement in the learning process (Goldman & Martin, 2016). It is important for counselor educators to help counselors-in-training become “critical consumers of knowledge,” as Cathryn stated. Counselor educators can model an openness to and enthusiasm about learning and critical thinking. Counselor educators can also support counselors-in-training by promoting active cultivation of compassion satisfaction, expansion of self-knowledge, authenticity, emotional regulation and healthy coping skills, and the capacity for present moment awareness.

Encouraging Active Cultivation of Compassion Satisfaction

Research shows that therapists would benefit from increased discussion on the positive aspects of their clinical work (Wheeler & McElvaney, 2018). Counselors are often well-versed on the subjects of self-care and burnout prevention; however, the findings of this study demonstrate the importance of infusing additional training on compassion satisfaction in the counselor education curriculum. Similar to mindfulness, Cathryn wondered if one could “purposefully practice it...practice gratitude towards it,” referring to compassion satisfaction. James mentioned benefiting from exploration of his experiences with it during our conversation. Justice described the emphasis on compassion fatigue in the field; she believes there needs to be a combination of discussion on the difficult experiences associated with clinical work and the rewarding, sustaining aspects. Justice provided valuable insight on the potential benefits of shifting the focus and creating more balance:

I think we stick on and stay on the fatigue part of the work that we do, and how heavy it is. I think if we were to balance more compassion satisfaction...I think that I would develop more empathy for myself, because then I wouldn't be rushing to point out what I didn't do right in a session and I would just be more mindful of the entire session, and I

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perhaps should see more of those moments that are like, the ahas for the clients. It would probably slow the process down in session. I think, for me, it would slow me down. I tend to talk fast, I work fast...that accomplishment, accomplishment, accomplishment. I think more peace. It's so interesting, 'cause as I process this with you I don't think I would lose anything in the process, 'cause I think sometimes we only have so much time in the day, so we got to do this, this and this. But to have more of that balance, I don't think I would actually lose. I think I'd actually feel more balanced in life.

Expanding Self-knowledge

“I need to know who I am,” Sally told me with conviction. She explained, “Before I sit in the seat with somebody else and begin to help them with their issue or issues, I need to know who I am. I need to know what's mine and what is theirs.” It appears that this may help Sally mitigate countertransference issues. Arriving at a place of expanded self-knowledge requires ongoing self-reflection on the part of the counselor, and the outcome of this is optimized by counselor educators’ intentional pushing and challenging. Additionally, destigmatizing and encouraging personal counseling may be a valuable aspect of counselor education programs. Sally expressed, “If you’re going to be a counselor, you need to have experienced it yourself, you need to know what that is like. That's my bias, but that's the approach that I take, it's all about self-work.” There is no shame in seeking support as a counselor.

James mentioned that he wishes his graduate training included more discussion on the “lived experience of a practicing therapist.” He said, “I think there's a big gap between the theoretical knowledge and the actual lived experience of a practicing therapist. And helping counselors make that transition and jump and work through that, I think is important.” Inviting guest speakers who provide counseling to different populations at various treatment sites is one

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way to bridge this gap. Gaining a deeper understanding of others' professional experiences may assist counselors-in-training as they explore their aspirations and values, assisting them with finding the right professional fit, which may enhance their compassion satisfaction.

Promoting Authenticity

The anxiety Shelly felt before her initial counseling experiences is a well-known feeling to many counselors-in-training (Stoltenberg & McNeill, 2010). She recalled: "Here we go, I'm about to deal with peoples' lives. And that is the most intimidating thing ever. And so I felt like I needed to say the perfect things, do the perfect things. I would always have the typical questions ready." However, Shelly also remembered the first time she used the empty chair technique, *without* a pre-prepared script – "It was one of my best sessions that I'd ever had," she exclaimed.

The findings of this study illustrate the importance of authenticity for cultivating a trusting therapeutic relationship, which is a primary context in which the participants experience compassion satisfaction. First, counselor educators can model authenticity within the classroom to remove the perception that all counselors should be a certain way. Second, it would be beneficial to provide ample opportunities to explore one's authentic self as a component of coursework. Bernard and Goodyear (2014) recommended limited focus on personalization initially, as beginning counselors are typically focused on practicing and building basic counseling and intervention skills; however, providing ample opportunities throughout the graduate program for exploration of authenticity-related topics may normalize this conversation and reduce corresponding feelings of overwhelm. Reflection questions to pose to students, which I have developed independently, might include: *What is most important to you? How would you describe yourself in five words? How do you believe people change? How have you changed overtime? What lights you up? What depletes you? What interests you? What bores you? What*

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sustains you? What restores you? What strengths do you have as a person? What strengths do you have as a counselor? What are your growing edges? How do you promote safety within the therapeutic relationship? If you felt fully confident and yourself in-session with your clients, how would you know? What can you do to bring more of your authentic self to session?

Building Emotional Regulation and Healthy Coping Skills

Supporting the development of emotional regulation and healthy coping skills is important for promoting self-efficacy and creating a context for compassion satisfaction to grow. Possessing the ability to attend to the emotions of oneself and clients is critical for enhancing self-efficacy (Easton et al., 2008). This makes intuitive sense, as one would not be able to provide accurate empathy, an essential component of the therapeutic process (Hunter, 2012; Elliott, Bohart, Watson, & Murphy 2018), if emotional awareness were lacking. The counselor modeling emotional regulation skills may, in turn, enhance the client's ability to learn this skill. Sally described the empowering effects of co-regulation:

Giving them the opportunity to understand that when they are in a fight, flight, or freeze state of mind, that they have the ability to bring their prefrontal cortex back online. That through support and help and practice and modeling, that they have the tools and the toolkit to be able to implement...Like with a child, for example, when they are not with their parent or with a teacher, how do they calm themselves down, and how are they able to self-regulate? That is through co-regulation. Teaching them through coregulation, and then ultimately, they're able to self-regulate.

Having the skills and internal resources to be present with a client and to emotionally regulate oneself are important for sustaining clinical stamina. Competently teaching this skill to clients may contribute to improved treatment outcomes, which may, in turn, support the development of

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self-efficacy and compassion satisfaction.

Self-awareness, involving mindful monitoring of one's internal states, has been found to be essential for sustaining compassion satisfaction (Sterling, 2014), as this enables the counselor to proactively attend to their needs. Research shows that stress management training may reduce degree attrition and proactively prevent burnout in counselor trainees. Counselor educators can either offer a stand-alone course or infuse stress management into a series of graduate courses (Abel, Abel, & Smith, 2012), which may help counselors-in-training develop strong, foundational coping skills to increase their potential for compassion satisfaction as they progress in their careers. The literature also suggests that empathy and emotional regulation are connected to higher compassion satisfaction (Zeidner & Hadar, 2014). Sally mentioned that, through building these skills, she is able to "sit with" and walk with clients through their pain: "I can sit with it...whatever comes up, no matter if it's the deepest trauma...I can identify with parts of it. I can also try and join with them in an empathetic way by trying to see it through their lens." Therefore, emphasizing the development of empathy skills, and highlighting the power of it, in the counselor education curriculum is essential.

Enhancing the Capacity for Present Moment Awareness

"Being happy, in the moment, I have to work at it," Justice shared. She expressed her commitment to learning; however, a balance is needed between continual striving and appreciating the present moment. Justice hypothesized:

I would surmise, this is just my opinion, that people that are more about the journey, more mindful, are generally happier, 'cause they're not worried about the what-ifs.

They're not worried about 10 steps away, they're in the present right now and if it's joy, it's joy.

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Like Justice, individuals who pursue graduate degrees are commonly high-achieving and may have a difficult time pausing and embracing what is happening in the moment. Building this skill could have a powerful effect on one's ability to cultivate and sustain compassion satisfaction due to additional emphasis being placed on recognizing and allowing it. As Cathryn stated, counselors do not have to "shame it" or push compassion satisfaction away. Conceptually, doing so may have detrimental effects and contribute to compassion fatigue and burnout.

Research shows that mindfulness, which is non-judgmental, present moment awareness (Mindfulness, n.d.), may be helpful in decreasing ruminative thoughts (Hawley et al., 2014), which often stem from clinical anxiety and imposter syndrome, for instance. For novice counselors, it is developmentally typical to experience high self-focus, as well as high motivation and anxiety. As clinical development progresses, however, it becomes easier to simultaneously maintain self-awareness of internal experiences during sessions, while also remaining fully present with clients (Stoltenberg et al., 1998). Mindfulness training in the classroom may accelerate this process, assisting counselors-in-training with remaining present with clients, as well as cultivating a non-judgmental stance towards uncomfortable emotions that arise during session (Greason & Cashwell, 2009; Thompson et al., 2014). This could result in deeper therapeutic bonds, greater self-compassion, and enhanced compassion satisfaction in novice counselors. As Sally mentioned, "If we're not living in the present and we're constantly in the past or in the future, if we're not being mindful of the present, I think it's...For me, it's harder to gain pleasure, right? It's harder to be able to do your work effectively, it's harder to have compassion for other people."

Implications for Clinical Supervisors

The supervisory relationship is evaluative in nature to facilitate the development of

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counseling skills and professional identity in supervisees. Supervisors are charged with the responsibility to protect clients from harm (Bernard & Goodyear, 2014); thus, it is essential to closely monitor the delivery of counseling services. Although this is an imperative and inevitable dynamic, novice counselors often experience heightened anxiety when their newly acquired counseling skills are being systematically evaluated (Bernard & Goodyear, 2014). However, a strong supervisory relationship creates an ideal context for learning to occur, as well as modeling a relational dynamic that fosters novice counselors' ability to work with clients with clarity, compassion, and mutuality (Duffey, Haberstroh, Ciepielinski, & Gonzales, 2016).

Providing a Balance of Challenge and Support

Research shows that a supervisory relationship characterized by openness and honesty is important for supporting novice counselors' professional wellness (Newswald-Potter, Blackburn, & Noel, 2013), an aspect of this being compassion satisfaction. It is, therefore, advantageous to build rapport and a strong supervisory alliance with supervisees, creating a space where imperfection is expected, while still maintaining high expectations for clinical competence and professionalism.

It is normal for beginning counselors to experience higher levels of anxiety (Stoltenberg & McNeill, 2010); however, significant anxiety may stifle demonstration of skills (Bernard & Goodyear, 2014), openness, and self-efficacy (Mehr, Ladany, & Caskie, 2015). Due to the findings of the present study that self-efficacy is an integral component of compassion satisfaction, it is important to address clinical anxiety within the context of supervision.

Providing a balance of challenge and support is key.

Novice clinicians have described the positive impact of supervisors highlighting specific examples of strengths and clinical skills demonstrated (Bischoff et al., 2002). Doing this may

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help to deconstruct self-defeating beliefs and thoughts and demonstrate trust in their capacity to grow professionally. Research shows that demonstrating trust in a supervisee's clinical skills and decisions helps them cultivate confidence and trust within themselves (Morrison & Lent, 2018). Providing supervisees with opportunities to identify their own strengths is also a helpful strategy for fostering the development of self-efficacy and feelings of empowerment in their counselor identity. When addressing skill deficits, it is helpful to offer a balance of constructive and positive feedback or encouragement. Developing this balance may be supported by noting strengths while providing live supervision or listening to session audiotapes, paying close attention to growth that the supervisee has demonstrated overtime.

Addressing Over-personalization

Furthermore, it is common for beginning counselors to assume that missed appointments or instances of dropout are directly related to their clinical inadequacies (Bischoff et al., 2002), as Shelly also noted. She described the internal questioning that occurs, which is likely a commonly shared narrative amongst many novice counselors:

When clients just stopped showing up, that's kind of like, "What did I do wrong?" I always blame myself for that... 'Cause I still think about those clients who I feel like I may have failed and wonder, 'What could I have done differently?'... I know "What if?" is a bad question to ask yourself. What if I would have done something different?

Novice clinicians "do not yet have a reservoir of past experience on which to evaluate current experiences," (Bischoff & Barton, 2002, p. 236); thus, it is invaluable for supervisors to intervene by normalizing these occurrences, within reason, as well as the clinical anxiety that often accompanies them (Bischoff et al., 2002; Stoltenberg & McNeill, 2010).

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Promoting Compassion Satisfaction in Supervisees

Implementing a wellness intervention plan as an element of supervision may be beneficial for counselors-in-training, as research suggests. Increased accountability to ensure regular participation in self-care and healthy coping strategies, as well as identification of burnout symptoms, has been found to lead to reduced burnout (Lindo et al., 2015). As a component of a wellness plan, supervisors might consider encouraging the use of a compassion satisfaction journal to document meaningful and rewarding experiences in their work. Researchers have found a positive relationship between sense of accomplishment and compassion satisfaction in mental health counselors (Thompson et al., 2014), which the findings of the present study further substantiate. Helping supervisees explore and connect to their sense of purpose as a counselor may also be a beneficial practice for cultivating compassion satisfaction, as multiple participants of this study expressed that a sense of purpose and meaning is an integral component of their experiences with compassion satisfaction.

Limitations of Study

The findings of the present study should be interpreted with the knowledge of several limitations. First, the findings of this study are not generalizable to all counselors or mental health professionals. My description of the findings encompasses a retelling of the lived experiences of the participants, which others may not share. Additionally, interview data were based solely on self-report, which introduces the potential for social desirability and recall biases. Another limitation is the lack of gender and racial diversity in the sample. 75% of the participants identified as female ($n = 6$) and 25% as male ($n = 2$), and 75% of the participants identified as White ($n = 6$), 12.5% as African American ($n = 1$), and 12.5% as both White and Hispanic/Latinx ($n = 1$). Lastly, although I have done my best to be transparent about the

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research methods used in this study, the emergent nature of qualitative research and the use of a semi-structured interview protocol may be considered limitations. These characteristics signify a non-standardized approach, making it difficult to replicate this study.

Recommendations for Future Research

The findings of this study illuminate the richness and essence of the lived experiences of compassion satisfaction in early career mental health counselors. It is essential to further expand the empirical knowledge and understanding of compassion satisfaction, as well as other phenomena that sustain counselors in their work. Recommendations for future research include conducting similar exploratory studies on compassion satisfaction with additional populations, including but not limited to, counselors-in-training, seasoned counselors, school counselors, clinical rehabilitation counselors, substance abuse counselors, and marriage and family counselors. Due to the low racial diversity in this study sample, examining compassion satisfaction in a more racially diverse sample is an additional recommendation. Further avenues for inquiry involve investigation of strategies that counselors employ to actively cultivate compassion satisfaction, as well as how the number of direct clinical hours per week impacts compassion satisfaction levels. In addition, it would be beneficial for researchers to explore how counselor educators and supervisors can intentionally promote the development of compassion satisfaction within the context of the counselor education classroom and supervisory relationship to enhance clinical preparation and professional wellness. Lastly, understanding how counselors restore compassion satisfaction when it diminishes may illuminate valuable findings to assist counselors in sustaining wellness, experiencing continued protection against the deleterious effects of helping, and optimizing the quality of client care.

Conclusion

The findings of this phenomenological study demonstrate the value that compassion satisfaction brings to early career mental health counselors. Through semi-structured interviews and in-depth analysis of the lived experiences of compassion satisfaction in each of the eight early career mental health counselors, the following themes emerged from the data: a) reciprocal benefits, b) self-efficacy, c) “wind in your sails,” d) a trusting therapeutic relationship, e) witnessing client change, and f) making a difference. Yes, compassion satisfaction is “the pleasure you derive from being able to do your work well,” as it has been theoretically defined (Stamm, 2010, p. 12); however, the findings of this study illuminate the elaborate complexities of this phenomenon.

The participants offered wisdom beyond what I could have conjured myself. As the participants mentioned learning from their clients, I also learned a great deal from them. Their stories and rich descriptions of their experiences with compassion satisfaction served to heighten my awareness of this phenomenon in my own life and it strengthened my love for the work we are privileged to do. Thank you to my participants for your contributions to this research and our extraordinary profession. As I anticipated, your stories have inspired and will have a lasting impact on me because I truly believe the words of Ropers-Huilman (1999): “The process of witnessing changes us” (p. 27).

Chapter V: Manuscript

Introduction and Background

Compassion fatigue, burnout, and secondary traumatic stress are critical, negative effects commonly associated with mental health work (Perkins & Sprang, 2013; Thompson, Amatea, & Thompson, 2014). Stamm (2010) classified burnout and secondary traumatic stress as subcategories of compassion fatigue, together comprising the negative effects of helping. The literature denotes the detrimental consequences of these phenomena, including desensitization, decreased empathy, mixed feelings of depression and anxiety (Mathieu, 2012), hyperarousal, intrusive thoughts, avoidance behaviors (Bride, 2012), fatigue, and decreased motivation (Baker, 2012), all of which pose a risk to client welfare, clinician retention, and liability for treatment sites (Wagner & Harder, 2011).

Counselors are ethically obligated to monitor themselves for signs of impairment (American Counseling Association, ACA, 2014, Section C.2.g.), which has led to considerable research on the negative effects of helping (Perkins & Sprang, 2013; Tabaj, Pastirk, Bitenc, & Masten, 2015; Thompson et al., 2014). It is not only critical, however, to investigate what contributes to these concerns and how to mitigate them, but it is also vital to understand how to protect oneself against them.

There is empirical evidence that compassion satisfaction, theoretically defined as pleasure derived from the ability to help others (Stamm, 2010), may be a phenomenon with promising protective qualities. Researchers have found a negative relationship between compassion satisfaction and the deleterious effects of helping (Pelon, 2017; Thompson et al., 2014). Although researchers have quantitatively studied factors associated with higher compassion satisfaction, including positive affect, emotional intelligence (Zeidner & Hadar,

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2014), trauma-informed self-care (Salloum, Kondrat, Johnco, & Olson, 2015), and a positive work environment (Thompson et al., 2014), there are limited studies investigating this phenomenon in counselors specifically (Browning, McDermott, & Scaffa, 2019; Perkins & Sprang, 2013), and an even greater paucity including samples of mental health counselors (Thompson et al., 2014). Moreover, although Thompson et al. (2014) incorporated compassion satisfaction as a variable, the primary aim of their study was to examine “personal and contextual predictors of mental health counselors’ compassion fatigue and burnout” (p. 58), including demographic characteristics, perceptions of occupational environment, and coping strategies. Due to the inordinately high prevalence of compassion fatigue, burnout, and secondary traumatic stress among mental health professionals, studies indicating 50-90% of whom may be experiencing these concerns (Newell & MacNeil, 2011; Pelon, 2017; Sodeke-Gregson, Holltum, & Billings, 2013), additional research is needed on compassion satisfaction to support counselor wellness and sustainability, as well as to uphold client welfare.

Qualitatively, researchers have explored topics that contribute to the collective understanding of counselor wellness, including vicarious resilience (Silveira & Boyer, 2015) and how trauma therapists “thrive and sustain their engagement” (Ling, Hunter, & Maple, 2014, p. 297). The findings of these studies suggest that feeling inspired by clients’ resilience may boost their own resilience (Silveira & Boyer, 2015) and that self-care, diversity of occupational tasks, emotional perceptiveness, self-reflexivity, gaining a sense of empowerment through the process of supporting their clients, and peer support may promote sustained engagement (Ling et al., 2014). In addition, Wheeler and McElvaney (2018) explored trauma therapists’ professional satisfaction, which they compared to compassion satisfaction in the presentation of their research findings. According to the participants, some of the primary rewards of therapeutic work with

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child survivors of sexual abuse included learning from their clients, as well as the therapeutic connection they were able to form with them. However, the purpose of their study was not to capture the nuances and essence of compassion satisfaction, as was the fundamental objective in the present study. Wheeler and McElvaney (2018) even identified the struggle of exploring the positive effect of their work as a central theme, describing the probing that was required to elicit the positive experiences associated with therapeutic work. They reported that this was likely due to the participants feeling silenced as a result of the public's difficulties with understanding why one would choose to do this "horrific" or "dreadful" work (p. 518).

The qualitative literature on compassion satisfaction is insubstantial. Only two studies were found that explicitly focused on compassion satisfaction in therapists, one investigating how six Canadian counselors maintain compassion satisfaction (Sterling, 2014), and the other exploring eight Australian couple and family therapists' experiences of compassion satisfaction and vicarious traumatization (Hunter, 2012). According to the findings of these studies, establishing boundaries, engaging in self-care, maintaining self-awareness, developing positive relationships, participating in ongoing learning, and embracing variety in their work (Sterling, 2014), maintaining an empathic stance, and cultivating a therapeutic bond with clients (Hunter, 2012) may help counselors sustain compassion satisfaction.

"To remain effective and vital in their work, counselors must be able to recognize and find joy in their ability to help others" (Lawson and Myers, 2011, p. 164). The present study supports the strength-based shift from counselor impairment to counselor wellness, as the ACA Task Force on Counselor Wellness and Impairment advised (Lawson, Vernart, & Kottler, 2007). Using a qualitative approach, I sought to explore and understand the complexities of the lived experiences of compassion satisfaction in early career mental health counselors, defined by five

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years or less of post-master's clinical experience, to raise awareness of the importance of cultivating compassion satisfaction early in one's career, as well as to maximize the applicability of findings to counselor education and supervision. The research questions that guided this study were as follows: a) what are the lived experiences of compassion satisfaction in early career mental health counselors b) how do participants define compassion satisfaction? c) what does compassion satisfaction feel like to participants? d) what meaning do participants ascribe to their lived experiences of compassion satisfaction, and e) in which contexts do participants experience compassion satisfaction?

Method

Research Method

A qualitative methodology was used for the present study to enable in-depth exploration of the lived experiences of compassion satisfaction in early career mental health counselors. To gain a thorough understanding of what the participants have experienced regarding compassion satisfaction, as well as the contexts in which they have experienced it, I utilized a transcendental phenomenological approach. The philosophical principles of Edmund Husserl (1931), a prominent German philosopher and founder of the phenomenological movement, guided this study. Husserl asserted that one must suspend personal judgments, biases, and experiences, through a process referred to as epoché or bracketing (Moustakas, 1994; Schwandt, 2007), to remain open to another's subjective experiences. In addition, through the lens of the social constructivist paradigm, I was able to maintain a commitment to its guiding principles that knowledge is co-constructed, and that reality and truth are subjective and understood through one's lived experiences. Employing a transcendental phenomenological approach within this paradigmatic framework enabled me to set aside "the everyday understandings, judgments, and

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knowings” and revisit the phenomenon “freshly, naively, in a wide open sense, from the vantage point of a pure or transcendental ego” (Moustakas, 1994, p. 33) as data were collaboratively generated between myself and each participant through a 45-60 minute semi-structured interview. The Auburn University Institutional Review Board (IRB) granted approval for this study prior to initiating the recruitment process.

Ensuring Rigorous Methods and Credibility of Findings

Using rigorous methods contributes to the credibility of findings in qualitative research. I intentionally chose several strategies to promote and convey the “trustworthiness, verisimilitude, and plausibility of the research findings” (Tracy, 2010, p. 842). Throughout the study, I engaged in ongoing self-reflexivity, maintained a detailed audit trail, and utilized data triangulation strategies. These strategies included peer review and member-checking to minimize researcher bias, as well as to receive participant feedback on my interpretations of the findings, respectively (Lincoln & Guba, 1985; Tracy, 2010). The peer reviewer, a mental health counselor and counselor education doctoral student who is knowledgeable about the counseling field and the phenomenon, compassion satisfaction, served as an outside auditor. I also utilized member-checking to receive confirmation from the participants that my thematic analyses were representative of their lived experiences. Lastly, I prioritized rich, thick description in my presentation of the findings so that the “voices, feelings, actions, and meanings of individuals are heard” (Denzin, 1989, p. 83).

Reflexivity Statement

As a Licensed Professional Counselor with a Master’s degree in Clinical Mental Health Counseling and doctoral training in Counselor Education and Supervision, I was intentional about critically examining the lens through which I designed the research questions, generated

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data, and interpreted the findings to assist me with bracketing my personal biases and experiences. This process helped me reduce the impact of my subjectivity on the analysis of the data and presentation of the findings. Regarding my counseling experiences, I have provided counseling services in a community mental health agency and private practice. Being the owner of a practice affords me with professional autonomy and flexibility, which for me, have enhanced my experiences with compassion satisfaction. Furthermore, through my lived experiences, I know what compassion satisfaction feels like to me, and I also know what helps me to cultivate it to sustain me through the challenges of clinical work. Moreover, I possess knowledge from the literature on this topic, which may have colored my interpretations to some extent despite my best efforts to bracket out this information. Although it is impossible to entirely remove researcher bias, as Erickson (2011) asserted, striving to remain fully present with the participants, using broad and open-ended questions, and curiously inquiring about the meanings behind the language they used helped me to mitigate self-focus and understand their subjective worlds, as Haverkamp and Young (2007) suggested.

Participants

For this study, I used purposive sampling procedures and stopped once no new themes were emerging from the data, also known as reaching data saturation (Creswell, 2013).

Participants were recruited by means of email distribution to clinical supervisors and agency directors, professional listservs (CESNET, a state counseling board), social media postings (Facebook), professional networking, and snowball sampling, which involves recruitment by individuals other than the researcher (Marcus et al., 2017). The final sample included eight early career mental health counselors from across the United States, six participants identifying as White/Caucasian, one participant as African American, and one participant as both

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White/Caucasian and Hispanic/Latinx. Six of the participants reported that they were fully licensed, two were provisionally licensed, five were nationally certified, and two possessed specialty certifications, at the time of data collection. The average age of the participants was 31.88 years, ranging from 27 to 41 years. The average length of time in clinical practice was 3.81 years, ranging from 1.5 to 5 years. Concerning average hours of direct client services delivered each week, one participant reported 30-40 hours, one reported 20-25 hours, one reported 15-20 hours, two reported 10-15 hours, two reported 5-10 hours, and one reported less than 5 hours when data was collected. Regarding treatment settings at the time of data collection, two participants indicated that they were working at a community agency, three participants were at a college/university, two participants were at both a community agency and private practice, and one participant was in private practice only. Lastly, all the participants in this study confirmed that they hold a master's degree in Clinical Mental Health Counseling (or the equivalent) from a CACREP-accredited program.

Data Collection and Analysis

To all individuals who voluntarily expressed interest in participating in the study, I provided the Informed Consent and Demographic Questionnaire via email. Upon their review of this information and my receipt of the signed Informed Consent and completed Demographic Questionnaire, the 45-60 minute interview was scheduled and completed via phone or Zoom. All participants were able to fully participate in the study and were entered into a drawing for a chance to win one of three \$50 electronic Amazon gift cards at the conclusion of data collection, which were delivered via email.

Participant interviews were transcribed verbatim using a professional transcription service, Scribie. Beginning with inductive analysis, I identified significant statements within

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each interview transcript and categorized them into a codebook, which contained all the codes, themes, and corresponding participant quotes to assist with organization of the data (DeCuir-Gunby, Marshall, & McCulloch, 2010). I also utilized deductive analysis to confirm that the themes were in fact representative of the data by carefully revisiting the interview transcripts and other participants' quotes. To maximize credibility of the findings, the peer reviewer assisted me with bracketing my personal biases during multiple virtual meetings throughout the study, as well as thoroughly examined my codebook and provided constructive feedback to assist me with ensuring consistency of coding, as well as with honing the themes. Finally, upon providing preliminary analyses to each participant, I received responses from all eight participants expressing agreement with and approval of the themes identified through the data analysis process.

Findings

Six overarching themes and nine subthemes emerged from the data. The narrative composition of the findings first entails a glimpse into *what* the participants have experienced regarding compassion satisfaction, followed by a thorough description of *how* they have experiences compassion satisfaction, providing insight into the settings and contexts in which they experience it. I, then, combined these two elements to present the essence of compassion satisfaction. The themes and subthemes were as follows: a) reciprocal benefits, including five subthemes of enjoying work, pleasant emotions, a sense of purpose and meaning, growth of the self, and the therapeutic bond; b) self-efficacy; c) “wind in your sails;” d) a trusting therapeutic relationship, including two subthemes of cultivating a therapeutic alliance and clients building trust; e) witnessing client change,; and f) making a difference, including two subthemes of validation from clients and collective and systemic change.

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Reciprocal Benefits

All the participants in this study described reciprocal benefits that they receive from their work with clients, which is an integral component of their experiences with compassion satisfaction. The therapeutic relationship is “mutually beneficial,” Justice said. Sally holds the same perspective. She passionately declared: “I wanna keep showing up and doing the work and learning how to do the work better and better and better to benefit more people. And, therefore, by benefiting others, I'm actually benefiting myself too...there's a reciprocal benefit.” Sally continued:

Deriving pleasure from my work is essential...it's not all roses of course, and it's very difficult work...it's a constant growing edge for me to live on this line of boundaries regarding gaining pleasure from the work that I'm doing, but also trying to give back to the greater good, the macro level.”

Jimmy shared that moments of compassion satisfaction serve as confirmation that this is his “life's work.” He expressed, “I still find it enriching and enhancing for myself as a human.”

Enjoying Work

Shelly strongly dislikes driving, but she drives an hour to and from her first job to meet with her clients. “It's important to like what you do when you're working...enjoying it and actually wanting to go to work,” she shared. Millie also loves this work. She posed the question, “Why would I do it if I didn't love it?” Cathryn is also “really into” counseling and cannot fathom switching careers: “I don't really plan on ever switching...I don't wanna do that. I'm just really, really into it.” Justice switched to counseling from another career, and although she “made good money” at her previous job, she said, “It wasn't what I loved. But my clients definitely represent that...I'm getting joy out of what I'm doing.”

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Pleasant Emotions

All the participants in this study expressed that pleasant emotions are a salient component of compassion satisfaction. For many, it is happiness, a sense of accomplishment, gratitude, excitement, and pleasure. For some, it is feeling honored to support clients and a sense of hopefulness for the future. Compassion satisfaction is an “organic” experience, according to Cathryn, and something that she allows herself to feel, without shaming it away. Millie described compassion satisfaction as “feeling fulfilled from your work, feeling like a sense of pleasure and joy from what you’re doing.” For James, moments of compassion satisfaction feel “different” and “special” with distinctive, yet subtle visceral qualities. Participants used the following phrases to describe what compassion satisfaction feels like in their bodies: “warmth in my chest” (James), a “surge of dopamine and energy” (Cathryn), “It’s kinda like a little high, maybe,” (Sally) “more warm and I feel a little like tingly” (Millie). Millie also described compassion satisfaction as “an inner light that lights up” when she feels “so happy” for her clients. Faith mentioned, “It’s in my chest...I haven’t experienced this type of excitement.” Jimmy described compassion satisfaction as follows: “My heart might skip a beat or my heart might race a little bit more because I’m really excited about this particular moment happening...”

Compassion satisfaction is often a “momentary” feeling for Justice that she quickly moves on from because she described herself as “Type A” and someone who “constantly strives to improve herself.” However, Justice feels “blessed” and “honored” to do this work, indicating that her compassion satisfaction may take a more all-encompassing, cumulative form. For Shelly, compassion satisfaction is an overarching sense of happiness. It is something “cumulative” and “continuous,” as Sally and Cathryn, respectively, worded it. Cathryn stated:

So I personally look at it like that on continuous, but also there’s always these moments

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that I get, and I wouldn't say it's every single session or anything like that...but there's every now and then you leave, and you're like, "Oh, my gosh, that was such a powerful session...This is why I do that."

James shared the re-centering impact of compassion satisfaction for him, "It makes me feel more excited or invested or hopeful that even though this is hard work, that this is worthwhile work."

Millie experiences a "deep sense of gratitude" that her clients allow her to join them on their healing journeys. Shelly feels "appreciative" that her clients feel safe with her and trust her. "I'm appreciative that I'm able to do that...Be able to be that safe space for them." To Justice, "opportunities to be with individuals in their darkest hours and their most painful hours" is "invaluable" to her. She feels "blessed" and "honored" because of this.

According to six participants, a sense of accomplishment is another integral element of their experiences with compassion satisfaction. "We're celebrating together because there's been work that's been put into this and we can both sort of relish in this experience, but also know that we can...We've done this together," Jimmy said. The hard work paid off.

A Sense of Purpose and Meaning

Five of the participants described a sense of purpose and meaning as a component of compassion satisfaction. It involves a deep connection and value derived from therapeutic work. Jimmy expressed, "It's hopefully enriching their experience, but also, helping me with my meaning in this, and my value, and my purpose, and my compassion satisfaction." Cathryn described compassion satisfaction as follows: "A renewal of my purpose, I suppose, and just like a deeper sort of experience. It's just very meaningful...I just sort of feel like a direction and a purpose." Justice feels "blessed and grateful to be in this spot." She continued, "My clients give me that purpose." Compassion satisfaction is something that "shows you that you're on the right

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path, that you're doing what you should be doing," according to Millie. James defined compassion satisfaction as "the satisfaction or meaning that I make out of working with other people and having compassion for them, and being involved in other people's stories and pain and growth and struggles and all of that."

Growth of the Self

Half of the participants referred to growing through their work with clients as a reciprocal benefit. Justice expressed that working with clients who identify as LGBTQ+ has expanded her advocacy identify. She shared, "We don't realize how gendered even the English language is and the words that we use and how painful and impactful and hurtful it can be for other people." Justice also noted that her clients how her "how to be brave...how to face fears." Shelly values learning from her clients, as well. "They kind of teach me what's right and wrong." She described that it feels "satisfying" when she does something "right." Faith loves to learn, even if it is what *not* to do. It contributes to her experience with compassion satisfaction:

I just love learning. I feel like you never know everything. No one is the expert on anything. And the more that I can absorb, the more that I can learn, the happier I am... So different types of learning that I enjoy, and I don't mind making a mistake 'cause I'm learning what not to do.

Sally echoed this sentiment. She said, "Being aware of my strengths, but also being aware of my growth edges, and making sure that I'm not afraid of failing...And so I think that's a part, for me...That's part of the pleasure."

The Therapeutic Bond

"We're all gaining something from relationship," Sally expressed. The therapeutic relationship can be a special one, as Justice remarked:

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It's not friendship that I get with my clients, but there is a connection that is unlike any other. Because I think even in our personal relationships...I'll speak for myself. I think it's rare for me to get to that level of depth and sincerity and authenticity, even though I strive for it.

Millie values "deeper, more emotion-focused conversations," which is something she loves most about counseling. When Millie feels that the therapeutic relationship is strong, she feels confident that she is on the "right path."

Self-efficacy

For the participants in this study, an essential element of compassion satisfaction is knowing that they are being helpful in their role as counselors. "It is not self-confidence, it's self-efficacy," Sally stated. It is the "courage in yourself to show up," she continued. Five of the participants mentioned self-efficacy being a noteworthy component of compassion satisfaction. When Cathryn experiences compassion satisfaction, she described, "I'm not doubting anything. I feel confident in my skills and abilities...And I just feel secure and confident in it all and that makes me rejuvenated." Sally expressed a similar experience when she described what compassion satisfaction is to her: "It's given me a sense of competence." Shelly noted the importance of feeling effective in her work: "Just feeling like I am doing something for someone...it's so important to feel that way." Justice questioned the possibility of being effective "if we're always focused on what we did wrong versus what we did right." Jimmy described that compassion satisfaction helps him combat negative core beliefs and self-doubt. Compassion satisfaction enables him to see "that there's something that I can contribute into this world." Compassion satisfaction is fuel, like "wind in your sails," as James lyrically put it.

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“Wind in Your Sails”

Nearly all the participants alluded to the motivating, restorative qualities of compassion satisfaction. It is like “gas in your car” (Faith), a “spark” (Cathryn), “energy to draw from” (James), “that drive to continue” (Jimmy), “what keeps me in the field” (Sally). For Millie, compassion satisfaction appears to protect against feelings of powerlessness and elicits motivation to continue her hard work: “Okay, I’m excited. Things could get better, so I wanna keep working.” Compassion satisfaction is a beautiful culmination of “this is why I do this” moments, as Faith and Cathryn described it. Compassion satisfaction helps James shift his perspective back to the “bigger picture of this means something to somebody, and I care about that thing that it means...It kinda like puts some more wind in your sails to keep going.”

A Trusting Therapeutic Relationship

The most rewarding aspect of clinical work to Millie is building strong therapeutic relationships, ones that are “empathetic,” “genuine,” and characterized by “unconditional positive regard.” All the participants shared the perspective that compassion satisfaction emerges within the context of a trusting therapeutic relationship, and the counselor is responsible for cultivating a safe space where trust can grow.

Cultivating a Therapeutic Alliance

Faith does not claim to be a “magical therapist,” she stated, “But I am confident in the fact that I will do my very best to help them overcome, and to feel comfortable in therapy...” At his previous job at a juvenile prison, James derived compassion satisfaction as a result of serving as “someone that could be a safe person for them, that could be a positive person for them, that they could actually have a healthy attachment to.” He hoped that they could “look back on” their therapeutic relationship as evidence against “their own schemas about themselves or the world,

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like they're unlovable or, 'No one will ever like me knowing the things I've done.' Cathryn also believes it is essential "not to dehumanize people." Believing that "humans have value" is a component of her worldview that enables her to cultivate trusting therapeutic relationships with clients.

The therapeutic relationship is "walking with," "togetherness," "joining with," as Millie, Jimmy, and Sally, respectively, described it. It is an opportunity "to connect on an authentic and personable level that feels like deeper than -- a general connection," Justice passionately expressed. In order for a trusting, authentic therapeutic relationship to form, however, the counselor must show up authentically, with mindful awareness and attention to the process, in order to "lean into this feeling of understanding the client's narrative," Sally expressed. Within this context, she continued, "...the more pleasure I am able to derive from the work that I'm doing, the more it adds to our relationship..."

Shelly described that being her "authentic self" allows her to remove preconceived notions of what she thought it meant to be a "perfect counselor." The best sessions happen when "nobody's holding anything back, and you're both present," Shelly expressed. Sally shared that, through modeling authenticity, she is "hopeful that they (clients) can do the same and that will help them outside of the therapeutic session." She concluded, "For me, that is the satisfaction that I get in the work that I do...Mirroring this resilience, no matter how hard it is, you can still keep coming back, you can still keep showing up."

Clients Building Trust

Cultivating a trusting therapeutic space often leads to increased client openness and "deepening vulnerability," as James explained. When Shelly's clients demonstrate trust, it makes her "happy." James feels similarly when this happens:

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I think I feel some of that compassion satisfaction, and I think I feel some gratitude, and also some excitement 'cause it's like, “Alright, cool. We're getting somewhere.” And some hope for the future and what our work could be.

James noted that clients become “more engaged” when a therapeutic alliance develops. Shelly agrees. “The trust has to be there,” she said. Trust is a fundamental component of a strong therapeutic relationship, which contributes to client investment, thus, creating the ideal climate for compassion satisfaction to grow. When trust is present, counselors have “more relational capital to draw from,” James described, enabling them to challenge clients to promote treatment progress.

Cathryn voiced that she works to “actively cultivate” respect for her clients’ vulnerability “in order to prevent burnout and compassion fatigue.” It is possible, that doing so promotes compassion satisfaction within her, as well. Millie experiences compassion satisfaction when she sees vulnerability emerging from “a client who’s been more hesitant or resistant, or just feels unsafe.” She is “just trying to be a steady light for them,” bringing “immediacy and present moment awareness,” as they work up the courage to open up to her. She feels a sense of “gratitude” when her clients begin to trust her enough to do something that feels scary and intimidating. Faith can tell that a client is building trust when “everybody’s chill....that’s when I realize that they’re comfortable.” Feeling comfortable is an important component of the therapeutic process. When clients “share their pain and share their world” with her, Justice feels “honored.” When clients are “invested” and willing to “stretch themselves or challenge themselves,” this is when the real work of therapy begins.

Witnessing Client Change

All participants voiced that they experience compassion satisfaction when they witness

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client change. For James, the “most rewarding” aspect of counseling is seeing “people healing and growing.” Faith feels similarly. She said, “The most rewarding thing is to see my clients happy.” In addition, when Faith notices a shift in a client’s perspective, she experiences compassion satisfaction. In these moments, she tells herself. “Okay, we're getting there, this is why I do this.” Millie experiences compassion satisfaction strongly when clients who are survivors of sexual assault or abuse move away from self-blame: “They're no longer feeling angry at themselves; they're feeling angry at the perpetrator. She expressed, “I have a lot of compassion satisfaction in those moments when it's like the tables are turned where they're not beating themselves up anymore.” When a client is “really proud of their success,” Cathryn experiences compassion satisfaction.

The change process often unfolds gradually. Sally and Jimmy believe it is important to recognize and celebrate the small victories. For Sally, maintaining realistic expectations and tapering lofty ones helps her hold onto hope. She voiced, “It's those small increments that lead up to the bigger whole and accumulation of feeling hopeful, feeling resilient, feeling like, ‘Okay, I've got this thing called life.’” For Jimmy, conscious recognition of small signs of progress help to reconnect him back to the purpose of his work. He said, “There’s a purpose behind this...it might be a half, it might be five steps, ten steps...but it’s in that direction.”

Counseling is defined as “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” by the American Counseling Association (2020). It is, therefore, clear why the participants experience compassion satisfaction when they witness their clients achieving their goals, feeling empowered to move forward. Justice, James, Faith, Jimmy, and Sally love the “lightbulb” “aha” moments that happen in session. Shelly expressed that she experiences moments of compassion

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satisfaction “when clients feel happy that they have moved forward...and they are working on something, and they’re able to do it themselves.” Faith proclaimed, “It’s like watching your kid graduate or something.” These moments of compassion satisfaction are *that* special.

Making a Difference

All the participants noted the importance of making a difference and how this contributes to their sense of compassion satisfaction. Jimmy expressed, “...knowing that if I'm able to do this...and have a positive impact...then it goes back to that fulfillment of my experience as a counselor and knowing that what I'm doing is making some sort of difference.” For Sally, the most rewarding aspect of her clinical work is “a combination of things.” She continued, “It is the ability to show up and do life. I think that's what counseling, from my perspective, helps clients with, is this making life more manageable, making life more hopeful.” Millie recalled what her supervisor once told her to remind her that her work was making a difference:

She would tell me how even though you won't always see the full progression right there, that it does make a big difference...She always talked about planting seeds, that even if maybe things don't work out with the client here, at least you help them see that counseling could be safe. Maybe they'll come back here to our agency a different time.

Validation from Clients

Half of the participants mentioned experiencing compassion satisfaction when they receive validation from clients. For Shelly, receiving “words of affirmation” from clients shows her that she is helping and making a positive difference in their lives. When a client verbally expresses appreciation, James feels “closer” and “more connected with them,” reminding him that, “Hey, this is actually pretty cool. This is meaningful. This actually does something.” Jimmy experiences compassion satisfaction when he hears tangible evidence that his work with a client

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is making a difference, as well. He said, “I'm deriving a lot of that compassion satisfaction because I think I'm seeing some sort of outcome or some sort of payoff for them that in turn fulfills me.” When a parent calls to tell Faith that their child is making progress, she experiences compassion satisfaction. In defining this phenomenon, Faith stated, “When I help my clients, my kiddos, overcome their trauma, that's more like compassion satisfaction for me.”

Collective and Systemic Change

Six of the participants expressed that they experience compassion satisfaction when they are able to make a positive difference beyond the context of the therapeutic relationship. For instance, as a supervisor at her agency, Faith derives compassion satisfaction from helping her teammates develop clinically during staffing meetings:

So that's something that brings me satisfaction as well, is helping my teammates...I'm not saying I'm the most developed therapist, but if I can help someone else become more developed, then that's awesome...And then in the end, their clients are gonna benefit from that, and not just the client that we talked about in that particular case concept, but clients years from now because they're gonna remember what we had our conversation on.

Similarly, Cathryn and Jimmy experience compassion satisfaction when they see that their efforts to promote the clinical development of counselors-in-training are paying off. Cathryn mentioned that she feels “satisfied at their (students’) compassion satisfaction,” especially when it has been “a rough, long week.” Jimmy described his experience of compassion satisfaction within a supervision context:

Even as a supervisor, supervising the Master's students, I've had those experiences too where I know that this is really gonna pay off or I sense a moment where we have

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discussed something that if they are implementing with their client or if they can take down the road and use this later on, that it can really help them in their development as a counselor.

Shelly, Sally, and Millie also noted that they experience compassion satisfaction when they are able to help on a systemic level. “If I’m not helping people, I’m not happy,” Shelly said. Sally stated, “If I can have an effect in a micro level, then ultimately, I’m gonna affect the mezzo and the macro level moving forward.” Specializing in trauma, Millie experiences compassion satisfaction when she participates in “outreach and prevention work.” She reported that this diversification of tasks helps “bolster my sense of feeling happy in my work...we can prevent some pain and hurt from happening.”

The Essence of Compassion Satisfaction

Compassion satisfaction is embracing the reciprocal benefits of clinical work – enjoying work, pleasant emotions, a sense of purpose and meaning, growing as a counselor and human, and the gift of the therapeutic bond. Compassion satisfaction is self-efficacy and being able to serve clients well. It is like “wind in your sails,” sustaining and restorative through the sometimes-turbulent waters of therapeutic work.

Compassion satisfaction arises within a trusting therapeutic relationship, when both the counselor and the client are invested, rolling up their sleeves and doing the hard work – *together*. It is an experience that is brief, even fleeting at times, and also one that accumulates overtime to form a deep sense of gratitude, purpose, and connection to this work. Compassion satisfaction emerges when witnessing client change and when one knows they are making a difference in this world.

In the participants’ own beautiful words, compassion satisfaction is the honor of

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“walking with” (Millie) clients through pain and joy. It is the conscious recognition that, despite its inevitable challenges, this is “worthwhile work” (James). Compassion satisfaction is an intuitive knowing that you “made the right decisions” (Shelly) by choosing to become a counselor. It is “overcoming” and “mental backflips” (Faith) – moments of “celebrating together” (Jimmy). Compassion satisfaction is a “renewal of purpose” (Cathryn) and a meaningful, uplifting phenomenon and accumulation of special experiences that, quite truthfully, is “what keeps me in the field” (Sally).

Discussion

The findings of this study illuminate the complexities and essence of the lived experiences of compassion satisfaction in eight early career mental health counselors. Utilizing a transcendental phenomenological approach, I sought to understand and collaboratively explore with the participants the ways in which they define compassion satisfaction, what it feels like to them, the meaning they ascribe to their experiences, and the contexts in which they experience it. Using epoché, also referred to as bracketing, I strived to suspend my preconceived notions and personal biases to fully open myself up to actively listening to and understanding the participants’ subjective experiences (Moustakas, 1994). From the data co-generated through semi-structured interviews, six themes emerged, as well as nine subthemes. The findings of this study markedly contribute to the body of literature on phenomena related to counselor wellness, offering rich description of the lived experiences of compassion satisfaction in early career mental health counselors, with significant implications for counselors, counselor educators, and supervisors. In the following section, I have delineated the ways in which the findings of this study fit into the existing literature.

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Reciprocal Benefits

First, all participants described the reciprocal benefits involved in therapeutic work, which is an integral component of compassion satisfaction for them. This finding echoes the findings of previous qualitative research, as other therapists have also noted that enjoying work and deriving rewards from it sustains them (Ling et al., 2012). One way in which the participants in this study experience compassion satisfaction is through pleasant emotions. This further substantiates the assertion of Martin Seligman, founder of Positive Psychology, that positive emotions are a core component of psychological well-being (Seligman, 2011). Many participants expressed that compassion satisfaction comprises of feelings of gratitude, happiness, pleasure, excitement, and accomplishment. Others expressed that compassion satisfaction involves feeling honored and more hopeful, which reinforces the positive association Browning et al. (2019) found between hope and compassion satisfaction in counselors. In addition, multiple participants identified a sense of accomplishment as a salient component of compassion satisfaction. Helping clients set and reach their goals leads to a sense of accomplishment, reinforcing Seligman's (2011) claim that feelings of satisfaction, another central element of psychological well-being, emerge as a result of setting and achieving goals.

Raising conscious awareness of and appreciation for how compassion satisfaction shows up in the body may enhance its impact on counselors. James noted that focusing on clients can lead a counselor to "mildly dissociate from oneself." According to the participants, these bodily changes to attend to may include "a surge of dopamine and energy" (Cathryn), the "heart might skip a beat" or "race a little bit more" (Jimmy), or "an inner light that lights up" (Millie). Zeidner and Hadar (2014) wrote, "When practitioners experience positive emotions over time, they are capable of obtaining personal gratification and meaning from helping others" (p. 94).

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Furthermore, research shows a positive relationship between compassion satisfaction and positive emotionality (Samios et al., 2013). Mindfully attuning oneself to pleasant emotions, as well as their accompanying physiological sensations, may add to the benefits that compassion satisfaction brings.

Another reciprocal benefit of counseling, and a salient component of compassion satisfaction, is a sense of purpose and meaning, according to half of the participants. This reinforces the findings of previous research indicating a positive relationship between compassion satisfaction, subjective well-being, and a sense of meaning (Itzick, Kagan, & Ben-Ezra, 2018). Researchers have also identified the notion of considering caregiving a calling as an antecedent to compassion satisfaction in healthcare professionals (Smart et al., 2014). Adding value and feeling connected to something bigger than oneself is a core component of psychological well-being (Seligman, 2011), and deriving a sense of purpose and meaning from clinical work can have a significant impact on one's occupational commitment, engagement, and quality of services delivered (Vaskalla & Hashimah, 2015).

The findings of the present study suggest that experiencing growth in oneself may be a salient component of compassion satisfaction in early career mental health counselors, echoing the findings of additional qualitative research (Wheeler & McElvaney, 2018). Research suggests that “engaging in ongoing learning” promotes clinicians’ ability to remain “fresh, engaged, and inspired by their work” (Sterling, 2014, p. 100). Millie described that she often heals *with* her clients:

What I was telling her, I was also telling myself, so it was a mutual healing process. But it was on a different level, it's not like I hadn't ever heard those things before, I didn't

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believe them, but I guess there's just something different about being in that empathetic connection...

The continuous learning curve involved in clinical work, and the vicarious post-traumatic growth that can result (Hyatt-Burkhart, 2014), may contribute to one's experience with compassion satisfaction. Counseling may be the ideal profession for those who love learning and perceive challenges as growth opportunities, as the findings of the present study and previous qualitative research suggest (Ling et al., 2014).

The therapeutic bond is characterized by a certain "depth and sincerity and authenticity," as Justice expressed. Three participants in this study cited this connection as a reciprocal benefit that they receive through their work with clients, as other therapists have also expressed (Hunter, 2012). The therapeutic bond has been described as "special," "empathic attunement," and "magic" by therapists in another qualitative study (Wheeler & McElvaney, 2018).

Therapists have described "empathy as a building block in the therapeutic bond" (Hunter, 2012, p. 182). A recent meta-analysis determined that clients' perception of therapist empathy is a strong predictor of treatment outcome (Elliott et al., 2018). Furthermore, empathy has also been found to be positively associated with compassion satisfaction (Wagaman et al., 2015), which the findings of the present study reinforced. Furthermore, research shows a positive relationship between compassion satisfaction and the ability to express accurate empathy and emotionallu regulate oneself (Zeidner & Hadar, 2014). This finding substantiates Thomas's (2013) assertion: "The ability of humans to regulate their own emotional responses in the face of another's pain is necessary if they are to be optimally helpful to others who are distressed" (p. 375). In the present study, Sally described that, through "practice and modeling," her clients learn how to self-regulate:

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Like with a child, for example, when they are not with their parent or with a teacher, how do they calm themselves down, and how are they able to self-regulate? That is through co-regulation. Teaching them through co-regulation, and then ultimately, they're able to self-regulate.

Possessing the skills to regulate one's emotions is essential for promoting present moment awareness, accurate empathy, and clinical stamina. Competently modeling these skills may, in turn, contribute to enhanced treatment outcomes, which may boost counselors' self-efficacy and compassion satisfaction, as the findings suggest.

Self-efficacy

Five of the participants in the present study voiced that self-efficacy, the sense of belief and assurance in one's capabilities to provide quality care, is a prominent component of compassion satisfaction. "It gives me a sense of competence," Sally expressed, directly referring to compassion satisfaction. Cathryn stated that it helps her feel "secure and confident." Sally also mentioned that it "helps you achieve your goals" and Jimmy described that compassion satisfaction helps him with "avoiding negative core beliefs" because it serves as a reminder that he is effective as a helper and that he is making a positive difference.

In his seminal work, Bandura (1986) found that successful performance of a given task is directly related to one's belief in their abilities to perform well. Low self-efficacy contributes to reduced motivation, as well as higher anxiety surrounding the prospect of failing. Feelings of low self-efficacy and heightened anxiety are common among novice counselors (Stoltenberg, Pierce, & McNeill, 1998; Stoltenberg & McNeill, 2010), and they often aggravate one another (Bandura, 1986; Mehr, Ladany, & Caskie, 2015). The findings of qualitative research demonstrate that self-efficacy is an important element of resilience (Kearns & McArdle, 2011), as well, suggesting

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that it helps counselors bounce back after experiencing clinical challenges. This may indicate that feeling effective in one's role creates additional bandwidth for coping in productive ways, thus, enabling compassion satisfaction to flourish. This assertion aligns with Stamm's (2010) theoretical definition of compassion satisfaction, which is the positive effects associated with effectively helping another.

Authenticity contributed to the participants' experiences with compassion satisfaction, as well. "Being present in the moment with the client" enables Sally to be effective in developing a deeper therapeutic bond and understanding of their stories, which in turn, increases the sense of "pleasure" she derives from clinical work. This echoes the findings of previous research studies, indicating a positive relationship between authenticity and self-efficacy (Mayton, 2018; Stets & Burke, 2014). Intuitively, this stands to reason, as increased confidence in one's skills reduces preoccupation with utilizing all the "right" techniques and interventions, thus, fostering one's willingness to bring their authentic self to session, remain mindfully present, and respond to the client's needs in the moment. Research supports the notion that being unable to remain present with clients predicts lower self-efficacy and decreased expression of accurate empathy (Greason & Cashwell, 2009). Mindful awareness of the present moment also assists counselors with attending to their needs. Sally described the intricate connection between authenticity, self-efficacy, and self-care to open oneself up to receiving the gift of compassion satisfaction:

And then if I do have a headache, let's say that's just the symptom, then I'm able to take care of myself more effectively...it's that compassion for self, right? It's leaning into, "Okay, well I really enjoy my work and I gain pleasure from this, but I also have to take care of myself too." So there's a follow-up to that [...] If I'm not implementing and reviewing my own self care plan periodically and consistently, if I'm not taking my own

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time to reset my own boundaries, if I'm not showing up in an authentic way, if I'm not being honest with my clients, then none of this is possible. I'm not able to do my work effectively. So it's part of the same jigsaw puzzle piece.

“Wind in Your Sails”

The findings of this study suggest that compassion satisfaction may restore and sustain early career mental health counselors in their clinical work. James described that compassion satisfaction puts “wind in your sails.” Seven participants alluded to this quality of compassion satisfaction, using phrases such as, “gas in your car” (Faith) and “spark,” (Cathryn) highlighting the ways in which this phenomenon propels these early career mental health counselors forward. In the midst of clinical challenges, compassion satisfaction serves a motivating and protective role, as additional research also suggests (Pelon, 2017; Thompson et al., 2014).

A Trusting Therapeutic Relationship

The findings of the present study show that one of the primary contexts in which the participants experience compassion satisfaction is within the confines of a trusting therapeutic relationship. Rogers (2003), pioneer of Client Centered Therapy, highlighted the importance of deeply respecting the innate worth and dignity of clients, which contributes to one’s efforts to cultivate an authentic, trusting, and safe therapeutic relationship. Participants in this study expressed possessing similar values. Cathryn strongly believes that all “humans have value.” Cathryn and James both strive to respect the humanity of their clients. James respected and treated each client he worked with in juvenile corrections as “a human rather than...a criminal.” For James, a primary objective of his work was helping them to “know that there was someone who believed in them.” The therapists in Wheeler and McElvaney’s (2018) study also expressed their gratitude for having the opportunity to create a safe therapeutic space for children to realize

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that there are trustworthy people in the world. Multiple participants in the present study mentioned feeling “honored” to join their clients is an element of compassion satisfaction, particularly when a sense of safety and unconditional support are limited for them outside of the therapeutic space.

“Deepening vulnerability” is a strong indicator that trust is building within the therapeutic relationship, as James phrased it and other participants echoed. “Trust is essential,” Cathryn stated confidently. She noticed that her clients are “much more honest, much more congruent” when trust exists. Research shows a positive relationship between clients’ self-reported authenticity and their evaluations of the relational depth present within the therapeutic relationship, referring “to moments in a therapeutic relationship in which a person has feelings of aliveness, satisfaction and immersion (Kim, Joseph, & Price, 2020). The participants in this study enjoy when mutual investment in the therapeutic process is present, which therapists in previous qualitative research have also noted (Hunter, 2012). Reaping the maximum benefits from counseling requires teamwork, which requires a counselors’ commitment to actively cultivating a safe and trusting therapeutic relationship and the client’s willingness to be vulnerable and trust the process.

Witnessing Client Change

For all the participants in this study, witnessing client change creates an ideal context for compassion satisfaction to thrive. Counselors work to empower their clients; thus, watching clients “go beyond what they ever thought they could” (Cathryn) is a meaningful experience. Having the opportunity to provide assistance to clients in this process is a rewarding aspect of clinical work (Ling, Hunter, & Maple, 2014). Progress often occurs incrementally; therefore, participants noted the utility of modifying unrealistic expectations and celebrating the small

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victories along the way. This echoes the findings of previous research that positive reframing and compassion satisfaction are positively related (Samios et al., 2013). In their qualitative study, Kearns and McArdle (2011) found that managed optimism, or a balance of idealism and realism, may be critical for boosting resilience, which may also contribute to one's experience with compassion satisfaction, as James expressed. "You have to start small...and then build from that," Sally noted. Holding onto hope that, ultimately, "adversity can be triumphed over" has been shown to enhance clinicians' belief that counseling makes a difference (Ling et al., 2014, p. 303). For Faith, "the most rewarding" aspect of clinical work is "to see (her) clients happy." James also feels "happy and excited" when his clients experience healing and growth, and Justice feels happiness rising within her when her clients take important steps towards lasting change. For the participants, compassion satisfaction is a culmination of celebratory moments when they pause and reflect on the journey: "The hard work paid off" (Faith). "We've done this together." (Jimmy).

Making a Difference

Compassion satisfaction involves an inner knowing that "this matters," as James expressed - that one's efforts to help clients are making a difference. All the participants described this as being a primary component of their experiences with compassion satisfaction. Recent research indicates that "helping" is a highly rated work value among beginning counselors (Blount, Bjornsen, & Moore, 2018); therefore, it makes sense that the notion of positively impacting others contributes to compassion satisfaction for these early career mental health counselors. Other therapists have also expressed a similar sentiment. The participants in Hunter's (2012) study described a "deep sense of satisfaction from being involved in the client's recovery process and in helping clients make a difference in their lives" (p. 183). Being a part of

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clients' healing and growth motivates counselors to keep showing up, as previous research findings indicate (Ling et al., 2014). Noticing that one's efforts have "successfully improved the quality of life of the client, even in a minimal way, or has prevented further harm from occurring, the values and beliefs that motivated them to enter the profession are supported and reinforced" (Harr, 2013, p. 82). As Justice passionately stated, "counseling provides a bigger opportunity than just the average individual has to impact others in ways that are growth-producing and not self-serving." Hearing words such as, "Wow, I never thought I could feel this way. This was so awesome," as James recalled, feels meaningful and rejuvenating.

Validation from clients may be particularly appreciated by early career counselors, the need for this decreasing gradually overtimes, as Skovholt and Ronnestad's (1992) qualitative findings indicated. There is evidence to suggest, however, that receiving words of affirmation or appreciation from clients is meaningful for counselors across experience levels (Hunter, 2012).

Lastly, most of the participants in the present study indicated that opportunities to expand their scope of influence contribute to compassion satisfaction. According to the findings of the present and previous qualitative research, diversifying professional tasks may help to sustain counselors in their work and promote compassion satisfaction (Ling et al., 2014; Sterling, 2014). For example, Jimmy and Cathryn described deriving compassion satisfaction through their work with counselors-in-training in the classroom and supervision. Contributing to advocacy efforts enhances Millie's experience with compassion satisfaction, as this enables her to make "more systemic change." Contributing to systemic change through social justice initiatives may be particularly influential for trauma counselors, leading to higher compassion satisfaction (Wheeler & McElvaney, 2018). For Millie, "passion" is "another big part of compassion satisfaction." "Finding the thing that ignites you and pisses you off about the world, and then wanting to find a

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way to help that be better,” she fervently expressed. Counselors want to and *do* make a remarkable difference in this world.

Implications

Implications for Mental Health Counselors

Radey and Figley (2007) encouraged a shift from *avoiding* compassion fatigue and burnout to *promoting* compassion satisfaction. Participants of this study, as well as other qualitative studies, have reaffirmed the need for additional emphasis on the positive and rewarding aspects of therapeutic work. Actively reflecting on daily clinical successes and words of affirmation from clients may promote compassion satisfaction (Radley & Figley, 2007). Mindfulness has also been linked to higher compassion satisfaction (Martin-Cuellar, Atencio, Kelly, & Lardier, 2018), as well as the ability to sustain present moment awareness with clients and non-judgmental awareness of uncomfortable emotions that arise in-session (Greason & Cashwell, 2008; Thompson et al., 2014). This may lead to strengthened therapeutic relationships, as well, which is a primary context in which the participants in this study experience compassion satisfaction.

Moreover, mindfulness practice may promote counselors’ ability to bring conscious awareness to moments of compassion satisfaction, tuning into the accompanying thoughts, bodily sensations, and emotions. This has the potential to promote future recognition of and appreciation for one’s experiences of compassion satisfaction. If counselors could only reflect on those maybe fleeting moments more often. “It is something we must “train ourselves to do,” James stated. Viewing compassion satisfaction as an “ongoing practice” (Cathryn) may bolster one’s sense of empowerment and personal agency over their ability to sustain themselves in their work. As James suggested, journaling about special and rewarding moments and intentionally

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exploring these experiences with supervisors and colleagues may enhance compassion satisfaction. In order to reflect on these moments, however, it is essential to first have a firm grasp on “what compassion satisfaction looks like, and what works for you and what doesn’t work for you,” Sally noted. Active discussion and reflection exercises on compassion satisfaction throughout the counselor education curriculum has the potential to powerfully impact the next generation of counselors and the clients they serve.

Implications for Counselor Educators

Counselor educators serve a primary and influential role in the counselor development process. There is often an emphasis on self-care, burnout prevention, and the challenges of clinical work; however, the present and past research findings indicate that additional focus is needed on compassion satisfaction and other positive aspects of counseling (Wheeler & McElvaney, 2018). It is important to provide ample opportunities for counselors-in-training to pause their learning and striving to improve their skills in order to help them intentionally reflect on their experiences and sit with their feelings of compassion satisfaction.

In addition, placing emphasis on the development of empathy skills may help counselors-in-training build self-efficacy, as research suggests (Easton, Martin, & Wilson, 2008). Other important skills to emphasize in the counselor education curriculum include self-awareness and emotional regulation, as research demonstrates a positive relationship between these two skills and compassion satisfaction (Sterling, 2014; Zeidner & Hadar, 2014). Furthermore, highlighting the value of bringing one’s authentic self to session may be beneficial for novice counselors who often feel a heightened sense of pressure to say and do all the right things. Presence and authenticity may be two of the most powerful interventions for cultivating a trusting therapeutic relationship for client change to occur, thus, creating an ideal context for compassion satisfaction

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to grow.

Implications for Clinical Supervisors

Providing a balance of challenge and support is key to building a strong supervisory relationship and promoting novice counselors' professional wellness (Newswald-Potter et al., 2013). Supervisors can help supervisees proactively address and reduce clinical anxiety, which may contribute to increased self-efficacy (Mehr, Ladany, & Caskie, 2015). According to the findings of this study, this in turn, may boost compassion satisfaction. Additionally, research shows a positive connection between sense of accomplishment and compassion satisfaction (Thompson et al., 2014), which this study's findings further substantiate. Fostering frequent exploration of clinical successes and the sense of purpose they derive from their work with clients may serve to enhance supervisees' compassion satisfaction, as the findings of the present study suggest.

Limitations of Study

It is important to interpret the findings of this study along with awareness of its limitations. First, one should not generalize the findings of this study to all mental health professionals, as the objective of this study was to understand the subjective experiences of the early career mental health counselor participants, which may or may not align with the experiences of others. In addition, the data was generated through interviews based on self-report, which creates the risk of recall and social desirability biases. Another limitation of this study is the lack of racial and gender diversity. 75% of the participants identified as White (n = 6), 12.5% as African American (n = 1), and 12.5% as both White and Hispanic/Latinx (n = 1), and 75% of the participants identified as female (n = 6) and 25% as male (n = 2). The use of

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semi-structured interviews signifies a non-standardized approach, thus limiting one's ability to replicate a study, which may also be considered a limitation of this study.

Recommendations for Future Research

The findings of this study vividly illustrate the complexities of the lived experiences of compassion satisfaction in early career mental health counselors. Additional research is needed on compassion satisfaction to expand the collective knowledge of phenomena that promote counselor wellness and sustainability, as well as client welfare. Recommendations for future research include exploring the experiences of compassion satisfaction in samples of counselors representing different specialty areas of counseling, treatment populations, and employment settings to gain a deeper understanding of how these factors may impact counselors' experiences with compassion satisfaction. It is also recommended that researchers aim for additional racial diversity within their study samples. Further recommendations include exploring ways in which counselor educators and supervisors can promote the cultivation and maintenance of compassion satisfaction in students and supervisees. Lastly, it is important that researchers continue to focus on constructs associated with counselor wellness and protective factors against the negative effects of helping, such as exploration of specific mechanisms counselors utilize to actively cultivate and restore compassion satisfaction.

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COMPASSION SATISFACTION

RECRUITMENT EMAIL for a Research Study entitled “A Phenomenological Study Exploring the Lived Experiences of Compassion Satisfaction in Early Career Mental Health Counselors”

Hello,

My name is Marina Green and I am a doctoral candidate in the Department of Special Education, Rehabilitation, and Counseling at Auburn University. I would like to invite you to participate in a qualitative research study exploring the lived experiences of compassion satisfaction in early career mental health counselors. The purpose of this phenomenological study is to understand how early career mental health counselors experience compassion satisfaction in order to support counselor training and sustainability. I am completing this study in partial fulfillment of the requirements for my Counselor Education and Supervision doctoral program at Auburn University under the direction of my faculty supervisor, Dr. Jessica Tyler.

You are invited to participate if you meet the following selection criteria: 1) Age 19 or older, 2) Holds a Master’s degree in Clinical Mental Health Counseling (or the equivalent) from a CACREP-accredited program, 3) Fully or provisionally licensed by one’s respective state counseling board, 4) 5 years or less of post-Master’s counseling experience, 5) Currently working in a clinical setting providing professional counseling services to clients, 6) Endorses personal experience with compassion satisfaction, and 7) Willing to participate in one audio-recorded interview for data collection purposes.

Participants who meet criteria for the study and are able to fully participate in the interview process will be entered for a chance to win one of three \$50 electronic Amazon gift cards at the conclusion of data collection.

If you choose to participate in this research study and return the signed informed consent, you will be asked to complete a demographic questionnaire and one audio-recorded semi-structured interview, which will take approximately one hour. Your interview will be transcribed and analyzed for themes of your experiences. Any information obtained in connection with this study will remain confidential to protect your privacy. Interviews will be transcribed using a professional transcription service, Scribie. All transcriptions will be permanently removed from their servers upon completion of the study. The following confidentiality statement is provided on their website, Scribie.com: “Maintaining confidentiality of all transcription files is our highest priority. Access to the files is restricted strictly on a need to know basis. Only our employees and contractors have access to the full audio. All our transcribers, employees and contractors are also bound by a confidentiality clause in the Terms & Conditions.”

My contact information is listed below for your reference if you have any questions or concerns. Please see the attached Informed Consent document to be signed and returned to me by email, which will indicate your desire to participate in this research study. Upon receipt of the signed Informed Consent, you will be contacted to schedule a time that will be convenient for your interview.

COMPASSION SATISFACTION

Contact Information:

Marina Green, M.Ed., LPC, NCC
Counselor Education Doctoral Student
Auburn University
Department of Special Education, Rehabilitation, and Counseling
Email: mdn0008@auburn.edu

Warm Regards,

Marina Green, M.Ed., LPC, NCC

COMPASSION SATISFACTION

SOCIAL MEDIA RECRUITMENT POSTING (FACEBOOK)

for a Research Study entitled

“A Phenomenological Study Exploring the Lived Experiences of Compassion Satisfaction in Early Career Mental Health Counselors”

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You are invited to participate if you meet the following selection criteria: 1) Age 19 or older, 2) Hold a Master’s degree in Clinical Mental Health Counseling (or the equivalent) from a CACREP-accredited program, 3) Fully or provisionally licensed by one’s respective state counseling board, 4) 5 years or less of post-Master’s counseling experience, 5) Currently working in a clinical setting providing professional counseling services to clients, 6) Endorses personal experience with compassion satisfaction, and 7) Willing to participate in one audio-recorded interview for data collection purposes.

Participants who meet criteria for the study and are able to fully participate in the interview process will be entered for a chance to win one of three \$50 electronic Amazon gift cards at the conclusion of data collection.

If you choose to participate in this research study, you will be asked to read, sign, and return an Informed Consent document, as well as complete a Demographic Questionnaire and one audio-recorded semi-structured interview, which will take approximately one hour. Your interview will be transcribed and analyzed for themes of your experiences. Any information obtained in connection with this study will remain confidential to protect your privacy. Interviews will be transcribed using a professional transcription service, Scribie. All transcriptions will be permanently removed from their servers upon completion of the study. The following confidentiality statement is provided on their website, Scribie.com: “Maintaining confidentiality of all transcription files is our highest priority. Access to the files is restricted strictly on a need to know basis. Only our employees and contractors have access to the full audio. All our transcribers, employees and contractors are also bound by a confidentiality clause in the Terms & Conditions.”

Furthermore, please feel free to forward this invitation to your colleagues and mental health counselors who may be interested in participating in this study. I hope to interview individuals from across the United States!

COMPASSION SATISFACTION

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS AN IRB APPROVAL STAMP WITH CURRENT DATES HAS BEEN APPLIED TO THIS DOCUMENT.)

INFORMED CONSENT

for a Research Study entitled

“A Phenomenological Study Exploring the Lived Experiences of Compassion Satisfaction in Early Career Mental Health Counselors”

You are invited to participate in a qualitative research study exploring the lived experiences of compassion satisfaction in early career mental health counselors. The purpose of this phenomenological study is to understand how early career mental health counselors experience compassion satisfaction in order to support counselor training and sustainability. This study is being conducted by Marina Green, M.Ed., LPC, NCC, *Counselor Education doctoral candidate* in the Auburn University Special Education, Rehabilitation, and Counseling, working under the direction of Dr. Jessica Tyler in the Auburn University Department of Special Education, Rehabilitation, and Counseling. You are invited to participate if you meet the following selection criteria:

1. Age 19 or older
2. Holds a Master’s degree in Clinical Mental Health Counseling (or the equivalent) from a CACREP-accredited program
3. Fully or provisionally licensed by one’s respective state counseling board
4. 5 years or less of post-Master’s counseling experience
5. Currently working in a clinical setting providing professional counseling services to clients
6. Endorses personal experience with compassion satisfaction
7. Willing to participate in one audio-recorded interview for data collection purposes

What will be involved if you participate? If you decide to participate in this research study and return the signed informed consent, you will be asked to complete a demographic questionnaire and one semi-structured interview. The time commitment will be approximately one hour. During this interview, you will have the opportunity to provide as much or as little information as you like regarding your lived experiences. The researcher will analyze findings gathered for themes of your experiences.

Are there any risks or discomforts? The risks of discomfort are minimal, as they should not cause any additional discomfort than would be expected from reflecting upon and processing through challenges involving the phenomenon under study. The potential risk associated with participating in this study is experiencing some discomfort resulting from the questions you will be asked to reflect upon personally during the interview. You will be able to withdraw from this study at any time without penalty. To minimize the risk of psychological discomfort, referral information of mental health professionals in your area will be provided upon request. Due to interviews being collected for this qualitative study, there is a risk of breach of confidentiality. The researcher will be vigilant in order to protect confidentiality throughout the study. Findings collected through your participation may be presented at a professional conference and published in a professional journal.

Participant’s initials: _____

COMPASSION SATISFACTION

Are there any benefits to yourself or others? If you participate in this study, you will have the opportunity to reflect on how compassion satisfaction has influenced your professional identity development, mental health, and clinical practice. Although it cannot be guaranteed that you will receive any or all of the benefits described above, your participation is highly valued, as you will have contributed to the body of research on compassion satisfaction in counselors.

Will you receive compensation for participating? Participants who meet criteria for the study and are able to fully participate in the interview process will be entered for a chance to win one of three \$50 electronic Amazon gift cards at the conclusion of data collection, which will be sent to the preferred email address provided by participants.

Are there any costs? If you decide to participate, there will be no fiscal costs associated with your participation.

If you change your mind about participating, you can withdraw at any time during the study. Your participation is completely voluntary. If you choose to withdraw, your data can be withdrawn as long as it is identifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University and the Department of Special Education, Rehabilitation, and Counseling. If you do wish to withdraw, please notify Marina Green at mdn0008@auburn.edu or her faculty supervisor, Dr. Jessica Tyler, at jim0001@auburn.edu.

Your privacy will be protected. Any information obtained in connection with this study will remain confidential to protect your privacy. You will be asked to select a pseudonym, or will be assigned one, in order to connect collected data and corresponding reports of research findings. The interview recordings will be destroyed after data collection is complete. Interviews will be transcribed using a professional transcription service, Scribie. All transcriptions will be permanently removed from their servers upon completion of the study. The following confidentiality statement is provided on their website, Scribie.com: “Maintaining confidentiality of all transcription files is our highest priority. Access to the files is restricted strictly on a need to know basis. Only our employees and contractors have access to the full audio. All our transcribers, employees and contractors are also bound by a confidentiality clause in the Terms & Conditions.” Findings obtained through your participation may be presented at a professional conference and published in a professional journal, but the researcher will not include your name and any other identifying information in order to protect your privacy.

If you have questions about this study, *please ask them now or* contact Marina Green at mdn0008@auburn.edu or my faculty supervisor, Dr. Jessica Tyler, at jim0001@auburn.edu. A copy of this document will be given to you to keep.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334)-844-5966 or e-mail at IRBChair@auburn.edu.

Participant’s initials: _____

COMPASSION SATISFACTION

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER OR NOT YOU WISH TO PARTICIPATE IN THIS PRACTICE RESEARCH STUDY. YOUR SIGNATURE INDICATES YOUR WILLINGNESS TO PARTICIPATE.

Participant's signature Date

Investigator obtaining consent Date

Printed Name

Printed Name

COMPASSION SATISFACTION

Participant Demographic Questionnaire

Please respond to the following questions. To protect your privacy, please do not include any identifying information.

1. Age:

2. Gender Identity:

3. Race/Ethnicity (Select all that apply):

- | | | |
|--------------------------|------------------------|-----------------|
| White/Caucasian | Black/African American | Native American |
| Hispanic/Latinx | Pacific Islander | Bi-Racial |
| Multiracial/Multi-Ethnic | Other _____ | |

4. Degree(s):

5. Do you hold a Master's degree in Clinical Mental Health Counseling or the equivalent?

Yes No

a. Was this program CACREP-Accredited? Yes No

6. Years in Clinical Practice:

Less than 1 Year	1 Year	2 Years	3 Years	4 Years
5 Years	Over 5 Years			

7. License(s)/Certification(s) Held:

8. Current Employment Setting(s):

Community Agency	Correctional Facility	Residential Care
Short-term Care Facility	Private Practice	Hospital
College/University	Rehabilitation Center	Other _____

9. Population(s) Currently Served (i.e., children, adults, families, couples, SMI, substance use, trauma, etc.):

COMPASSION SATISFACTION

10. Hours per week of direct counseling services in a clinical setting:

Less than 5 hours	5-10 hours	10-15 hours	15-20 hours
20-25 hours	25-30 hours	30-40 hours	40+ hours

**Interview Protocol
for a Research Study entitled
“A Phenomenological Study Exploring the Lived Experiences of Compassion Satisfaction
in Early Career Mental Health Counselors”**

Briefing Script

My name is Marina Green and I am a Counselor Education doctoral candidate in the Department of Special Education, Rehabilitation, and Counseling at Auburn University. After providing your consent to participate in this interview, I want to thank you for your involvement. Your participation is entirely voluntary and you have the right to withdraw at any time without penalty. The purpose of this study is to explore and gain a deeper understanding of the lived experiences of compassion satisfaction in early career mental health counselors. Any information obtained in connection with this interview will remain confidential and anonymous to protect your privacy. This interview will be semi-structured, lasting approximately one hour. I will ask a series of open-ended questions, to which you will have the opportunity to provide as much or as little information as you like regarding your experiences. Some of these questions may seem fairly broad or general, but please keep in mind that there are no right or wrong responses. Everyone has their own unique experiences to share, and I look forward to learning about yours. Are there any questions I can answer before we begin?

Central Research Question

What are the lived experiences of compassion satisfaction in early career mental health counselors?

Beginning Question

How do you define compassion satisfaction?

Sub-Questions

Reflecting on your work with clients, what are some examples of times you have experienced compassion satisfaction?

What does compassion satisfaction feel like to you?

What is the meaning you ascribe to your experiences with compassion satisfaction?

In which contexts do you experience compassion satisfaction?

What is the significance of compassion satisfaction to you?

What do you find most rewarding about your work with clients?

COMPASSION SATISFACTION

Debrief

Thank you very much for your participation in this interview. To end our time together today, I would like to provide you with a brief overview of what you can expect in the future. I will review and transcribe our interview in order to analyze themes of your experiences. Findings gathered through your participation may be presented at a professional conference and published in a professional journal, but I will not include your name and any other identifying information in order to protect your privacy. If you know of any other early career mental health counselors who meet criteria for this study and may be interested in participating, please feel free to provide them with my contact information. Are there any questions I can answer before we dismiss?