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Conceptualising Resilience: Exploring Cognitive Behavioural Therapists' Perspectives and Implications on Practice

Emily-Marie Pacheco [1,*] and Jody Davison [2]

[1] Clinical Psychology, Health in Social Science, University of Edinburgh, Edinburgh EH8 9AG, UK
[2] School of Education, University of Glasgow, Glasgow G3 6NH, UK
* Correspondence: epacheco@ed.ac.uk

Abstract

This preliminary qualitative study explores how Cognitive Behavioural Therapy (CBT) practitioners conceptualise resilience and how these conceptualisations influence the selection of intervention strategies aimed at fostering resilience in clients. Three CBT therapists participated in extensive Free Association interviews, with professional experience ranging from three to fourteen years. Data were generated using the Grid Elaboration Method to elicit detailed accounts and were analysed using Thematic Analysis. Three overarching themes were constructed: Self-Concept as a Core Psychological Resource for Resilience; Positive Adaptation as a Contextual and Relational Process; Integrating Traditional and Third-Wave CBT Approaches in Resilience-Building. Our findings provide a nuanced account of how CBT therapists understand resilience and outline how mindfulness-based and CBT-informed interventions are employed to enhance resilience in clinical practice. The study supports existing research highlighting the definitional ambiguity of resilience and its influence on the selection of therapeutic interventions according to the skills prioritised in therapy. In addition, the findings extend current knowledge by demonstrating a relationship between therapists' held notions of resilience and their lived experiences and underscore the significance of three psychological resources in resilience-focused work: self-esteem, self-compassion, and self-awareness. Distinct contributions of this paper include a social-psychological driven examination of resilience in CBT, foregrounding therapists' meaning-making processes and demonstrating how theoretical understandings, rather than protocol adherence alone, shape clinical intervention.

Keywords: resilience; therapist conceptualisations; qualitative research; psychological resources; wellbeing; cognitive behavioural therapy; thematic analysis

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1. Introduction and Literature Review

Resilience has become a prominent concept across clinical practice, educational policy, applied social sciences, and within wider public discourse. Given the global prevalence of mental health disorders, and the strong association between resilience and psychological well-being, research aimed at improving the effectiveness of resilience-focused interventions is of substantial societal relevance (Joyce et al. 2018; Kuranova et al. 2021; Liu et al. 2020). A growing body of evidence supports the use of resilience interventions across a range of mental health conditions, including depression, anxiety, and post-traumatic stress disorder (Happer et al. 2017; Padesky and Mooney 2012). Individuals with higher levels of resilience and emotional well-being are also better equipped to cope with subsequent

life stressors, reinforcing resilience as a key protective factor in mental health (Fletcher and Sarkar 2013; Surmai and Duff 2022).

In this paper, resilience is broadly defined as the capacity to positively adapt following exposure to a stressor. Despite its recognised value as a psychological construct, the resilience literature has been widely criticised for persistent conceptual ambiguity regarding how resilience is operationalised across theory, research, and practice, alongside continued uncertainty surrounding the efficacy of resilience-focused interventions (Ayed et al. 2019; Liu et al. 2020). The absence of consensus on an operational definition is particularly problematic, as findings derived from quantitative and qualitative approaches are often incommensurable, thereby limiting theoretical integration and constraining progress in the development of robust resilience-based interventions (Bowling et al. 2022). Addressing these conceptual concerns is therefore essential, given their direct implications for the design, coherence, and effectiveness of resilience-building strategies within applied mental health settings.

1.1. Conceptualisations of Resilience

Although resilience has been conceptualised in multiple ways, most definitions incorporate two core components: exposure to adversity and positive adaptation in response to that adversity. Broadly, definitions of resilience tend to fall into three categories: trait, outcome, and process.

Early work conceptualised resilience as a trait, suggesting that some individuals are inherently better equipped to cope with adversity than others (Fisher et al. 2019). Developmental research initially adopted this perspective to explain why some children were able to adapt positively despite significant challenges (Bonanno et al. 2015; Masten 2018). However, trait-based models have been criticised for their emphasis on individual temperament and their failure to adequately account for sociocultural and contextual influences on adaptation (Chmitorz et al. 2018; Kalisch et al. 2015; Ungar 2011; Ungar and Liebenberg 2011).

Outcome-based definitions focus on the maintenance or recovery of healthy functioning following adversity. Bonanno (2004), for example, defines resilience as the ability to maintain relatively stable functioning in the aftermath of a significant stressor, alongside the capacity to experience positive emotions. While this perspective more explicitly acknowledges contextual factors, it offers limited insight into why individuals differ in their resilience outcomes and provides little understanding of the cognitive, emotional, and behavioural processes that underpin adaptation (Fisher et al. 2019; McLarnon and Rothstein 2013; Van Breda 2018).

More recent conceptualisations frame resilience as a dynamic process involving ongoing interactions between individuals and their environments (Freibott-Kalt et al. 2025a, 2025b; Pacheco et al. 2021; Ungar and Theron 2020). Ungar (2019) defines resilience as an individual's capacity to navigate and negotiate psychological, social, cultural, and physical resources in ways that sustain positive functioning under stress. This process-oriented perspective emphasises the malleability of stress exposure, protective factors, and behavioural outcomes, and highlights the interdependence of these elements. Contemporary research supports this view, particularly in demonstrating how cultural and contextual factors shape resilience processes (Fletcher and Sarkar 2013; Liu et al. 2020). From a social science perspective, process-based models are especially valuable, as they foreground power, resources, and structural conditions rather than locating responsibility solely within the individual (e.g., Ungar 2011).

Together, these perspectives illustrate substantial variability in how resilience is understood within psychology. Such conceptual diversity has important implications

for how resilience is operationalised in therapeutic contexts, including within Cognitive Behavioural Therapy.

1.2. Resilience Interventions Within CBT

Conceptual ambiguity surrounding resilience is particularly evident when examining resilience interventions within specific therapeutic frameworks, such as Cognitive Behavioural Therapy (CBT) (Joyce et al. 2018). CBT is a widely used, structured therapeutic approach that emphasises the interaction between thoughts, emotions, and behaviours. Therapists draw on a flexible repertoire of techniques, including cognitive restructuring, behavioural experiments, problem-solving, and skills training.

Research indicates that both traditional and third-wave CBT approaches can effectively enhance resilience by supporting individuals to reinterpret stressors, develop cognitive flexibility, and build core coping skills (Joyce et al. 2018; Sanchez et al. 2022). A systematic review and meta-analysis of resilience training programmes found evidence for the effectiveness of such interventions but also highlighted considerable variability in the CBT strategies employed (Joyce et al. 2018). Traditional CBT targets maladaptive cognitions and behaviours through techniques such as cognitive reframing, whereas third-wave approaches emphasise mindfulness, acceptance, values, and psychological flexibility.

Mindfulness-based interventions, including Mindfulness-Based Stress Reduction, have been shown to enhance resilience by promoting non-judgemental awareness, emotional regulation, and adaptive stress appraisal (Arch and Craske 2010; Godara et al. 2021; Helmreich et al. 2017; Kumar et al. 2022). At the same time, interventions grounded in traditional CBT principles have demonstrated effectiveness in fostering resilience through adaptive coping skills and cognitive restructuring (Bureau et al. 2021; Padesky and Mooney 2012; Songprakun and McCann 2012). CBT's flexibility and responsiveness to individual circumstances represent key strengths, particularly given the role of cultural and contextual factors in resilience (Ungar and Liebenberg 2011).

Despite evidence supporting both traditional and third-wave approaches, there remains little consensus regarding which CBT-based strategies should be prioritised for resilience-building. This has resulted in a wide range of targeted skills across studies (Joyce et al. 2018), raising questions about whether such variability reflects resilience's conceptual ambiguity or other factors shaping therapists' intervention choices.

1.3. The Role of the CBT Therapist

A therapist's understanding of a psychological construct is likely to influence the strategies they employ to support skill development (Helmreich et al. 2017). Research suggests that therapists often generate different case conceptualisations for the same client, even within the same therapeutic framework (Kuyken et al. 2008). Case conceptualisation involves integrating theory, research, and client-specific information to guide intervention planning (Easden and Fletcher 2020; Sanchez et al. 2022). Variability in conceptualisation has been attributed to factors such as therapist competence, training background, and professional experience (Easden and Fletcher 2020; Kuyken et al. 2005).

In addition to technical expertise, therapist personal attributes, including empathy, warmth, and trustworthiness, play a critical role in establishing a strong therapeutic alliance (Ackerman and Hilsenroth 2003). The therapeutic alliance is central to effective CBT as it facilitates skill acquisition and enhances intervention outcomes (Bearman et al. 2020; Cameron et al. 2018; Corrêa and Ribeiro 2016). Empathy, in particular, has been identified as both a core therapeutic skill and a factor associated with resilience development (Evans-Jones et al. 2009; Nienhuis et al. 2018). These findings suggest that therapists'

conceptualisations of resilience may be closely linked to both their intervention choices and their relational stance in therapy.

1.4. Rationale for the Present Study

Despite extensive research on resilience interventions, no empirical work has explicitly examined how CBT therapists conceptualise resilience or how these conceptualisations inform their resilience-building strategies. To date, research has largely overlooked therapists' perspectives, despite their central role in translating theoretical constructs into clinical practice. Addressing this gap is critical for advancing conceptual clarity within resilience research and for improving the coherence and effectiveness of resilience-building interventions such as in applied social science and mental health settings.

The present study addresses this gap by exploring how CBT therapists conceptualise resilience and how these conceptualisations shape their therapeutic practices. By examining therapists' implicit and explicit understandings of resilience, this study aims to clarify the relationship between conceptual meaning and intervention choice within CBT. In doing so, it contributes to broader interdisciplinary debates concerning how resilience is defined, operationalised, and enacted in applied mental health settings while offering insight into the theoretical assumptions that underpin resilience-building strategies.

2. Materials and Methods

2.1. Research Design

This study adopted a qualitative, interpretative research design to examine how CBT therapists conceptualise resilience and how these conceptualisations inform resilience-building interventions. A qualitative approach was selected because it enables an in-depth exploration of meaning-making processes that are not readily accessible through quantitative methods (Reynolds 2017; Ungar 2019). Quantitative approaches were considered unsuitable due to their reliance on researcher-defined constructs, which may limit the participants' ability to articulate their own conceptual understandings (Percy et al. 2015). Qualitative methods are particularly appropriate for examining underexplored or implicit processes embedded in lived experience and professional practice (Ungar 2003). This approach is therefore well-aligned with the study's aim of capturing therapists' conceptual frameworks and clinical reasoning in relation to resilience.

2.2. Data Collection Method

Data were collected using the Grid Elaboration Method (GEM): a free association-based qualitative technique designed to elicit participants' implicit conceptualisations with minimal researcher direction (Joffe and Elsey 2014; Keen et al. 2022; Zeeb and Joffe 2021). GEM invites participants to generate spontaneous associations in response to a stimulus, supporting the exploration of underlying meanings that may not be fully articulated in conventional interview formats. This method has been particularly effective for exploring held notions of resilience (e.g., Pacheco et al. 2022; Parrott et al. 2023). Following examples from the literature, our participants completed a Grid (A4 sheet of paper with 4 blank squares), based on a prompt that asked them to 'write or draw the what comes to mind when you think of Resilience'. This activity captures social representations of resilience based on immediate free association of the concept. Once Grids are complete, participants engage in a semi-structured interview where they are asked only to elaborate on the content of each box. The interviewer's role is limited to encouraging elaboration of the participants' own material, avoiding the introduction of new topics or interpretive framings. This procedure reduced the likelihood of researcher imposition while enabling depth of exploration.

2.3. Participants and Recruitment

Participants were CBT therapists with at least one year of clinical experience, who routinely used CBT techniques in practice, and were registered with a relevant professional body (Health and Care Professions Council, British Association for Counselling and Psychotherapy, or British Psychological Society [BPS]). Recruitment occurred through the BPS Directory of Chartered Psychologists, an advertisement on the British Association for Behavioural and Cognitive Psychotherapies website, and direct dissemination to University counselling services and private therapy organisations across the United Kingdom. Interviews were conducted between February and March 2023.

The final sample comprised three CBT therapists (two female, one male), aged 25–51 years, with professional experience ranging from three to fourteen years (See Table 1). Although small, the sample size was consistent with established practice for a preliminary qualitative study using an in-depth, free-associative method. For example, previous GEM studies have similarly employed small samples to facilitate detailed analysis (Cooper 2019; Park and Mortell 2020), and this is also consistent with other idiographic qualitative approaches (Morgan 2014).

Table 1. Demographic overview of participants.

Pseudonym	Age	Gender	Ethnicity	Years of Experience
Sarah	25	Female	White	3
Harry	51	Male	White	14
Lisa	35	Female	White	6

Precedents regarding sample size are cited to situate the design within an established qualitative tradition and to provide methodological context, rather than as a justification for claims of generalizability. Although small, our sample size was aligned with the epistemological aims of the study, which prioritised depth of exploration of the therapists' meaning-making over breadth or representativeness. The Grid Elaboration Method generates dense, associative material requiring case-sensitive interpretation, making analytic depth rather than numerical coverage the primary criterion of adequacy. While the analysis identified patterned meanings across participants, it retained a case-sensitive orientation, attending to how each therapist's professional history and experiential context shaped their constructions of resilience. The study did not aim for population generalisation but for the preliminary exploration of conceptual insight into how resilience is constructed within this professional group; the findings should therefore be read as exploratory and preliminary.

2.4. Procedure

Participants received study information and provided written and verbal informed consent. Participants were provided with the Grid task one day prior to the interview and instructed not to view it in advance, ensuring that the responses reflected spontaneous associations rather than pre-formulated interpretations. Interviews were conducted online using Microsoft Teams. Participants were given approximately ten minutes to complete the grid independently. Once discussion of the Grid contents reached saturation, interviewers continued in a semi-structured format to raise questions specifically exploring how the participants' conceptualisations of resilience informed their therapeutic interventions. Interviews lasted between 40 and 60 min and were audio-recorded and transcribed verbatim. Participants submitted their completed Grids following the interview. All data were stored in accordance with institutional data protection requirements.

2.5. Data Analysis

Data were analysed using Reflexive Thematic Analysis (RTA) (Braun and Clarke 2019). RTA was selected due to its compatibility with interpretivist epistemology and its capacity to capture context-dependent meaning while explicitly acknowledging the researcher's role in analytic interpretation (Keen et al. 2022). Analysis was conducted inductively. Transcripts were read repeatedly for familiarisation before the initial coding. Coding focused on identifying patterns across both the free association material and interview data (Joffe and Yardley 2004). Codes were iteratively refined and grouped into themes following RTA's six-phase analytic framework. This approach enabled the development of themes that reflected both explicit accounts and underlying conceptual structures within the participants' narratives. It is important to note that although Reflexive Thematic Analysis is not inherently idiographic, the present study adopted a predominantly interpretive, meaning-focused orientation. The analysis prioritised how individual therapists constructed resilience within their own experiential and professional contexts while identifying patterned meaning across cases. The study is therefore positioned as conceptually oriented and context-sensitive rather than statistically representative.

2.6. Ethical Considerations

Ethical approval was granted by the University of Glasgow Ethics Committee. Participation was voluntary, and participants were informed of their right to withdraw at any stage. All data were anonymised and handled confidentially in accordance with institutional ethical and data protection guidelines.

3. Results

Analysis of the data led to the construction of three interrelated themes: self-concept, positive adaptation, and traditional and third-wave CBT. The first two themes captured the therapists' understandings of resilience, while, taken together, all three themes elucidated the relationship between the therapists' conceptual definitions of resilience and their corresponding intervention choices.

Before presenting the thematic analysis in detail, Table 2 provides an overview of the participants' working definitions of resilience, offering an initial point of reference for interpreting the themes that follow.

Table 2. Summary of the participant's definitions of resilience.

Participant	Definition of Resilience
Sarah	"Resilience is the ability to continue going despite the difficulties, face challenges and come back from them."
Harry	"The ability to tolerate ongoing distress as a result of, as a result of current challenges or demands."
Lisa	"The ability to experience the negative situation or whatever it is and then the ability to bounce back from it."

Across definitions, resilience was understood as an ability involving adversity and adaptation, shaped by both personal resources (e.g., self-esteem, self-awareness, self-compassion) and environmental conditions (e.g., social support, workplace structures). Participants frequently drew on personal and professional experiences to explain what they considered essential to resilience.

3.1. Theme 1: Self-Concept as a Core Psychological Resource for Resilience

The first theme captured the participants' shared emphasis on self-concept, an individual's evaluation of oneself (American Psychological Association 2020), as a foundational psychological resource underpinning resilience. Across interviews, resilience was framed as closely linked to how individuals evaluate, understand, and relate to themselves, rather than merely as coping behaviour or recovery mechanism. Participants highlighted self-esteem, self-awareness, and self-compassion as interrelated components of self-concept that shape how individuals respond to stress, assert needs, and engage with their environments.

Theme 1.1: Self-esteem

Self-esteem, understood as a sense of self-worth and personal value (Hayter and Dorstyn 2014), was described as central to resilience, particularly in contexts involving interpersonal stress and power imbalances. Sarah emphasised that self-esteem influences whether individuals feel able to assert their needs and establish boundaries in stressful situations. She explained that when individuals begin to assert boundaries, "they've increased their self-esteem. . .and then I guess, feel more resilient to avoiding those kinds of situations." This conceptualisation of resilience as confidence to prevent or exit harmful situations informed Sarah's use of boundary-setting exercises, assertiveness training, and compassionate self-talk as primary interventions. In this account, resilience is conceptualised not as enduring adversity, but as developing the confidence to prevent or disengage from harmful contexts.

Drawing on her clinical experience, Sarah further noted that clients with histories of domestic abuse often struggle with diminished self-esteem, which constrains their perceived agency. She described interventions focused on boundary-setting and compassionate self-talk as particularly effective in strengthening resilience in these cases. Lisa similarly highlighted the role of self-esteem in resilience, drawing attention to the impact of internalised expectations. She explained that unrealistic expectations can undermine resilience "in terms of reinforcing feelings of failure or feelings of, you know, not good enough, not doing enough." Lisa's account illustrates how perceived failure, shaped by rigid standards, can erode self-esteem and weaken resilience. Across these accounts, self-esteem functioned as a psychological lens through which stressors were interpreted and managed.

Theme 1.2: Self-awareness

Self-awareness was identified as another key element of self-concept supporting resilience, defined as awareness of one's thoughts, emotions, and behaviours (Kesebir et al. 2019). Harry described self-awareness as a common human capacity, noting that "everyone has self-awareness and we are aware of the ways in which we are failing to cope." However, he emphasised that awareness does not necessarily translate into disclosure or help-seeking, particularly in social contexts where struggling may be perceived as undesirable. For the participants, developing self-awareness was closely linked to self-advocacy, which was identified as a central target of resilience-building interventions. Harry illustrated this in the context of workplace stress, describing self-advocacy as "saying I need help to develop the skills to deliver the thing I'm being asked to deliver. I can't cope with the feelings of stress I experience." This example highlights resilience as an active, relational process in which individuals recognise internal limits and negotiate with their environments for support. This view of resilience as recognising limits and negotiating support shaped Harry's focus on interventions that develop emotional labelling, mindfulness-based awareness, and structured self-advocacy planning, linking internal awareness to external resource access. Within this framing, self-awareness enables individuals not only to identify distress, but also to articulate needs and access resources.

Theme 1.3 Self-compassion

Self-compassion, conceptualised as the capacity to respond to personal suffering with care and understanding (Neff and Dahm 2015), was the third driver of resilience through self-concept. Participants described both compassion from others and self-compassion as critical resources for coping with adversity. They noted that when individuals struggle to be kind to themselves due to persistent negative self-talk, supportive relationships can partially compensate for this lack of self-compassion. Reflecting on her own experiences, Sarah acknowledged that the importance she placed on friendship and social connection in therapeutic settings in relation to resilience was shaped by her own personal history. She stated, "I think friends have been really important to me in terms of resilience and being compassionate and just being there for me, like physically, emotionally." This reflection illustrates how therapists' lived experiences can inform their conceptualisations of resilience, shaping the psychological resources they prioritise in both understanding and intervention.

Theme 1 Summary

Overall, this theme captured the participants' emphasis on self-concept as a core psychological foundation for resilience. Self-esteem, self-awareness, and self-compassion were described as interrelated resources that enable individuals to interpret stressors adaptively, assert needs, and engage support. These findings suggest that for CBT therapists, resilience is not solely a behavioural outcome, but a process rooted in how individuals relate to themselves and their internal experiences.

3.2. Theme 2: Positive Adaptation as a Contextual and Relational Process

The second theme conceptualises resilience as a process of positive adaptation in the context of adversity, rather than as a static trait or outcome. Across all of the participants' accounts, resilience was consistently linked to experiences of struggle, with adversity positioned as a necessary, though not sufficient, condition for resilience. Participants emphasised that resilience does not eliminate difficulty, but reflects how individuals adapt in response to it, often over time and with varying degrees of support.

To articulate this process, participants drew on metaphors that captured both adversity and adaptation. Sarah likened resilience to climbing a mountain (Figure 1), emphasising that progress necessarily involves effort, fatigue, and struggle. This analogy foregrounded the importance of validating the difficulty inherent in moving forward, rather than framing resilience as effortless perseverance. Lisa similarly used the metaphor of a tennis ball to represent "bouncing back" from adversity, while emphasising that the pace and nature of recovery depend on the type and emotional intensity of the stressor. She contrasted relatively contained challenges, such as failing a test, with more profound adversities, such as bereavement, noting that "there is going to be deeper emotions connected to losing a loved one." Across these accounts, positive adaptation was understood as non-linear, variable, and shaped by the meaning attached to the adverse experience.

Despite differences in metaphor, all participants converged on the importance of social connection as a central factor supporting adaptive responses to adversity. Drawing on both personal and professional experiences, participants described resilience as emerging most strongly in relational contexts. Sarah reflected that she "felt most resilient. . .when I had either people around me like on my side," highlighting the emotional security derived from perceived support. Lisa similarly described feeling "stronger when I have a support network," explaining that social support enabled her to face challenges and "come back quicker from challenges as well." She further noted that sharing difficulties with others can facilitate perspective-taking, clarity, and emotional processing. Harry echoed this emphasis, framing self-advocacy as a resilience-building strategy that involves actively seeking support, either from friends outside the workplace or from colleagues within it.

Collectively, these accounts position social connection not as a supplementary resource, but as integral to the process of positive adaptation.

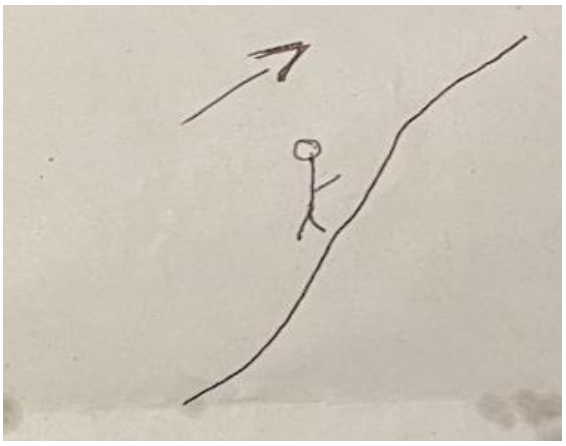


Figure 1. Mountain analogy for resilience (Sarah_F25).

Beyond interpersonal support, participants also emphasised the broader environmental and contextual conditions that shape resilience. This perspective was most explicitly articulated by Harry, whose grid focused heavily on contextual factors. He argued that "an individual's resilience or ability to manage exists in a kind of social and cultural context," cautioning against locating resilience deficits solely within individuals. He illustrated this point by contrasting the resources available in his own life with those accessible to individuals living in contexts of extreme adversity, such as warzones. His use of the phrase "CAUTIOUSLY CURIOUS" reflected a critical stance towards resilience discourse, questioning whether perceived resilience failures reflect individual limitations or systemic constraints.

Harry further linked these concerns to his professional experience in occupational settings, where individuals were often framed as lacking resilience when the underlying issues related to organisational resource limitations. His "resilience equation" (Figure 2) visually represented resilience as an interaction between challenges, available resources, and contextual conditions, reinforcing the view that resilience cannot be meaningfully assessed or fostered without attention to environmental factors.

Theme 2 Summary

Overall, this theme highlighted resilience as a dynamic, relational, and context-dependent process involving adversity and positive adaptation. While participants acknowledged the role of individual psychological resources, they consistently emphasised that resilience was shaped by social support and broader environmental conditions. These findings underscore the importance of contextualising resilience within therapeutic practice and caution against individualised interpretations that overlook structural and relational influences.



Figure 2. Resilience equation (Harry_M51).

3.3. Theme 3: Integrating Traditional and Third-Wave CBT Approaches in Resilience-Building

The third theme captured how participants drew on both traditional and third-wave CBT approaches to foster resilience, often integrating techniques from each rather than treating them as discrete or competing modalities. Across accounts, therapists described resilience-building as requiring flexibility in intervention choice, with techniques selected according to clients' emotional capacity, level of self-awareness, and contextual demands. This theme illustrates how therapists' conceptualisations of resilience translated into complementary therapeutic strategies targeting cognitive, emotional, and behavioural processes.

Theme 3.1 Traditional CBT techniques

Traditional CBT principles featured prominently in the participants' descriptions of resilience-building interventions. Harry and Lisa both emphasised the interaction between thoughts, emotions, and behaviours, consistent with the cognitive model underpinning CBT. Harry encouraged clients to explore "how [the emotion] affects the way that they're thinking," reflecting the centrality of the cognitive triangle in helping clients understand and regulate their responses to stress. Lisa similarly highlighted cognitive restructuring as a key mechanism for resilience, describing it as "changing negative thinking into a more positive way of thinking," which she framed as facilitating the capacity to "bounce back" from adversity.

While endorsing traditional CBT techniques, participants also emphasised the emotional prerequisites required for such strategies to be effective. Sarah described CBT as involving a "big change element," but stressed that cognitive change was only possible once clients had developed sufficient self-compassion. She explained, "I am making sure people feel validated and are able to empathise with themselves first to be able to then become resilient and to use those skills again when things come up." Across accounts, empathy, validation, and compassion were positioned as foundational conditions that enable cognitive and behavioural change, rather than as adjunctive relational skills.

All participants also emphasised the role of psychoeducation in resilience-building. Providing clients with information about emotional processes, therapeutic mechanisms, and resilience itself was described as a way to normalise distress and reduce self-blame. Lisa noted the importance of challenging misconceptions such as "being resilient means I am OK all the time," while Harry focused on developing emotional literacy, particularly around shame. He described helping clients "understand why we experience shame and what it's for and how it can get us into trouble," highlighting how shame and self-consciousness can inhibit help-seeking and undermine resilience.

Theme 3.2 Third-wave CBT techniques

In addition to traditional CBT strategies, all participants highlighted the value of third-wave CBT approaches, particularly mindfulness-based techniques. Mindfulness was described as supporting distress tolerance, emotional regulation, and self-awareness, all of which were seen as central to resilience. Resilience was conceptualised by participants not as the absence of distress but as the capacity to remain psychologically flexible in the presence of distress. This understanding directly informed the selection of mindfulness-based techniques, which were positioned as tools for cultivating non-reactivity and emotional tolerance rather than symptom elimination. Harry emphasised mindfulness as a means of helping individuals "sit with the emotion" and shift attention away from unhelpful thought patterns. He also highlighted the complementary use of traditional CBT techniques to support decision-making, noting that CBT can help individuals determine "whether it is his job to act on the feeling."

Lisa similarly described mindfulness and relaxation techniques as effective in developing awareness of thoughts and emotions, allowing individuals to tolerate negative affect without becoming overwhelmed. She explained that mindfulness was often used as an initial intervention to build self-awareness, followed by more traditional CBT techniques that encouraged clients "to try and look at their thoughts in a different way." This sequencing reflects a conceptualisation of resilience as a staged regulatory process: first increasing awareness and tolerance of internal experiences, and subsequently modifying cognitive appraisals. Intervention choice therefore mirrored the therapists' underlying model of resilience as progressive skill acquisition rather than immediate cognitive correction.

Participants also acknowledged complexity and nuance in the use of coping strategies. Lisa contrasted mindfulness with maladaptive avoidance strategies, such as substance use, which she described as attempts to escape uncomfortable emotions rather than engage with them adaptively. In contrast, Harry noted that avoidance could, in some contexts, function as an adaptive coping strategy, depending on situational demands and resource availability. These differing perspectives highlight how therapists' professional experiences and contextual considerations shape their interpretations of adaptive coping and resilience.

These variations illustrate how therapists' definitions of resilience shaped their clinical reasoning. Where resilience was conceptualised as flexible adaptation to contextual demands, avoidance could be reframed as situationally adaptive. Where resilience was understood primarily as approach-based engagement with distress, avoidance was positioned as maladaptive. Thus, intervention strategies were not applied uniformly but were contingent on the therapist's underlying theoretical framing of resilience.

Theme 3 Summary

Overall, this theme demonstrated that intervention choices were not technique-driven but conceptually driven. Participants' definitions of resilience (as cognitive flexibility, emotional tolerance, adaptive coping, and layered skill development) structured their clinical reasoning and guided the sequencing of traditional and third-wave CBT techniques. Where resilience was framed as cognitive reappraisal capacity, restructuring strategies were prioritised. Where resilience was framed as distress tolerance and self-compassion, mindfulness and validation were foregrounded. Intervention selection therefore functioned as an applied expression of therapists' theoretical models of resilience. This clarifies the conceptual–clinical link central to the study.

Analysis Summary

The three themes collectively illustrate how CBT therapists conceptualise resilience as a dynamic, multi-layered process shaped by the interaction between internal psychological resources, experiences of adversity, and contextual conditions. Across themes, resilience was understood not as a fixed trait or singular outcome, but as a capacity grounded in self-concept, enacted through positive adaptation and supported by flexible therapeutic strategies drawn from both traditional and third-wave CBT. Importantly, therapists' intervention choices were shown to reflect their underlying conceptualisations of resilience, with psychological resources such as self-esteem, self-awareness, and self-compassion informing how adversity was approached and which therapeutic techniques were prioritised. Together, these findings demonstrate a clear link between meaning-making and practice, setting the foundation for the discussion of how therapists' conceptual understandings of resilience shape clinical decision-making and the broader implications for resilience-focused interventions in CBT.

4. Discussion

The present study preliminarily examined how CBT therapists conceptualise resilience and how these conceptualisations inform their resilience-building interventions. To our knowledge, this is the first study to use the Grid Elaboration Method to begin exploring trained CBT therapists' understandings of resilience. Given that all participants were CBT-trained, it is important to recognise that their conceptualisations are likely shaped by the epistemological and theoretical commitments of cognitive-behavioural models. CBT frameworks emphasise cognitive restructuring, behavioural activation, skills acquisition, and measurable change processes; consequently, resilience may be preferentially understood in terms of adaptive cognitions, coping strategies, and observable behavioural competencies. Alternative dimensions of resilience foregrounded in other therapeutic traditions (such as relational depth, unconscious processes, meaning-making, or systemic and sociopolitical contexts) may therefore be comparatively underrepresented. The findings should thus be interpreted as reflecting resilience through a CBT-informed lens rather than as a comprehensive account of resilience conceptualisation across therapeutic modalities.

Consistent with prior research, the findings indicate that therapists conceptualise resilience as emerging from a complex interplay between internal psychological resources and external contextual factors that buffer against adversity (Chen and Bonanno 2020; Chmitorz et al. 2018; Helmreich et al. 2017). At the same time, the study demonstrates substantial variability in how resilience is defined across therapists, echoing previous findings that resilience lacks conceptual consensus, even within a single therapeutic framework (Joyce et al. 2018). Despite this definitional variability, participants' intervention choices converged on strategies targeting thoughts, emotions, and behaviours, reflecting the shared foundations of CBT practice. This discussion situates the findings within existing resilience literature, considers their theoretical and practical implications, and outlines directions for future research.

4.1. Conceptualisations of Resilience in Relation to Existing Frameworks

Participants' definitions of resilience mapped onto established conceptual frameworks within the resilience literature while also revealing important distinctions. Harry's understanding of resilience as the capacity to tolerate distress in challenging situations aligned closely with process-based models of resilience, particularly Ungar's social-ecological perspective. Harry emphasised the interaction between individual psychological resources and environmental conditions, reflecting Ungar's assertion that resilience is not solely an individual attribute but is potentiated or constrained by social contexts (Ungar 2011). Empirical research supports the role of environmental resources, including access to healthcare, clean water, and social support, in shaping resilience outcomes (Garfias Royo et al. 2022; Wen et al. 2021). Accordingly, Harry conceptualised effective interventions as those that strengthen distress-management skills while enabling individuals to advocate for the resources necessary to sustain well-being.

In contrast, Lisa's definition of resilience as the ability to "bounce back" from adversity aligned more closely with outcome-oriented conceptualisations of resilience, while still incorporating process elements. This framing reflects Bonanno's work, which conceptualises resilience as both a process and an outcome that varies across individuals and contexts (Bonanno 2004; Fisher et al. 2019). Lisa explicitly recognised that resilience is not uniform, noting that individuals differ in the speed and manner with which they recover from stressors, and that the nature and emotional intensity of adversity are critical determinants of adaptive outcomes. Her intervention approach reflected this understanding, beginning with mindfulness-based techniques to enhance self-awareness and distress tolerance, followed by traditional CBT strategies such as cognitive restructuring. This integrative

approach is well-supported by evidence demonstrating the effectiveness of both traditional and third-wave CBT interventions in fostering resilience (Abbott et al. 2009; Geschwind et al. 2011; Joyce et al. 2018).

Sarah's conceptualisation similarly incorporated the "bounce-back" element of resilience, with a particular emphasis on the role of positive emotions and relational support. Her view aligned with Bonanno's findings that positive affect and generative experiences play a key role in resilience following adversity (Bonanno 2004, 2021; Bonanno et al. 2011). Drawing on her lived experience, Sarah highlighted social support as a critical environmental resource that provides compassion and alternative perspectives, consistent with research demonstrating the protective effects of social relationships on resilience (Cano et al. 2020; Jose and Novaco 2016). Notably, Sarah described resilience as an indirect outcome of interventions targeting self-compassion and self-esteem, rather than as an explicit therapeutic goal. Her emphasis on empathy and validation is consistent with evidence identifying empathy as a significant contributor to positive CBT outcomes (Thwaites and Bennett-Levy 2007).

Across our modest sample of participants, resilience was implicitly distinguished from adjacent constructs by its temporal and functional scope. Whereas coping typically referred to situational strategies and well-being to current affective state, resilience was framed as the capacity to sustain or regain adaptive functioning over time and across domains. Participants therefore positioned resilience less as a momentary response or outcome and more as an overarching adaptive capacity integrating cognitive, emotional, and relational resources.

4.2. Internal Psychological Resources as Promotive Factors

The first theme identified three internal psychological resources (self-awareness, self-compassion, and self-esteem) as central to resilience, a finding strongly supported by existing research. Self-awareness has been shown to enhance resilience by improving emotional insight and regulation (Cano et al. 2020). Harry's account highlighted how awareness of one's inability to cope can be undermined by social expectations and shame, inhibiting help-seeking and self-advocacy. This aligns with evidence that stigma surrounding vulnerability can prevent professionals from accessing support, even when distress is recognised (Wulf 2022). Self-awareness has also been linked to improved emotional regulation through enhanced clarity of thoughts and feelings (Neff and Dahm 2015).

Self-compassion emerged as closely linked to self-awareness and was described as a key buffer against stress-related outcomes. Research demonstrates that self-compassion is associated with improved mental health, positive adaptation, and resilience (Allen and Leary 2010; Hayter and Dorstyn 2014). It has also been identified as a core mechanism underpinning the effectiveness of mindfulness-based interventions commonly used to foster resilience, such as mindfulness-based cognitive therapy and mindfulness-based stress reduction (Germer and Neff 2013). Additionally, self-compassion appears to mitigate the negative impact of stressors on self-esteem, suggesting a causal pathway linking these internal resources (Leary et al. 2007).

Self-esteem was similarly positioned as foundational to resilience. Research consistently shows that higher self-esteem is associated with greater adaptive capacity in the face of stress (Martínez-Martí and Ruch 2017). Lisa's example of failing a test illustrates how adverse experiences can undermine self-esteem and, by extension, resilience. Empirical studies with student populations demonstrate a strong association between self-esteem and resilience (Liu et al. 2020), with recent research identifying self-esteem as a stronger predictor of resilience than self-efficacy or social support (Wen et al. 2021). Collectively, these

preliminary findings support the participants' emphasis on self-awareness, self-compassion, and self-esteem as core building blocks of resilience (Woodier 2011).

4.3. Adversity and Positive Adaptation

Although the participants differed in how they defined resilience, all agreed that resilience necessarily involves both adversity and positive adaptation. This aligns with broad consensus in the literature that adversity is a prerequisite for resilience, even in the absence of definitional agreement (Fisher et al. 2019; Vanhove et al. 2016). Participants' recognition that different adversities vary in intensity and phenomenological impact underscores the importance of contextualising resilience outcomes. As Lisa noted, more severe or emotionally salient stressors may disrupt functioning for longer periods.

Positive adaptation must be evaluated in relation to the nature of adversity and the criteria used to assess functioning (Fletcher and Sarkar 2013). Cognitive adaptability and flexibility (central to CBT) are critical mechanisms supporting positive adaptation (Neenan 2018). Through repeated engagement with adversity, individuals may develop cognitive and emotional tools that support future resilience (Luthar and Cicchetti 2000). However, sociocultural factors (e.g., such as in ecological systems) shaping interpretations of adversity and adaptation were not directly addressed in this study. Given that resilience research has largely adopted Western conceptualisations of positive adaptation, future research should explore how cultural values influence therapists' understandings of resilience (Ungar and Liebenberg 2011; Ungar and Theron 2020).

Participants also emphasised the role of social support and cognitive patterns of thinking in shaping adaptive responses to adversity. Social support, defined as empathetic understanding and guidance from one's social network (Ozbay et al. 2007), is consistently associated with enhanced resilience (Baker et al. 2021; Masten and Wright 2010; Southwick et al. 2014; Zarowsky and Rashid 2023). Lisa's observation that social relationships facilitate alternative perspectives aligns with evidence that social support enhances cognitive reappraisal (Baker et al. 2021). Cognitive flexibility, the capacity to shift thinking patterns in response to changing demands, is a well-established resilience factor (Cano et al. 2020; Moore and Malinowski 2009). Together, these findings seem to reinforce the participants' shared view of resilience as emerging from the interaction between internal capacities and external resources.

However, the breadth of components included in the participants' definitions indicates that resilience may operate as an umbrella construct within CBT discourse. It appears to organise multiple valued therapeutic targets (emotional regulation, cognitive flexibility, positive self-concept, and social connectedness) under a single, positively valenced label. In this sense, resilience is conceptualized partly as a normative descriptor of adaptive functioning rather than as a strictly delineated psychological construct.

4.4. CBT and Mindfulness-Based Interventions for Resilience

Despite divergent definitions of resilience, participants described similar resilience-building interventions, drawing flexibly on both traditional and third-wave CBT techniques. Central to these approaches was the therapeutic relationship, with empathy and validation identified as key facilitators of therapeutic change. This aligns with research highlighting the role of the therapist–client relationship in promoting resilience and broader therapeutic outcomes (Baker et al. 2021).

Mindfulness-based interventions were described as foundational for developing self-awareness, distress tolerance, and emotional regulation. Evidence supports mindfulness as a means of interrupting automatic cognitive and emotional patterns and promoting adaptive coping (Godara et al. 2021; Kumar et al. 2022). These skills provide a platform for

traditional CBT techniques, which target maladaptive cognitions and behaviours through strategies such as cognitive restructuring and problem-solving. CBT's emphasis on cognitive appraisal is consistent with evidence that stress responses are shaped more by interpretation than by the stressor itself, with multiple studies supporting the effectiveness of CBT-based interventions for resilience (Şahin and Türk 2021).

The close correspondence between participants' accounts of resilience and core CBT mechanisms raises a conceptual question about level of analysis. Many processes described as building resilience (e.g., cognitive restructuring, behavioural change, emotional regulation, and self-compassion) are also well-established transdiagnostic mechanisms of therapeutic change. This overlap suggests that therapists may at times be describing the effects of effective CBT processes more broadly, with resilience serving as a higher-order interpretive frame. Overall, these preliminary findings support an integrative approach in which mindfulness may enhance emotional capacity and awareness, potentially supporting subsequent cognitive and behavioural change through traditional CBT strategies.

4.5. Strengths, Limitations, and Future Directions

This study offers novel, preliminary insight into how CBT therapists conceptualise resilience and demonstrates how therapists' lived experiences shape both their theoretical understandings and clinical practices. These findings align with intersubjective systems theory, which emphasises the relational and contextual nature of psychological phenomena (Coburn 2002). A key strength of the study lies in its use of the Grid Elaboration Method, which facilitated rich and nuanced data by enabling participants to generate subjectively meaningful material through free association.

Beyond its clinical relevance, the study contributes to the social science literature by foregrounding resilience as a socially situated and interpretive construct rather than a fixed individual attribute. By examining therapists' conceptualisations of resilience in practice, the findings illustrate how professional meaning-making processes shape the operationalisation of resilience within therapeutic contexts. This shifts analytic attention away from resilience as an abstract capacity and towards resilience as a concept negotiated at the intersection of personal experience, professional training, and institutional context.

The findings also speak directly to wider social science critiques of individualised resilience discourse. Participants' emphasis on contextual constraints and environmental resources challenges narrow interpretations that locate responsibility solely within the individual. Instead, resilience is shown to be relational and contingent, shaped by access to social support, organisational resources, and broader sociocultural conditions. This perspective aligns with social-ecological and critical approaches that caution against the use of resilience as a depoliticised or responsibilising construct.

Methodologically, the use of the Grid Elaboration Method extends qualitative approaches within applied social science by providing access to therapists' implicit conceptual frameworks. This enables the examination of dimensions of professional knowledge that may remain under-articulated in more structured methods and contributes to interdisciplinary debates about how psychological concepts travel across theory, research, and applied settings.

Together, these contributions position the present study at the intersection of psychology, sociology, and applied mental health research, offering a conceptually driven account of resilience that foregrounds meaning, context, and practice. Participants' conceptualisations should also be understood as shaped by shared professional training and the epistemic culture of CBT. Dominant CBT frameworks, with their emphasis on cognition, behaviour, and individual-level change, likely structured both what was attended to as "resilience" and how it was articulated. As such, therapists' accounts may reflect not only

personal meaning-making but also the normative assumptions and discursive resources available within contemporary CBT practice. The Grid Elaboration Method may also have influenced the character of the data by privileging associative, image-based, and evaluative forms of representation. This method is particularly suited to eliciting metaphorical and value-laden understandings, which may foreground experiential and symbolic aspects of resilience over more procedural or technical descriptions. The findings should therefore be interpreted as reflecting how resilience is imaginatively and meaningfully constructed, rather than as exhaustive accounts of therapists' clinical reasoning.

However, several limitations should be acknowledged. Conducting the Grid Elaboration Method online may have influenced one interview, as one participant consulted an external definition of resilience during the session. Future virtual studies should explicitly prohibit the use of external references. The small sample size limits generalisability, although this is consistent with the depth-oriented aims of the Grid Elaboration Method (Joffe and Elsey 2014). Larger samples would allow clearer comparisons across therapists and greater insight into shared patterns of conceptualisation.

Future research would benefit from combining the Grid Elaboration Method with other qualitative approaches, such as Interpretative Phenomenological Analysis and focus groups, to capture both individual lived experience and collective meaning-making (Joffe and Elsey 2014). Future research should also further explore the implications of cases where participants describe similar interventions despite divergent definitions of resilience. Cross-cultural samples would be particularly valuable in elucidating how sociocultural contexts shape therapists' understandings of resilience. Finally, these preliminary findings underscore the value of flexible, integrative CBT approaches, suggesting that resilience-focused interventions may be most effective when therapists adapt strategies to clients' emotional readiness, contextual constraints, and developmental stage.

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