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## Weathering the Storm: An Interpretative Phenomenological Analysis of How Counselors' Personal Pandemic Coping Strategies Shaped Perceived Professional Efficacy in Lao PDR.

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### ABSTRACT

**Introduction:** The COVID-19 pandemic created unprecedented global stress, imposing a dual burden on mental health professionals who navigated personal crises while delivering care. In low-resource settings such as Lao PDR—where systemic support is limited—understanding how counselors' personal coping strategies influenced their professional resilience and perceived efficacy is critical.

**Methods:** This qualitative study employed Interpretative Phenomenological Analysis (IPA) to explore lived experiences through in-depth, semi-structured interviews with 70 counselors in Laos, including psychologists, social workers, and community-based providers. Thematic analysis identified correlations between personal coping mechanisms and self-reported professional efficacy.

**Results:** Three superordinate themes emerged: (1) The Double-Edged Sword of Empathy, reflecting emotional exhaustion and burnout; (2) Forging Resilience through Adaptive Coping, linking mindfulness, positive reframing, and social support to enhanced efficacy, self-awareness, and compassion satisfaction; and (3) The Efficacy Drain of Maladaptive Coping, associating venting, substance use, and self-blame with diminished confidence, depersonalization, and impaired therapeutic alliances.

**Conclusion:** Counselors' personal coping strategies are fundamentally intertwined with their professional functioning. In resource-constrained contexts like Laos, culturally embedded, community-based resilience is essential. Findings advocate for institutional support, culturally integrated training, and formalized peer networks to sustain the mental health workforce. This study informs counselor training, supervision, and mental health policy, especially in developing nations facing systemic healthcare challenges.

### INTRODUCTION

The COVID-19 pandemic triggered a global mental health crisis, with the World Health Organization (WHO) reporting a significant increase in the prevalence of anxiety and depression worldwide (WHO, 2022). This surge in mental health needs placed an unprecedented burden on healthcare systems, particularly on mental health professionals (MHPs) who served as frontline responders to the psychological fallout of the crisis (Drus, 2020; Litam & Balkin, 2021). Numerous studies have documented the profound mental health impact on healthcare workers (HCWs), including elevated rates of anxiety, depression, burnout, and post-traumatic stress symptoms (PTSD) (Ornell *et al.*, 2020; Smallwood, 2021; De Kock *et al.* 2021; Chutiyami *et al.*, 2022).

Unlike other HCWs, counselors and therapists faced a unique “dual role” challenge: they were not immune to the pandemic's chronic stressors, such as fear of infection, social isolation, and economic uncertainty, while simultaneously being tasked with supporting the escalating mental health needs of their clients (Gleeson, 2020; Litam & Balkin, 2021). This shared trauma created a natural experiment, shifting the research focus from simply documenting stress to understanding the intricate processes by which MHPs managed their own well-being and how this, in turn, affected their clinical work. The

central question became not if therapists were stressed, but how their personal coping strategies translated—or failed to translate—into professional resilience and perceived efficacy (Carver, 1997).

Professional efficacy, a cornerstone of counselor effectiveness, refers to a clinician's belief in their ability to successfully perform the tasks associated with their role and achieve positive client outcomes (Gori *et al.*, 2022). It is a key component of professional quality of life (ProQOL), which encompasses compassion satisfaction (the pleasure derived from helping others) and compassion fatigue (including burnout and secondary traumatic stress) (Stamm, 2010; Litam & Balkin, 2021). High professional self-efficacy is linked to greater job satisfaction, better session management, and a protective role against burnout (Daniels & Larson, 2001; Gori *et al.*, 2022). Conversely, the emotional exhaustion and depersonalization characteristic of burnout can severely diminish a counselor's sense of efficacy and their ability to care for clients (Rokach, 2020; Maslach & Leiter, 2008). The strategies counselors employ to cope with personal stress are therefore critical. Research distinguishes between adaptive strategies (e.g., mindfulness, positive reframing, seeking social support, self-care) and maladaptive ones (e.g., venting, substance use, self-blame, denial) (Carver, 1997; Litam & Balkin, 2021). Adaptive

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strategies are associated with resilience and reduced emotional distress, while maladaptive ones correlate with heightened anxiety and anger (Carver, 1997; Htay *et al.*, 2021). While a growing body of literature has examined these factors, most studies have been conducted in high-income, Western contexts (Pollock *et al.*, 2020; Hummel *et al.*, 2020).

This study addresses a significant gap by exploring these dynamics within the Lao People's Democratic Republic (Laos), a low- and middle-income country (LMIC) with a severely under-resourced mental health system. In Laos, mental healthcare is characterized by a profound shortage of trained professionals, with only a handful of psychiatrists and psychologists for a population of over 7 million (Courtenay, 2007; Qian *et al.*, 2016). The system relies heavily on general medical doctors with limited psychiatric training, primary care providers, and a burgeoning network of community-based programs and village health volunteers (VHVs) (Liverani *et al.*, 2024; WHO, 2021). This context is further complicated by significant cultural barriers, including widespread stigma against mental illness and a reliance on traditional or spiritual healing practices (Charlson *et al.*, 2017; Westermeyer, 1988). The pandemic exacerbated these existing challenges, increasing distress while limiting access to the few available services (Liverani *et al.*, 2024; WHO, 2021).

Given this unique environment, understanding how Lao counselors—a group defined broadly to include formal and informal providers—coped personally and professionally during the pandemic is of paramount importance. This research uses Interpretative Phenomenological Analysis (IPA) to provide a detailed examination of the lived experiences of these counselors. The study aims to answer the following research question: How did the personal coping strategies employed by counselors in Laos during the COVID-19 pandemic shape their perceived professional efficacy and resilience? By exploring the correlational themes between personal coping and professional practice, this study seeks to provide crucial insights for supporting the mental health workforce in Laos and other resource-limited settings.

## MATERIALS AND METHODS

### Research Design

This study employed a qualitative methodology, specifically Interpretative Phenomenological Analysis (IPA), to explore the lived experiences of counselors in Laos during the COVID-19 pandemic. IPA is exceptionally well-suited for this research, as it aims to provide a detailed, in-depth examination of how individuals make sense of their personal and social worlds (Smith, 2021). The approach is particularly valuable for investigating topics that are complex, emotionally laden, and difficult to articulate, such as the interplay between personal trauma and professional identity during a global crisis (Smith, 2015). The “double hermeneutic” of IPA, where the researcher tries to make sense of the participants

trying to make sense of their experience, allows for a rich, nuanced understanding grounded in the participants' own accounts while also offering an interpretative analysis of underlying themes and connections (Smith & Osborn, 2015).

### Study Setting: The Lao Context

The study was conducted in the Lao People's Democratic Republic, a setting that presents a unique and challenging environment for mental healthcare. Laos has one of the most under-resourced mental health systems in Southeast Asia, with an estimated treatment gap of 97.9% for mental and substance use disorders (Charlson *et al.*, 2017). As of recent reports, the country has only two senior psychiatrists and a single professor of general psychology to serve its entire population (Courtenay, 2007; Qian *et al.*, 2016). Formal mental health services are centralized in the capital, Vientiane, at Mahosot Hospital and the 103 Military Hospital, leaving an estimated 75% of the population in rural areas with no access to specialized care (WHO, 2021; Courtenay, 2007).

The national strategy relies on integrating mental health into primary care through the WHO's Mental Health Gap Action Programme (mhGAP) and leveraging a network of Village Health Volunteers (VHVs) (WHO, 2021; Liverani *et al.*, 2024). However, these primary care workers and volunteers often lack formal training and resources (Qian *et al.*, 2016). Compounding these systemic issues are significant socio-cultural barriers, including deep-seated stigma, a tendency to attribute mental illness to spiritual causes or karma, and a preference for consulting traditional healers or Buddhist monks. The COVID-19 pandemic further strained this fragile system, increasing psychological distress due to economic hardship and lockdowns while simultaneously disrupting access to care (Liverani *et al.*, 2024). In response, community-based initiatives like Gamlangchai and telehealth hotlines supported by organizations like UNFPA have emerged as critical, albeit nascent, components of the support network (Laotian Times, 2024; UNFPA, 2022).

### Participants and Sampling

A purposive sample of 70 participants was recruited for this study. Given the scarcity of formally licensed counselors in Laos, the term “counselor” was defined broadly to reflect the reality of the mental health workforce. Participants included (a) the few formally trained psychologists and social workers practicing in Vientiane; (b) general medical doctors and nurses assigned to mental health units; (c) staff and volunteers from NGO-led mental health initiatives and hotlines (e.g., Gamlangchai, Lao Youth Union); and (d) experienced Village Health Volunteers (VHVs) identified as key providers of psychosocial support in their communities. This heterogeneous sample was crucial in capturing the full spectrum of mental health support provision in the country. Recruitment occurred through partnerships with the Ministry of Health, the National University of Laos,

and local NGOs. Participants ranged in age from 24 to 58, with varying levels of experience and training. All participants had been actively providing counseling or psychosocial support services for at least one year during the pandemic.

### Data Collection

Data were collected between May 2023 and September 2024 through in-depth, semi-structured interviews. Each interview lasted between 60 and 90 minutes and was conducted in Lao by the two authors, who are fluent in the language and possess training in qualitative interviewing. Due to lingering pandemic-related concerns and geographical distances, interviews were conducted via a mix of in-person meetings (with appropriate safety measures) and secure video-conferencing platforms, a modality that gained traction in Laos during the pandemic (UNFPA, 2022). The interview guide was designed to be flexible, encouraging participants to share their stories in their own words. Key prompts focused on: (1) their personal experiences of stress, anxiety, and well-being during the pandemic; (2) the specific coping strategies they used in their personal lives (e.g., activities, social connections, spiritual practices); (3) their experiences in their professional role, including challenges and successes; and (4) their perceptions of how their personal coping intersected with and influenced their professional efficacy, confidence, and relationships with clients. All interviews were audio-recorded and transcribed verbatim, with identifying information removed to ensure anonymity.

### Data Analysis

The transcribed interviews were analyzed following the systematic process of Interpretative Phenomenological Analysis (IPA) (Smith *et al.*, 2021). The process involved several iterative stages for each transcript:

1. Reading and Re-reading: Each transcript was read multiple times to achieve deep immersion in the participant's account.
2. Initial Noting: Detailed exploratory comments were made on the transcript, focusing on descriptive, linguistic, and conceptual observations.
3. Developing Emergent Themes: The initial notes were transformed into more concise, psychological themes that captured the essence of the participant's experience.
4. Searching for Connections Across Emergent Themes: Themes were clustered and organized to identify patterns and relationships within a single interview, leading to a table of superordinate and subordinate themes for each participant.
5. Moving to the Next Case: This process was repeated for all 70 participants.
6. Looking for Patterns Across Cases: Finally, the themes from all participants were compared and contrasted to identify overarching, shared themes that represented the group's experience. This final stage focused on identifying the correlational patterns between types of coping strategies and expressions of professional efficacy.

The two authors conducted the analysis independently before meeting to discuss, compare, and refine the final superordinate themes to ensure analytical rigor and inter-rater reliability.

### Ethical Considerations

Ethical approval was obtained from the Institutional Review Board of the Kiettisack International School – Cambridge International College. All participants provided written informed consent after receiving a full explanation of the study's purpose, procedures, and their right to withdraw at any time. Confidentiality was paramount; all names and identifying details were replaced with pseudonyms in transcripts and reports. Recognizing that discussing these experiences could be distressing, a list of available mental health resources, including the national hotlines (e.g., 1362, 1554) and contacts for professional support, was provided to all participants (Laotian Times, 2024).

### Researcher Reflexivity

As qualitative researchers, we recognize that our own backgrounds, assumptions, and roles inevitably shape the research process—from data collection to interpretation. Both authors serve as teachers and trained mental health professionals (counselors, psychologists, and psychometricians) working within an international school in Vientiane, Laos. This dual identity positioned us as both insiders and outsiders in relation to the participants. As insiders, we share with participants a professional understanding of counseling, familiarity with the local mental health landscape, and lived experience of the pandemic in Laos. This facilitated rapport and allowed for nuanced probing during interviews, as participants often assumed a shared clinical language and contextual awareness. However, we were also outsiders in key respects: our employment within an international institution represents a position of relative privilege, with access to resources, supervision, and support systems that many local counselors lack. This may have influenced how participants presented their struggles—potentially emphasizing resilience or downplaying systemic criticisms in front of perceived “well-resourced” professionals. To mitigate potential biases, we engaged in continuous reflective dialogue throughout the research process. During analysis, we independently coded transcripts before comparing interpretations, actively challenging each other's assumptions about coping and efficacy. We also maintained a reflexive journal to document our emotional responses and preconceptions, particularly when encountering narratives of burnout or systemic failure that resonated with our own professional experiences. Ultimately, our aim was not to achieve neutrality—an impossibility in qualitative inquiry—but to practice reflexive rigor, acknowledging how our positions shaped the study while striving to center the voices and meanings of the participants themselves.

### Methodological Considerations and Limitations

A core feature of Interpretative Phenomenological Analysis is its focus on understanding individuals' personal perceptions and sense-making of their experiences. Consequently, this study prioritized the subjective experience of professional efficacy as narrated by the counselors themselves. While this approach is epistemologically consistent with IPA's aim to explore lived experience, it is acknowledged that professional efficacy was assessed through self-report rather than through external measures such as observational data, supervisor evaluations, or client-reported outcomes. This design choice was made for several pragmatic and contextual reasons. First, the fragile and overextended mental health system in Laos lacks the standardized supervision and outcome-monitoring infrastructure that would make such external ratings feasible or reliable. Second, given the broad and often informal definitions of "counseling" in this setting—encompassing volunteers and paraprofessionals—there were often no formal supervisors or measurable client records to consult. Third, the primary research question was explicitly focused on counselors' perceived efficacy and how it felt intertwined with their coping, a phenomenological inquiry best accessed through personal narrative. While this limits the objective validation of efficacy claims, it does not diminish the validity of the reported correlational patterns between what counselors believed about their effectiveness and the coping strategies they employed. The study's value lies in uncovering these perceived linkages, which are meaningful in their own right and form the basis of counselors' professional self-concept and motivation.

### Note on Sources and Contextual Data

Given the study's focus on the under-documented Lao mental health context, some references include reports from local NGOs, government bulletins, and reputable development organizations (e.g., UNFPA, WHO) that, while not always peer-reviewed, provide essential, timely, and often the only available documentation of system capacity, policy, and emerging services. These sources are used primarily to establish contextual background (e.g., system descriptions, workforce numbers, pandemic responses) rather than to support core psychological findings. All theoretical and empirical claims related to coping, efficacy, and burnout are grounded in peer-reviewed literature.

## RESULTS AND DISCUSSIONS

The Interpretative Phenomenological Analysis of the 70 interviews revealed a profound and complex interplay between the counselors' personal lives and professional roles during the pandemic. Three superordinate themes emerged, capturing the essence of their lived experience: (1) The Double-Edged Sword of Empathy: Navigating Personal and Professional Distress; (2) Forging Resilience through Adaptive Coping: The Efficacy-Building Nexus;

and (3) The Efficacy Drain of Maladaptive Coping: When Support Systems Fail. These themes illustrate a clear correlational pattern between the nature of personal coping and perceived professional efficacy.

### Theme 1: The Double-Edged Sword of Empathy: Navigating Personal and Professional Distress

Virtually all participants described the immense psychological toll of the pandemic. They were not just clinicians but also citizens, parents, and children grappling with the same fears and losses as their clients. This shared experience fostered a deeper empathy but also led to significant emotional exhaustion, a key component of burnout (Gambaro *et al.*, 2023; Rokach, 2020). Many participants, especially those in direct patient care roles, reported heightened anxiety and depressive symptoms, consistent with broader findings among HCWs (Smallwood, 2021).

A senior nurse from a Vientiane hospital, "Somphone," described this duality:

"Every day, I listened to patients who had lost their jobs, who were scared of the virus, who couldn't see their families. And I would go home and have the exact same fears. It felt like I was absorbing their pain all day and had no space left for my own. My ability to feel for them was my best tool, but it was also breaking me."

This sentiment was echoed by "Aloun," a volunteer for a youth hotline, who noted a "blurring of boundaries" between his role and his personal life. The fear of infecting family members was a particularly potent stressor, positively correlated with anxiety and anger (Carver, 1997). This led many to socially isolate themselves, further increasing feelings of loneliness and depleting their personal support systems (Bennett *et al.*, 2022). The result was a pervasive sense of being overwhelmed, which many felt directly compromised their professional quality of life, particularly by increasing burnout and decreasing compassion satisfaction (Litam & Balkin, 2021).

### Theme 2: Forging Resilience through Adaptive Coping: The Efficacy-Building Nexus

Despite the immense pressure, many counselors identified specific personal coping strategies that not only helped them "weather the storm" but also positively influenced their professional work. A strong correlation emerged between the use of adaptive coping mechanisms and a sustained or even enhanced sense of professional efficacy.

#### Sub-theme: Mindfulness, Self-Awareness, and Positive Reframing

Participants who engaged in practices that fostered self-awareness—such as mindfulness, journaling, or quiet reflection—reported a greater ability to manage their emotional responses and maintain psychological boundaries. This aligns with literature highlighting self-awareness as a crucial buffer against burnout (Rokach, 2020; Litam & Balkin, 2021). "Chanthi," a school

counselor, explained:

“I started a small daily practice of just sitting in silence for ten minutes. It didn’t solve the world’s problems, but it helped me separate my own anxiety from the anxiety of the students I was talking to. I could listen more clearly because I wasn’t drowning in my own noise. It made me feel more in control, more competent.”

This practice of creating internal space was often paired with positive reframing, a cognitive strategy of finding meaning or benefits in adversity. This strategy showed a strong negative correlation with anxiety and anger (Carver, 1997). Counselors who actively looked for moments of connection, strength, and community resilience felt more hopeful and effective. This process contributed to what some researchers call post-traumatic growth (Finstad *et al.*, 2021).

#### **Sub-theme: The Lifeline of Social and Community Support**

In the collectivist culture of Laos, seeking and receiving support from family, friends, and peers was the most frequently cited and impactful coping strategy. This finding resonates with studies identifying social support as a key protective factor against mental health symptoms (Smallwood, 2021; Charlson *et al.*, 2017). Participants who maintained strong interpersonal relationships felt less isolated and more validated in their experiences.

Crucially, this extended to professional peer support. Formal supervision is scarce in Laos (Qian *et al.*, 2016), so informal peer networks became vital. “Bounmy,” a VHV in a rural district, described how a small group of volunteers would connect via phone:

“We couldn’t meet, but we would call each other. We would share stories—not the details of the cases, but our feelings. ‘This was a hard day.’ ‘I feel so tired.’ Just hearing someone else say, ‘Me too,’ was like a lifeline. It reminded me I wasn’t failing, that this was just a difficult time for everyone. It gave me the strength to keep going.”

This sense of shared experience and mutual care directly bolstered their sense of professional efficacy. It normalized their struggles and reinforced their identity as part of a resilient community, a finding consistent with the mission of local peer-support initiatives like Gamlangchai (Laotian Times, 2024).

#### **Sub-theme: Spiritual Grounding and Cultural Integration**

Participants frequently drew upon Buddhist principles and local traditions to make sense of their experiences. For example, a Village Health Volunteer in Luang Prabang shared:

“When I felt overwhelmed, I would go to the temple, make offerings, and listen to the monk’s teachings on compassion. It reminded me why I do this work—it’s not just a job, it’s part of my path.”

This spiritual practice provided a culturally rooted form of self-care and purpose. Conversely, some spoke of the tension between biomedical training and community

expectations for spiritual explanations of mental illness, which at times undermined their professional confidence when their psychological approach was met with skepticism.

#### **Theme 3: The Efficacy Drain of Maladaptive Coping: When Support Systems Fail**

In stark contrast, participants who relied on maladaptive coping strategies reported a significant decline in their perceived professional efficacy. These behaviors were strongly correlated with heightened emotional distress and a negative impact on their clinical work.

#### **Sub-theme: Venting, Self-Blame, and Emotional Dysregulation**

Strategies such as venting (unconstructive complaining), rumination, and self-blame were strongly and positively correlated with higher levels of anger and anxiety (Carver, 1997). Participants who engaged in these patterns found themselves trapped in cycles of negativity that eroded their professional confidence. “Sida,” a young counselor at a private clinic, shared her experience:

“I would just complain all the time to my partner. About the workload, the fear, the clients. It wasn’t processing; it was just... venting. And I started blaming myself for not being ‘strong enough.’ In sessions, I felt distracted and irritable. I doubted every decision I made. I felt like a fraud.”

This experience aligns with the concept of depersonalization, a core dimension of burnout characterized by cynicism and a detached response to one’s job and clients (Maslach & Leiter, 2016). The inability to regulate their own emotions made it nearly impossible to create a safe, therapeutic space for others.

#### **3.3.2. Sub-theme: Avoidance and Substance Use**

A smaller but significant group of participants reported turning to avoidance strategies, including increased substance use (primarily alcohol), as a way to numb their distress. This coping mechanism was moderately correlated with increased anger and anxiety (Carver, 1997). This avoidance manifested professionally as disengagement. One participant described “just going through the motions” in his sessions, feeling emotionally disconnected from his clients. This not only diminished his sense of personal accomplishment but also risked harming the therapeutic alliance, a core competency for effective counseling (Jennings & Skovholt, 1999; Norcross & Lambert, 2019). The lack of accessible, confidential mental health support for counselors themselves created a vacuum where such maladaptive behaviors could take root, highlighting a critical systemic failure.

#### **Discussion**

This study’s exploration of counselors’ lived experiences in Laos during the COVID-19 pandemic offers a nuanced understanding of the critical relationship between personal coping and professional efficacy. The findings not only corroborate existing literature on HCW distress

but also provide unique insights from a severely under-resourced, non-Western context. The pandemic acted as a crucible, revealing how the personal resilience of counselors is not a desirable trait but an essential prerequisite for effective professional practice, especially when institutional supports are fragile or absent.

### **The Interdependence of Personal Well-being and Professional Efficacy**

The central finding of this study is the clear, correlational link between the nature of a counselor's personal coping strategies and their perceived professional efficacy. Participants who employed adaptive strategies like mindfulness, self-awareness, positive reframing, and seeking social support reported higher levels of compassion satisfaction and professional confidence. These practices align with the core competencies of an effective counselor, such as empathy, emotional sensitivity, and self-growth. By managing their own distress, these counselors were better able to maintain the therapeutic presence and emotional regulation necessary for their work. This supports the argument that self-care and self-awareness are not indulgences but ethical imperatives for preventing burnout and ensuring competent practice (Litam & Balkin, 2021; Rokach, 2020).

Conversely, those who relied on maladaptive strategies like venting, self-blame, and avoidance experienced a marked decline in efficacy, characterized by emotional exhaustion, depersonalization, and a reduced sense of accomplishment—the classic triad of burnout (Maslach & Leiter, 2016). This “efficacy drain” highlights the danger of unaddressed personal distress, which can corrode the therapeutic relationship and lead to poor client outcomes. The findings powerfully illustrate that a counselor's well-being is inextricably linked to the quality of care they can provide.

### **Systemic Fragility as an Amplifier of Personal-Professional Interdependence**

In high-resource settings, supervision, institutional support, and clear role boundaries can buffer the impact of personal distress on professional function. In Laos, the absence of such systemic buffers means the boundary between personal coping and professional efficacy is not merely permeable—it is nonexistent in practice. The pandemic exposed this reality: counselors were not just experiencing shared trauma with clients; they were navigating it within the same resource vacuum.

This transforms the coping-efficacy link from a matter of individual competency to one of structural survivability. When systems fail, the burden of resilience falls disproportionately on individuals and their immediate communities. This explains the severe “efficacy drain” observed with maladaptive coping: without institutional safety nets, personal coping failures directly and immediately translate into professional dysfunction. Thus, supporting counselors in such settings requires dual investment: in individual resilience skills and in

creating even minimal systemic buffers (e.g., structured peer support, accessible referral pathways).

Furthermore, the challenges faced by Lao counselors are deeply embedded in systemic issues. The national health workforce is plagued by a severe shortage of skilled personnel, maldistribution between urban and rural areas, inadequate compensation, and limited opportunities for professional development (Qian *et al.*, 2016). These pre-existing problems, exacerbated by the pandemic, create a high-stress, low-support environment that makes counselors exceptionally vulnerable to burnout.

### **Implications for Policy, Training, and Practice**

The findings compel a multi-tiered support framework for the mental health workforce in Laos:

1. Individual Tier: Training in culturally resonant adaptive coping (e.g., mindfulness integrated with Buddhist meditation principles).
2. Interpersonal Tier: Formalizing the informal—structuring peer networks into supervised, sustainable support groups.
3. Systemic Tier: Advocacy for policy changes that recognize counselor well-being as a prerequisite for system functionality, not a luxury.

### **Limitations and Future Research**

This study has several limitations. As a qualitative phenomenological study, the findings are not statistically generalizable but provide a deep, contextualized understanding of this specific group's experience. The broad definition of “counselor,” while necessary to reflect the Lao context, means experiences varied based on training and role. The reliance on self-perceived efficacy, while aligned with the study's interpretative aims, means efficacy was not triangulated with objective measures such as client outcomes or supervisor ratings—a necessary concession given the contextual constraints of Laos' mental health infrastructure, where such external metrics are largely unavailable.

Future research should employ mixed-methods designs to quantify the relationship between coping strategies, burnout (e.g., using the Maslach Burnout Inventory), and professional efficacy (e.g., using the Therapist Self-Efficacy Scale) alongside qualitative narratives. Longitudinal studies are needed to track how these dynamics evolve beyond the acute phase of the pandemic. Furthermore, exploring the experiences of clients who received care during this period would provide a valuable complementary perspective.

### **Cultural and Spiritual Dimensions of Coping and Efficacy**

While the collectivist nature of Lao society was evident in the primacy of social support, our analysis revealed that coping and professional identity were also deeply interwoven with spiritual and traditional belief systems. Many participants, particularly community volunteers and older counselors, framed resilience not only in

psychological terms but through a Buddhist-informed worldview. Suffering (dukkha) was often understood as an inherent part of life, and coping strategies included merit-making (boun), meditation (samathi), and seeking guidance from monks. This spiritual grounding provided a framework for acceptance and meaning-making, which functioned as a form of positive reframing distinct from Western cognitive models.

Furthermore, the concept of karma influenced both personal coping and professional efficacy in complex ways. For some, the belief in karma encouraged compassion and a sense of duty—seeing their counseling work as merit-building. For others, it could lead to fatalistic interpretations of client suffering or self-blame (“Have I done something to deserve this stress?”), potentially exacerbating maladaptive coping. This duality highlights how cultural and spiritual assets can both sustain and strain provider resilience.

The coexistence of traditional and biomedical healing systems also shaped professional efficacy. Several participants, especially VHV, described navigating between referring clients to formal services and respecting family preferences for traditional healers (mor baan). Counselors who could culturally integrate these systems—acknowledging the value of ritual and community healing—reported higher confidence and acceptance within their communities. Those who dismissed traditional practices sometimes experienced role conflict and reduced perceived efficacy.

Ignoring these cultural layers risks promoting a decontextualized model of resilience. Future interventions in Laos must engage with, rather than bypass, these spiritual and traditional frameworks. Training in culturally integrated counseling and facilitating partnerships between monks, traditional healers, and mental health workers could enhance both counselor efficacy and community trust.

## CONCLUSION

“Weathering the Storm” required Lao counselors to draw heavily on their inner resources and community ties in the face of a global crisis and a fragile health system. This study demonstrates that the boundary between a counselor’s personal well-being and their professional effectiveness is not only permeable but fundamentally interdependent. Adaptive personal coping strategies are not merely beneficial; they are a core professional asset that fuels resilience, prevents burnout, and sustains the capacity for compassionate care. The findings issue a clear call to action for policymakers and healthcare leaders in Laos and beyond: to build a resilient mental health workforce, we must invest in the well-being of the providers themselves. By integrating self-care into training, formalizing peer support, and addressing systemic weaknesses, we can better equip these vital frontline responders to not only survive the next storm

but to thrive in their critical mission of healing others.

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