"Jim you are a swayback mule,

You're broken 'cause you care you fool.

Get them wagon wheels untracked,

'Cause you can't pull shit with a broken back."

Matt Patershuk ~ Outside the Lights of Town

University of Alberta

Self-Compassion Among Psychotherapists: A Phenomenological Analysis

by

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A thesis submitted to the Faculty of Graduate Studies and Research
in partial fulfillment of the requirements for the degree of

Master of Education
in
Counselling Psychology

Educational Psychology

Spring 2013
Edmonton, Alberta

Abstract

Self-compassion has become a focus for psychology research and practice, in part, due to its many psychological benefits, including life satisfaction, social connectedness, self-awareness, improved mental health, and a supportive attitude toward the self (Gilbert & Proctor, 2006; Neff, 2003b; Neff, Kirkpatrick, & Rude, 2007). However, self-compassion among psychotherapists has yet to be thoroughly researched, and may have benefits for therapist well being and therapeutic outcomes. This study sought to understand how psychotherapists experience and interpret self-compassion. Seven registered psychologists took part in semi-structured interviews. Data was analyzed using Interpretative Phenomenological Analysis to identify themes in the data (Chapman & Smith, 2002). Seven themes emerged: (1) self-acceptance, (2) self-understanding, (3) growth from life experience, (4) self-care, (5) being in the here and now, (6) gaining perspective, and (7) enhancing psychotherapy. Psychotherapists may benefit from professional development to enhance self-compassion. Future directions could include quantitative research in this area.

Acknowledgments

I would like to express my gratitude to anyone who touched this document in some way. Whether through suggestions, interesting conversations, or a glass of red and a few laughs – I thank you.

A few specific mentions are in order. To Chris, you have supported me in all the right ways at the right times – we made it through this together. To my parents, Mary and Peter, and my brother Matthew, you gave me the needed support and encouragement in this journey, and in all my journeys in life. Matthew, Saionne, Rose, and Violet thank you for quiet moments in the country, crafting with glitter glue, a home for Calvin, and all of your pets – they add happiness and humor every time. All of you have loved and supported me in ways that I am not nearly eloquent enough to express.

To Susan, Warren, Paul, and Jenise, thank you for excellent vegan and gluten-free dinners, your sympathetic ears, and wise advice. I promise to stop talking about this at dinner now.

To my classmates, should you ever be so unfortunate as to read this document, most of all I appreciate our many 'Whine & Wine' nights. You have all left a mark on my life through your caring, words of wisdom, and humor. What I have learned here did not come from a textbook.

I would like to thank Dr. Jessica Van Vliet for her guidance and knowledge, which shaped this project. To my supervisor, Dr. Derek Truscott, thank you for helping me make it to the light at the end of the tunnel. By the end of this process, I rediscovered the spark that brought me here in the first place.

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Self-Compassion Among Psychotherapists: A Phenomenological Inquiry

Self-compassion has recently generated significant interest in psychology research and practice. It is related to many psychological benefits, such as life satisfaction, a sense of social connectedness, self-awareness, improved mental health, and a supportive attitude toward the self (Gilbert & Proctor, 2006; Neff, 2003b; Neff, Kirkpatrick, & Rude, 2007). Furthermore, those with high self-compassion have an increased motivation to engage in healthy behaviours, and they are more likely to engage in activities that interest them (Neff, Hseih, & Dejitthirat, 2005). Similarly, individuals who are self-compassionate may see their abilities and limitations more clearly, which leads to more effective goals and decisions (Neff, 2003a). Self-compassion is negatively related to several mental health concerns, such as self-criticism, depression, anxiety, rumination, thought suppression, and perfectionism (Neff, 2003b). Given the positive impact of self-compassion on psychological functioning, psychotherapists have begun to focus on promoting self-compassion among their clients (Gilbert, 2010). To do so, psychotherapists must be able to model these qualities in the therapeutic relationship, as congruence is essential for therapeutic change (Norcross, 2002; Rogers & Truax, 1967). We do not know, however, the ways in which therapists understand or experience self-compassion.

Recently, there has been an emphasis on therapist effects in influencing psychotherapy outcomes (Blow, Sprenkle, & Davis, 2007; Dinger, Strack, Leichsenring, Wilmers & Schauenberg, 2008). Norcross (2002) emphasized the importance of warmth, empathy and the therapeutic alliance in psychotherapy outcomes, highlighting the importance of the psychotherapist's contributions to

effective therapy. Moreover, psychotherapists model congruence to foster the client's deep contact with emotional experiences and to nurture a growth-promoting therapeutic relationship (Rogers & Truax, 1967). Therapist self-care and self-reflection have been noted as central to well being and effective work with clients (Schure, Christopher, & Christopher, 2007; Shapiro, Brown, & Biegel, 2007). By showing compassion toward the self, psychotherapists may be able to promote this quality in clients through the therapeutic alliance. Thus, research on how psychotherapists perceive and experience self-compassion may help develop a better understanding of how this quality can be nurtured.

Relevance to Counselling Psychology

The importance of understanding self-compassion among psychotherapists is highlighted by the professional roles of counselling psychologists. Gelso and Fretz (2001) have identified five themes, which describe these roles, and help to define the core identity of the profession. First, the authors note counselling psychology's focus on intact personalities, and generally higher functioning clients. Self-compassion is an aspect of a healthy personality, and among psychotherapists, this study's focus on self-compassion hopes to gain insight about those who are functioning well within their therapeutic role.

Second, Gelso and Fretz (2001) describe counselling psychology's focus on assets, strengths, and the potential for change. Greater knowledge of self-compassion among psychotherapists may contribute to a focus on strengths, for both therapists and clients. It may also be important in motivating positive growth and change (Neff, Rude, et al., 2007).

Third, the authors describe counselling psychology's focus on brief interventions as a defining theme in the profession. Self-compassion has been incorporated within other brief interventions (Gilbert & Proctor, 2006), and a short-term focus on the enhancement of self-compassion may benefit psychotherapists in their practice.

Fourth, Gelso and Fretz (2001) identify the focus on context and person-environment interactions in counselling psychology. Studying self-compassion among psychotherapists directly acknowledges the therapeutic context and person-environment interactions as part of the experience of self-compassion.

Fifth, the authors describe counselling psychology's focus on educational and career development. For psychotherapists, self-compassion may influence career development. In addition, self-compassion has been found to relate to learning and motivation (Neff et al., 2005).

Description of the Study

This study sought to answer the question: How do psychotherapists experience and interpret self-compassion? To explore this question, the study used Interpretative Phenomenological Analysis (IPA), which is commonly used to explore the lived experiences and the meaning of experiences from the perspectives of participants (Chapman & Smith, 2002; Smith & Osborn, 2003). This research addresses how participants perceived the impact of self-compassion in their personal and professional lives. Given the importance of self-compassion in a variety of contexts (Gilbert & Proctor, 2006; Neff et al., 2005; Neff, Kirkpatrick, et al., 2007; Neff, Pisitsungkagarn, & Hseih, 2008) and the importance of therapist effects in psychotherapy outcomes (Blow et al., 2007; Dinger et al., 2008), psychotherapist self-

care (Shapiro et al., 2007; Schure et al., 2007), and reflective practice (Steadmon & Dallos, 2009), this study may improve our understanding of self-compassion in these contexts, and potentially enhance the well being of therapists and clients.

Literature Review

Definitions and Conceptualizations of Self-Compassion

Compassion is central to the teachings of Theravada Buddhism. Compassion has been described as an ability to be sensitive to others' suffering, aware of the pain of others and present with these negative experiences (Bennett-Goleman, 2001; Brach, 2003; Kornfield, 1993; Salzberg, 1997). A compassionate person develops a desire to alleviate the negative feelings of others and feels kindness toward them (Wispe, 1991). Similarly, any mistakes or transgressions by others are seen as part of a shared nature of humans to err or make poor decisions. In self-compassion these processes and qualities are directed toward the self (Neff, 2003a).

Specifically, Neff (2003a) identified three components of self-compassion. First is self-kindness, or the ability to be kind and nonjudgmental toward one's own experiences. Second is common humanity, or seeing one's own struggles in the context of greater human suffering, rather than as isolating experiences. Third is mindfulness, a balanced awareness of painful experiences and emotions. This includes the ability to face such emotions without over-identification or dissociation to avoid unpleasant internal states. Self-compassionate people are touched by their personal suffering, aware of their negative emotions, and are willing to heal the self through kindness and non-judgment. Individuals are able to see their mistakes as part of the shared human experience.

Self-compassion does not suggest ignoring one's mistakes or shortcomings, but rather encouraging healthy activities for the self that promote well being in a kind and sensitive way (Neff, 2003a). Accordingly, a self-compassionate person does not sharply criticize the self for mistakes or imperfections to spark self-improvement.

Instead, self-compassion creates a safe space where an individual can give up harmful practices and develop new, healthy ones to promote well being (Neff, 2003a). As such, self-compassion provides the kindness and non-judgment necessary to promote positive change.

Gilbert's (2005) work on compassion and self-compassion is complementary to Neff's (2003a) perspective on self-compassion. Gilbert (2005) listed several qualities that define compassion: the desire to care for another, recognition and sensitivity to distress (rather than avoidance or dissociation), sympathy (feeling emotion in response to distress), distress tolerance (ability to experience distress and painful experiences in another), empathy (being able to understand another's distress), non-judgment, and emotional warmth. Gilbert described self-compassion as these qualities applied to one's relationship to the self. People who are self-compassionate develop concern for their own well being, are sensitive, sympathetic and experience their own distress. They have a deep understanding of the reasons for their suffering and are non-judgmental with their own experiences. Fundamentally, those who develop self-compassion have warmth and kindness directed toward themselves.

Gilbert's understanding of compassion and self-compassion is grounded in his psychoevolutionary theory of social mentality, known as social mentality theory (Gilbert, 1989; 2000; 2005). This theory assumes that humans co-create a variety of role-relationships to solve social challenges. Through social signals, different areas of the brain can be activated, turning on the physiological systems that are associated with social mentalities. For example, a threatening exchange may lead a person to take on a submissive role in relation to a threatening or dominating other. Gilbert

(2005) listed five common social mentalities, including: care eliciting, care giving, cooperative, social ranking, and sexual. Compassion and self-compassion are most closely linked with the caregiving mentality, which involves investments of time, energy, resources, and care to ensure the survival of another (Gilbert, 1989, 1993).

Gilbert described three affect systems activated in the co-creation of social mentalities (Gilbert, 2005). These systems can be activated by both external (e.g. social signals) and internal stimuli (e.g. thoughts). The first affect system, the incentive/resource seeking system, is active in seeking rewards through action and achievement. It is often associated with emotions such as excitement and curiosity. If this system's drive to seek resources is unfulfilled, an individual may experience a host of negative emotions, such as frustration and fear (Gilbert, 2005).

The second affect system is the soothing/contentment-affiliative system, linked to feelings of safeness that arise from social connections and caring. This system may be particularly important in interpersonal attachment and warmth (Gilbert, 2005). The soothing/contentment-affiliative system is behaviourally de-activating, creating feelings of soothing, calming and social connectedness (Carter, 1998; Depue & Morrone-Strupinsky, 2005). The soothing/contentment-affiliative or warmth-affiliation system is the foundation for the development of the calm and caring reactions required for compassion towards the self and others. Compassion is understood as a product of attachment to a significant person (usually a parent) in infancy. If the infant in distress receives caring and compassionate responses from the caregiver, the person is able to internalize self-compassion and use self-soothing behaviours. The person develops empathy, tolerance for distressing emotions and experiences, as well as the ability to show care and compassion toward the self and

others (Gilbert, 2005; 2009). If, however, an infant does not experience compassion or experiences harsh negative responses from caregivers, the person may not develop the ability to self-soothe. Instead, the individual may be harshly self-critical, accompanied by experiences of shame (Gilbert, 2005; 2009).

The third affect regulation system, the threat/self-protection system (Gilbert, 2005; 2009; Marks, 1987), is key for coping with threats and danger. It is activated in response to perceived threats, both external (e.g. physical threat, hostility) and internal (e.g. self-criticism). This may generate a fight, flight, submissive or avoidant response. The limbic system is activated by threats of harm (LeDoux, 1998), and this activation may underlie the threat-defensive system, resulting in emotional reactions to threat such as fear, anger, and shame. This system can become over-developed without healthy attachments to caregivers, with a lowered threshold for stress to better protect the self from potential dangers. The Threat/Self-Protection system becomes sensitized to perceived threats and status in relation to others to keep the self safe (Gilbert, 2005; 2009). Abuse and neglect are believed to undermine the development of the self-soothing system, and may lead to abnormalities in brain development (Gerhardt, 2004; Schore, 2001). Gilbert and Irons (2005) suggested that the development of a healthy Soothing/Contentment-Affiliative system can promote compassion toward the self and others, and reduce the impact of internally generated threats, such as self-criticism.

Self-criticism is a form of relating to the self, where one part of the self is hostile, angry and/or critical to the self (Gilbert & Irons, 2005). Gilbert and Proctor (2006) noted that people may respond to internal and external stimuli as if they are the same. Thus, our brains may treat self-critical statements as though they are real,

threatening social signals. To cope with the onslaught of criticism from one part of the self, another part may respond to these perceived threats with stress, anxiety and depression. A dominant-subordinate social mentality characterizes the interaction between the parts of the self. As such a pattern continues, the neural pathways responsible for these reactions may acquire a retrieval advantage (Brewin, 2006). Individuals may also attack the self for their submissive behaviours in reaction to these attacks, compounding the self-critical patterns. Self-criticism is associated with many mental health concerns, it is reported to increase vulnerability to psychological disorders such as depression, and the risk of relapse (Gilbert & Irons, 2005; Murphy et al., 2002; Tangney & Dearing, 2002; Zuroff, Santor, & Mongrain, 2005).

Shame is associated with self-criticism (Gilbert & Miles, 2000). Shame can be understood as an emotional experience, which is characterized by self-blame for life events, a sense of global failure of the self, and feeling powerless to change one's life circumstances (Tangney, 1996; Tangney & Dearing, 2002). Reactions to shame may result in withdrawal from social relationships, depression, and irritability (Tangney, 1996). Like self-criticism, shame increases vulnerability to a range of psychological disorders (Tangney & Dearing, 2002). For example, Cheung, Gilbert, and Irons (2004) found shame and inferiority were often a focus for rumination and that these feelings were associated with depressive rumination. Gilbert, Allan and Goss (1996) found experiences of shame in childhood increased vulnerability to interpersonal problems and psychopathology.

Gilbert (2005) described two qualities that may underlie the harmful effects of shame and self-criticism. First, these emotions are related to the degree of hostility or revulsion toward the self (Gilbert, 2000; Whelton & Greenberg, 2005). Second,

shame and self-criticism dominate in the absence of the ability to generate warmth and kindness toward the self (Gilbert, 2000; Neff 2003a; Whelton & Greenberg, 2005). Rather than engaging in harsh self-criticism, those who are self-compassionate are kind to themselves. They have tolerance for distressing emotions and have a self-to-self relationship based on warmth, care and compassion for the self. Self-compassion is negatively related to such self-attacking behaviours (Neff, 2003b; Neff, Kirkpatrick, et al., 2007).

Benefits of Self-Compassion

Self-compassion buffers many negative mental states and mental health concerns. A number of studies have found self-compassion to be negatively associated with anxiety and depression (Neff, 2003a; Neff et al., 2005; Neff, Kirkpatrick, et al., 2007; Neff et al., 2008). In a study by Neff (2003a), self-compassion was negatively related to depression and trait anxiety. In a cross-cultural study, self-compassion was negatively associated with depression in the United States, Thailand and Taiwan (Neff et al., 2008). Interventions intended to increase self-compassion are also associated with alleviating negative mental states. Neff, Kirkpatrick, and colleagues (2007) documented the influence of a gestalt two-chair exercise on self-compassion and well-being. The goal of the intervention was to assist the self in challenging the self-critical voice, consequently becoming more empathic toward the self. Increased self-compassion was related to decreases in levels of self-criticism, depression, and anxiety.

Self-compassion can buffer against self-attacking coping strategies. Those who are self-compassionate also have fewer negative coping strategies such as rumination, thought suppression, and perfectionism (Neff, 2003b; Neff, Kirkpatrick,

et al., 2007). Neff and colleagues (2005) identified undergraduates who viewed their midterm grade in a challenging course as a failure. Self-compassionate students coped better with academic failure, using more positive emotionally focused coping strategies, such as acceptance, and fewer avoidance-oriented strategies, such as denial. Thus, self-compassion is negatively associated with detrimental coping strategies and positively associated with helpful ones.

In addition to being protective against many negative psychological outcomes, self-compassion is related to many positive psychological characteristics. It is related to a sense of social connectedness, self-awareness, and a supportive attitude toward the self (Gilbert & Proctor, 2006; Neff, 2003b; Neff, Rude, et al., 2007). Gilbert and Proctor (2006) completed a pilot study of compassionate mind training (CMT), a therapeutic approach designed to enhance self-compassion among those who struggle with self-criticism and shame. Clients were encouraged to develop self-compassion, and their abilities to self-soothe and reassure the self increased. Clients experienced a significant decrease in symptoms of depression, anxiety, shame, self-criticism, inferiority, and submissive behavior.

Neff (2009) suggested that those who are self-compassionate have many of the strengths documented by positive psychology researchers (Seligman & Csikzentmihalyi, 2000). Neff, Rude, and Kirkpatrick (2007), considered self-compassion's relationship to a range of personality characteristics. Happiness and optimism were strongly related to self-compassion, which may be related to the lack of rumination among those who are self-compassionate (Neff, 2003b). Self-compassion was strongly related to reflective wisdom (Neff, Rude, et al., 2007), which Ardelt (2003) described as the ability to view reality accurately and cultivate

personal awareness and insight. Neff, Rude, and Kirkpatrick (2007) found that self-compassion was related to curiosity and exploration, or focusing on and seeking out novel and demanding experiences (Kashdan, Rose, & Fincham, 2004). They also identified associations between self-compassion and the 'big five' personality traits of the NEO-Five Factor Inventory (NEO-PI, Costa & McCrae, 1992). Higher levels of self-compassion were related to lower levels of neuroticism, while higher levels of self-compassion were related to higher levels of agreeableness, extroversion and conscientiousness. Accordingly, self-compassion appears to be positively related to helpful traits, and be negatively related to more avoidant or anxious states.

Related to Neff, Rude, and colleagues' (2007) finding that happiness, optimism, and positive affect are positively related to self-compassion, high levels of compassion for the self and others have been linked with activity in the left pre-frontal cortex, an area of the brain related to feelings of joy and optimism (Lutz, Greischar, Rawlings, Ricard, & Davidson, 2009). Activity in the left pre-frontal cortex was greatest in experienced meditators engaged in compassion meditation. These brain areas are associated with positive affect. This suggests that those who are highly compassionate with the self and others, such as experienced meditators, may be activating areas of the brain associated with well being, suggesting a potential explanation for self-compassion's relationship with many positive psychological qualities.

Neff (2009) pointed out that those who are self-compassionate are not simply optimistic. Self-compassion decreased anxiety when participants were asked to write about their greatest weakness, while self-esteem did not (Neff, Kirkpatrick, et al., 2007). This was not the result of self-compassionate individuals ignoring their

weaknesses, however, as they used an equivalent number of negative emotion words as those lower in self-compassion. The authors suggest that unlike self-esteem, self-compassion moderates anxiety in response to an 'ego threat'. Self-compassion includes the ability to hold negative emotions in awareness without ignoring the negative aspects of experience (Neff 2003a). This awareness of negative emotion led Neff (2003a) to suggest that individuals who are self-compassionate see their abilities and limitations more clearly, which leads to more accurate goals and decisions.

Self-compassion is also linked to learning, motivation and self-improvement. It is related to higher levels of motivation to improve personal health and well being, and the desire to make changes toward these goals (Neff, Rude, et al., 2007; Neff et al., 2005). Neff (2009) suggested that people who are self-compassionate engage in learning and growth, as they are able to be kind to themselves when they fail, rather than being highly critical of themselves. Neff, Rude, and colleagues (2007) found undergraduates who were high in self-compassion also scored highly on a measure of personal growth, indicating an interest in active self-development.

Although self-compassionate individuals were found to be interested in personal development (Neff, Rude, et. al., 2007), they have not been found to be overly perfectionistic. Neff (2003a) reported a negative relationship between self-compassion and neurotic perfectionism, defined as distress resulting from the gap between one's performance and personal standards (Slaney, Rice, Mobley, Trippi, & Ashby, 2001).

Neff and colleagues (2005) studied the relationship between self-compassion, academic achievement goals, and perceived academic failures among undergraduates. Self-compassion was positively related to mastery goals among undergraduates, while

there was a negative relationship between self-compassion and achievement goals. Students with mastery goals have an intrinsic desire to gain skills and understand their area of interest. In contrast, those with performance based goals want to enhance their self-worth by succeeding academically, or to preserve their self-worth by avoiding failure (Ames, 1992; Covington, 1992; Dweck, 1986). Those high in self-compassion have an accepting attitude toward themselves that is not based on extrinsic evaluations (Neff, 2005). Neff and colleagues (2005) found those with higher levels of self-compassion also scored highly on a measure of intrinsic motivation. Accordingly, those with high self-compassion may engage in activities that interest them for intrinsic reasons (Neff et al., 2005). Similarly, Magnus (2007) found women with higher levels of self-compassion had more intrinsic motivation to exercise and were more comfortable with their bodies.

Neff (2009) suggested that because there is less fear of failure, self-compassionate people grow from their failures as they do not see them as damaging their self-worth nor are they threatened by such events. Instead, self-compassionate people continue to strive and grow despite setbacks. Nor is personal growth designed to bolster an individual's self-image, but is motivated by concern for the self by extending care through healthy choices.

For example, Adams and Leary (2007) examined the effect of a self-compassionate stance on eating behaviours. Participants who thought self-compassionately about eating a donut ate less candy later in the experiment than those who were not instructed to think in a self-compassionate way. Self-compassion may promote healthier habits as individuals can refocus on their goals, rather than focusing on setbacks.

Self-Compassion in Relationships

There is some evidence that self-compassion is helpful not only for individuals, but also in relationships. Neff (2006) found that partners of people who were high in self-compassion rated their partners as more emotionally connected, accepting, and supportive. Those high in self-compassion were also perceived by their partners to be less emotionally cold, controlling and aggressive. Higher self-compassion was positively related to satisfaction with the relationship and a more secure attachment between partners. Neff (2006) suggests that self-compassionate people are more emotionally available to their partners, as by investing in their own well being, they have more positive emotionality to share with their significant other.

However, the relationship between self-compassion and compassion for others is mixed. It is unclear whether self-compassion promotes kindness toward others or moderates it (Neff, 2008). Those with high self-compassion were more forgiving of transgressions than people low in self-compassion. They were more likely to see another person's viewpoint, and felt less distress when thinking about others' suffering (Neff, 2008). Greater exploration of this relationship may be central to understanding the role of self-compassion and compassion in the therapeutic relationship.

Self-Compassion Compared with Self-Esteem

Self-compassion has been suggested as an alternative to self-esteem, as a measure of psychological well being (Neff, 2003a). Although they have many parallels, they are distinct constructs. Self-esteem is described as a positive view of the self and a belief that the self is valued by others (Leary & MacDonald, 2003). It involves comparing one's own performance with set standards in areas an individual

considers important (Baumeister, Smart, & Boden, 1996). Self-esteem includes an awareness of how others perceive the self and social comparisons with others (Deci & Ryan, 1995).

Deci and Ryan (1995), have used the term true self-esteem to describe a positive view of the self that does not hinge on events or social appraisals. The term optimal self-esteem has also been used to describe a robust, positive attitude toward the self (Kernis, 2003). Neff and Vonk (2009) suggested true or optimal self-esteem may actually reflect self-compassion. The authors found that self-compassion and global self-esteem were related and both were associated with well being. Self-compassion was uniquely associated with less ego reactivity (e.g. need for social approval, rumination) and was stable across time. Self-esteem, however, provides no benefits for psychological health over and above those that self-compassion provides. Accordingly, Neff and Vonk (2009) suggested measures of healthy self-esteem may reflect self-compassion, and that self-compassion is a helpful alternative to traditional views of self-esteem.

Self-esteem has been heavily promoted as important for psychological well being (Rosenberg, 1979; Steinhem, 1992). It is not clear, however, that high self-esteem is as beneficial as once thought. Individuals with very high self-esteem may use dysfunctional strategies to maintain a high estimation of themselves (Blaine & Crocker, 1993; Crocker & Park, 2004). They may behave in narcissistic ways (Morf & Rhodewalt, 2001), blurring the line between high self-esteem and narcissism – a pattern of maladaptive behavior resulting in interpersonal difficulties (Campbell & Baumeister, 2001). High self-esteem can lead to narcissism, self-absorption, and self-centeredness (Damon, 1995; Seligman, 1995). According to Baumeister, Smart, and

Boden (1996), it can also be described as pride, egotism, and arrogance. Given a very positive view of the self, an accurate understanding of oneself can be lacking in those with high self-esteem. As individuals try to protect their self perception, they shy away from any perceived shortcomings (Baumeister, Heatherton, & Tice, 1993). For such individuals, areas for personal growth may be difficult to identify, as they minimize personal weaknesses or blame failings on external factors (Sedikides, 1993). The need to protect feelings of self-worth may lead these individuals to maintain an inflexible mentality that is unable to incorporate different views (Jost, Glaser, Kruglanski, & Suloway, 2003; Taris, 2000). Personal relationships may be taxed, as seeing the self in a positive light may lead those with high self-esteem to see others less favourably, as this allows them to see themselves as comparatively better (Crocker, Thompson, McGraw, & Ingerman, 1987). Similarly, high self-esteem is related to increased prejudice toward the out-group (Aberson, Healy, & Romero, 2000; Crocker, Thompson, McGraw, & Ingerman, 1987). It has been suggested to underlie violence, in cases where a person or an experience disrupts favorable evaluations of the self, which leads to retaliation (Baumeister, Smart, & Boden, 1996; Bushman & Baumeister, 1998). Accordingly, high self-esteem may not be as helpful as once thought in understanding an individual's well being.

Self-compassion and self-esteem are both indicators of well being and healthy self-concept. Self-esteem has been linked to improved academic performance (Hansford & Hattie, 1982), work performance (Judge & Bono, 2001), interpersonal relationships (Keefe & Berndt, 1996), and leadership (LePine & Van Dyne, 1998). It is important to note, however, that self-compassion may be a better indicator of healthy self-concept as it lacks the evaluative nature of self-esteem (Leary, Tate,

Adams, & Allen, 2007; Neff & Vonk, 2009). Self-compassion is encompassing rather than comparative, through its focus on self-kindness, common humanity, mindfulness and self-soothing (Neff, 2003a; Gilbert & Proctor, 2006). By contrast, self-esteem is based upon comparison in areas of importance, including evaluating social and performance domains (Deci & Ryan, 1995). Leary and colleagues (2007) exposed participants to embarrassing situations and unflattering feedback about the self. Those with higher levels of self-compassion had more moderate reactions to negative events than those with higher levels of self-esteem.

Along with self-compassion's relationships with many positive aspects of psychological functioning (see Neff 2003a; Neff 2003b; Gilbert & Proctor, 2006; Neff, Rude, et al., 2007), self-compassion may be a more balanced measure of psychological health than self-esteem.

Self-Compassion Compared to Self-Pity

Although they have parallels as self-focused emotions, self-compassion and self-pity are distinct. Pity leaves people feeling detached from others, with a sense of relief that they have escaped the situation of the pitied person (Neff, 2003a). In contrast, compassion embodies a sense of connectedness and shared humanity (Neff, 2003a). Thus, self-pity entails an over involvement in one's own problems, while ignoring the concerns of others. People who feel self-pity think they are the only ones who are suffering and often exaggerate their pain. In contrast, people who have a sense of self-compassion feel connected to others and are able to see their suffering as part of shared human experience (Neff, 2003a). Similarly, self-pity and self-compassion are different in how people identify with suffering. In self-pity, individuals are consumed by their negative feelings. Bennett-Goleman (2001) refers

to this process as "over-identification", where an individual is so involved with their negative feelings that they are unable to gain an alternative perspective or interpretation of the situation. Conversely, in self-compassion, individuals do not over-identify with their emotions as they focus on self-kindness and non-judgment. As such, pity and self-compassion are different in their understanding of self-focused and negative emotions.

Self-compassion does not involve avoiding or repressing negative emotions. Individuals must acknowledge painful feelings to experience self-compassion in regard to such experiences. This balance of acknowledging negative feelings without over-identification is also known as mindfulness (Bennet-Goleman, 2001; Kabat-Zinn, 1994). Mindfulness is a harmonious state that involves the ability to clearly see and accept psychological states, without dissociation or over-identification. In this state, thoughts and feelings are observed as they are, rather than seen as an evaluation of the self (Martin, 1997).

Cross-Cultural Research on Self-Compassion

There is little research on self-compassion across cultures, but some preliminary studies exist. Neff et al. (2008) compared levels of self-compassion among undergraduates in the United States, Thailand and Taiwan. They found that self-compassion was highest among Thai participants and lowest among Taiwanese participants with those from the Unites States falling in between these two extremes. The authors suggested that differences are due to cultural differences between these three countries. Self-compassion was highest in Thailand, where Theravada Buddhism is practiced by most of the population (Limanonda, 1995). Theravada emphasizes the importance of compassion, and self-compassion developed from

these Buddhist ideas (Neff, 2003a). Thai culture emphasizes self-kindness and an acceptance of one's shortcomings.

In contrast, Taiwanese culture is heavily influenced by Confucian philosophy, which stresses the importance of proper conduct, appropriate social relations, the importance of humility, and self-development to ensure group harmony (Zhang, 2003). Shame is considered a means for self-improvement, and is a common parenting strategy (Fung, 1999; Tamis-LeMonda, Wang, Koutsouvanou, & Albright, 2002). Parents typically used threats of abandonment to provoke shame, coupled with criticism and judgment to correct children's misbehaviour (Fung & Chen, 2001). Neff and colleagues (2008), suggest that Taiwanese culture results in low-levels of self-compassion due to a focus on shame, judgment, and threats of isolation to encourage self-development.

Lastly, American participants were moderately self-compassionate. American culture does not focus on self-criticism and often focuses on self-enhancement, yet there is also an element of stoicism, which may prevent individuals from giving themselves compassion during difficult times. These two opposing forces explain the moderate levels of self-compassion among Americans. Given the variation among Thai, Taiwanese and American participants, Neff and colleagues (2008) suggest that there are cultural differences in self-compassion, influenced by the values and norms of a particular group.

Etiology and Development of Self-Compassion

The influence of self-compassion has been documented, but its etiology is unclear. There is evidence that there are both learned and innate aspects of self-compassion (Gilbert, 2010). Neff, Rude, and colleagues (2007) asked undergraduate

students to complete a measure of self-compassion and a measure of the 'big five' personality traits (NEO-PI, Costa & McCrae, 1992). Self-compassion was most strongly negatively related to neuroticism. The authors noted many features of neuroticism could describe people with low levels of self-compassion. For example, neuroticism is characterized by self-judgment, isolation, and rumination. Conversely they found self-compassion was positively related to agreeableness, extraversion, and conscientiousness. There was no relationship with openness to experience. Neff (2007) suggested that the social sensitivity associated with agreeableness and extraversion may facilitate seeing personal concerns kindly and in the context of common human experience. Conscientiousness may heighten awareness of one's own needs and help a person respond in an objective manner. Yet, when controlling for the 'big five' traits, self-compassion had its own unique effect on psychological health, and was not merely attributable to these personality traits. Neff (2009) notes that the direction of the relationship between the 'big five' personality traits and self-compassion is not yet known. Self-compassion may develop from personality traits, or high self-compassion may develop a healthier personality.

Gilbert's (2005) view of the development of self-compassion is based on the evolutionary attachment model described earlier. He suggests early experiences with caregivers lead to the development or lack of development of the Soothing/Contentment-Affiliative system. Thus, children who receive warmth, safety and caring from caregivers develop the ability to treat themselves compassionately. Those who are raised in stressful or emotionally cold environments are less able to treat themselves kindly and tend to be self-critical (Gilbert & Proctor, 2006). Such individuals do not have an adequate self-soothing system, or internal

models of compassion to rely upon. Children may develop defense mechanisms of self-blame, as they cannot place responsibility on those in positions of authority for their maltreatment, thus disrupting the development of a self-soothing system.

There is some preliminary support for Gilbert's (2005) hypothesis. Neff and McGehee (2010) found stressful family relationships, and criticism from mothers were related to lower levels of self-compassion among youths and young adults. Those with healthier family relationships had higher levels of self-compassion, and self-compassion was strongly associated with well being among both groups. The authors also found secure attachment patterns were related to higher levels of self-compassion, while preoccupied or fearful attachment was negatively related to self-compassion.

Psychotherapeutic Approaches to Increase Self-Compassion

Among psychotherapists, there has been an increasing awareness of the importance of increasing self-compassion among their clients. Dialectical Behaviour Therapy has a strong focus on developing such self-soothing abilities (Linehan, 1993). Other approaches, such as Mindfulness Based Cognitive Therapy (Segal, Williams, & Teasdale, 2002) and Mindfulness Based Stress Reduction (MBSR; Kabat-Zinn, 1994), focus on mindfulness, a key component of self-compassion (Neff, 2003a). In a 2006 study, Gilbert and Proctor used Compassionate Mind Training as a group intervention to enhance self-compassion among those who suffer from self-criticism and shame. Further development of these ideas led to Gilbert's compassion-focused therapy, which has a strong focus on compassionate imagery and self-kindness to overcome self-critical thoughts (Gilbert, 2010). Compassion-focused therapy was initially for those who experienced extreme shame and self-

criticism. Gilbert (2007) described these individuals as coming from abusive home environments, having insecure attachments and poor self-soothing abilities. He notes such individuals are often labeled as personality disordered. These clients may associate self-compassion with anxiety or disgust. This creates major difficulties as these clients often find emotional warmth from their therapists uncomfortable, and experience little positive impact from cognitive techniques, which do not feel emotionally soothing. Gilbert (2007) noted the lack of a fully developed self-soothing system had a significant impact on psychological processes, and without it, many traditional therapeutic techniques were not helpful. Accordingly, Gilbert (2010) developed compassion-focused therapy to stimulate feelings of warmth and safety in an effort to increase self-compassion among these clients (Gilbert, 2000, 2005). For example, in CFT clients are asked to develop compassionate imagery, along with compassionate ways to bring awareness to fears or safety strategies. Practitioners attempt to show clients how to call upon a compassionate image and how to reframe self-criticisms, such as " it is sad I feel frightened/worthless/confused but this is understandable given the fears I have been confronted with. However, if I am kind and gentle to myself I can focus on…; and it would help me to do…" (Gilbert & Proctor, 2006, p. 361). This surge in promoting self-compassion indicates that psychotherapists view compassion as beneficial for their clients, but there is little focus on how therapists experience self-compassion.

Self-Compassion Among Psychotherapists

The literature has emphasized the importance of therapist effects in psychotherapy outcome research (Blow et al., 2007; Dinger et al., 2008), psychotherapist self-care (Schure et al., 2007; Shapiro et al., 2007), and reflective

practice (Steadmon & Dallos, 2009). Self-compassion can be linked to these ideas and an understanding of self-compassion may enhance knowledge of these topics. For example, congruence is key to effective therapy (Rogers & Truax, 1967), thus therapists may be able to promote self-compassion among clients through the therapeutic relationship. Similarly, a greater understanding of self-compassion may improve our understanding of therapists' well being, self-care, and the importance of self-reflection.

Self-Compassion and Therapist Qualities. Outcome research in psychotherapy has described the importance of therapist effects. Therapist factors account for eight percent of the variance in treatment outcomes (Kim, Wampold, & Bolt, 2006), and effective psychotherapists show large positive treatment effects (Kraus, Castongway, Boswell, Nordberg, & Hayes, 2011; Okishi, Lambert, Nielsen, & Ogles, 2003). Given the importance of therapist effects in treatment outcomes, a greater understanding of therapists' roles and experiences in therapy may enhance our understanding of how to work with clients more effectively. If self-compassion contributes to therapist effectiveness, it may benefit therapists and clients to enhance our understanding of self-compassion.

A volume stemming from the American Psychological Associations' Division 29 Task Force on Empirically Supported Therapy Relationships, edited by Norcross (2002) emphasizes the importance of empathy, the therapeutic alliance, positive regard, and congruence/genuineness in psychotherapy outcomes. Empathy involves the therapist's ability to understand the client's experiences, and to communicate that understanding to the client (Rogers, 1957). In a meta-analysis of empathy and therapeutic outcomes, empathy had a moderate positive relationship with therapy

outcomes (Bohart, Elliott, Greenberg, & Watson, 2002). Therapists must then focus on communicating empathy to clients, such that clients perceive the therapist as empathic within the therapeutic relationship. Self-compassion may assist in cultivating empathy, given the quality of common humanity (Neff, 2003b). This may enhance the therapist's willingness to see client struggles in the context of human fallibility, and being more open to identifying with the client's struggles.

The therapeutic alliance is the strength of the relationship between the therapist and the client. This includes a consensus on goals of therapy, the tasks involved, and the connection of the relationship between therapist and client (Horvath & Greenberg, 1994). In a historical overview of studies on the working alliance, Horvath and Bedi (2002) described a moderate relationship between outcome and the alliance across studies. Its relationship with psychotherapy outcomes indicates that therapists should attempt to develop a strong relationship with clients as soon as possible and to attain agreement on therapeutic goals, tasks, and the role of client and therapist. Given the willingness of self-compassionate individuals to focus on personal growth (Neff, Rude, et al., 2007), therapists who are self-compassionate may be willing to more deeply engage in shared goal setting with clients, without fear of failure, potentially enhancing the alliance and outcomes. Additionally, mindfulness (Neff, 2003b) may allow therapists to engage with clients in an open and nonjudgmental manner, as they are familiar with this stance towards themselves, thus strengthening the therapeutic alliance.

Positive regard is the therapist's warm and nonjudgmental acceptance and affirmation of the client's experiences (Rogers & Truax, 1967). When clients rated treatment outcomes and positive regard from the therapist, a review indicated a

modest positive relationship between positive regard and outcome across studies (Farber & Lane, 2002). Self-kindness (Neff, 2003b) a key quality of self-compassion, may assist therapists who are familiar with gentleness and non-judgment toward themselves, apply these qualities to their relationship with clients, nurturing positive regard.

Rogers (1957) defines congruence as the therapist's personal integration in the relationship and the ability to communicate a sense of personhood to the client. Moreover, psychotherapists model congruence to foster deep contact with emotional experiences in the client and to nurture a growth promoting relationship (Rogers & Truax, 1967). Congruence has a moderate positive relationship with psychotherapy outcomes, based on a review of studies and dissertations on congruence and outcome (Klein, Kolden, Michels, & Chisholm-Stockard, 2002). Given the contributions of congruence in psychotherapy, self-compassionate therapists may help to promote this quality among their clients through the therapeutic alliance. Accordingly, empathy, the therapeutic relationship, positive regard, and congruence may be nurtured by self-compassion.

Neff (2003a) has drawn comparisons between self-compassion and psychotherapists' roles in therapy. She suggested that the nonjudgmental, open, and mindful attitude of psychotherapists toward their clients closely parallels self-compassion. This attitude has been described elsewhere as detachment (Bohart, 1993), decentering (Safran & Segal, 1990), presence (Bugental, 1987), and suspended attention (Freud, 1958). Such a mindful attitude, consistent with meditative states, allows the therapist to practice the cultivation of kindness and an awareness of the interconnectedness of humanity (Finn & Rubin, 2000). Gilbert (2007) also suggested

a link between the therapeutic stance and promoting compassion among clients. He suggests psychotherapists reflect on their own understanding of compassion in the context of the therapeutic relationship, such that the client can internalize the compassion shared by the therapist. Gilbert (2007) suggested by showing compassion, the therapist can activate the client's social safeness system, thus providing opportunities for therapeutic engagement. He noted that a compassionate therapeutic relationship is based upon care and concern for the client's well being, sensitivity to and tolerance of the client's distress, empathy, non-judgment, and warmth. If self-compassion can be shared through congruence, reflections on compassion and self-compassion on the part of the therapist may be helpful in the therapeutic relationship. How psychotherapists understand the idea of self-compassion may provide information on whether this quality can be modeled in the therapeutic relationship for to benefit both client and therapist.

Self-compassion and therapist well being. The ability to extend empathic, warm, and congruent relationship qualities to the client relies on the therapist's well being, which may be nurtured by self-compassion. Patsiopoulos and Buchanan (2011) completed semi-structured interviews with 15 counsellors who practiced in Canada regarding how self-compassion impacted their practice. A combined follow-up interview and member check were completed to ensure validity. A narrative analysis identified three main themes: counselors' stances in session; workplace relational ways of being; and finding balance through self-care strategies. Counsellor's stances in session included subthemes such as: taking a stance of acceptance; taking a stance of not knowing; compassionately attending to inner dialogue; being mindful of present experience; making time for self; and being

genuine about one's fallibility. Workplace relational ways of being included two subthemes: participating on a compassionate and caring work team; and speaking the truth to self and others. Finding balance through self-care strategies included no subthemes, but participants described a variety of activities, e.g. exercise, art, being in nature, and spirituality. Overall the authors found that counselor well being was enhanced by a self-compassionate stance. Many positive experiences were associated with self-compassion, including: physical and mental health, a sense of connectedness, balance, clarity, feeling grounded, openness, wisdom, joy, creativity, freedom, increased job satisfaction and prevention of burnout. Increased well being also enhanced therapists' ability to provide effective therapy. They reported benefits such as lowering unreasonable expectations of the self, enhancing healthy boundaries, balancing client and therapist needs, the ability to self-correct, and to use self-care in a preventative manner. Accordingly, self-compassion appears to promote self-care among therapists, and may have a host of positive outcomes, as well as a preventative function to protect against work stress and prevent burnout among therapists.

Pastiopolous and Buchanan's (2011) work is complementary to the current study. Both consider the importance of self-compassion among counselling professionals, however, the focus of these two studies is different. In Pastiopolous and Buchanan's work, the focus was specific to counselling practice, while the current study explores self-compassion from a more holistic lens, considering applications both therapeutically and more broadly including its effects in psychotherapists' personal lives and on their overall well being. These studies also differ from a methodological standpoint, contrasting a narrative approach with IPA.

In narrative inquiry, a combined narrative account based upon individual narratives is created, and the focus is on content, structure, function, and language used to construct these stories (Murray, 2003). As noted earlier, in IPA, the focus is on understanding the meanings and interpretations of self-compassion from the perspectives of participants (Chapman & Smith, 2002; Smith & Osborn, 2003). Accordingly, this study seeks to understand, describe, and interpret the phenomenon of self-compassion, in contrast to creating a constructivist account from individual narratives. Thus, these two studies are complementary, providing different lenses and approaches to understanding self-compassion among psychotherapists.

Compassion fatigue occurs when therapists experience large shifts in emotion, cognition and behavior, due to exposure to clients' traumatic material (Bride, Radey, & Figley, 2007). Pearlman and Saakvitne (1995) described the results of such changes as substantial disturbances in therapists' sense of meaning, connection, identity and worldview. Hayes (2004) noted that negative therapist reactions to clients can be moderated by therapist self-insight, self-integration, conceptual ability, empathy, anxiety management, and the ability to disengage from identification with a client. Many of these qualities can be captured in Neff (2003a) and Gilbert's (2005) views on self-compassion, embodying self-kindness, common humanity, mindfulness, and the ability to self-soothe. Accordingly, knowledge of the role of self-compassion for therapists could improve our knowledge of how they maintain psychological health and their ability to provide effective therapy for clients.

Self-Compassion and Reflective Practice. Reflective practice has been described as psychotherapists' willingness to identify and explore how their personal views, experiences, motivation, and politics influence their work with clients (Chinn,

2007). In a review of data-based studies on reflective practice, Ruth-Sahd (2003) identified many benefits of reflective practice, including: increased learning from experience (Atkins & Murphy, 1993); integration of theory into practice (Scanlan, Care, & Udod, 2002); continued professional growth (Coombs, 2001); and increased self-awareness leading to improved practice (Bonde, 1998). Self-compassion is related to reflective wisdom, an increase in active self-development, personal growth (Neff, Rude, et al., 2007), learning, and mastery goals (Neff et al., 2005). Accordingly, those who are self-compassionate may be more willing to explore and understand their professional experiences, or those who are reflective may further develop self-compassion. Given the parallels between these two qualities, it is likely that there is a connection between self-compassion and self-reflection.

Mindfulness is an important characteristic of self-compassion, which may shed light on how psychotherapists understand self-compassion through the lens of self-awareness and self-reflection. Kabat-Zinn (1994) views mindfulness as conscious living, and a means to become connected to the fullness of one's inner self, through self observation, inquiry and mindful action. He considers mindfulness at its core to be gentle and nurturing to the self. These qualities are tied to the essence of self-compassion, and cultivating these reflective qualities may encourage self-compassion among psychotherapists.

Self-Compassion and Counselling Psychology

In the area of counselling psychology, there are few studies specific to self-compassion. The bulk of the literature is spread across many disciplines, with much focus on understanding and defining self-compassion (see Neff, 2003a). In addition, self-compassion is a relatively new area of inquiry, contributing to the lack of studies

from a counselling psychology perspective. The existing literature addresses a variety of research questions from varying methodological approaches. These primarily quantitative studies have addressed the effectiveness of compassion-focused therapies, such as CMT (Beaumont, Galpin, & Jenkins, 2012; Gilbert & Proctor, 2006). These studies have employed repeated measures designs with convenience samples of counselling clients. Others have explored self-compassion as a mediator variable (Raque-Bodan, Ericson, Jackson, Martin, & Bryan, 2011), as part of a correlational approach employing large samples of college students.

One qualitative study is notable, the work of Patsiopolous and Buchanan (2011), who also explored self-compassion among psychotherapists. The authors sought to understand how fifteen counselors cultivated self-compassion in the face of professional challenges, using narrative inquiry.

Accordingly, there are some studies specific to counselling psychology and self-compassion, of varying topics and methodological approaches. However, there remains much research left to be done in this area, as a greater number of studies from both quantitative and qualitative approaches relating to counselling psychology are needed.

Summary of Research

Self-compassion has been shown to have numerous benefits for mental health (Gilbert & Proctor, 2006; Neff, 2003b), and is linked to learning, motivation and self-improvement (Neff, Rude, et al., 2007). It provides a measure of healthy self-concept (Neff, 2003a), and has been identified cross-culturally (Neff et al., 2008). Self-compassion has helpful therapeutic applications for clients (Gilbert & Proctor, 2006) and therapists describe positive impacts on their work and well being

(Patsiopolous & Buchanan, 2011). There is clearly more to learn about self-compassion among therapists, its potential benefits for well being, and its impacts in therapeutic work.

This study focuses on self-compassion holistically, in the context of psychotherapists' understandings of self-compassion in their work and their personal lives. This research hopes to contribute to a more complex and in-depth description of this phenomenon among this population, which may lead to further research and practical applications. Such a description may clarify the potential impacts of self-compassion on therapist well being, its influence on therapist effectiveness, and the ability to share this quality with clients through modeling, congruence, and the therapeutic relationship. Self-compassion may impact therapist well being both in and out of session, prevent burnout and/or compassion fatigue, encourage reflective practice, and enhance therapeutic effectiveness through modeling, congruence, and the therapeutic relationship. Accordingly, this study seeks to understand the experiences and interpretations of self-compassion among psychotherapists.

Methodology

Qualitative research provides rich descriptions of participant experiences, allowing a complex, multidimensional understanding of a research phenomenon. Similarly, it plays a role in generating new hypotheses in a given research area (Patton, 2001). In psychology, qualitative research has significantly contributed to the field, while interest in qualitative approaches is strong, and will likely continue to grow (Kidd, 2002). The diversity of research methodologies in counselling psychology highlights the importance of identifying a specific design, and adhering to qualitative practices identified in the literature (Creswell, Hanson, Plano Clark, & Morales, 2007). Creswell and colleagues (2007) note that this ensures rigorous qualitative work within counselling psychology.

Phenomenology is an in-depth, rigorous exploration of individuals' lived experiences of a phenomenon (Creswell, 2007). It begins with the contents of consciousness about a phenomenon as the data to be investigated (Stewart & Mickunas, 1990), while seeking an underlying, shared essence of participants' experiences (van Manen, 1990). The phenomenological researcher then authors a description of the phenomenon for all participants - what they experienced and how they experienced it (Moustakas, 1994).

Phenomenology is both a research method and a philosophy. It originated in the writings of Husserl, and many other philosophers have elaborated on these views (Spiegelberg, 1982). Given its many contributors, there are many types of phenomenology, limited only by the number of phenomenologists (Spiegelberg, 1982). Phenomenology is addressed in the writings of Husserl (1927), Heidegger (1962/1927), Gadamer (1990/1960), Merleau-Ponty (1962), Sartre (1956/1943), and

Schleiermacher (1998) among others. There are differing arguments for the use of phenomenology as a research method, but these approaches also have common ground in their basic assertions (Moustakas, 1994; Stewart and Mickunas, 1990; van Manen, 1990). For example, empirical phenomenology focuses on developing a common structure that captures the essence of experience (Moustakas, 1994), while a hermeneutic approach emphasizes in-depth description and interpretation (van Manen, 1990). IPA bridges both methods with an emphasis on description and interpretation. Stewart and Mickunas (1990) identified four underlying philosophical perspectives found in phenomenology. First, they suggest phenomenology attempts to return to the basics of philosophy – a search for knowledge about the self and the world. Second, phenomenology attempts to avoid presuppositions about what is real. It attempts to reserve judgment and focus on the phenomena of consciousness to describe their essence, meaning and the relationships among them. Third, phenomenology views consciousness as intentional. There is a unity between the mind and what it is conscious of – all thinking is thinking about something. Consciousness is neither vacant nor abstract, as it is tethered to objects in the world. Fourth, given the intentionality of consciousness, this unity overcomes subject-object dualism, and considers consciousness and its contents on a spectrum rather than categorically different. Thus verbal accounts of participants' experience are seen as indicative of their internal world of feelings and thoughts, as well as related to their experiences in the world (Larkin, Watts, & Clifton, 2006). Phenomenology's philosophical foundations are the basis for the IPA approach.

Interpretative Phenomenological Analysis

IPA is a methodology that bridges two approaches to phenomenology – empirical and hermeneutic. Empirical phenomenology emphasizes an investigation of the underlying structure of a phenomenon and searches for commonality (von Eckartsberg, 1986). By comparison, hermeneutic phenomenology provides a rich and in-depth description of the data, while acknowledging the role of interpretation in understanding human experience (Packer, 1985). By synthesizing these approaches to phenomenology, IPA explores the lived experiences and the meaning of those experiences from the perspectives of participants (Chapman & Smith, 2002; Smith & Osborn, 2003). Thus, while IPA attempts to understand participants' subjective experiences, it accepts the impossibility of doing so. There are several barriers that interfere with access to true experiences.

First, a participant's account of a phenomenon does not equate perfectly with their subjective experience, due to the indirect mapping of cognition to verbal communication, memory lapses and the context of the interview (Potter & Wetherell, 1987). The researcher must also interpret participants' accounts from their perspectives, assumptions, culture, and experiences (Smith, 2004). Unlike other approaches, e.g. grounded theory (Willig, 2001), IPA accepts that researchers cannot "bracket" their experiences and that their interpretative schemas affect their understandings of participants' experiences (Smith, 2004). Accordingly, although IPA is data driven, the researcher may explore prior research, theory, personal experiences and understanding of the phenomena (Larkin et al., 2006). IPA attempts to understand participants' experiences, but it acknowledges that research findings are an interpretation of those experiences (Willig, 2001).

When is IPA employed? IPA is useful in the investigation of complex or new phenomena or for exploration of a process (Smith & Osborn, 2003). From an IPA perspective, the data tell us about participants' experiences in the world, and how they make sense of them (Smith et al., 2009). In particular, identity is often of central concern in an IPA approach (Smith, 2004), as are many topics in counselling and psychotherapy (Macran, Stiles, & Smith, 1999). Accordingly, an understanding of self-compassion among psychotherapists is a novel, complex, process-oriented phenomenon, which pertains to the identity of psychotherapists. Hence, this approach was chosen to better understand the experiences of and meanings of self-compassion among psychotherapists.

Conducting IPA. Smith, Flowers and Larkin (2009) suggest practical guidelines for doing IPA research. Their intent is not to create a prescriptive means of doing IPA; rather they suggest a rough guide for those using an IPA approach, geared to novice qualitative researchers. Although IPA is flexible, there are several tenets that shape this process. Research questions in IPA must have the ability to be adapted if new questions or directions emerge during the research process. It is inductive, such that cases and accounts are local, built cumulatively, and understood in context. This idiographic perspective explores individual participants' experiences to establish detail and depth, again located within a particular context (Smith et al., 2009).

Selecting participants for an IPA is based upon the perspectives participants bring to the study. Smith et al. (2009) suggest that participants are representative of a particular viewpoint rather than a population, as in other research approaches. This purposive sample is chosen to be a fairly homogeneous group with meaningful

information to share about the research question. Varying sample sizes are appropriate for an IPA study, however, a typical sample size is small, between three and ten participants (Smith et al., 2009; Smith & Osborn, 2008).

Conducting interviews in IPA generally follows a semi-structured format to guide participants in sharing their experience of the phenomenon, with the researcher asking more focused questions to allow participants to elaborate further (Willig, 2001). However, unstructured interviews and focus groups are also acceptable interview formats (Smith et al., 2009).

IPA works with the texts generated from participant interviews, with each interview analyzed individually (Willig, 2001). This process is idiographic, where the researcher focuses on one transcript at a time until the later stages of research when findings are integrated across cases (Willig, 2001). By engaging with the transcripts, the researcher seeks the meanings in participants' experiences, while attempting to aggregate themes into meaningful clusters, within and across transcripts (Willig, 2001). Specific guidelines for analysis are suggested by Smith et al. (2009) and are described in the "Data Collection and Analysis" section. Using an IPA approach, information on how psychotherapists experience and interpret self-compassion may provide a preliminary understanding of this phenomenon.

Role of the Researcher. The researcher began the study with an understanding of the importance of self-compassion among psychotherapists, within the context of her developing role as a therapist. Her desire to understand self-compassion was influenced by a deeply felt need to care for herself as a psychotherapist, given the unique stresses of therapeutic work. The researcher also

hoped to contribute to the field by identifying ways in which self-compassion could be applied in psychotherapy for the benefit of therapists and clients.

The researcher comes from a middle-class, European-Canadian background, which informed her conceptualization of self-compassion. In addition, her initial experiences as a psychotherapist shaped her personal views, particularly the importance of mindfulness and self-care activities. Further exploration of the literature reinforced her views on the importance of self-compassion. In particular, Neff's (2003a) definition, which includes the qualities of self-kindness, common humanity, and mindfulness, fit with the researcher's views on this topic. Gilbert's (2005) work provided a potential explanation for the development and neurobiological underpinnings of self-compassion.

Although IPA is data driven, the interpretation of data is acknowledged to be influenced by the researcher's experiences and knowledge. In IPA, it is seen as impossible to truly "bracket" one's experiences (Smith, 2004), allowing the researcher to incorporate prior research and experiences in their interpretation (Larkin, et al., 2006). In this study, the researcher's perspective, influenced by the above factors, helped to inform the interpretation of the data.

Procedure

Participants

Seven participants were recruited via posters placed in workplaces and through advertisements in psychologists' professional magazines, newsletters, and websites (e.g. the website of the Psychologists' Association of Alberta). Snowball sampling was also used. The researcher shared recruitment materials with her professional contacts, asking them to forward the information to psychotherapists

who might be interested in the study. Study participants suggested other contacts for the researcher to pursue as potential interviewees. Inclusion criteria for this study were: (a) participants were registered psychologists working in Alberta, and (b) were actively practicing psychotherapy at the time of the interview. At the time of initial contact, participants were sent a study information sheet (Appendix A). Consistent with an IPA approach, this study used a purposive sampling method that sought homogeneity in the sample (Chapman & Smith, 2002). Prior to agreeing to take part in the study, participants provided written informed consent.

Demographic Information. Participants ranged from 40 to 67 years of age, with five female and two male participants. Six participants were of European/European-Canadian ethnic background, and one participant identified her ethnic background as Jewish. Years of experience in psychotherapy ranged from five to forty-four years. Participants served adults, youth, children, families and couples in their practices. Theoretical approaches endorsed by participants included: acceptance and commitment, Adlerian, body-centered, cognitive-behavioural, eclectic, feminist, mindfulness, narrative, and solution-focused. Participants encountered a variety of client concerns in their practice, which included: anxiety, depression, grief, adjustment difficulties, health and illness, gender identity, sexual orientation, trauma, life transitions, substance abuse, personality disorders, developmental disabilities, bipolar disorder, and relationship concerns. Table 1 provides a description of each participant's demographic information and professional background. The items in the table are listed in order of salience for each participant.

Table 1

Professional Background of Participants

Participant Name	Age Range	Years of Experience	Theoretical Approach	Client Population	Client Concerns
1	Late 50s	20	Eclectic Cognitive-behavioural Body-centered	Adults Youth Couples	Anxiety Depression Trauma
2	Early 40s	5	Eclectic Feminist Body-centered	Adults Couples	Trauma
3	Late 60s	16	Solution-focused Cognitive-behavioural Eclectic Directive	Adults Youth Couples Families	Anxiety Depression Life direction and transition
4	Early 40s	10	Solution-focused	Adults Children	Adjustment difficulties Substance abuse
5	Late 50s	5	Solution-focused Cognitive-behavioural	Adults Children	Developmental disability Bipolar disorder Depression Anxiety Personality disorders Adjustment issues
6	Late 50s	11	Narrative Art therapy Experiential Mindfulness Body-centered Acceptance and commitment Cognitive-behavioural	Adults Children Couples Families	Relationship issues Depression Anxiety
7	Mid 60s	44	Cognitive-behavioural Adlerian	Adults Youth Children Couples Families	Marital dysfunction Stress Anxiety Depression Substance abuse

Data Collection and Analysis

Data were collected using a demographic information sheet (see Appendix B) and through semi-structured interviews (see Appendix C) in which participants were asked about their understanding of self-compassion. Interviews ranged from 45 to 90 minutes in length. The majority of interviews took place at the participants' place of work, but two participants were interviewed in their homes. A semi-structured interview guide was used to ensure that all topics of interest were covered with each participant, and allowed for additional elaboration and exploration of new topics. After the interview, participants were offered a $10 coffee card as a token of appreciation. Two participants declined the gift card. Interviews were audio-recorded and transcribed verbatim by the researcher.

Data were analyzed using the guidelines suggested by Smith et al. (2009). These steps were followed sequentially for each case. First, the researcher read a case several times to actively engage with the data and to form a sense of the interview's structure and narrative. Second, a comprehensive and detailed set of notes was created from the data, adding descriptive, linguistic and conceptual comments, allowing both phenomenological and more abstract ideas to emerge. Third, emergent themes were identified within the case, mapping the connections and patterns identified within the initial notes. Fourth, a structure was developed to identify the overarching themes of the account, which captured the case's emergent themes as they related to one another. The thematic structure was used to identify preliminary subthemes within the data for each case. Once all the cases were analyzed using this process, patterns across cases were explored to identify super-ordinate themes designed to capture individual participants' lived experiences and commonalities

across cases. A master list of themes and the subthemes they subsumed served as the final stage of analysis. Thus, a theme structure of themes and subthemes was developed to capture participants' experiences and understanding of self-compassion.

Additional 30 minute follow-up interviews were conducted with participants to ensure thorough and accurate data. At this time, participants were provided with transcripts of their interview. Participants were asked for clarification on specific portions of their interviews, and asked if they had any information to add since the time of the initial interview. Six of seven participants agreed to a follow-up interview. These were audio recorded and transcribed verbatim, and analyzed using Smith et al.'s (2009) guidelines. The additional data and emergent codes were used to supplement existing data. The new information shared by participants was generally consistent with earlier interviews.

To maximize the trustworthiness of the data, the researcher employed member checking to ensure accuracy of the themes generated from the data. A description of themes and subthemes was sent to participants for review and feedback. Six participants responded, all provided positive feedback, and none suggested any changes in the themes or descriptions.

Findings

Using an IPA approach, this study explored psychotherapists' experiences and understanding of self-compassion. Participants' views on self-compassion were grouped into seven main themes: (1) self-acceptance, (2) self-understanding, (3) growth from life experience, (4) self-care, (5) being in the here and now, (6) gaining perspective, and (7) enhancing psychotherapy. Within these themes there were several subthemes that described and characterized participants' views (see Table 2).

Table 2

Themes and Subthemes

Theme	Subtheme
Self-acceptance	Accepting one's mistakes Accepting one's limitations
Self-understanding	Understanding one's strengths and weaknesses Engaging in self-reflection
Growth from life experience	Transformative experiences Mellowing with age
Self-care	Attending and responding to one's needs Engaging in activities that promote well being Creating a balanced life
Being in the here and now	Connecting with one's physical body Being present with emotion
Gaining perspective	Seeing the world in a more benevolent light Accepting life's struggles Spirituality
Enhancing psychotherapy	Strong therapeutic relationships Modeling self-compassion for clients Changes in psychotherapeutic approach

Self-acceptance

Participants described self-acceptance as being accepting of one's mistakes and limitations. For the majority of participants, this quality was at the core of self-compassion. Two subthemes characterized this theme: (a) accepting one's mistakes, and (b) accepting one's limitations.

Accepting one's mistakes. Participants described softening their attitude towards making mistakes as part of being self-compassionate. Some participants reported a willingness to view their own mistakes from the perspective that everyone has difficulties and makes mistakes. For example, Participant 6, who believed she had made a mistake by being harsh with others, stated:

> *Being human is just that, we all make mistakes, and [self-compassion means] accepting that.*

This stance allowed her to be more accepting of her mistakes. Through a greater sense of acceptance, participants 6 & 7 reported that errors and missteps became less isolating and more a part of life.

The process of accepting mistakes was characterized as one of moving from self-blame to self-acceptance. In this example, Participant 2 reported feeling that she had not taken enough time for self-care:

> *There's self-blame, I should have known better, I should have taken more - the shoulds….I think it's also hard to accept [my mistakes]. It takes some time and some self-acceptance.*

For this participant, moving beyond self-blame was difficult, and required understanding and gentleness to move toward an accepting view of her mistakes. Participant 7 reported the importance of self-acceptance rather than self-blame in

situations where mistakes were made. He described a reaction to making a social mistake with friends, where he made a joke that was not well-received. Participant 7's initial reaction was to blame himself for this mistake. However, in the moment, he decided not to be harsh with himself and to approach his error with compassion:

> *So then I say to myself afterwards that was a mistake. [I] shouldn't have said that, should have kept my mouth shut. But, I'm not going to beat myself up for that.*

Self-acceptance was also required when working with clients. This stance allowed Participant 7 to feel more comfortable in his therapeutic work, as mistakes could be accepted rather than becoming a focus for anxiety or self-blame:

> *I am not as obsessed about making a mistake in what I say to someone else. So I can say I am doing the best that I can with what ideas and what feelings come to me as I'm speaking with another person, and [I am able] to say to myself, this is what I have to offer.*

Accepting one's limitations. Participants described a willingness to accept personal limitations. Limitations were understood as personal challenges that could not be immediately resolved, such as feeling overworked, or lacking the ability to reach a goal or complete a task. For example, Participant 2 described how she coped with feeling overwhelmed and being unable to put an optimal amount of effort into her work with clients. She noted the importance of acknowledging that she is doing her best and accepting existing circumstances. Participant 3 noted the importance of being accepting of limitations that may interfere with goals, along with setting reasonable goals. For this participant, self-compassion required acknowledging her limitations and being accepting of them:

> *I do know that I demand a lot of myself. I'm sometimes too much of a perfectionist. But if you set your standard so high that even you can't reach it, that's kind of silly, so you have*

to find a middle ground - a place where you feel comfortable. I think it's acceptance of yourself and your limitations too.

Participant 5 described the act of accepting one's limitations as similar to being nonjudgmental and accepting to clients. This suggests parallels between being accepting of others and being accepting towards the self:

The way I have interpreted [self-compassion] is really acceptance -- acceptance [in] the way [that] I would accept my clients and what they say and be nonjudgmental. That is also a way that I believe people should treat themselves, and I think it's a critical skill to learn to get through life…

This sense of acceptance was often contrasted with being harsh with the self when unable to overcome limitations. Participant 7 described choosing a self-accepting stance when faced with an athletic challenge that could not be overcome:

[You] know [you] can do this, and [if] you find you can't, then how do you deal with that? [Are] you hard on yourself, or [are] you compassionate? You have to change your thinking and say, well, maybe I can't do that. So then you're easier on yourself, more accepting.

Self-understanding

Participants expressed that a greater understanding of the self was important to their experiences of self-compassion. This involved both knowledge of oneself and a willingness to reflect on the self. Accordingly, they noted the importance of two subthemes: (a) understanding one's strengths and weaknesses, and (b) engaging in self-reflection.

Understanding one's strengths and weaknesses. Participants described knowing themselves in terms of personal strengths and weaknesses. Participant 7 noted:

I think of the understanding of oneself as being compassionate.

Participants described the importance of self-knowledge in learning how to value and use personal strengths, and to both accommodate and improve upon weaknesses. For example, Participant 4 described choosing work tasks at which he excelled:

> *[Self-compassion meant] coming to a greater appreciation of myself, that I do this part really well, and I do that part of my role poorly, and [I am] doing what I can to improve upon what I'm not that good at. Accommodations that I've made for myself [are] that I've tried to find really fantastic admin support to help me with the parts that I suck at, and relying on them and appreciating them for what they do well, and then trying to make the strides that I can in the areas that I do better, and having more peace about that.*

Some participants viewed understanding their personal strengths and weaknesses as important to their role as a therapist. Participant 3 described the importance of self-knowledge for influencing therapeutic effectiveness with clients:

> *I think most psychologists who do psychotherapy or who do counselling should actually have [psychotherapy] themselves before they start, [at least] until you really know yourself, and you are able to say I have this flaw, but I can fix it by doing this, or by taking care of this aspect of it. To me that is self-knowledge. So compassion for me has a lot of self-knowledge, knowing what your weaknesses are but also knowing what your strengths are.*

Engaging in self-reflection. Participants discussed the importance of reflecting on oneself as part of being a self-compassionate therapist. For example, Participant 4 noted that he reflected on both his own experiences and the experiences of others in order to come to a greater understanding of himself. Participant 3 described the importance of reflecting on her family history and past, in order to come to a greater understanding of herself:

[I was] able to see [those influences] working in my mother's life. So there were times that I needed to be self-reflective [about my past experiences].

Participant 6 noted the importance of reflecting on the personal impact of new experiences and practices as a therapist. This allowed her to have a greater understanding of her experiences and herself:

I did things that I had really never done before, and I took some risks. I think that was a lot of [personal growth]. Just kind of reflecting a little bit [on my experiences].

Growth from life-experience

All participants noted the importance of life experience in the ongoing development of self-compassion in their lives. Some participants had experienced major shifts in self-compassion as the result of specific life experiences, while all participants felt self-compassion developed over time through ongoing life experience. Two subthemes emerged: (a) transformative experiences, and (b) mellowing with age.

Transformative experiences. For some participants, a particular experience resulted in a marked shift in self-compassion. Such experiences enhanced participants' understanding, allowing them to be more deeply connected to a compassionate stance toward the self. For example, participants noted specific experiences with meditation, connecting with others, and a traumatic event as catalysts for shifts in self-compassion. A profound experience during a meditation retreat helped Participant 2 connect more deeply to self-compassion:

I had a really profound experience with meditation. I was at a meditation retreat for ten days, a silent retreat, and I had the feeling of universal connectedness and universal

compassion. That has always stuck with me, that feeling, and knowing that that's there. It doesn't mean it's with me every second consciously, but it's there as a foundation for me.

New ways of understanding and relating to the self resulted in shifts in self-compassion for some participants. For Participant 6, connecting in conversation with a friend resulted in a clear shift of Participant 6's experiences of self-compassion: She described a willingness to acknowledge her vulnerability and pain, which allowed a profound and new connection with a self-compassionate stance:

I can think of a specific moment when it really struck me…I was talking to a friend… and she came up with this phrase, the bleeding broken heart, the broken open heart of the warrior. And that makes we want to cry now.

Mellowing with age. All participants described the importance of aging and associated life experiences in the gradual development of self-compassion over time. Participants described feeling less driven and more comfortable with approaching their experiences compassionately than when they were when they were younger. Participant 7 noted:

[I] think there [has been] a general shift, [such that I have] become more compassionate towards myself as I have aged.

Participant 5 described the process of mellowing with age. This required moving away from being hard on herself and moving toward greater self-compassion:

When I was a lot younger, there was a real tendency to beat up on myself, to say I should be able to do that, or I should get the highest mark on this exam. It's hard for me to know where the shift [occurred] …I think that's it's been in the past five, six, seven years that

I've really become much better at [being more self-compassionate], and a lot of that is just life.

Participants attributed mellowing to recognizing patterns in life experience and being more accepting of these experiences. For example, participant 2 stated:

I think it's probably life experience. You see yourself going through certain life cycles over and over again, and so you begin to recognize your patterns more clearly over time. And you begin to see that maybe it's not so big.

Self-care

All participants indicated that caring for their personal well-being was central to the experience of self-compassion. Participants reported many facets of self-care, described by the following subthemes: (a) attending and responding to one's needs, (b) engaging in activities that promote well-being, and (c) creating a balanced life.

Attending and responding to one's needs. Participants described the importance of being aware of their own needs, along with the willingness to respond to them in appropriate ways. For example, this included monitoring one's level of energy or imposing structure on one's day. Participant 7 described the importance of monitoring energy levels throughout the day, and finding ways to sustain oneself:

Behind compassion is an understating that one needs to sustain oneself in a healthy way so that a person is vibrant. The mindfulness approach in psychology emphasizes the idea of the free flow of energy, [and] that makes sense to me. One can get out of bed in the morning and feel energetic, and then one can go through the day feeling energetic in whatever they're doing. But to sustain that, you have to look after yourself.

Using structure was also described as a way to attend and respond to one's needs. This approach allowed Participant 4 to check in with himself to identify his

needs, and provided the time needed to respond, by pulling back from the fast pace of life:

> *I, through trial and plenty of error, have organized my life such that I build in breaks into my day. Those breaks, I build them into my week. The reason that I do that is to slow myself down and check-in and see how things are going, [to] pull back from the doing part of things.*

Participants indicated that it was important to not only recognize one's needs, but also to respond to them, since it is possible to be aware of a need, such as hunger, and yet to ignore it. Participant 1 noted that ignoring one's needs was not part of a self-compassionate stance. For her, responding to one's needs was key for self-care. She described responding to her needs as:

> *Listening to your own needs, and being aware of your own needs. Taking the time to be aware of them, rather than ignoring them.*

Engaging in activities that promote well being. All participants described self-care activities that helped promote self-compassion. Activities included reading, travel, spending time with friends, exercise, meditation, yoga, and time off of work, among others. For many participants, activities that involved socializing or connecting with other people was an important aspect of maintaining psychological health. Participant 5 noted the importance of human relationships:

> *People are a big [self-care activity], just having people to talk to. Different friends fill different pieces. There's no one person that I tell everything to, there are a lot of different people. And each of them feeds you in different ways, and [you can] appreciate what each person can bring.*

These activities gave participants pleasure, helped to maintain their well-being, and rejuvenated them if they were feeling stressed or burned out. For example, Participant 4 described the role of self-care in his recovery from burnout:

> *[Activities like] calling friends, going to the gym, having a hot tub everyday after a workout, extra meditation, extra yoga, extra time off [were all helpful to recover from burnout]. [This process involved] taking vacations and [leaves of absence] and just trying to piece it together.*

Creating a balanced life. A balance between work, hobbies, and personal relationships was described as part of a self-compassionate stance. Participant 4 described the importance of maintaining balance to his well-being, specifically ensuring he did not overwork:

> *The other big part… of [creating balance] is having a pretty full life away from work, and not ever letting the balance shift too much in the direction of work, or if it does, making a compensatory shift back.*

Participant 1 noted the importance of decreasing the impact of an unhealthy workplace to maintain her sense of balance. She did so by staying engaged with co-workers, professional development lectures, and other aspects of her workplace that were important to her, but she decided quit her place of employment. Participant 1 was able to achieve a work-life balance through her career choices:

> *Compassionately, I decided that I can go to the lectures and things that they offer because you don't have to be an employee. I can go and meet with my friends for coffee and have the best of both worlds, but not do the job. I had to sort out the feelings because I did not want to let go of the whole place, but I finally figured out how I could do both. That was my answer, and I have never been happier.*

Being in the here and now

Being in the here and now was described as being in the moment, with one's physical body and emotions. Participants reported being present with physical reactions to their experiences, and describing sensations in their bodies. They noted being present with emotion and being willing to acknowledge and experience difficult emotions. Two subthemes emerged: (a) connecting with the physical body, and (b) being present with emotion.

Connecting with the physical body. An awareness of sensations in the body was described as a means to be in the present moment. Participants connected to this awareness through their breathing and through activities such as yoga and meditation. Participant 6 described checking in with her breath and her heart rate during sessions as a way to be aware of her reactions in the here and now. This guided her in a therapeutic context and allowed her to stay grounded when working with clients:

> *You do things like check your heart rate, or check your breath, just really paying attention to that. Or if your stomach starts to feel a bit sick about something, really paying attention to that.*

Muscle tension was noted by Participant 2 as a means to be aware of her physical body. A shift from tension to relaxation was a way for her body to signal that she was relaxed and grounded:

> *I notice my muscles just starting to relax and come down from being uptight or stressed in some way.*

Participant 4 reported the importance of body-centered activities, like exercise, yoga, and meditation. These activities enhanced his connection to his physical body:

> *[I focus on] cultivating practices around awareness, so things like exercise, yoga, and meditation. All those kinds of activities help me do that.*

Being present with emotion. A willingness to acknowledge and sit with emotions characterized this subtheme. Being present with emotion was described by as an ability to feel a range of emotions, while continuing to respond to clients in a therapeutic way. This stemmed from a willingness to acknowledge emotion, rather than to push it away. Participants reported experiencing the discomfort associated with strong emotions was part of being present with emotion. For example, Participant 1 noted the importance of being aware of difficult emotions, in a therapeutic context:

> *When I was younger [I felt like], I have to get rid of this feeling, I can't feel this way. Now I realize I can feel any way I want, any way I need to. I think that's the difference, not trying to get rid of those emotions, those negative feelings toward a client. You don't need to get rid of the feeling in order to manage it.*

A willingness to acknowledge and respond to clients' strong emotions in others, rather than avoiding them, was a key skill for Participant 2. She noted the importance of acknowledging difficult emotions in others, by speaking of their struggles, and not ignoring their pain.

Gaining perspective

Gaining perspective was understood as a sense of developing a more balanced worldview, where life's positives and difficulties were understood within a

larger context. Participants described a greater sense of positivity in the world, an acceptance of life's struggles, and spirituality. Several subthemes emerged: (a) seeing the world in a more benevolent light, (b) accepting that everyone struggles in life, and (c) spirituality.

Seeing the world in a more benevolent light. Viewing the world as having positive energy was important to some participants. Participant 2 described her view of the world as a benevolent place:

> *I feel like the world, the universe, the ancestors want me to succeed, want me to feel good, want me to do well in this life, want me to have a good life. And that's the same for whoever I'm with, whether that's friends, family, clients, colleagues. It doesn't feel like the world wants to crush people.*

Participants described connecting with a positive interpretation of the world during difficult times. Again, this suggests an orientation toward the world as a positive place. Participant 3 describes the importance of connecting with a positive interpretation of the world, and being thankful for the good aspects of life even during life's struggles:

> *You try to draw the positive energy from the universe into yourself by being thankful for the things that you have, even if at the time they don't seem very good, if things are really rough.*

Accepting life's struggles. The understanding that life is full of struggles and that everyone experiences challenges embodied this subtheme. The majority of participants described this subtheme in their accounts, noting the many struggles that life presents, for themselves and others. Participants expressed that people are trying their best in life despite these challenges. For Participant 4, developing this understanding was central to his views on others, and helped him gain perspective:

I think for the very first time the idea that people were doing the best that they could really sunk in on a heart level. I would have said it a million times and not really meant it or understood it, but really that idea that people were doing the best that they could given their life situation, given their circumstances, really sunk in for me.

Participant 2 also expressed a sense of connection with others through shared struggles. She reported the ability to understand the experience of struggle, without having to go through a particular struggle oneself, suggesting the salience of shared human experiences:

Even if you can't directly relate to someone's experience, just a sense of humanity – we're all going through stuff, and people are, for the most part, trying to do the right thing, and doing their best to manage. And that looks different for different people, so having compassion around that.

Participants expressed a willingness to acknowledge that everyone struggles, including the self, and a desire to extend understanding to all people. At its base, this requires participants to feel compassion toward not only the self, but also to others and the world more generally.

Spirituality. Participants viewed spirituality as allowing them to "let go" of things that cannot be changed, and to access a better understanding of the self and the world. Participant 3 described how spirituality fosters a sense of letting go, which helped her gain perspective:

I think that's where my spirituality comes out. I let go of things, and the things that I can work on I work on.

Some participants described spirituality as enhancing personal growth, through greater awareness and perspective on the self and others. Participant 4 described spirituality as foundational to self-compassion:

> *[There are] a few things that are foundational for [promoting self-compassion]. One has been spirituality, regularly attempting to grow as a person. And I think that means understanding what it means to be human, understanding other peoples' experiences, and getting over parts of myself that are in the way of me moving forward.*

Enhancing psychotherapy

Participants reported improvements in the therapeutic process as part of the experience of being a self-compassionate therapist. This theme was characterized by the following subthemes: (a) improved therapeutic relationships, (b) better modeling of self-compassion for clients, and (c) changes in therapeutic approach.

Strong therapeutic relationships. Participants described therapeutic relationships with clients that were connected and supportive. This included an ability to connect with clients and an awareness of being "in sync" in the relationship. Participants described a greater sense of connection as the basis for strong therapeutic relationships. Participant 1 described how self-compassion was instrumental to the development of stronger therapeutic relationships with her clients:

> *I can project more warmth to [my clients]…I can see the difference when I'm feeling in sync with a client, and I feel a difference. I can nurture myself through the session to cope too.*

Participant 2 also described the strength or support held in the therapeutic relationship:

It's like imagining around the client, light or soft energy, or hands of support, or that kind of thing, depending on the person. I also try to stay connected to breathing, so that I'm imagining that as I'm breathing in, I'm drawing energy up and through me [then] exhaling and sending that to the client, so there's a circular sense - a connection. Sometimes I feel like I'm breathing with the client, or for the client. There's a way to hold support in your connection.

A sense of human connection was described as particularly important to strong therapeutic relationships, suggesting that clients can sense humanness and authenticity. Participant 6 described this sense of humanity:

I think that [it] comes down to the relationship, and that's what therapy is about is [the] relationship. It goes back to two humans in a room. So if you can just be a human being, I think people can see that. I think people can sense that, if you're just being.

Modeling self-compassion for clients. Modeling self-compassion was described within the therapeutic relationship. Participants noted that modeling self-compassion could be direct or indirect. They defined direct modeling as involving self-disclosure or other suggestions, from the therapist, to help clients understand self-compassion or engage in self-compassionate activities. Participants reported guiding the client to identify ways he or she could be compassionate toward the self. Participant 1 described direct approaches to modeling self-compassion in session:

I think that you can model it. It does involve some self-disclosure, at least when I do it. I would give an example of some things I do to take care of myself, and then get them engaged in the discussion of whether there are some things they'd like to do for themselves. I'll sometimes give an example and then they'll go, I could do this or that and then I'd reinforce, those choices.

Indirect modeling was understood as modeling self-compassionate behaviours, such as being congruent in session, taking breaks when needed, or being gentle with the self in the face of challenges. Modeling compassion indirectly presented an example to clients of how to extend compassion toward the self, without explicitly addressing the idea of self-compassion. Participant 2 noted the ways in which therapists could model self-compassion indirectly:

> *I'm thinking about self-care while doing therapy. Also, to be present, to be genuine in the moment, kind of authentic, transparent. Drinking water if you're thirsty, taking notes if you need to, to keep track of things, being comfortable, breathing if you're trying to stay grounded and there.*

Participants saw both forms of modeling as an extension of the therapist's authentic self-compassionate stance.

Changes in psychotherapeutic approach. Self-compassion promoted shifts in participants' psychotherapeutic approaches to working with clients. Participants described their psychotherapeutic approach as enhancing their understanding of self-compassion, while others described these factors as more reciprocal. In Participant 6's case, a particular psychotherapeutic approach heavily influenced her understanding of self-compassion. For her, the experiential nature of Hakomi training led to personal and professional realizations regarding self-compassion:

> *I do Hakomi therapy, and one of the exercises we did was about compassion and breathing. That training, even though I originally thought it was so that I could do Hakomi therapy with clients, it was all experiential, mostly experiential. So… I think*

that was really what changed how I felt about myself, and how I felt about my work as well.

Others described a more reciprocal relationship between theory and self-compassion. Participant 5 experienced a shift in her therapeutic approach, which involved an understanding of the parallels between a self-compassionate stance and her theoretical approach:

With solution-focused [therapy] you're listening, recognizing strengths, recognizing resources, taking small steps, and not dwelling on what doesn't work. So self-compassion fits well with that because you're not dumping on yourself, you're acknowledging your own personal resources [and] strengths. [You're acknowledging] that you're trying, [or the need to] just let it be right now.

Discussion

Psychotherapists' experience of self-compassion included several qualities that parallel definitions of self-compassion in the literature (Table 3).

Table 3

Comparison of Conceptualizations of Self-Compassion in the Literature and in the Current Study

Neff (2003a)	Gilbert (2005)	Self-Compassion Among Psychotherapists
Self-kindness: Kindness and nonjudgment	Caring for own well being	Self-acceptance
Common Humanity: Seeing own struggles in context of human suffering	Sensitivity to own distress	Self-understanding
Mindfulness: Balanced awareness of painful experiences and emotions	Feeling emotion in response to own distress	Growth from life experience
	Understanding reasons for own suffering	Self-care
	Nonjudgmental toward own experiences	Being in the here and now
	Warmth and kindness directed toward self	Gaining perspective
		Enhancing psychotherapy

Self-acceptance was described as extending gentleness and non-judgment to the self, as part of accepting one's mistakes and limitations. This view of self-acceptance is similar to Gilbert's (2005) definition of self-compassion, which includes non-judgment and emotional warmth. In this study, non-judgment and gentleness toward the self were central to self-acceptance for participants, indicating similarities among these conceptualizations of self-compassion. Self-acceptance, as

described by the participants, is also consistent with Neff's (2003a) description of self-kindness, a core component of self-compassion that consists of both non-judgment and gentleness toward the self.

However, for the participants in this study, the willingness to accept mistakes and limitations was a key component of self-acceptance, and by extension, self-compassion. This suggests a more specific stance in accepting particular experiences or behaviours that arise in participants' lives, as compared to Gillbert's (2005) and Neff's (2003a) definitions. Accordingly, for psychotherapists self-acceptance appears to connect strongly to an acknowledgement of mistakes or limitations, in addition to kindness and non-judgment towards them. Thus, some components of the existing literature appear to relate closely to self-acceptance, with some specific additions that may be attributed to the unique views and experiences of psychotherapists.

In Patsiopolous and Buchanan's (2011) study, participants described a stance of acceptance among therapists when working with clients. The authors described this stance as accepting one's strengths and limitations, difficult situations, the limits of helping clients, and the importance of letting go of excessively high expectations of oneself. This interpretation of self-acceptance has many similarities to self-acceptance in the present study, particularly a sense of accommodating and accepting presently unsolvable challenges. This suggests that a willingness to accept one's circumstances reflects an important component of self-compassion among psychotherapists. This may relate to the experience of working with clients, as there are often circumstances that cannot be altered, requiring a willingness to accept limitations among these professionals.

Patsiopolous and Buchanan (2011) also described being genuine about one's fallibility. This included acknowledging one's mistakes without judgment, being forgiving of oneself, and being open to learning from mistakes. Being genuine about one's fallibility is similar to the current study's theme of accepting one's mistakes, which includes softening to one's mistakes, and an acknowledgment that everyone makes errors. Clearly, this is also an important concept reported across studies, suggesting that accepting personal mistakes is central to self-compassion among psychotherapists.

Self-understanding in this study may be related to research regarding how self-compassionate individuals react to facing personal weaknesses. When asked to describe their greatest weakness, self-compassionate individuals were willing to acknowledge their own weaknesses, with self-compassion serving to decrease associated anxiety (Neff, Kirkpatrick, et al., 2007). Neff (2003a) has suggested that self-compassionate individuals see themselves more accurately, as they do not fear confronting their weaknesses or struggles as part of their personal growth.

The participants in this study viewed understanding their own strengths and weaknesses as part of their experience of self-compassion. Some participants noted that this process allowed them to be more effective therapists, as they could better accommodate their strengths and weaknesses. For example, participants described seeking personal therapy to improve upon perceived weaknesses, seeking support in areas of weakness, and capitalizing on strengths in their professional roles.

Participants in this study described self-reflection as an important part of self-understanding and self-compassion. They described reflecting on their personal experiences and practice as key to coming to a greater understanding of the self. The

willingness to cultivate self-understanding among this sample may mean self-compassion can facilitate reflection on psychotherapeutic practice among therapists.

There are many positive effects of reflective practice, such as enhanced personal and professional development (Knight, Sperlinger, & Maltby, 2010), learning from experience (Atkins & Murphy, 1993) and continued professional growth (Coombs, 2001). Reflective practice has also been suggested as important for students and trainees to develop self-understanding and derive the most benefit from supervision experiences (Bager-Charleson, 2010). Accordingly, self-reflection has often been suggested as a means to enhance professional development for psychotherapists and other helping professionals (Knight, Sperlinger, & Maltby, 2010; Bager-Charleson, 2010). Therapists may benefit from a willingness to engage in reflective practice as a function of a self-compassionate stance.

Much of the existing literature on the development of self-compassion focuses on early life experiences and attachments to caregivers (Gilbert, 2005; 2009). This theoretical work is described an evolutionary attachment model, where the development of self-compassion is built upon the soothing/contentment-affiliative system, which is the foundation of calm and caring emotional responses. Gilbert (2005) described the importance of healthy attachments to a caregiver as the foundation for the development of compassionate responses towards the self and others later in life. If an infant receives soothing and caring responses from their caregiver in response to their distress, the infant is able to internalize these soothing responses. This results in the ability to experience self-compassion, soothe oneself, and tolerate strong emotions. However, if the infant experiences harsh or indifferent reactions, the infant may not develop self-soothing, compassionate responses to

personal distress. Instead, the person may develop the tendency to react self-critically and experience shame.

Research in this area is primarily theoretical (Gilbert 2005; 2009), and there is a shortage of empirical work. However, research has shown a relationship between healthy family attachments and higher levels of self-compassion among youths and young adults (Neff & McGehee, 2010). Other work has explored the relationship between self-compassion and personality traits (Neff, Rude, et al., 2007).

Participants' descriptions of the influence of life experience on self-compassion suggests that self-compassion among psychotherapists continues to develop throughout the lifespan, both from significant experiences and in daily life. Thus, existing theoretical models of self-compassion could be strengthened by describing how the development of self-compassion may continue throughout the lifespan, and how it is shaped by life experiences. Gilbert's (2005) evolutionary attachment model may provide an explanation for the ongoing ability to develop compassion through life experiences as an adult. If as children, individuals have healthy attachments with a caregiver, it may be that they are primed to interpret experiences as part of the experience of self-compassion, providing a potential explanation for the ongoing development of self-compassion as an adult.

Self-care was central to self-compassion. A focus on self-care is consistent with Patsiopolous and Buchanan's (2011) work, where finding balance through self-care strategies included a variety of activities that participants used to take care of themselves, such as exercise and art. In both studies, self-care activities were holistic, enjoyable, and promoted well being for participants. These activities are clearly an important part of the experience of being self-compassionate, and have been found

to helpful for psychotherapists, reducing stress, anxiety, negative affect, and rumination, while increasing positive affect and self-compassion (Shapiro, Brown, & Biegel, 2007). Based on the findings in the present study and the existing literature, it appears that self-care strategies and self-compassion may have a reciprocal, mutually reinforcing relationship, leading to greater use of self-care strategies among those who are self-compassionate.

Self-care strategies have also been found to be important in preventing vicarious trauma (Harrison & Westwood, 2002), burnout, and compassion fatigue (Killian, 2008). Similarly, among therapists who were identified as passionately committed to their work, leisure activities were seen as key to relieve job stress (Dlugos & Friedlander, 2001). Participants in the current study reported that self-care strategies were helpful in recovering from burnout, and described self-care activities that helped them through this process. This may result from self-care strategies providing accessible ways to care for the self, such that psychotherapists may begin to re-experience self-compassion, facilitating recovery from burnout.

In the present study, participants further elaborated on the importance of self-care, including attending and responding to one's needs and creating a balanced life, in addition to engaging in activities that promoted well being. Participants reported a need not only to engage in self-care activities, but also to identify other ways to promote life balance and extend compassion to the self. A sense of balance between personal and professional life was common among therapists with greater professional satisfaction (Stevanovic & Rupert, 2004), wellness (Lawson & Myers, 2011), and commitment to their work (Dlugos & Friedlander, 2001), suggesting the importance of self-care to therapist well being. Similarly, Patsiopolous and Buchanan

(2011) described making time for the self. They reported that, for therapists, having more time led to better decisions, greater productivity, and more time for self-care. These findings resonate with the subtheme of creating a balanced life in the present study. Participants described the importance of making time for personal relationships and hobbies and not letting work take up too much of their time. Self-care was key for participants, not only through activities that enhanced their well-being, but also more broadly through creating a balanced life and responding to their own needs.

Being in the here and now is consistent with a component of Neff's (2003a) definition of self-compassion, namely mindfulness. She noted that mindfulness requires an awareness of painful experiences and emotions, without being overly involved or dissociated from these feelings. In particular, being present with emotion in the current study appears to fit with Neff's (2003a) view, which includes the need to acknowledge difficult emotions. Participants in the current study described being acknowledging and experiencing strong emotion. Similarly, the present findings are consistent with Kabat-Zinn's (1994) understanding of mindfulness, which involves living consciously and engaging in a balanced way with one's experiences.

Connecting with the physical body is often used as a means to connect to mindfulness of the body (Kabat-Zinn, 1994), similar to participant accounts of connecting with the physical body to engage with the present moment. This may account for some of the positive effects of self-compassion, as mindfulness-based activities have been shown to have many psychological benefits, such as a greater quality of life, more positive psychological states, and fewer distressing emotional states (Greeson, 2008). Mindfulness based interventions are reported to decrease

stress (Baer, Carmody, & Hunsinger, 2012), and to assist with mental health concerns, such as depression (Williams, Teasdale, Segal, & Kabat-Zinn, 2007) and anxiety (Orsillo & Roemer, 2011). Together, mindfulness and self-compassion have been found to predict well being (Baer, Lykins, & Peters, 2012). Accordingly, psychotherapists who practice mindfulness and who are self-compassionate may benefit from a host of positive outcomes, while they buffer themselves against negative psychological states. In the present study, it may be that experiences of being in the here and now, as well as connecting with the physical body, are aspects of mindful awareness, and are part of the experience of self-compassion for participants.

Gaining perspective is similar to Neff's (2003a) conceptualization of common humanity as being a core element of self-compassion. Common humanity includes viewing personal struggles in the context of the suffering of all people, and seeing these experiences as uniting rather than isolating. This is related to a facet of gaining perspective, specifically the perspective that everyone struggles in life. Participants acknowledged the struggles that all people, including themselves, face in life. They noted the importance of being understanding of these difficulties for all people. In doing so, it is likely participants can extend greater kindness to others who struggle, as well as directing this kindness towards themselves, perhaps allowing closer and more accepting relationships. This could have an impact on both personal and therapeutic relationships.

Seeing the world in a more benevolent light encompassed an awareness of the positivity in the world, perhaps capturing the effects of the positive and calming emotions associated with self-compassion, such as life satisfaction, social

connectedness, and a supportive attitude toward the self (Gilbert & Proctor, 2006; Neff, 2003b; Neff, Kirkpatrick, et al., 2007). This sense of positivity likely allows for a sense of safety for participants, as the world is not malevolent, and therefore is a potentially safe and comforting place. This may relate to Gilbert's (2005) evolutionary attachment model of self-compassion. The soothing/contentment-affiliative system is the foundation for self-compassion and the ability to self-soothe, and de-activates the threat/self-protection system, which responds to perceived threats and is associated with emotions such as fear, anger, and shame. If participants are self-compassionate, it is likely that the soothing/contentment-affiliative system is well-developed, allowing them to experience a sense of safety and comfort, and reducing the activation of the threat/self-protection system. This interpretation of the findings may provide a theoretical explanation for the positive and calming emotions associated with self-compassion.

Spirituality was a means for some participants to gain perspective on themselves and others, but there is little empirical research on self-compassion and spirituality at this time. However, a study of psychotherapists who were passionate and committed to their work, found that these therapists reported a strong sense of spirituality (Dlugos & Friedlander, 2001), as did those with high wellness scores (Stevanovic & Rupert, 2004). This suggests that spirituality may contribute to therapist well-being, and perhaps contributes to the positive effects of self-compassion on well-being.

Further elaboration on self-compassion and spirituality is found in Davidson and Harrington's (2002) work, which describes self-compassion's role in Buddhism. Compassion is central to Buddhist spirituality and is often a focus for meditation

(Houshmand, Harrington, Saron, & Davidson, 2002). The awareness and understanding cultivated by compassion-focused meditation is extended to both the self and others. Participants in the present study described a greater sense of perspective on the self and others, which emerged from their spirituality. A sense of perspective is consistent with the awareness and understanding for others generated through meditation in Buddhist practice. This may suggest a role for self-compassion in other forms of spirituality. Participants also noted a sense of letting go in their description of spirituality. A sense of letting go may be similar to not getting caught in thoughts or experiences in mindfulness meditation (Kabat-Zinn, 1994). Accordingly, it appears that there may be connections between spirituality as it is experienced by self-compassionate psychotherapists in this study, and Buddhist spirituality.

If self-compassion is important for therapists to provide effective psychotherapy, it may be an invaluable help for therapists in their practice. Participants described a strong therapeutic relationship as an effect of a self-compassionate stance. This has not been previously described in the literature, but is perhaps related to common humanity (Neff, 2003a) as struggles are seen as part of shared human experience. Participants' described this sense of common struggle as part of the theme of gaining perspective, however, it may shed light on self-compassion's role in a strong therapeutic relationship. Therapists may be able to extend compassion to clients as part of a shared understanding of life's struggles, perhaps enhancing empathic connections with clients.

In addition, the bond between therapist and client in the therapeutic relationship has been found to contribute to therapist well-being (Linley & Joseph,

2007). A strong alliance promoted by self-compassion may benefit therapists and clients, reinforcing this mutually beneficial relationship.

Neff's (2003a) definition of self-compassion includes self-kindness, while Gilbert's (2005) work focuses on emotional warmth and non-judgment as components of self-compassion. These components of self-compassion share qualities with key aspects of the therapeutic relationship, such as positive regard (Rogers & Truax, 1967). In this study, the themes of self-acceptance and self-understanding may assist therapists in extending compassion to clients in the therapeutic context. If therapists are able to apply these qualities to themselves, it is likely they will have greater emotional and psychological availability to clients, due to the various mental health benefits offered by a self-compassionate stance (Neff, 2003b; Neff, Kirkpatrick, et al., 2007). Given the importance of empathy, positive regard, and congruence in research on psychotherapy outcomes (Norcross, 2002), it may be that self-compassionate therapists are better able to fulfill the qualities required for a strong therapeutic relationship. This may help to explain participants' view that self-compassion leads to strong relationships with clients.

Modeling of self-compassion likely stems from therapists' authentic self-compassionate stances. Participants suggested that modeling was helpful to clients in demonstrating a self-compassionate stance. It is likely that therapist congruence (Rogers, 1957) is the quality that assists participants in effectively modeling self-compassion, naturally demonstrating and discussing self-compassionate actions in the therapeutic relationship. The findings in this study indicate that modeling provides a starting point for clients to understand how to treat themselves compassionately. In addition, therapist congruence is important to positive

therapeutic outcomes (Norcross, 2002; Rogers & Truax, 1967), which may suggest that congruent self-compassionate therapists may further improve therapeutic outcomes for clients.

Self-compassion informed participants' psychotherapeutic approaches to working with clients. This may represent ways in which self-compassion can influence psychotherapists' practice, as well as the acknowledgment of self-compassion and related concepts in many therapeutic approaches. However, there is little research on this phenomenon, but it may relate to an authentic self-compassionate stance, as participants integrate methodology and personal experience in their approach to practice.

These findings capture the essence of participants' views and experiences, providing a greater understanding of the meaning and experiences of self-compassion among psychotherapists in the context of existing literature. There are potential implications and directions for psychotherapy and research based upon these findings, which are discussed in the following sections.

Limitations

The sample size in this study presents a potential limitation in an IPA approach. Smith et al. (2009) recommend a sample size between three and six participants for a doctoral study, and three participants at the master's level. However, Smith & Osborn (2008) recommend larger samples of between five and ten participants. In this study, the larger sample size resulted in less opportunity for rich detail and high-level interpretation of each individual case, and introduced more heterogeneity in the sample – whereas a homogenous sample is desirable in IPA (Smith et al., 2009). Further interpretation with a smaller sample may have led to an

analysis more consistent with IPA, particularly given the time constraints of master's level work.

In addition, more specificity with regard to sampling may have strengthened the study, allowing for a more clearly delineated sample. Participants with similar characteristics could have been chosen as part of the sample, such as psychotherapists who worked with trauma. This may have allowed for a clearer representation of the participants' understanding of self-compassion within the context of their individual experiences. In this case, the participants would have represented a particular viewpoint and voice, providing greater specificity in the findings.

Recruitment challenges were present in this study, with the researcher relying on both advertisements and snowball sampling via her professional contacts to recruit participants. This may have influenced the data, as some participants contacted the researcher in response to advertisements for the study, likely due to a particular interest in self-compassion. Others received the study information through their professional contacts. This may have influenced how participants responded to the interview questions, as participants who contacted the researcher via posted advertisements, may have had more carefully considered views on self-compassion than others in the sample.

Another limitation of the study was the lack of a follow-up interview or member check with one participant. The lack of ability to follow-up with this participant meant less data was gathered, perhaps under representing the participant's voice in the study, and potentially impacting the final themes that were identified.

Implications for Psychotherapists

This study indicates that self-compassion is valued by these therapists and has positive effects in their personal and professional lives. Accordingly, these findings suggest that teaching trainees and practicing psychotherapists about self-compassion may be useful for therapists and clients. Therapists might benefit from information on what self-compassion is, how it is helpful, and ways to cultivate it. In particular, many psychotherapists are familiar with the idea of self-care activities, which were reported to be a key component of self-compassion. It may be helpful for therapists to discuss structuring their lives in ways that allow time to attend to their self-care needs, engage in activities they enjoy, and maintain a healthy work-life balance in order to find the time to care for the self. This could be a logical starting point to teach therapists about self-compassion, by relating it to the ways that they care for themselves and maintain balance in their lives.

Experiential forms of engagement with a self-compassionate stance would likely be key for the development of self-compassion among new and experienced therapists. These could include reflective journaling, mindfulness-based activities, and other ways of connecting with the body and mind from a self-compassionate stance. Patsiopolous and Buchanan (2011) echo these suggestions, and also note that trainees would benefit from hearing how experienced therapists engage self-compassionately in their own practice. For therapists in training, these exercises could be incorporated into their academic programs. Experienced therapists would likely benefit from reconnecting with self-compassion to refresh their knowledge and rekindle their use of this concept. This might take place in professional workshops, or through articles in professional publications. For example, an article on self-

compassion with accompanying experiential exercises could provide the needed information.

Training programs and professional development opportunities, which seek to promote self-compassion, may benefit participants by encouraging them to engage in activities that promote greater self-understanding and further self-reflection. Mahoney (2005) bemoans the lack of compassion in psychotherapists' training, including little focus on students' self-knowledge and well being. These factors may be important in the experience of self-compassion, and it may be helpful to encourage trainees and therapists to increase their self-knowledge. This may help psychotherapists to more fully engage with self-compassion for their benefit and the benefit of their clients.

Overall, encouraging therapists to engage more deeply with self-compassion may improve their well being, and their therapeutic skills. Given that therapists felt self-compassion enhanced psychotherapy, more exposure may help psychotherapists in developing strong therapeutic relationships and in modeling self-compassion for clients.

Future Directions for Research

Additional research on the benefits of self-compassion for therapists and other health and mental health professionals would be a helpful addition to this area. The present study, along with the work of Patsiopoulos and Buchanan (2011) are qualitative in nature, presenting the experiences of participants, rather than quantitative results on the effects of self-compassion. Accordingly, studies that are able to document and generalize the effects of self-compassion for therapists would be of central importance as research in this area progresses. Such information could

provide insights on the benefits and potential applications of self-compassion among psychotherapists.

Research focusing on self-compassion's role in the therapeutic process may also shed light on whether it is helpful for enhancing psychotherapy. Qualitative research could provide additional information from the perspective of clients and therapists. Quantitative studies, which document the effects of working with self-compassionate therapists on client progress, could provide insight on whether self-compassion among psychotherapists affects therapy outcome. Subsequently, if there is a relationship between self-compassion and therapeutic outcomes, it may be helpful to understand this effect. Potential explanations for the influence of self-compassion in psychotherapy may be identified through these studies, such as the effects of modeling, or the influence on the therapeutic relationship. These factors could be explored in greater depth, for example through an exploration of the effects of therapist modeling on client experiences.

Through further research and exploration, we may come to better understand self-compassion among psychotherapists, helping to promote well being among therapists and their clients.

Conclusion

Self-compassion has many psychological benefits, and has been shown to be helpful in understanding psychological well being. This study focused on psychotherapists' experiences and understanding of self-compassion, in both their personal and professional lives. The findings and implications of this study will ideally serve to foster self-compassion among psychotherapists as a group, benefitting clients and therapists. This study may also spark further research in this

area, contributing to our knowledge of this phenomenon, and helping others to identify and access the benefits of self-compassion.

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Appendix A: Information Letter

Research Study:
Self-compassion Among Psychotherapists

Purpose:
You are invited to participate in a research study conducted as my master's thesis in counselling psychology, through the Department of Educational Psychology at the University of Alberta. This study explores the experiences and meanings of self-compassion among psychotherapists. It is expected that this research will contribute to knowledge and understanding in self-compassion and psychotherapeutic practice.

Your Participation:
As a participant, you will be asked to take part in a one-hour interview regarding your perspectives and experiences of self-compassion. The interview(s) will be audio recorded and transcribed. You will be interviewed at least once, with the possibility of a 30-minute follow-up interview to ensure the accuracy of my understanding of your responses. At this time, I will provide you with a transcript of our interview. Prior to the interview, I will also ask you to fill out a demographic information form. As well, you will have the option to provide feedback about the themes that emerge during data analysis.

Your Rights:
Your decision to participate in the study is completely voluntary and you may choose to withdraw at any time. If at any point during the interview you do not want to answer any of my questions you may indicate this at any time without explanation. In addition, you may withdraw your information from the study at any point until data analysis begins. After this time, data can no longer be removed from the study. Withdrawal from this research will not affect you negatively in any way. The information you share will be strictly confidential and will be stored in a locked filing cabinet. Any electronic information will be encrypted and stored on a password-protected computer. To ensure anonymity, the transcript of our interview will not contain your name and any other identifying information will be removed. The transcript will be identified only with a code. Prior to agreeing to participate in this study, you will have the opportunity to ask questions and you may ask questions at any point during the study. You may also contact the researcher or her supervisor if you have additional questions or concerns.

Use of Findings:
The findings of this study may be presented at conferences, published in scholarly journals, or presented in class lectures. I will use this data in accordance with the University of Alberta Standards for the Protection of Research Participants, available from
http://www.uofaweb.ualberta.ca/gfcpolicymanual/content.cfm?ID_page=37738.

Benefits and Risks:
I cannot promise that this study will have beneficial effects for you personally or for your practice. The results from the study, however, may help us to better understand

the role of self-compassion among psychotherapists. Although it is unlikely, participation in this study could leave you with unresolved concerns or questions. If so, I can discuss these concerns with you and refer you to appropriate information, resources or services if necessary. You will receive a $10 gift card to show my appreciation for your time. I hope you will find participating in this study to be a rewarding experience. The study findings will be available when the study is complete.
If you would like to participate in this study, please contact Clare Patershuk.

This study has been reviewed and approved by the Faculties of Education, Extension, Augustana and Saint-Jean (EEASJ) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the chair of the EESAJ at (780) 492-3641.

Appendix B: Demographic Information Sheet

PARTICIPANT INFORMATION SHEET

Please provide the following information. This information will be strictly confidential. Please do not write your name on this form.

Age: _____

Gender: ☐ Male ☐ Female ☐ Trans-identified/Gender-variant

Ethnic background (please check one):

☐ European /European-Canadian
☐ French-Canadian
☐ Aboriginal
☐ Métis
☐ Asian / Asian-Canadian
☐ South Asian / South Asian Canadian
☐ African / African Canadian
☐ Caribbean / Caribbean Canadian
☐ Middle Eastern / Middle Eastern Canadian
☐ Latin American/Latin American Canadian

Other (please specify) _____

Years of experience in psychotherapy: _____

Population served: ☐ Adults ☐ Youth ☐ Children ☐ Families ☐ Couples

☐ Other (please specify)
_____

Methodology/Theoretical approach (e.g. CBT, feminist, eclectic, etc.):
_____
_____

Problems or concerns you frequently encounter (e.g. anxiety, depression, etc.):
_____
_____
_____

Appendix C: Interview Guide

Self-Compassion Interview Guide

Preamble: Thanks again for meeting with me today. I hope we will be able to cover a range of topics and ideas related to compassion and self-compassion. I am interested in your thoughts and experiences, and I want to understand them completely. To do so, I will likely ask you to expand on what you have told me and to provide additional details.

1. Can you explain what compassion means to you?
    a. Explore response in detail, may ask for additional examples or information.

2. What does being compassionate toward yourself, or self-compassion, mean to you?
    a. Does a definition, word, image or experience come to mind?

3. Can you tell me about experiencing compassion toward yourself?
    a. Explore response in detail, may ask for additional examples or information
    b. Are there times when it is easier to experience compassion toward yourself?
    c. Are there times when it is harder to experience compassion toward yourself?

4. How has self-compassion impacted your life?
    a. Explore response in detail, may ask for additional examples or information

5. What helps foster these compassionate feelings toward yourself?
    a. Are there any activities, thoughts, feelings or images that help you to feel self-compassionate?

6. At any point in time, was there a shift in your experience of compassion toward yourself?
    a. What influenced this shift?

7. Has cultivating self-compassion impacted or changed your life?
    a. In what ways?
    b. In what areas of your life?

8. Do you have any other thoughts or comments you would like to share?