

BECOMING A SELF-COMPASSIONATE COUNSELLOR:

A NARRATIVE INQUIRY

by

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## **ABSTRACT**

Current literature suggests that the compassion that even seasoned counsellors offer to their clients is often unavailable for themselves. It also recommends that counsellors practise self-compassion to promote self-caring behaviours. Yet, the emerging quantitative research on self-compassion does not inquire into counsellor development. To fill this gap, in this study I explored how experienced counsellors have developed self-compassion and how they practise it professionally. Using a narrative research design, I interviewed individuals who counsel in Canada and analyzed their narrative accounts using holistic-content and content-categorical approaches (Lieblich, Tuval-Mashiach, & Zilber, 1998). The resulting 15 narratives provide compelling perspectives on the developmental trajectories of the participants, practical applications of self-compassion in the workplace, and an array of meanings attributed to self-compassion. Seven developmental themes emerged, which are “Ongoing Journey”-ing; Learning Through the School of “Hard Knocks”; “Who Am I?": Understanding Self/ves; Influences of Spirituality and/or Religion; Therapy and “Complementary” Healing Practices; Opening to Compassionate Beings and/or Role Models; and Being a Compassionate Presence and/or Role Model. The ways in which the participants practise self-compassion in the workplace fell into three domains: in session, relationally in the workplace, and through the implementation of self-care strategies in their personal lives. The findings of this study reveal important information for counsellor training and education in the areas of self-care and burnout prevention, and enhanced counselling practice.

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**The purpose of the journey is compassion.  
When you have come past the pain of opposites,  
you have reached compassion.**

**Dedicated to Demetre, Gerlinde, and Nick Patsiopoulos**

**Ich habe Euch sehr lieb. Σας αγαπώ.**

## **CHAPTER I**

### **Introduction**

As counsellors, we engage on a regular basis with other human beings and their sufferings in therapeutic encounters. This process of co-exploring the vast and ultimately unmapped territory that reveals itself over the course of counselling may sometimes seem like a daunting endeavour. Yet, according to a review of surveys of career satisfaction, between 74% and 89% of psychologists reported having no regrets about entering the field (Stevanovic & Rupert, 2004). Among numerous aspects of counselling practice that provide fulfillment, the privilege of witnessing the growth of another human being, all the while experiencing accompanying personal growth through the relational exchange of the therapeutic alliance, have been cited as hallmarks (Radeke & Mahoney, 2000; Skovholt & Ronnestad, 2003).

However, a review of the literature points out that professional and personal challenges do arise throughout the developmental course of every counsellor (Orlinsky & Ronnestad, 2005). Daily, s/he must manage a host of occupational stressors, which include handling client-related difficulties (Schröder & Davis, 2004), organizational pressures and expectations (Maslach, Schaufeli, & Leiter, 2001), and personal problems that potentially hinder the therapeutic process (Vredenburg, Carlozzi, & Stein, 1999). The impact of accumulated and unacknowledged stress and distress over time may be profound, contributing to the onset of burnout and secondary traumatic stress (Figley, 2002; Skovholt, 2001). A survey of BC trauma counsellors found that as many as 26% of the sample felt ineffective at work, 24% experienced high levels of general life stress, and 14% experienced levels of traumatic stress comparable to their clients with PTSD (Arvay

& Uhlemann, 1996). According to Grosch and Olsen (1994), on average, most counsellors are likely to experience burnout within the span of a decade of work.

As counsellors develop over their career, research suggests that those who gain expertise deepen in wisdom, grow in congruence, and may cope with distress more effectively (Ronnestad & Skovholt, 2003). However, most counsellors will typically also experience periods during which professional self-doubt and self-criticism are more prominent and may interfere with their professional judgement (Orlinsky & Ronnestad, 2005; Thériault & Gazzola, 2006). These may coincide with significant life events or developmental turning points, or may accompany efforts in managing ‘negative’ therapeutic processes, found to be particularly stressful and relevant to all counsellors at all stages (Binder & Strupp, 2004). The effects of the negative psychological states of the counsellor pose potentially detrimental risks to the quality of client care and to personal well-being.

A number of scholars observe the struggles that many mental health practitioners experience, regardless of their degree of expertise, in showing themselves compassion in the face of hardship (Mahoney, 2005; Sapienza & Bugental, 2000). From the perspective of a therapist’s therapist, Mahoney states,

One of the most painful experiences for me... has been to witness the frequency with which professional helpers inadvertently do harm to themselves. Some of the most compassionate therapists I know are least compassionate and forgiving with themselves. (p. 348)

Evidence of counsellor self-harm in the field is reflected in the literature, which includes considerable rates of substance abuse and suicidal behaviours (Pope & Tabachnick, 1994). Depression, anxiety, feelings of isolation, and challenged self-esteem and self-confidence have also been reported as commonly experienced by counsellors (Mahoney,

1997; Norcross, 2000; Shapiro, Brown, & Biegel, 2007; Thériault & Gazzola, 2006).

Counsellors are called to the ongoing responsibility of fulfilling professional duties, including adherence to stringent professional ethical guidelines, while approaching practice with a realistic understanding and acceptance of their limits and fallibility as professionals and as human beings.

Self-compassion as a psychological construct is a nascent focus of inquiry that is garnering evidence of benefits that promote mental health (Gilbert, 2009; Neff, 2003a). Although self-compassion is a universal human quality of interest to an array of wisdom traditions and schools of psychotherapy, this area of research has grown out of the mindfulness movement. The definition of this construct, therefore, is variable and may be confounded with others such as *self-esteem* (see Definition of Terms). Neff (2003b) offers a definition of self-compassion that is grounded in Buddhist philosophy:

being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgemental attitude toward one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience. (p. 224)

Recently, recommendations in the self-care conceptual literature have pointed to the usefulness of mental health practitioners to develop and practise self-compassion.

Empirical research, thus far, most of which has used Neff's (2003b) definition of the construct and the Self-Compassion Scale, is building evidence of benefits associated with a developed capacity for self-compassion. Studies suggest that a greater capacity for self-compassion may help to protect against self-evaluative anxiety (Neff, Kirkpatrick, & Rude, 2007) and may facilitate healthy coping and the development of resilience (Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, Hseih, & Dejitthirat, 2005). Further, it may predict positive psychological strengths such as happiness, optimism, reflective and

affective wisdom, personal initiative, curiosity, and exploration (Neff, Rude, & Kirkpatrick, 2007). Another research approach (Gilbert, 2009) investigates how compassion toward self may be developed in individuals with shame and self-critical tendencies through therapeutic means, notably Compassionate Mind Training.

Self-compassion has been described as an “antidote to self-loathing, shame, self-doubt” (Germer, 2006, p. 6), characteristics that increase a sense of isolation and egoic self-involvement (Neff, 2008). The development of self-compassion, as a human strength and potential (Neff, 2007), is posited to enable an increasingly expanded sense of acceptance of one’s own fallibilities as an inherent aspect of the human condition and deepening understanding of one’s interconnectedness with all of humanity. Further, both Buddhist and non-Buddhist scholars (Fulton, 2005; Lewin, 1996) suggest that in order to truly be able to offer compassion, one must begin by developing it for oneself. We, as counsellors, offer our assistance – in fact, our “selves” in therapeutic relationship – to those who often feel disconnected from their communities and self-alienated in a world that, in many ways, reflects back increasing fragmentation and chaos. If one client therapeutic outcome goal, through the process of empathic relational contact, may be a deepening in self-compassion (Gilbert, 2007), to what extent is it our responsibility not just to model, but to embody the same quality as much as possible? To what extent is it our responsibility to commit to sustaining and optimizing professional and personal functioning?



## **Statement of the Problem**

Given (1) pervasive occupational stressors and considerable prevalence rates of risk for burnout and STS; (2) personal and professional challenges that emerge daily and across the career span of the counsellor; (3) scholarly recommendations to mental health practitioners to develop self-compassion; (4) growing evidence of benefits associated with the development of self-compassion, a quality that is suggested to lead to healthier relationships to self, others, and to humanity as a whole, it seems warranted to inquire into the areas of self-compassion and counsellor development.

While the literature suggests that the capacity for self-compassion tends to be underdeveloped in mental health practitioners (Barnett, Baker, Elman, & Schoener, 2007; Mahoney, 2000), how have those who do have this capacity come to develop it? Although recommendations have been made to practise self-compassion, what does this practically look like, particularly in counselling work contexts? These are several questions that inform my inquiry into counsellor self-compassion, an area that is not researched, to date.

What does a survey of associated research areas and literature, which I review extensively in the next chapter, reveal with respect to my research area of interest? Considerable scholarly contributions serve to elucidate the realities of counselling practice with respect to stress and distress, leading to impaired states of being such as burnout and STS (Buchanan, Anderson, Uhlemann, & Horwitz, 2006; Everall & Paulson, 2004; Figley, 1995; Maslach & Leiter, 1997; Skovholt, 2001). Research supporting the person of the therapist and his/her contributions to the therapeutic process and outcome as central to effective counselling (Hovarth et al., 2002; Wampold, 2001) highlight the

intertwined importance of the personal development, professional development, and self-care of the counsellor (Norcross, 2000, 2005), as does revived research attention to counsellor development (Orlinsky & Rønnestad 2005; Rønnestad & Skovholt, 2003). Studies investigating therapist qualities (Ackermann & Hilesenroth, 2003; Berger, 1995; Dlugos & Friedlander, 2001) show that individual differences seem to matter. Common characteristics of master therapists (Skovholt & Jennings, 2004) have been identified, posited as optimal in flourishing in the counselling field. This raised questions for me about how self-compassion might contribute to a counsellor's optimal development.

The considerable body of research focusing on counsellor self-care (Coster & Schwebel, 1997; Kramen-Kahn & Hansen, 1998; Mahoney, 1997; Norcross, 2005) indicates an extant range of strategies available and known to practitioners, as well as a general awareness of the importance of maintaining a balanced life. One common thread throughout much of the self-care literature (Coster et al., 1997; Kramen-Kahn & Hansen, et al.; Mahoney; Norcross, 2000, 2005; Radey & Figley, 2007; Schure, Christopher, & Christopher, 2008; Stevanovic & Rupert, 2004) is an emphasis on the development of self-awareness as central to professional and personal growth, which is a benefit among a host of others intrinsic to mindfulness practice (Fulton, 2005; Grossman, Niemann, Schmidt, & Walach, 2004; Schure et al., 2008; Shapiro, Brown, & Biegel, 2007). Mindfulness is one posited way to develop core clinical skills and personal qualities, including self-compassion, while promoting wellness (Shapiro et al., 2007).

I noted a stated need for increased attention to self-care (Arvay, 2001; Barnett, Baker, Elman, & Schoener, 2007; Mahoney, 2000; Norcross, 2000) that is life-long and prevention-focused (Barnett et al., 2007). Further, scholarly attention to both personal

and systemic barriers that can prevent counsellors from seeking help such as therapy or peer support for their personal problems and clinical difficulties (Barnett et al; Mahoney, 1991; Pope & Sonne, 2006) led me to consider counsellor development of self-compassion contextually. What role might the “profession” itself, with its expectations, unspoken and spoken cultural norms, and stringent ethical codes play in how self-compassionate practice is developed and practised?

Self-compassion as a new psychological construct is only beginning to be studied. Although current literature suggests the usefulness of counsellors to develop self-compassion and scholars have noted that self-compassionate practice can be challenging even for the most seasoned, I identified no research that explores how self-compassion may serve counsellors in their counselling practices and in their lives. A qualitative study exploring counsellors’ perspectives on their development of self-compassion will, first, capture the richness and depth of counsellor experiences that the current quantitative studies have not. Second, it will respond to the call for attention to investigate therapist variables, including therapist factors that strengthen the alliance (Skovholt & Ronnestad, 2003; Teyber & McClure, 2000). Third, research also points to self-compassion as an acquirable and protective quality. Inquiry into self-compassion and counsellor development fits the emerging interest in examining coping and self-care strategies from the vantage point of health and resiliency promotion and the stated need to continue to pursue this course of inquiry (Mullenbach & Skovholt, 2004).

### **Purpose of the Study**

The purpose of this narrative study was to explore how experienced counsellors who practise in Canada have developed self-compassion over their careers. A second purpose

was to better understand how experienced counsellors practise self-compassion in their counselling work contexts. This is an original inquiry, through first-person accounts, into the meanings that counsellors construct about their lived experiences of self-compassion. Understanding the development and application of self-compassion by counsellors will hopefully provide the field of counselling with knowledge that may mitigate professional burnout and may inform the professional training of both graduate students and communities of licensed counsellors.

## **Definition of Concepts and Terms**

### ***Compassion (for self and for others):***

- an attitude of kindness, and an awareness of the suffering of self and of others, with the desire and effort to ease it (Gilbert, 2009, p. xiii)

### ***Mindfulness:***

- “a kind of nonelaborative, non-judgmental, present-centered awareness in which each thought, feeling, or sensation that arises in the attentional field is acknowledged and accepted as it is” (Bishop et al., 2004, p. 232)

### ***Self-care:***

- intentional engagement in specific behaviours and activities in order to cope with a health concern and/or to promote an optimal level of functioning

### ***Self-esteem:***

- an attitude of evaluation toward oneself, which may be “positive (favorable or high), neutral, or negative (unfavorable or low)” (Colman, 2006, p. 679) and “is based on congruence with personal standards or on comparison with others” (Neff, 2008, p. 96)

## **CHAPTER II**

### **Literature Review**

In this study, I explore how experienced counsellors have developed self-compassion and how they practise self-compassion in their counselling work contexts.

Recommendations to mental health practitioners to develop and to “practise” self-compassion can be found in the self-care literature (Barnett, Baker, Elman, & Schoener, 2007; Gamble 2002; Sapienza & Bugental, 2000). However, while empirical evidence of the short- and longer-term benefits of developing one’s capacity for self-compassion is growing, a dearth of self-compassion research exists in connection with counsellor development.

To assess the significance of my research topic, I examined related literature, beginning with the conceptual and empirical bodies of research on self-compassion. Next, I reviewed the existent research on counsellor stress and counsellor development, including career-span challenges. Finally, I surveyed the self-care literature, with attention to the recent contributions of mindfulness and suggestions regarding the development of self-compassion in the context of counselling practice.

### **Self-Compassion**

Self-compassion has recently appeared in the literature as a new psychological construct of significant interest, emerging from the current dialogue between Buddhism and Western psychology. Over the past forty years or so, Western science has adapted and integrated certain aspects of Buddhist psychology, particularly the concept of mindfulness, into therapeutic modalities. Some consider this trend to be a “third wave” of empirically based treatments (Germer, 2006). Westerners have also increasingly

incorporated mindfulness practice into their lifestyles. Mindfulness may be defined as “a kind of nonelaborative, non-judgmental, present-centered awareness in which each thought, feeling, or sensation that arises in the attentional field is acknowledged and accepted as it is” (Bishop et al., 2004, p. 232). Recently, some scholars have been drawing their attention to compassion – to self and to others – and the possible benefits derived from the development of this quality.

In the context of Buddhist traditions, which are diverse and multifaceted, mindfulness and compassion have been compared to “two wings of a bird” (Morgan & Morgan, 2005, p. 81), both traditionally practised to assist in a process leading to the eventual cessation of suffering of all sentient beings and to eventual liberation. Compassion (*karuna*) is a central Buddhist precept, one of four limitless qualities of the heart (*brahma-viharas*) along with lovingkindness (*metta*), sympathetic joy (*mudita*) and equanimity (*upekkha*) (Nhat Hanh, 2006). Compassion is also a core quality that threads through all world religions and wisdom traditions since time immemorial. To varying degrees, compassion for self and others is also of particular interest to all schools of psychotherapy, considered to be a significant healing therapeutic agent (Mahoney, 2005).

A compassionate orientation, by definition, requires a certain receptivity to the suffering of others, with a desire to relieve it. Some Buddhist and non-Buddhist scholars (Fulton, 2005; Lewin, 1996) have posited that in order to be able to truly offer compassion, one must necessarily begin by developing it for oneself. In a conversation between scientists and Buddhist practitioners, the Dalai Lama explains from a Tibetan Buddhist perspective,

Yourselves first, and then in a more advanced way the aspiration will embrace others. In a way, high levels of compassion are nothing but an advanced state of

that self-interest. That's why it is hard for people who have a strong sense of self hatred to have genuine compassion toward others. There is no anchor, no basis to start from. (Harrington et al., 2004, p. 98)

This perspective, however, is not decisive. Whether through the encounter of the therapeutic relationship itself, or facilitated by therapeutic interventions or contemplative practices, human beings have been consciously engaging in processes to develop compassion for self and others for varying reasons.

### **Western Psychological Perspectives on Self-Compassion**

How is self-compassion understood and defined from the perspectives of current Western scholars in the field of psychology? Upon surveying the available literature, I noted a range of descriptors of self-compassion, a tapestry of personal expressions of the phenomenon. Self-compassion has been described as an orientation (Lewin, 1996); an attitude (Neff, 2003); an “antidote to self-loathing, shame, self-doubt” (Germer, 2006, p. 6). Some consider it to be a quality that may be developed from the limited to the limitless via a transformative process that yields lasting structural changes (Gilbert, 2005). Gilbert (2009) describes compassion as a three-directional flow: as flowing in from others, as flowing out to others, and created from within. To Lewin (1996), compassion for self entails a “pursuit of kindness,” a nuanced process that defies all definitions.

The decision to open to the practice of self-compassion has also been heralded as a radical act (Germer, 2006). From a psychoanalytic perspective, Rubin (1975) describes his choice made decisively in the middle of the night to embark on a therapeutic process from self-hate to self-compassion, with a hoped-for outcome of “acceptance and growth of real self and a greater capacity for peace and happiness” (p. 6). As Lewin (1996),



another psychiatrist, poignantly writes, “Compassion for the self can be thought of as a sort of internal elixir of decompartmentalization.... It does not indulge in acts of internal bigotry or persecution, envy or ostracism” (p. 333). Instead, the development of self-compassion, a human strength and potential (Neff, 2007), is posited as enabling an increasingly expanded sense of acceptance of one’s own fallibilities as an inherent aspect of the human condition and a deepening understanding of one’s interconnectedness with all of humanity.

As is evidenced by the diversity of perspectives, the construct of self-compassion seems multifaceted and overlaps with others. The various interpretations of the meaning and experience of the phenomenon are inevitably also embedded in each scholar’s theoretical and cultural contexts, which both enriches my own understanding, and problematizes an empirical study of self-compassion.

### **Self-compassion according to Neff**

Neff (2003b), who recently introduced the construct of self-compassion to Western psychology, defines self-compassion as

being open to and moved by one’s own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgemental attitude toward one’s inadequacies and failures, and recognizing that one’s own experience is part of the common human experience. (p. 224)

This definition, which draws from Buddhist scholarly work, is tripartite, identifying self-kindness, common humanity, and mindfulness as interrelated core components of self-compassion (Neff, 2008). Neff explains that a mindful and self-aware stance is first needed in order to observe and to accept, with non-judgemental kindness, all arising thoughts, emotions, and sensations. She also posits that the element of recognition of one’s interconnectedness enables a softening of the boundaries between self and others

(Neff, 2008) and an accompanying open-heartedness and quietening of the ego. For Neff, the development of self-compassion facilitates a process in which negative affect is transformed into positive affect, and an ability to be equally kind to self and others is fine-tuned.

Neff (2003a) suggests that self-compassion may be a healthier alternate construct to self-esteem, which is considered an important indicator of psychological well-being in the West. While both constructs involve a strong sense of self-acceptance and positive self-affect (Neff, 2007), self-esteem is rooted in evaluations of self-worth and social comparisons. The orientation of self-compassion is that of caring, rather than judgement or competition. According to Neff (2008), it is this quality of care that enables a sense of safety in the examination of undesirable aspects of self and serves to motivate to change and to grow. Another distinguishing feature between self-compassion and self-esteem is that high self-esteem has been associated with narcissism, feelings of superiority, and unrealistic views of self, whereas high self-compassion has not (Neff, 2008).

### **Self-Compassion Research**

To date, a modest body of empirical self-compassion research exists. One line of inquiry investigates the psychological benefits of developing self-compassion, predominantly using Neff's (2003) definition of self-compassion and the Self-Compassion Scale. Another line examines the science behind developing self-compassion and suggests approaches to cultivate it (Gilbert, 2009). I will specifically focus on research that studies the efficacy of Compassionate Mind Training, or elements of this approach (Gilbert & Irons, 2004; Gilbert & Procter, 2006; Mayhew & Gilbert, 2006) in treating clients with shame and self-criticism and related mental health issues.

### **Research informed by Neff's approach**

Neff (2003b) developed and validated the Self-Compassion Scale (SCS), a 26-item 5-point rating scale from 1, "almost never" to 5, "almost always," comprised of 6 subscales to capture Neff's definition of the construct, which is theoretically derived from Buddhist psychology. These are (1) self-kindness, (2) self-judgment, (3) common humanity, (4) isolation, (5) mindfulness, and (6) overidentification of thoughts and feelings. The sum of the mean score on each subscale reflects the participant's overall level of self-compassion. Three interrelated studies describe the development of the measure, while outlining the SCS's psychometrically sound properties. The SCS demonstrated good factor structure (6 separate factors with overarching factor as self-compassion). The SCS showed good internal and test-retest reliability (.93), with no significant correlation with social desirability bias.

It also showed good construct validity, with those with higher levels of self-compassion showing an equal capacity to be kind to self and others, while those lower in self-compassion showing a stronger inclination to be kinder to others.

These initial three series of studies involving the development of the SCS also provide preliminary evidence to suggest that higher levels of self-compassion promote psychological well-being. The first two studies show that self-compassion has a significant negative correlation with anxiety, depression, and self-criticism; a significant positive correlation with life satisfaction and sense of social connection; a negative correlation with neurotic perfectionism; and a significant negative correlation with rumination and thought suppression. Female participants showed significantly less self-

compassion. It was also demonstrated that while self-compassion and self-esteem are moderately correlated, they are distinct constructs.

Subsequent empirical research using the SCS has continued to build evidence to support a strong connection between self-compassion and mental health. The first of two studies conducted by Neff, Kirkpatrick, and Rude (2007) investigated whether self-compassion protects against self-evaluative anxiety. A battery of self-reports (measuring self-compassion, self-esteem, negative affect, and anxiety) were administered to 91 undergraduates, prior to their participation in a mock job interview, during which they were asked to respond in writing to 2 questions, one of which inquired about their greatest weakness. It was found that self-compassion served as a protective factor against anxiety in the given self-evaluative situation, whereas self-esteem did not. Further, upon analyzing the text, it was noted that those with higher levels of self-compassion used first-person plural pronouns ('we') most frequently and first-person pronouns ('I') less. This finding supports Neff's theoretical notion that a self-compassionate stance is also accompanied by a sense of connectedness to others, regardless of perceived or actual failings.

In the second study, 40 undergraduates participated in a therapy session during which a Gestalt two-chair intervention was used. The purpose of the study was to assess whether changes in self-compassion are connected to changes in well-being. The intervention was intended to challenge self-critical thoughts and to increase empathy directed at self. They were administered a battery of tests (measuring self-criticism, social connectedness, depression, anxiety, rumination, thought suppression) one week prior to the study, and again 3 weeks following its end. Changes over a one-month interval

indicated that participants whose self-compassion levels had increased also experienced increased social connectedness and decreased self-criticism, depression, rumination, thought suppression, and anxiety. Further, a correlation between therapist ratings of self-compassion and SCS scores confirmed construct validity.

Evidence also suggests that the construct of self-compassion may be a predictor of positive psychological strengths. In a study that investigated the relationship between self-compassion, positive psychological functioning, and personality traits (Neff, Rude, & Kirkpatrick, 2007) using a correlational design, a battery of measures of positive health constructs and the SCS were administered to 177 undergraduate students. Findings demonstrate an overall significant correlation to happiness, optimism, reflective and affective wisdom, personal initiative; curiosity, and exploration. The study defines “reflective wisdom” as “the ability to see reality as it is and to develop self-awareness and insight.” Affective wisdom “assesses constructive emotions towards others” (p. 912). As well, self-compassion showed a positive association with the NEO personality factors of agreeableness, extroversion, and conscientiousness, and a negative association with negative affect and neuroticism.

Several studies have found that self-compassion may be a significant agent in facilitating healthy coping and the development of resilience. In their investigation of the relation between self-compassion and reactions to perceived failure amongst undergraduate students, Neff, Hseih, and Dejithirath (2005) found that students with higher levels of self-compassion tended to use emotion-focused coping strategies (e.g., acceptance, positive reinterpretation) upon receiving a displeasing midterm grade and tended to work from a mastery, rather than a performance orientation.

Leary, Tate, Adams, Allen, and Hancock (2007) conducted a series of five studies that explored how self-compassionate people cope with unpleasant life events. These were hypothetical, real, remembered, an evaluated situation, and a self-evaluated situation.

In one of these studies, participants were asked to complete the SCS, then improvise a children's story while being videotaped. Thereafter, each was asked to either evaluate their own tape or the previous participant's according to the appearance of the videotaped person (e.g., awkward, confident), what emotions they felt while viewing the tape, an overall evaluation of the story itself and how good/bad they felt while watching it. Each tape was rated three times: by the participant on the video, by a low and a high self-compassionate participant. The results revealed, first, that self-compassionate participants evaluated the videos more favourably and felt better watching them than the less self-compassionate participants. Second, self-compassionate participants' evaluations tended to be comparable to those by the raters, whereas those with lower self-compassion tended to undervalue their performances. Third, though the performances of both low and high self-compassionate participants were rated similarly, those with higher self-compassion tended to perceive themselves more accurately. Fourth, both low- and high self-compassionate participants made similar evaluations, suggesting that neither group differs in their ability to treat others more compassionately. Overall, all the studies' findings showed that higher levels of self-compassion act as a moderator to reactions to distressing life events, such as receiving ambivalent feedback or imagining an upsetting social event.

Approaching the study of self-compassion from a postpositive stance, this body of studies contributes significantly by introducing the construct to Western scientific communities and by offering a comprehensively defined self-concept alternative to the well-established construct of self-esteem. This survey research, given its potential to generalize to larger populations, also seems promising. It also carries some limitations. First, despite the strong psychometric properties reported, the accuracy of the results of the SCS as a self-report measure in part depends on participant self-awareness and therefore may range considerably. Second, the survey's norming and surveyed population consists of middle-class American college undergraduates, which raises some questions about the generalizability of its results to other diverse populations. Third, as Neff notes, the studies have primarily used correlational designs; a future need of the use of experimental designs has been noted by the researchers. Finally, this data does not take into account contextual factors, which seems considerably important in understanding and taking into account how the capacity for self-compassion may fluctuate.

Still, the findings of this research effort contribute significantly to an understanding of the potential benefits of developing and deepening a capacity for self-compassion, which include greater mental health and resilience. The studies suggest that Neff's construct of self-compassion is positively associated with life satisfaction, emotional intelligence, and social connectedness. They also demonstrate a negative association to self-criticism, depression, anxiety, rumination, thought suppression, and perfectionism (Neff, 2003; Neff, Kirkpatrick, & Rude, 2007). Furthermore, individuals with higher levels of self-compassion, according to Neff, Rude, and Kirkpatrick (2007) are wiser, more curious, happier, more optimistic, and more open to exploration.

### **Research informed by Gilbert's approach**

Gilbert's contributions to the study of compassion are theoretically informed by evolutionary psychology, social mentality theory, and neuroscience, and integrate a number of theories including attachment theory, cognitive- and dialectical-behavioural therapy, and Buddhist philosophy. He provides an alternate framework to scientifically understand compassion for self and others, why its development is beneficial, and also offers practical approaches to exercise one's capacity for self-soothing and compassion (Gilbert, 2009).

Gilbert's (2009) model pays particular attention to the neuroscience behind how the development of self-compassionate skills, both in therapy and through home practise, has the effect of deactivating the threat and self-protection emotion regulation system associated with feelings of insecurity and defensiveness, and activating one of the two positive emotion regulation system associated with soothing and contentment – or safety and secure attachment (Gilbert & Irons, 2005). He draws attention to the importance of bringing all three interconnected emotion regulation systems into balance. A compassionate counsellor orientation, caring therapeutic relationship, and use of a range of possible interventions all facilitate the client's increased capacity to self-soothe and to experience a sense of warmth and caring for self. In this way, the client's neuropsychological pathways may gradually be changed.

Compassion-focused therapy is a way of focusing therapy and may be integrated into counsellors' theoretical approaches. It is particularly helpful in treating the accompanying core components of shame and self-criticism (Gilbert & Irons, 2005) in clients with chronic psychological difficulties. Compassionate Mind Training (CMT), on the other



hand, is specific training meant to assist in the development of six interconnected compassionate attributes that Gilbert (2009) has identified, which can be directed towards oneself. These include the development of care for the wellbeing of others, sensitivity towards others' distress and needs, sympathy, distress tolerance and acceptance, empathy, non-judgement, and warmth. These attributes may be developed through a range of skills-training possibilities, which include attentional, cognitive, behavioural, emotional, sensory, and imagery-focused approaches.

To date, two pilot studies on the efficacy of CMT show promising findings. Gilbert and Procter (2006) recruited 6 volunteers with personality disorders and/or mood disorders from a day hospital program to participate in 12-week 2-hour group training. A battery of measures were administered pre- and post- group. These included the Hospital Anxiety and Depression Scale (HADS), Functions of the Self-Criticizing/Attacking Scale (FSCS) to explore reasons behind self-criticism, Forms of the Self-Criticizing/Attacking and Self-Reassuring Scale (FSCRS) to measure forms and styles of responses, Social Rank Variables, External Shame (the Other as Shamer Scale; OAS), Social Comparison Scale and Submissive Behaviour Scale (SBS). The participants also were asked to use a weekly diary to log their experiences of self-soothing and self-critical thinking. Upon group termination, the readministration of the battery of scales indicated an overall significant reduction in depression, anxiety, self-criticism, shame, inferiority, and submissive behaviours. Further, their ability to self-soothe developed significantly. Diary entries also indicated a significant decrease in self-criticism and increase in self-soothing. During a 2-month follow-up, the four attending participants reported a continued practice

in using imagery to assist in handling distressing situations and actively developing self-compassionate skills.

In another pilot study, Gilbert and Irons (2004) explored the self-critical processes of members of a self-help depression group, the types of self-compassionate imagery they generated, and their opinions on the usefulness of practising self-compassion. Over the course of four sessions, participants explored the topics of self-criticism and compassion, engaged in relaxation and self-generated imagery exercises, and maintained a diary that monitored their triggers and experiences of self-criticism. Of the eight participants, six found the use of imagery useful, and the participants all reported a significant increase in the ability to self-soothe, which might also be attributable to the group format of the study. All participants agreed that the development of self-compassion would be a lifelong endeavour.

Mayhew and Gilbert (2008) have also examined the effectiveness of CMT with individuals with psychosis through a series of case studies. Findings showed a decrease depression, anxiety, paranoia, and psychosis, as well as COD and interpersonal sensitivity.

Compassionate Mind Training research is at its early stages. While the first two outlined studies, as pilot studies, are limited in their methodological design and sample sizes, CMT still shows promise and interests me in a number of ways. First, CMT is an integrated therapeutic approach that is committed to offering mental health practitioners possible ways to enhance their clinical repertoire, so as to promote the development of compassion in their clients. CMT illustrates how accessible means to promote self-compassion may be and, as Gilbert et al. (2006) point out, the possibility of agentically

engaging in a reconfiguration of one's orientation to self and others beyond core beliefs or schemas. Second, the authors highlight self-criticism and shame as clear hindrances in living compassionately. Though their population focus is on individuals with severe mental health challenges, the experiences of self-criticism and shame are common to all human beings. Elements of CMT may therefore be applicable to all. Third, though these efficacy studies are early indications, Gilbert's extensive research background in interrelated areas that inform his theory of social mentality is vast (i.e., depression, social rank theory, shame). Future studies aim to explore associated physiological changes, such as the effects of CMT on cortisol and oxytocin levels (Gilbert & Procter, 2006).

### **Other research efforts**

Germer (2009) has recently published a guide about self-compassion for a general audience, using Neff's definition of self-compassion to explain the construct. He also includes practical exercises to develop self-compassion as part of a mindfulness practice, suggestions about how to tailor one's practice, and potential hindrances that may arise, drawing from anecdotally derived personality types, such as "perfectionist," "caregiver," and "survivor." The author highlights how self-compassion can serve to strike a balance between caring for others and self, one's "authentic personal voice" and connection with others; and solitude and being in relation (p. 179). He notes how the practice of self-compassion and equanimity can prevent compassion fatigue.

Research efforts in the field of neuroscience provide growing evidence of the positive effects of mindfulness meditation on the brain. Davidson et al.'s (2003) groundbreaking study that measured beginning meditators' brain electrical activity before and after an Mindfulness Based Stress Reduction (MBSR) intervention showed

significant effects on the immune functions of beginner meditators. It also showed enhanced brain activation in the left prefrontal cortex, a region associated with positive affect. This has promising implications with respect to the systematic training of the mind, affective neuroscience and neuroplasticity (Kabat-Zinn, 2003). Studies continue to inquire into how the generation of positive affect through various meditative practices neurally change the brain (e.g., Lutz, Brefczynski-Lewis, Johnstone, & Davidson, 2008).

### **Summary**

Self-compassion has recently become a research focus, emerging from the mindfulness movement in the West. Given the nuanced nature of the construct, the study of compassion proves to be complex endeavour. Neff (2003a) has introduced a possible operational definition of self-compassion grounded in Buddhist philosophy, which has been foundational to a series of survey studies using the Self-Compassion Scale (Neff, 2003b). However, what may be lost in an effort to quantify such a complex and subjective phenomenon?

Current research points to the possibility of a host of mental health benefits associated with self-compassion and that self-compassion may be developed through therapeutic interventions and/or contemplative approaches. In light of these benefits, how might a capacity for self-compassion serve counsellors? What does self-compassion mean to counsellors of diverse backgrounds and with varied belief systems?

### **Occupational Stress and Counselling Practice**

The past three decades have produced a still-burgeoning body of literature that underlines the hazards of counselling practice, to which all individuals who choose this career pathway are also susceptible (Mullenbach & Skovholt, 2004). While studies

indicate that counsellors tend to be overall fulfilled with their work (Mahoney, 2000), the profession has also been characterized as a “gruelling and demanding calling” (Norcross, 2000, p. 710). It acknowledges how this committed type of work is frequently highly emotionally challenging, replete with stressors, leading to distressed and impaired states of being and delivery of service.

The occupational stressors that the counsellor navigates on a daily basis often can be wide-ranging. Numerous variables may contribute to a potentially stress-laden workplace, including the lack of availability of supervision (Maslach & Schaufeli, & Leiter, 2001), agency work settings over private practice (Vredenburgh, Carlozzi, & Stein, 1999), the presence of work conflict, as well as the additional pressures often created by the requirements of managed care including a decreased amount of autonomy and stifled creativity in therapeutic sessions (Barnett, Baker, Elman, & Schoener, 2007).

Client-related challenges that arise during counselling sessions may also contribute significantly to counsellor stress. Some examples include an unbalanced caseload constituting an inordinate number of clients with chronic problems; difficult-to-manage client behaviours such as hostility and resistance; and client suicide (Skovholt, 2001). Further, therapeutic work with clients who have experienced trauma, such as domestic violence or combat may, over time, debilitate and contribute to difficulties in managing therapeutic sessions (Collins & Long, 2003).

The literature suggests that institutional and organizational factors play a significantly greater role than personal attributes in creating job burnout (Maslach, 2003). Still, personal variables also may contribute to susceptibility to and difficulty in managing occupational stress-related psychological challenges. Those who are younger

(Arvey, 2001; Vredenburg, Carlozzi, & Stein, 1999), with fewer years of work experience (Arvey; Kramen-Kahn & Hansen, 1998), lower levels of self-esteem and hardiness, and whose personality type falls under “neuroticism” (Maslow) may be more challenged. Some studies lend support for personal histories of trauma as another variable in contributing to counsellor vulnerability, while others provide contradictory evidence (Arvey; Linley & Joseph, 2007). Unexamined personal issues and unhelpful learned patterns of living and coping may have an effect on the counsellor’s ability to manage ongoing distress at work or to be fully engaged in the counselling process (Arvey & Uhlemann, 1996).

The impact of accumulated and unacknowledged stress and distress over time may be profound: on the person of the counsellor, the clients that he/she serves, colleagues, and the profession as a whole (Maslach, Schaufeli, & Leiter, 2001). A range of symptoms commonly experienced by the majority of counsellors who work routinely and intimately with other human beings and their suffering include moderate depression, mild anxiety, emotional exhaustion, disrupted relationships, as well as feelings of isolation, low self-esteem, and professional self-doubt (Mahoney, 1997; Norcross, 2000; Shapiro, Brown, & Biegel, 2007; Thériault & Gazzola, 2006). Pope and Tabachnick (1994) found that 61% of their survey sample of 476 psychologists reported at least one episode of clinical depression, 29% disclosed having felt suicidal, and almost 4% reported having attempted suicide at least once.

Burnout will affect most mental health practitioners at some point in their career (Grosch & Olsen, 1994). *Burnout* can be defined as a “prolonged response to chronic emotional and interpersonal stressors in the job place” (Maslach, 2003, p. 189).

According to Maslach and Leiter's (1997) model, it may be experienced in three dimensions of the construct: emotional exhaustion, a central element of burnout experience (Skovholt, 2001); depersonalization or cynicism; and a reduced sense of personal accomplishment, often with accompanying feelings of incompetence. Burnout has also been identified as a possible risk factor to develop secondary traumatic stress (STS) (Collins & Long, 2003).

Recently, a small, but growing body of research focuses on STS (Arvay, 2001), a phenomenon that has detrimental effects on the well-being of the counsellor who works with trauma clients, as well as closely related constructs, vicarious traumatization (McCann & Pearlman, 1990) and compassion fatigue (Figley, 1995). In a survey of BC trauma counsellors found that as many as 26% of the sample felt ineffective at work, 24% experienced high levels of general life stress, and 14% experienced levels of traumatic stress comparable to their clients with PTSD (Arvay & Uhlemann, 1996). According to Figley, *secondary traumatic stress* is defined as “the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other – the stress resulting from helping or wanting to help a traumatized or suffering person” (p. 1435). *Compassion fatigue* may occur as a result of bearing witness to another's suffering. It has been defined as a “state of tension and preoccupation with the traumatized patients by re-experiencing the traumatic events, avoidance/numbing of reminders persistent arousal (e.g., anxiety) associated with the patient” (Figley, p. 1435). All phenomena manifest similarly, with intrusive and avoidant symptoms that match those of direct trauma survivors, along with emotional depletion, a sense of helplessness, and isolation (Kadambi & Ennis, 2004).

STS and burnout are the two distinct psychological constructs (Arvey, 2001) that affect clinical work in similar ways. The quality of the therapeutic relationship is often negatively impacted. The practitioner will frequently experience a diminished ability to empathize or to feel positively toward clients, have more difficulties regulating emotional boundaries (Skovholt & Ronnestad, 2003a), and be more prone to enacting boundary violations. The counsellor also may frequently lose his/her ability to set realistic expectations regarding therapeutic performance (Everall & Paulson, 2004; Arvey & Uhlemann, 1996). While this complex topic is beyond the scope of this study, the nuances of definitions and developments in the field are carefully examined by scholars such as Figley (2002), Collins (2003), Arvey (2001), and Buchanan, Anderson, Uhlemann, and Horwitz (2006).

### **Summary**

The ubiquitous sources of distress and impairment in daily counselling practice exact a toll on the counsellor's person and may have serious consequences on quality of care. This points to the ethical and legal responsibility of all mental health professionals, and in fact the profession itself, to prioritize continual self-care (Barnett, Baker, Elman, & Schoener, 2007; Everall & Paulson, 2004; Norcross, 2000) over the career span. How might self-compassion factor into how counsellors cope with work stressors and develop resilience? Next, I will discuss how the person and the developmental process of the counsellor may play a central role both in counselling effectiveness and counsellor well-being.



## **Counsellor Development**

What do we know about how counsellors experience their development throughout their career? What counsellor qualities, developed over time, have been associated with effective counselling? What challenges present over the career span? These are several of many questions that continue to be explored by researchers of counsellor development, an area of interest that has received irregular attention over the years (Orlinsky & Ronnestad, 2005).

### **Person of the Counsellor**

The significance of the person of the counsellor and her/his contributions to the quality and strength of the therapeutic relationship, as well as to positive therapeutic outcome, have been highlighted by research findings. The therapeutic relationship, as a common factor, is of central importance to effective therapy (Hovarth & Bedi, 2002; Wampold, 2001). A summary of the research on the therapeutic relationship and psychotherapy outcome shows that no one therapy is superior in facilitating client change (Lambert & Barley, 2002) and that while client variables largely determine the outcome of therapy, therapist contributions are significant. Further, the authors note that some therapists are better able to help to promote client change than others. These counsellors tend to hold qualities that include acceptance, empathy, warmth, and understanding, and are less likely to ignore, blame, and reject, particularly while working with challenging clients (Ackerman & Hilsenroth, 2003; Lambert et al., 2002; Orlinsky & Ronnestad, 2005). Lambert et al. consider counsellor variables (e.g., interpersonal style and attributes) as one of three interconnected factors of the therapeutic relationship. Client-centred facilitative conditions of empathy, warmth, and positive regard constitute another

aspect; the relationship itself, specifically the therapeutic alliance and working endeavour, the third.

A compassionate therapeutic presence and process, which includes empathy, warmth, and positive regard, seems foundational to effective therapeutic process and outcome. Gilbert (2007) explains how our minds impact one another in that we physiologically co-regulate one another. The counsellor as soothing agent ideally facilitates the client's creation of internal conditions by activating and deactivating his or her key physiological systems. Counsellor attitude and non-verbal signals, in this way, can play a significant role in affecting the internal landscape of the client. On the other hand, 'negative' therapeutic processes and the effects of 'negative' attributions toward self or clients have been found to impact counsellors' ability to give empathy, which is arguably one of the most important ingredients of the process and relationship (Lambert & Barley, 2002). Counsellor self-critical tendencies have been noted to impact the facilitation and management of the therapeutic relationship (Binder & Strupp, 2004; Gilbert, 2006).

A revived interest in the therapeutic relationship and evidence of the importance of counsellor contributions to effective counselling points to a call for continued research efforts focusing on counsellor variables (Teyber & McClure, 2000), as well as the interconnected areas, counsellor development and self-care.

### **Counsellor Development and Personal Growth**

While most research focuses on the earlier developmental phases of the counsellor, I found two major studies (Orlinsky & Ronnestad, 2005; Ronnestad & Skovholt, 2003) that

offer insight into how therapists develop over the career span, overall conveying a positive, growth-oriented portrayal of the career path.

Rønnestad and Skovholt (2003) conducted a cross-sectional and longitudinal qualitative study with 100 participants at all levels of experience and six developmental phases emerged from the data: The Lay Helper; the Beginning Student, the Advanced Student, the Novice Professional, the Experienced Professional, and the Senior Professional. It suggests that the progression through these phases leads to the mastery of many of the obstacles that beginning counsellors typically face. The literature shows that some of these include anxiety (Skovholt & Rønnestad, 2003a), increased susceptibility to stress (Mullenbach & Skovholt, 2004), which may translate into hindering self-focus, heightened self-criticism and decreased self-efficacy in session (Hill, Knox & Sullivan, 2007); boundary-related and emotion-regulation challenges (Skovholt et al., 2003); and a sense of being overwhelmed often coupled with self-blame in not knowing how to proceed therapeutically, given limited experience and the ambiguity of the field (Skovholt et al.).

Fourteen derived themes also suggest progressive growth and mastery, through a progressive integration process of professional and personal roles, leading to increasing congruence and reliance on internal expertise. Participants generally seemed to indicate that aging and increasing wisdom are related, and that with experience, counsellors gain confidence and competence, trust in the client to lead the process, and become more humble, given that they do process and integrate their clinical experiences along the way.

As in Rønnestad and Skovholt's (2003) study, Orlinsky and Rønnestad (2005)'s findings show a theme of ongoing lifelong reflection and commitment to learning as key

in the developmental process of participants at every stage of their career. This study investigated the experiences of an internationally diverse sample of approximately 5,000 psychotherapists representative of a range of theoretical orientations and career levels with respect to their clinical work, their professional development, and the interrelation between the two. The authors constructed a package of self-report surveys totalling 392 items called the *Development of Psychotherapists Common Core Questionnaire* (DPCCQ) to conduct this quantitative study, which captures four empirical frameworks of development: therapists' perspectives of both their current and retrospective experiences, longitudinal and cross-sectional data. The findings are rich and complex. In measuring the currently experienced development of the participants along two dimensions ("currently experienced growth" and "currently experienced depletion"), the authors found high levels of experienced growth at all levels of development, with an indication of ongoing efforts toward improvement and overcoming limitations (50%). In response to the question, "How important to you is your further development as a psychotherapist?" a total of 86% indicated a 4 (21%) or 5 (65%). However, of those surveyed, 11% described themselves as in a state of regress ("more than a little currently experienced depletion, not much currently experienced growth"), which is a considerable number of potentially at-risk psychotherapists. Further, 10% of all participants reported their work as distressing, and 17%, as feeling disengaged from their work.

Overall, the findings of these studies point to a developmental trajectory that, generally, seems to be fuelled by mental health professionals' desire to learn and often involves an ever-deepening process of personal growth. However, as Orlinsky and

Rønnestad's (2005) findings imply, no one career path is identical and, still, there seems to exist a considerable amount of work depletion amongst mental health practitioners.

### **Optimal Counsellor Characteristics**

If counsellor characteristics make a significant difference to counselling process and outcome, which ones contribute to effective counselling and counsellor sustenance?

A body of studies have investigated helpful counsellor characteristics and attitudes from the perspective of seasoned therapists, which contributes to an understanding about the optimal functioning of the counsellor.

A series of qualitative studies (Skovholt & Jennings, 2004) explored the characteristics shared by 10 peer-nominated therapists intrinsic to their mastery in the field. The first study's findings (Jennings & Skovholt, 1999) yielded nine common qualities in three domains, which suggested a need for the definition of therapeutic "expertise" to expand beyond a cognitive focus to also include relational and emotional dimensions. In sum, in the cognitive domain, the participants all showed a valuing of cognitive complexity and ambiguity, and learning; and their past life experiences tended to significantly inform their professional work. In the emotional domain, these therapists tended to be "emotionally receptive," in other words, showing reflexivity and self-awareness, as well as openness to feedback and errors. They also displayed mental health and maturity, paying ongoing heed to their emotional wellness, self-care, and the impact of their emotional health on their professional lives. Finally, in the relational domain, all therapists showed high skill in forming relationships, mastery in using this ability in therapy, and considered the working alliance to be essential to change in therapy.

In a summary (Skovholt & Jennings, 2004) of the findings of the master therapist project, top identifying characteristics included “high emotional health as evidenced by self-acceptance – shadow, warts, and all,” and “accepts self as having professional limitations” (p. 131). Among listed paradoxical characteristics was included “great at giving of self and nurturing of self.” Some words conveying central characteristics attributed to the master therapist include humble, wise, self-aware, congruent, discerning, curious, intense will to grow (pp. 131-132).

Findings from an unrelated study (Dlugos & Friedlander, 2001) support the master therapist findings. The authors explore the experiences of 12 peer-nominated psychotherapists identified as being passionately committed to their work over a career of at least ten years. That is, they have demonstrated the ability to be energized, energize others, thrive despite obstacles, and maintain balance in all areas of life. Four common themes that promoted a sense of sustained fulfillment and personal meaning were ensuring a balance between personal and professional lives, maintaining an attitude of openness, receptivity to the transcendent, and intentional learning.

Another qualitative study (Berger, 1995) explored how 10 senior psychotherapists had sustained themselves during their career. The author was motivated to initiate this study by his own feelings of professional disillusionment and self-care challenges at the midlife career point. Participants described a variety of self-care strategies. They also referred to changes in their attitudes and clinical approaches that seemed helpful over the course of their professional development. For example, the internalization of external supports and the crystallization of their own style of practice served to provide inner strength and self-confidence. Similar to earlier studies’ findings, humility arising from

the recognition and acceptance of the “limits of their abilities and the limitations of the psychotherapy itself” (p. 312) was noted as key. This sense of acceptance both diminished self-criticism, internal pressure, and a sense of idealism. Faith in the therapeutic process served as an important sustaining force.

While none of these studies are generalizable, there seems to be a convergence of many of the beneficial characteristics developed over time, which are cited in the findings. For example, these include increasing humility and self-awareness, ability to surrender to the therapeutic process and acceptance of limits. Despite participants’ ability to sustain themselves throughout their career, a noteworthy finding in Berger’s (1995) study is that all participants experienced “periods of balance and disequilibrium” (p. 306) over the course of their careers. From the author’s perspective, “Skill and experience increase, but I do not think the degree of difficulty in a psychological sense really lessens” (p. 319). This suggests that even those therapists considered to be particularly skilled are not immune to professional difficulties. Next, I will consider the various career-span challenges that counsellors typically struggle with.

### **Challenges Arising Across the Career Span**

While many aspects of the counselling profession may get easier with age, as suggested by the surveyed studies, above, research shows that challenging periods will continually arise over the course of counsellor development and practice (Orlinsky & Ronnestad, 2005; Skovholt & Ronnestad, 2003). Skovolt et al.’s (2003) work describes the erratic nature of professional development, underlining that while competence and mastery tend to increase with the years, new challenges, which may include transformative life events or critical incidents, for example, may intensify the change

process. The authors conjure an image of recycling loops, “repeated cycles of enthusiasm/experienced hardship, self-doubt, anxiety, dejection, exploration/processing (new learning), and integration” (p. 32).

Research presents some contradictory findings with respect to counsellor endurance. While some studies indicate that burnout diminishes with age, others do not (Yiu-kee & Tang, 1995). Linley and Joseph (2007) found that lifetime therapy work amongst study respondents had the effect of more negative psychological changes and compassion fatigue. However, there is evidence to support that with experience, counsellors undergo less distress (Kramen-Kahn & Hansen, 1998). Still, certain behaviours still have been noted to be challenging regardless of level of expertise, such as suicide attempts, reporting criminal behaviour, and clients expressing anger (Binder & Strupp, 2004).

Radeke and Mahoney’s (2000) survey study comparing researcher and practitioner psychologists to elucidate patterns in their personal lives suggests that the greatest source of stress amongst the practitioner respondents is generated from challenges arising during the therapeutic process. Clinical challenges, such as skillfully developing and managing the therapeutic relationship, have been identified as a neglected area of research (Binder & Strupp, 2004; Schröder & Davis, 2004; Teyber & McClure, 2000). In a literature review across theoretical orientations, Binder et al. (2004) found significant evidence demonstrating that counsellors commonly struggle in successfully handling negative therapeutic processes, specifically hostile interpersonal exchanges with clients. Another study (Ronnestad & Skovholt, 2003) found that even seasoned practitioners struggled with countertransference reactions to negative feedback from clients.



Professional doubt and self-criticism appear to be internal challenges common to counsellors across the career span. Thériault and Gazzola's grounded theory study (2006) sought to better understand the sources of feelings of incompetence (FOI) held by 8 experienced therapists from a range of theoretical orientations. The authors define feelings of incompetence as "moments where a counsellor's belief in his or her ability, judgement, and/or effectiveness is diminished, reduced, or challenged internally" (p. 312), a term comparable to self-doubt and related to experiences of stress, depression, burnout, and process disturbances. According to the authors, feelings of incompetence are inevitably experienced by mental health practitioners despite years of experience or even actual performance, yet are typically not discussed.

Findings indicated that while professional experience may allow for deeper acceptance and affect how self-doubts are processed, study participants were all affected by feelings of incompetence, ranging in intensity and situated along a continuum from inadequacy, to insecurity, to incompetence. Four themes were identified: permissible positive aspects (mild experiences); professional issues (related to insufficient knowledge, training, experience and administrative matters); process issues (related to process-outcome discrepancy and therapeutic relationship issues, including boundary and responsibility issues); and personal factors (e.g., personal wounds, vulnerabilities, psychodynamic issues, and personal values). It was noted that all participants displayed difficulties discussing this latter category and five of the eight participants self-disclosed self-criticism as a personality trait.

Other studies support the notion that counsellors struggle with a sense of self-doubt and low self-esteem about their professional abilities (Mahoney, 1991; Orlinsky et al.,

1999). Orlinsky and Ronnestad's large-scale study (2005) revealed that the first-ranking difficulty amongst their participants was "professional self-doubt." Top items of their questionnaire included "unsure how best to deal effectively with a patient; feeling distressed by [their] powerlessness to affect a patient's tragic life situation; lacking in confidence that [they] can have a beneficial effect on a patient" (p. 50). Lewin (1996) observes that "psychotherapy is one of those occupations in which we have perpetual opportunity for remorse and regret over what we did not understand earlier" (p. 12), suggestive of the continual learning process involved over the career span, the inevitability of mistakes, and perhaps also, ongoing opportunities to open to these mistakes and integrate the learning with compassion. Pope, Sonne, and Greene (2006) encourage counsellors to actively explore the frequently unspoken myths and taboos of the profession, among which includes the topic of feelings of incompetence and "blunders" (p. 3).

## **Summary**

While counsellors may anticipate a progression through various phases of development, it seems that every counsellor's course is unique and may be relatively unpredictable. Furthermore, counselling is an imperfect art. Although the literature shows that this vocation seems to offer an opportunity for profound ongoing personal growth, it presents ongoing, career-long challenges to all.

Regardless of theoretical orientations, certain counsellor characteristics have been found to be beneficial for effective counselling, to build a fulfilling, healthful career in the field, and perhaps to hurdle professional challenges. Among these are empathy, acceptance, warmth, and understanding (Ackerman & Hilsenroth, 2003; Orlinsky &

Rønnestad, 2005); self-awareness (Jennings & Skovholt, 1999); congruence (Rønnestad & Skovholt, 2003); humility (Dlugos & Friedlander, 2001; Skovholt & Rønnestad, 2003) and self-acceptance (Skovholt et al., 2003). While self-compassion is not explicitly mentioned in this literature, how does self-compassion contribute to the portrait of the self-actualized or optimally functioning counsellor? Do counsellors consider it to be a core quality? I will conclude by considering the range of self-care strategies used and available to mental health practitioners.

### **Self-Care**

How counsellors handle their challenges and orient themselves to their own development has been noted to be key to their well-being (Rønnestad & Skovholt, 2003). Self-care may be defined as the intentional engagement in specific behaviours and activities in order to cope with a health concern and/or to promote an optimal level of functioning. The literature on counsellor self-care has historically focused on immediate, reactive coping strategies. More recent inquiries have paid increasing attention to health-promoting qualities that proactively facilitate the flourishing of counsellors in all dimensions of their lives. This imperative to prioritize ongoing use of effective, preventative self-care measures continues to be highlighted (Arvey, 2001; Barnett, Baker, Elman, & Schoener, 2007; Mahoney, 1991). For example, the introduction of terms such as *work satisfaction* and *job engagement* signal a paradigm shift in alignment with the positive psychology movement (Maslach, Schaufeli, & Leiter, 2001). Radey and Figley's (2007) conceptual model emphasizes the enhancement of compassion satisfaction, a term that refers to a strong sense of work satisfaction as a result of feeling helpful to and having made a difference in others' lives. Rather than focusing on the four predominant

factors that contribute to compassion fatigue, the authors make a case for cultivating positive affect; resourcing oneself physically, intellectually, and socially; and ensuring that one's individual and organizational self-care needs are met as much as possible.

Studies that have investigated counsellor self-care strategies show that counsellors understand the importance of maintaining a balanced lifestyle and seek it in a variety of ways. One survey study (Stevanovic & Rupert, 2004) found that the high-ranking career-sustaining strategies promoting balance included spending time with spouse, partner, family; leisure activities; the maintenance of self-awareness; and sense of humour. Mahoney's (1997) survey of 155 psychotherapists revealed that 87.7% of the respondents sought personal psychotherapy; 50% engaged in meditation/prayer, 75% chose to exercise, and 80% chose activities such as pleasure reading, hobbies, and artistic enjoyments.

Relational strategies, specifically the use of peer support, supervision, and personal therapy (Coster & Schwebel, 1997; Norcross, 2005), have been consistently identified as beneficial means of enriching professional and personal development and used by counsellors. In a survey conducted by Linley and Joseph (2007) to identify factors that contributed to the positive and negative well-being of the counsellor, findings showed that respondents who had previously received personal therapy or were currently in therapy reported more personal growth and positive changes, and less burnout; those who received formal supervision also reported greater levels of personal growth. However, some studies suggest that therapy may not always serve to prevent the development of secondary traumatic stress (Arvay, 2001). Though opinions also vary across theoretical orientations about the importance and helpfulness of counsellors' own therapy, Norcross'

25-year-long research effort yields ample evidence supporting counsellor's use of other mental health professional's services throughout the career span (Coster et al., 1997). He notes that the primary reason that most counsellors seek therapy is for personal reasons similar to most clients, that is, to "enhance awareness, [emotional and mental] functioning and life satisfaction." (p. 844). A secondary goal is to improve professional functioning.

Some evidence suggests that counsellors often do not seek help when they might most need it (Barnett, Baker, Elman, & Schoener, 2007) and that barriers exist that keep mental health professionals reticent about their problems and separate in their experiences (Norcross, 2000), rather than proactively seeking help (Barnett et al., 2007; Figley, 2002). These include issues of confidentiality, workplace isolation, shame, and guilt (Pope & Sonne, 2006). Some scholars suggest that this sense of denial in addressing personal problems is supported by the culture of the profession that both maintains an unrealistic image of counsellor invincibility, as well as stigma around help-seeking (Barnett et al.; Mahoney, 2000; Sussman, 1995), all the while setting necessarily stringent ethical standards for the protection of the client.

There seems to be strong agreement in the literature of the importance of the ongoing development of self-awareness to counsellors' professional and personal development, as well as the prevention of burnout and STS (Coster & Schwebel, 1997; Figley, 2002; Mahoney, 1991; Norcross, 2000). It may be instrumental during the therapeutic process as a means of self-monitoring one's levels of distress and their potential effects on clients, and to help to maintain professional boundaries with clients (Coster et al., 1997; Everall & Paulson, 2004; Kramen-Kahn & Hansen, 2008). Here, self-awareness refers to

self-insight or “an unbiased observation of one’s inner experience and behavior” (Schure, Christopher, & Christopher, 2008, p. 54) and may be developed in a variety of ways, including through mindfulness practice.

### **Mindfulness, Counsellor Development, and Self-Care**

Mindfulness and other forms of contemplative practices are processes that have been used to develop the qualities of awareness and attention (Brown & Ryan, 2003), to maintain holistic wellness, and to deepen one’s sense of spirituality. While the concept of mindfulness is rooted in Buddhist psychological, philosophical, and religious teachings and practice, dating back at least 2,500 years, over the past forty years, mindfulness practice has been the focus of a growing research effort in Western psychology. One definition of mindfulness is a kind of “nonelaborative, non-judgmental, present-centered awareness in which each thought, feeling, or sensation that arises in the attentional field is acknowledged and accepted as it is” (Bishop et al., 2004, p. 232). Mindfulness is a quality of consciousness (Kabat-Zinn, 2003) that involves self-observation, distinguishable from self-awareness. Bishop et al. explain that constructs similar to self-awareness, such as self-knowledge, “reflect the outcome of practicing many forms of intensive self-observation over time, whether from a daily practice of meditation or from psychotherapy” (p. 236).

Although studies on mindfulness and counsellor development are still sparse (Williams, 2008), empirical and conceptual literature show that some benefits specific to clinical practice and counsellor well-being include the cultivation of attention (Morgan & Morgan, 2005), self-awareness and self-acceptance (Schure, Christopher, & Christopher, 2008), and an increased capacity for empathy, compassion, and self-compassion (Schure

et al., 2008; Shapiro, Brown, & Biegel, 2007). Research also suggests that the transformative effects of mindfulness on practitioners' attitudes and well-being may be valuable to all counsellors (Crane & Elias, 2006).

The most extensive and methodologically sound mindfulness research efforts involve Mindfulness-Based Stress Reduction (MBSR) (Baer, 2003), a manualized group program that secularizes and adapts mindfulness methods. Studies point to promising evidence of significant health benefits for individuals suffering from chronic pain, fibromyalgia, cancer, anxiety disorders, depression, and stress (Grossman, Niemann, Schmidt & Walach, 2004). Two empirical studies examine the effects of using MBSR in the training of counselling students. In their 4-year qualitative study with counselling master's students, Schure, Christopher and Christopher (2008) explore how participants perceive mindfulness practices to influence their lives and their clinical work. Over the span of a 15-week course, students reported significant positive physical, emotional, mental, spiritual, and interpersonal changes, and substantial effects on their counselling skills and therapeutic relationships. Some students noted attitudinal changes of self-acceptance and "increased awareness for their own capacity for pain" (p. 52). An increased capacity for empathy and self-compassion was also noted. In another MBSR study, Shapiro, Brown, and Biegel (2007) used a prospective, cohort-controlled design study with master's-level counselling psychology students in three separate graduate courses. Findings pointed to a significant decrease in stress, negative affect, rumination, state and trait anxiety, as well as significant increases in positive affect and self-compassion. Furthermore, it was noted that self-compassion serve mediating role in the reduction of participant stress.

Mindfulness practice, also considered a way of life (Kabat-Zinn, 1994), is one posited way to develop core clinical skills and personal qualities, including self-compassion, while promoting wellness. Self-compassion, as a quality that may be developed to facilitate self-care behaviours, has also been posited as a potentially important aspect of counsellor development.

### **Self-Compassion, Counsellor Development, and Self-Care**

Current conceptual self-care literature suggests the usefulness of counsellors to develop self-compassion and to practise it (Barnett, Baker, Elman, & Schoener, 2007; Gamble, 2002; Mahoney, 2000, 2005; Sapienza & Bugental, 2005). Both Mahoney and Sapienza et al. (2005) suggest an underdevelopment of this capacity in therapists, as well as the value in helping to prevent burnout. Barnett et al. (2007) and Sapienza et al. point to the role that self-compassion may play in enabling a receptivity to examining family of origin wounds and caregiver scripts that the authors note are common amongst counsellors. Further, they suggest that an attitude of self-compassion might encourage mental health practitioners to honour their own needs. In addressing other bereavement counsellors, Gamble (2002) notes the importance of self-compassion, also drawing attention to the possible value of spiritual practice. Mahoney (2000) suggests that the development of this capacity be incorporated into the training of new counsellors. These scholarly recommendations have been made peripherally, in the absence of a body of literature on the subject, and invite further exploration through this study.

### **Summary**

While the literature shows evidence of multiple strategies that counsellors may, and often do, use both reactively and preventatively, my search of the literature also revealed



a considerable need for increased attention to self-care (Arvey, 2001; Barnett et al., 2007; Mahoney, 2000; Norcross, 2000) that is life-long and prevention-focused (Barnett et al., 2007). It also highlighted barriers that prevent therapists from seeking help when they might most need it (Barnett et al.). Noted scholarly recommendations to develop self-compassion raise many questions regarding how it may practically serve counsellors.

### **Summary of the Literature**

As can be seen from the literature, research lines investigating stress, impairment, and self-care are extensive and rich. Evidence points to the ubiquity of stressors in the workplace of the counsellor, as well as a significant prevalence of burnout and STS. I noted an emerging interest in examining coping and self-care strategies from the vantage point of health and resiliency promotion, and a stated need to continue to pursue this course of investigation (Mullenbach & Skovholt, 2004).

Counsellor development, while rewarding, is also fraught with challenges ranging from life transition issues to feelings of incompetence and self-criticism to which all counsellors are susceptible, regardless of level of expertise. I identified the importance of ongoing inquiries into counsellor development research, in light of the findings of process-outcome research that demonstrate that both the counsellor and the therapeutic relationship contribute significantly to successful therapeutic outcome. The literature has tended to focus more on the client variable, and the need for more attention to investigating the counsellor variable, including counsellor factors that strengthen the alliance (Skovholt & Ronnestad, 2003; Teyber & McClure, 2000).

Although studies suggest that the importance of self-care is on the radar of mental health practitioners and a range of strategies are already being used from stress

management to relational supports such as therapy to mindfulness practice, there is still an urging for more life-long and preventative attention to self-care (Barnett, Baker, Elman, & Schoener, 2007).

Self-compassion is a new construct that is only beginning to be explored. Much of the current research focuses on the therapeutic benefits of self-compassion, which prove to be plentiful, as well as the efficacy of therapeutic interventions that promote wellness derived from self-compassion. However, there is no research that considers how self-compassion may serve counsellors in their therapeutic practices and in their lives.

I have focused on the two dominant self-compassion researchers' perspectives and their studies (Neff, 2003a; Gilbert & Irons, 2005), which are almost exclusively quantitative to date. Compassion for self is a dynamic, subjective, and potentially complex process. As an initial exploratory qualitative study to understand the process that counsellors experience in the development of self-compassion and its relation to their therapeutic work, I deemed first-person accounts most appropriate.

Given the above noted gaps in the review of the extant literature, I conducted a narrative study exploring the development of self-compassion in experienced counsellors. The central twofold question guiding this study is: How have experienced counsellors developed self-compassion? How do experienced counsellors practise self-compassion in their counselling work contexts?

## **CHAPTER III**

### **Method**

In this chapter, I describe the methodological design of this study, including my rationale for using a narrative strategy of inquiry. Next, I outline the selection criteria for participation in this study, followed by research procedures. I, then, discuss the criteria used to evaluate the rigour and trustworthiness of the research process and its findings; and conclude by discussing central ethical considerations and my position as researcher.

### **Research Design**

This study asks the following twofold research question: (1) How have experienced counsellors developed self-compassion? (2) How do experienced counsellors practise self-compassion in their counselling work contexts?

In order to answer the research question, I chose to use a narrative strategy of inquiry and analysis. Narrative research, in its multiplicity of approaches, falls under the umbrella of social constructivism, which is guided by the philosophical assumptions of an interpretive-constructivist paradigm. The central ontological assumption is that of relativism, that the world is comprised of a multiplicity of realities (Polkinghorne, 2005). Knowledge and meaning are constructed relationally, situated in a specific time and place, and can only be understood through interpretation. Thus, in contrast to post-positivist inquiry, “there is neither a single, absolute truth in human reality nor one correct reading or interpretation of a text” (Lieblich, Tuval-Maschiach, & Zilber, 1998, p. 2). This emphasis on subjectivity, relativism, and pluralism (Lieblich et al., 1998) weaves itself through the narrative research process, which has been defined in a variety of ways by scholars in fields ranging from linguistics to psychology. One central purpose held in

general agreement is “to understand the personal narrative or life story both in terms of an ordered sequence and in terms of the context, frame, or plot which the author employs in providing narrative integrity for a particular life story at a particular time” (Cohler, 1991, p. 177). The structure, content, and function of our stories (Murray, 2003) and the ways we use language to construct them, are of central interest. The final narrative account is but one possible representation of a multitude, storied through a joint collaborative process between researcher and participant.

### **Rationale for a Narrative Study**

In studying the development of self-compassion in counsellors, I deemed qualitative inquiry most appropriate as the construct of self-compassion has been almost exclusively examined through quantitative lenses in published studies. A qualitative research design provides complementary knowledge: in-depth description, understanding, and clarification of lived experience, with attention to specifics and complexity (Polkinghorne, 2005). A culturally and historically contextual understanding of counsellors’ development of self-compassion seems appropriate and could also provide important information useful to gaining some understanding of the systemic underpinnings of counsellor development and counselling practice.

The use of a narrative research design to study the development of self-compassion by experienced counsellors seems fitting as it has frequently been an approach of choice used to inquire into the development of identity or self-concept (Lieblich, Tuval-Mashiach, & Zilber, 1998; Murray, 2003; Polkinghorne, 1991). The process of telling, recording, and interpreting personal life stories and stories of life transitions can be a poignant vehicle in understanding how we create meaning of our existence. I agree with

Freeman (1997), who states that “narrative is the basic medium in which human beings speak, think, grow into selves and understand others. In this sense...it is the most fitting and appropriate language we could use to comprehend human lives in culture and in time” (p. 175). Hoshmand (2005) suggests that narrative approaches are also well-suited specifically to research professional development. Skovholt and McCarthy’s (1988) exploration of critical incidents catalyzing counsellor development and Goldfried’s (2001) collection of reflections from fifteen well-known therapists’ accounts of their professional evolution are two examples of how first-person narrative accounts may inform a professional community. The narratives of this study’s participants’ lived experiences, shared with other members of the helping communities, may be a powerful way of inviting self-identification and dialogue.

## **Participants**

### **Description of Participants**

A purposeful sample of 15 counsellors was selected, comprising 13 individuals who work in British Columbia and 2 who work in two other Canadian provinces. Of the 15 participants, 12 are female and 3 are male. Their ages range from 29 to 66 years, with an average age of 52. All participants are Caucasian, from diverse ethnic backgrounds. 9 participants hold a Master’s-level degree in counselling psychology; 2 participants hold PhDs in psychology and counselling psychology. At the time of the study, 2 participants were in the process of completing a Master’s-level degree in counselling psychology and met all the eligibility criteria. Two other participants, though not registered counsellors, were included in this study as they have significant experience working in a counselling capacity and perspectives that would contribute to the understanding of this study’s

focus. (One participant is trained in nursing, with over 20 years of experience; the other participant is trained in Hakomi and bodywork, also with over 20 years of experience.)

Participants' work experience ranges from 6 to 34 years, with an average of 14 years. Of all the participants, 3 work in private practice; 8 in community counselling agencies; 2 in both private practice and agencies; and 2 in higher educational settings. Most participants counsel from integrative or eclectic orientations, which include a wide range of theoretical approaches including the following: psychodynamic, person-centred, existential, Adlerian, Satir, feminist-collaborative, transpersonal, behavioural and cognitive-behavioural therapies, solution-focused therapy, reality therapy, structural family therapy, compassion-focused therapy, expressive art therapy, experiential mindfulness-based and body psychotherapy modalities, including Hakomi, and spiritual guidance.

### **Selection Criteria**

Five eligibility criteria were set, which included that all participants (1) have a minimum of 6 years' counselling experience (which roughly corresponds to Skovholt and Ronnestad's (2003) "Experienced Professional" phase of 6 to 10 years); (2) identify that the development of self-compassion has been an important aspect of their professional growth; (3) engage in a form of counselling that involves a therapeutic process; (4) have responded to the study's poster invitation or through other recruitment means voluntarily, stating they fit the listed selection criteria; and (5) be able to reflectively articulate their experiences verbally.

## **Procedures**

### **Recruitment**

Participants were recruited in a number of ways, including via (1) a recruitment poster (see Appendix A, Recruitment Poster), which was circulated to community mental health agencies and counsellor training institutes and university programs in the Lower Mainland; (2) an e-mail invitation to participate in the study, including the recruitment poster, sent through the Canadian Counselling and Psychotherapy Association (BC Branch) (CCPA) list server; and (3) snowball sampling (see Appendix B, Invitation to the Study).

Of the two interested individuals who responded through the first method of recruitment, one decided to participate. Fourteen individuals responded to the CCPA list server advertisement; of these, eleven chose to participate upon receiving additional information about the study. (One of these participants' narratives is not included in the study as he could not be reached for the member check.) In my effort to recruit participants through snowball sampling, I circulated the Invitation poster to individuals who I felt were networked with others who might fit the eligibility criteria. Four individuals responded to this method of recruitment and became participants in the study.

Recruitment continued into the data collection process. Upon consultation with my supervisor, we decided to expand the number of participants in this study from an initial intended total of approximately 7 or 8 to include every interested individual, as each met key eligibility criteria, showed enthusiasm to share their lived experiences, and the diversity of perspectives would provide data "sufficiently rich to bring refinement and clarity to understanding" (Polkinghorne, 2005, p. 140) to our focus of inquiry.

## **Data Collection**

### **Screening process**

I corresponded with interested participants who had contacted me by telephone or e-mail in order to briefly clarify the purpose of the study, to gauge what led them to respond to the call for participants, and to verify that they met the eligibility criteria. I scheduled interviews with all participants. I faxed a consent form and a demographics sheet to those participants who would be interviewing by telephone. I also prompted participants ahead of time by asking them to reflect upon how the development of self-compassion had come to play a significant role in their lives. I suggested to those participants who I would be meeting with in-person the option of bringing an artifact (e.g., personal documents such as already journalled or pre-prepared written materials; non-text methods such as a symbolic object, art) to incorporate into the interview process and to support the sharing of their lived experience (see Appendix C, Telephone Interview Protocol). During our second conversation, one participant incorporated a piece of her artwork that she had created at a pivotal point in her process, which is included among other pieces in her narrative in the Findings chapter.

### **First interview**

We initially designed the research process to be carried out solely by interviewing participants in-person who lived in the Lower Mainland. However, after commencing the interview process, as we decided to include all participants, many of whom lived throughout BC and outside of the province, we modified the methodological design to also interview by telephone. Of the 16 interviews, 9 were held in person and 7 by telephone. Dr. Buchanan assisted by conducting two of the telephone interviews. I met



with participants for an interview that lasted for an average of 1 hour at their location of choice or over the telephone. (The shortest interview was 41 minutes and the longest was 143 minutes). Interview locations ranged from counsellors' offices, a café on Vancouver Island, a participant's home over tea and tomato soup, a participant's car in the grassy outskirts of Surrey, and a recreation centre in Squamish.

At the onset, I again explained the purpose of the study and briefly, my personal interest in it. I outlined the main points inherent to the consent process, including the voluntary nature of the participation, any foreseeable risks and benefits of participating, and the length and nature of the research procedures. I welcomed any questions about the study and asked participants whether they had therapeutic supports in place or were in need of resources (see Appendix D, List of Counselling Resources). Upon obtaining participant consent from interviewees who I was meeting with in person, I invited them to sign the consent form and gave them a copy of the signed consent form (see Appendix E, Informed Consent Form). I also collected relevant demographics information, as earlier described (see Appendix F, Demographic Information). This initial period was useful to begin to establish a sense of rapport, and its length varied from a brief introduction to an additional telephone call before the actual interview; whatever seemed helpful for the participant.

The participants were invited to speak about their lived experience by responding to two open-ended questions that constitute my research focus (see Appendix G, Interview Protocol). I also followed an interview protocol with 10 probes that I used when I deemed that they might be useful during the interview process. These probes, created to deepen the interview process, were modified as the interview process evolved. For example, I

began to find myself asking participants to explain how self-care and self-compassion interconnect for them and to sum up, if possible, what self-compassion means to them. In several instances, as a follow-up, I asked participants for their suggestions for self-compassion to be introduced and incorporated into counsellor training and education. I decided to use fewer open-ended interview questions in order to allow the interview process to unfold as organically as possible and to enable all participants to tell their stories without constraints, as recommended by Riessman (1993). For example, I left the first research question as open-ended as possible (i.e., Could you tell me how the development of self-compassion has come to play a significant role in your life?) so that each participant could decide the degree to which they wanted to focus exclusively on their professional development and how much personal information they felt comfortable disclosing. All interviews were digitally audiotaped. I accidentally deleted two interviews and conducted “redo” interviews (1 over the telephone and 1 in person), which I discuss later in this chapter.

Over the course of the interviewing process, I also gathered observational data, including aspects of the interview that stood out for me, which were memoed immediately after the interviews and attached to the transcriptions. I also continued to keep a personal journal in order to reflect on the research process as it unfolded.

### **Follow-up interview**

Originally, I had envisioned a second one-hour follow-up interview to allow the opportunity to expand upon the first interview. However, while this was a useful option for a few participants, generally, the second meeting was used as a member-check conversation.

I met with 3 participants for a full hour. During two of these meetings, we reviewed the narratives and made minor revisions together. With one participant, I made minor editing revisions; with the other, we did deepen our exploration together, from which we added additional information to the narrative. My meeting with the third participant enabled an in-person connection after our telephone interview and a means for the participant to convey a more synthesized understanding of her experience of self-compassion.

I briefly reconnected with the other 12 participants by telephone, by e-mail, or in person for up to a half hour to finalize the member check and welcomed any further communication with respect to the narrative or the process, should the participant desire it. One participant did not reply to my correspondence, as aforementioned, and therefore I decided not to include his narrative in this study.

### **Transcription Process**

Each audiotaped conversation was transcribed verbatim. Of the 16 interviews, I transcribed 6, Dr. Buchanan transcribed 2, and hired professional assistance transcribed 8. I reread every transcript while listening to the corresponding audiotaped interview, correcting any typographical or factual errors and marking the interview text for emphasized speech, and exit and entrance talk.

### **Data Analysis Process**

I approached the reading, interpretation, and analysis of the data by using both the holistic-content and content-categorical approaches described by Lieblich, Tuval-Mashiach, and Zilber (1998).

### **Holistic-content approach**

A holistic-content approach allows for an interpretation of participants' professional development to the present, taking "into consideration the entire story and focuses on its content" (p. 16). I followed the guidelines suggested by Lieblich et al. (1998), beginning by carefully listening and reading the transcripts a number of times, "empathically, and with an open mind," "until a pattern emerges" (p. 62). Next, I immersed myself in the interview text. Lieblich et al. suggest a process of dialogical listening, at minimum to three voices: "the voice of the narrator; the theoretical framework; and a reflexive monitoring of the act of reading and interpretation, that is, self-awareness of the decision process of drawing conclusions from the material" (p. 10).

In the transcript margin, I kept notes, jotted questions that arose out of curiosity, noted connections to other interview sharings, and marked asterisks in areas that captured me viscerally, seemed significant or corresponded to moments during interviews that I had noted as standing out for me. I returned to these for further reflections. I also marked down notes to myself concerning my own process as an interviewer (e.g., "How did this Q contribute?" or "Right on! Great Q!").

I took note of my global impressions, features and themes that I noticed emerging, and created a colour coding system to track parts of the transcript that answered the two research questions. I also noted additional information shared by participants that did not necessarily directly answer my questions (for example, relating to the meaning of self-compassion or to the benefits of practising self-compassion.) Then, I developed participants' narratives from the transcripts using first-person accounts to create "a tale that is coherent, compelling and revealing of the storyteller's intentions," as suggested by

Arvay (2003). During this process, I tracked my decisions concerning “how to selectively reduce the data in a way that preserves the possibility of different analyses and interpretations” (Lapadat & Lindsay, 1999, p. 69), describing my rationale, and making as transparent as possible my own beliefs, knowledge, and interpretations through ongoing reflexive journaling. I included all content that addressed the two research questions, though I aimed to edit repetitive materials, and I cut-and-pasted additional information onto a separate document to return to, in order to verify that I hadn’t omitted relevant information.

My process of composing the narratives differed depending on the interview. Several interviews were extremely exploratory in nature, and therefore required significant shaping. Longer interviews required condensing and editing, while still others flowed and almost literally consisted of cutting and pasting the interview text. Whenever possible, I began and concluded as closely as possible to the actual interview.

### **Across-thematic analysis**

Next, I conducted an across-thematic analysis, during which I reread each of the member-checked narratives numerous times, identifying significant elements of each story based on the readings, my interview notes (including observations made by participants), and my memoes. I created summary sheets for every participant, including additional information that seemed relevant. Using this information, I noticed common themes amongst many, if not all of the narratives. I also created a chart for the 15 narratives included in this study to help me to better bring together the various elements of self-compassion that were explored by the participants. Similar to the transcription

process, I systematically tracked the rationale for the steps in my decision-making process.

### **Criteria for Trustworthiness**

In order to verify the rigour and trustworthiness of the research process and the findings, I used multiple strategies. Riessman (1993) suggests four useful criteria: correspondence, persuasiveness, coherence, and pragmatic use.

#### **Correspondence**

I used member checking to assess the “adequacy” of my reconstruction of participant accounts. I also used a consensual validation process using three peer reviewers and participants as member checkers to assess my analysis of the narratives.

To member-check, I e-mailed draft narratives and transcripts to all participants, highlighting the areas in the draft narrative where I inserted my own language. I asked for participants’ feedback with respect to the accuracy of my interpretation and with an eye to ensuring their anonymity. I also welcomed them to make modifications and to send these back to me, along with a selected pseudonym. In a few instances, I included several questions or comments with respect to the interview text.

The type of feedback and extent of revisions ranged. Four participants okayed the narratives as they were (e.g., “I see no need to make any changes. Reading through, I felt “touched” and so this tells me ALL IS GOOD.”) Three participants added a few clarifying words; three participants significantly expanded upon the draft; one participant edited specifically to ensure anonymity; and three copyedited their drafts, with attention to language and confidentiality issues (e.g., “I have made some changes, like deleting

repetitive sentences, and the 1st paragraph on page 3. Well, I think that this is it, ready for the final step.”). One participant was not able to provide a member check.

Consensual validation was achieved through the member-checking process and a expert peer reviewer. An experienced registered psychologist with whom the topic resonated read and commented upon the findings. Further, two peers also served as reviewers (one with a Master’s in Spiritual Guidance and currently completing a Master’s in Counselling Psychology, and the other with a Master’s in Sociology and an interest in the research topic). The peer reviewers each read a set of four randomly selected narratives and the cross-narratives findings section of the Findings chapter. All three found that the data substantiated the themes.

I also e-mailed a draft of the cross-narrative findings to all participants, offering them the option to provide any feedback, specific to their own narratives, regarding their felt sense of the accuracy of my interpretation. Thirteen of the fifteen participant responded with positive responses; one of the participants requested a slight elaboration in the phrasing of one line.

### **Persuasiveness**

How “reasonable” or “convincing” my analysis is shows itself in my examination of how the narrative accounts correspond with the theoretical knowledge generated by my literature review. I took note of any gaps in my literature review made evident through the findings and engaged with the mostly recently published self-compassion research (Germer, 2009; Gilbert, 2009; Neff, 2009). I acknowledged and included contradictory data in the Findings chapter as a second way of meeting the criteria of persuasiveness.

Finally, I took note of reader responses from the participants and peer reviewers as part of the consensual validation process in order to assess whether the final narrative accounts enriched the comprehension and insight about their own lives. The three individuals who peer-reviewed the findings commented on the readability and the teachability of the Findings chapter, noting that the readings had enriched their learning processes. One reviewer observed how relevant and useful the content was for her regardless to the fact that she does not work in the field of counselling. Two of the reviewers and two participants remarked that some of the narratives had powerfully “moved” them and one reviewer commented on how she had felt “drawn into” both the narrative accounts and the analysis.

### **Coherence**

In order to meet the criterion of coherence, I aimed to co-construct persuasive narrative accounts from transcribed interviews, my memos, and journalled reflections using rich, thick description in order to adequately represent participants’ lived experience as shared during the interview process, to engage the reader, and to convey content that answered the questions that guided my research.

### **Pragmatic Use**

According to Riessman (1993), pragmatic use refers to the “extent to which a particular study becomes the basis for others’ work” (p. 68). I carefully documented the steps that I took and the various decisions I made throughout the interview, transcription, and data analysis processes in the Method chapter, aiming to be as transparent as possible with the participants, my supervisor, and my readers. I also described my personal process as I proceeded with the research.



The knowledge generated from this study will inform the field of counselling in an immediate way. After member-checking the cross-narrative themes, one participant wrote to say that she intended to use the Findings chapter as required practicum reading for her students. Hopefully the findings will serve to inspire future research related to counsellor self-compassion and self-compassionate counselling practice.

### **Ethical Considerations and Diversity Issues**

An ongoing informed consent process was in place, given the relational, and therefore often unpredictable, nature of narrative research (Haverkamp, 2005). I reviewed main points inherent to the informed consent, including the voluntary nature of the participation and right to withdraw, participants' rights to privacy and confidentiality, and any foreseeable risks and benefits of participating, and the length and nature of the research procedures.

As earlier described with respect to issues of privacy and confidentiality, I took precaution to ensure that the names of any third parties mentioned, including workplace clients and colleagues, were altered to maintain confidentiality. Given the use of snowballing to recruit and the relatively small size of the professional mental health communities in BC, I took particular care to ensure that the identities of the participants were as disguised as much as possible to protect their anonymity. I also asked participants to review their draft narratives with attention to disguising their identity and to provide me with a preferred pseudonym.

During the research process, as the number of participants increased, I hired a professional transcriber to assist in the transcription of 8 of the 16 interviews. She agreed to adhere to the research's terms of confidentiality (see Appendix H, Transcriber's

Confidentiality Agreement). An oversight that I became conscious of during the narrative transcription process was that I had not modified the consent form to include the possibility of a third person's involvement, other than myself and my supervisor, into the confidentiality clause. I had also not verbally mentioned this fact to the participants. I approached this oversight by contacting the 8 participants whose interviews had been professionally transcribed and by explaining the situation. All participants verbally stated that they understood and had no arising concerns to share.

With the intention of protecting participants from any harm arising from the study, I approached the interview process sensitively, as mindful as possible to participants' limits of self-disclosure. Although the participants are counsellors with experience, and there was minimal risk that the interviews would be emotionally triggering, as earlier stated, I inquired about already-in-place mental health supports as part of the initial consent process and had a selection of possible contacts of therapists and agencies in the Lower Mainland on hand.

My purposeful sample aimed to be inclusive of diverse perspectives (e.g., cultural and racial backgrounds, types of counselling orientations, non/spiritual or religious belief systems). This study's participants, indeed, represented a wide spectrum of perspectives, although racial diversity is not reflected in the sample.

A central ethical issue of narrative research is that of narrative ownership (Smythe & Murray, 2000). Participants were involved throughout the data analysis process as writers, editors, and member checkers of their narratives, as well as member checkers of the cross-narrative findings, with respect to their own narratives. I continue to discuss this topic in the next section.

In order to ensure my competence as an interviewer and researcher (Haverkamp, 2005), I met with my supervisor on a regular basis to discuss and consult about arising concerns (for example, ethical concerns related to lost data or about writing the narratives) and my process, in general. During one of these meetings, she offered me language (“living the research question”), invaluable in better understanding and framing my research experience. I also prepared for the interview process by reviewing a number of books about interviewing (i.e., Kvale, 1996; Weiss, 1994). I was interviewed as a participant both at the onset and the conclusion of interviewing. I also conducted a pilot interview to assess the effectiveness of the research questions and probes, and to develop ease in using them.

### **Researcher’s Subjectivity**

A central aspect of narrative inquiry involves a consideration of the various biases, values, and experiences that I may bring to this study. While recognizing the impossibility of a bias-free process, I committed to ongoing self-reflexivity throughout all of its stages, with attention to “how power relations are attended to both within the research relationship and in the construction of the research narratives” (Arvay, 2003, p. 164).

### **Making Meaning of Self-Compassion**

Up until recently, my understanding of this phenomenon has predominantly been one that has been experiential: a gentle and frequently intense process that I have consciously opened to over the past seven years or so that has been helpful both in the presence and absence of arising challenges. Some associated words... self-kindness... self-acceptance... heart opening.... a process that I’ve experienced as ennobling... that involves surrender...

that has helped me to stand my ground (sometimes)... and to take action (sometimes)... that has expanded my vision of who I am... of who you are... of what is possible... that has sweetly and outrageously revolutionized my healing process from my own brands of pain and suffering... that reminds me that I know nothing... and that I am part of Everything.... A strictly verbal description of self-compassion could never suffice, though I feel relief as I type these words, language to page.

My discovery of the research of Neff (2003a) and Gilbert and Irons (2005) was helpful to me to develop a keener intellectual understanding of the construct of self-compassion and how the various academic perspectives relate to my own, and to frame my experiences in alternate ways. As well, I have introduced the construct and associated interventions to clients. Neff's (2003a) definition of self-compassion, using the interconnected dimensions of self-kindness, common humanity, and mindfulness, particularly resonates with me, as does Gilbert et al.'s (2005) use of imagery to generate feelings of self-compassion. While these scholarly theoretical approaches and construct definitions are tantamount for the purpose of research, I was particularly interested in honouring subjective interpretations. Throughout my own research process, I aimed to monitor the ways in which my own personal understanding of self-compassion might hinder interview conversations and interpretations.... and noticed how it was expanding at the same time.

**Possible counselling-related biases.** As a newcomer to the field of counselling, my perspective and my understanding of the field is primarily informed through the literature, anecdotally by others in the field, through my previous work in social services, and my experiences as a client. I, therefore, ventured forth as a researcher, paying

particular attention to any preconceived or “naive” notions and arising biases. One of my central beliefs, which is embedded in my orientation to this research project and in the words leading up to this chapter, is the significance of the personhood of the counsellor to therapeutic process and outcome. Without dismissing other important ingredients such as knowledge and skill set, and of course, client factors, I believe that it is what the counsellor brings to the therapeutic relationship, including a capacity for empathy, compassion, and authenticity, that can play a defining healing role. I intuitively believe that a counselling practice that is imbued with the self-compassionate attitude of the counsellor is one that will also benefit the client on multiple levels; and ongoing efforts in developing self-compassion, which can be actively practised by all, may lead to significant beneficial changes, both personally and collectively.

### **A Thesis Topic is Born: One of the Catalysts**

An interest in academically exploring self-compassion, how counsellors develop it, and the usefulness of this construct to counsellors (and to non-counsellors) was ignited during my field practicum year of study. As a counselling student riding the steep training learning curve, I observed how intent I was in noting all that was “wrong” and improvable in my session reviews, rather than basking in the meaningful moments with my clients and appreciating my steady progress. Specifically, one incident that occurred early in my practicum training incited me to consider the importance of self-compassion in the context of counselling practice. In brief, toward the end of a first session, the client began to throw insults seemingly out of the blue and stormed out of the room, leaving me stunned and feeling ashamed. I could not shake this experience, in part because the client kept on crossing paths with me in unlikely public situations thereafter, in part because I

felt, on some level, incompetent. To me, this was a wake-up call. I did not want to embark on a career in which I would habitually berate myself every time I made mistakes, whether real or perceived. I decided to continue my training by consciously veering away from a tendency toward self-criticism and deliberately focusing on the strengths that I brought to my sessions, in the way that I ironically aimed to encourage my clients to do. I decided to approach my training with more of an attitude of acceptance and kindness to myself, which to me proved to be a fiercely effective way to learn.

### **“Living the Research Question”**

I say, follow your bliss and don't be afraid, and doors will open where you didn't know they were going to be.

Joseph Campbell

Toward the end of one of my interviews, a participant earnestly asked me, “When you came upon this as your topic, were you thinking, *Is this even acceptable? Is this an acceptable thing to be exploring?*” In truth, some part of me responded to the question with a slight nod. The underbelly of self-compassion, after all, seems to be potentially taboo territory – particularly in the world of mental health professionals. This assumption seemed to be confirmed by shared thoughts by some participants, other counsellors in the field, and some readings in the literature that refer to how unrealistic images and expectations are still held and systemically perpetuated by the professional bodies, the public, clients, and individual counsellors themselves (Mahoney, 2005; Pope, 2006). For example, Mahoney (1991) comments on the prevalence of two contrasting metaphors of therapists: that of the “wounded healer” and the “guru healer.” The former is perpetually at risk of harming the client by means of getting his or her needs met or seeking self-

healing through them; the latter represents the “paragon of socially defined adjustment” (p. 354). Dare I venture into this realm? Would others accept the invitation to reveal their own fallibility?

I continued to explain to this participant that since the moment my being had responded with a resounding YES to the prospect of engaging with the topic of self-compassion and counsellor development, my decision has been validated through and through in many ways. The YES, my willingness to bathe in this focus of inquiry for a prolonged period of time, marked the beginning of a process that has been astonishingly energizing, alive. What an opportunity of a lifetime to continue to understand myself, to deepen my capacity for compassion for myself and others, and to extend it to my professional life. And what a privilege to learn from the wisdom of 15 counsellors and their life experiences that both intersect with and diverge from my own. The decision to significantly expand the study to include more perspectives, as the opportunity arose, reflected both my desire to go with the momentum of the project and my “greediness” to expand my understanding (reassuringly, it did not reflect the drive of my own perfectionistic tendencies: at least, not this time).

Although fuelled by my resonance with the topic and my enthusiasm, every step has taken me into new territory from drafting the proposal to making contact with participants to immersing myself in the data. Keeping a journal – or at least scraps of paper with scrawled fits-and-starts thoughts arising on buses and such – has been one of the most helpful ways to keep attuned to my inner goings-on. Particularly during the beginning phases (and ongoingly as well), acknowledging, working through, and reframing my anxieties was an important way that I could practise self-compassion as a

new researcher, as well as by considering my desires for the process (e.g., to feel self-connected and anchored; to have fun; to gain insight regarding my career choices).

### **heart BURSTING**

Over the months of this research, I've frequently felt like some sort of an obscure creature submerged in the oceanic deep, attuning myself to myself, to my fellow sea creatures, to my seaweed landscape, and to the play of expressions of compassion for myself and others (and lack thereof) permeating and enveloping me.

Upon reviewing my journal entries, I came across a list of possible "what-ifs" initially brainstormed for the purpose of acknowledging my fears and letting them go. Among the items: "That the audiotape will stop, not record, whatever..." I had to laugh. From my experience, life presents me with ongoing opportunity to practise self-compassion in the most interesting of ways, and my research process was no exception. I had spent a full and engaging day outside of Vancouver, interviewing with two participants. At the conclusion of the final particularly lengthy conversation, I remember feeling utterly grateful and satiated. Apparently my new digital audiotaping device was feeling similarly. It beeped a number of times in an unusual manner, so I picked it up and read something along the lines of "FULL." At that moment, my finger, with an intelligence of its own, somehow found its way to a button, pressed it, and to my horror, the gems that were my interview experiences were now no longer.

On my ferry ride back to Vancouver, it took awhile for that "opportunity" aspect that is frequently identified as the flipside to "crisis" to kick in and for that felt sense of re-connection to my centre to occur. There I was, pacing the floor, trying to regain my footing as my contracted inner state stole the show with a spectacle of fleeting feelings



from disbelief to frustration to self-beratement, generalized thoughts to all possible future interviews in my professional career; nausea. In retrospect, I think that this experience most poignantly offered me the opportunity to watch myself gradually shift into a more self-compassionate state and to note the ampleness of my inner resources. Scrawling down my feelings and thoughts, then trying to reconstruct the interviews by memory helped me to begin to decatastrophize and shift into problem-solving mode, finding alternative possibilities and perspectives. My need to self-soothe showed itself through my almost immediate plan (following the purchase of candles in the gift shop) to draw a very long bath by candlelight upon my return home.

I also sought self-soothing through some sort of human connection, a yearning that was really strong. Sadly, I could not speak out what had just occurred as the people near and dear in my life were inconveniently not answering their phones. However, when a kindly woman beside me in the bus line into the city turned to me to engage in some chit-chat, an opening presented itself for me to be able to let her know, in a few brief words, that I was a researcher and had just lost a few wonderful interviews. Her compassionate look and a few understanding words in return were enough for me to let myself off the hook a little bit more, to ground more deeply, and to accept what had happened. I could really begin to see the humour in the situation, a sort of cosmic joke to further me in my own learning. Certainly, the graciousness and compassionate understanding of the two participants, who both agreed to do another interview, contributed to my learning as well. The following conversation (with me still feeling somewhat sheepish) led into my second interview with one of these participants:

I: I had this thought last night that this whole process of your losing the original information and the approach that you've taken with yourself about it will likely end up being part of your foreword to the whole process around what an excellent opportunity for self-compassion.

R: Oh jeez, eh, yeah, yeah. Well, thanks for saying that, yeah.

I: Yeah, kind of like where the process itself recapitulates the content of what you're doing so—

R: Well, yeah. Life. [laughs]

I: Life, exactly.

Experiences like the one I have just described, moments that have challenged me to approach “hitches” in a more self-compassionate way, have studded my research process.

Other moments during interview conversations revealed to me, through direct experiencing, a more profound understanding of the words exchanged: most sacred opportunities to contemplate compassion in the here-and-now. One of these moments occurred as I was sitting across from another participant, listening to her speak about her life. I remember hearing her refer to a time when self-compassion had not been part of her lived experience. At that moment, I experienced her words quite literally as a knife piercing right through my heart. I started a bit at the unusual reaction, a few tears trickled down, and I let her know that I was moved. She looked at me and communicated that she had also felt what I had just somatically experienced. Together, we decided to pause for a few moments to sit with what had just transpired. During this time, I felt my heart lighten and a feeling of peace pervade. When we resumed our interview, she explained to me that during the pause, she had practised Tonglen, a way of compassionately inviting in the pain that we had been experiencing together and breathing out feelings of peace and joy.

Early one morning, feeling particularly nervous, I remember joining one of the first participants at the beginning of the data collection process; and upon meeting her, feeling immediately enveloped in love and comfort, a felt experience that she would speak about during her interview. At the end of another interview, I recall noticing that it was as though I had “caught” the transmission of love and compassion that another participant had been describing in the context of counselling, a transmission that I happily carried with me for the rest of the day. To me, the authenticity of all the participants and their sharings was palpable and profoundly moving. One evening, all I could journal was “heart BURSTING”: without exaggeration, a most amazing, and sometimes overwhelming, feeling that accompanied my experience of interviewing the participants of this study, and then working with their transcripts.

### **Diving In, Letting Go**

We are all humans – and stories remind us of our humanity, our sense of fun and wonder and struggle. The stories you begin to collect can be personal... but tell them, tell them, tell them.

Jay O'Callahan

The next phase – composing draft narratives and identifying cross-narratives themes – presented new challenges and rewards for me. This is where I discovered some of the meaning embued in Arvay's (2003) words, “the researcher can never hope to recapture the lived moment of the telling in the research text” (p. 165). How then to translate the intricacies of a conversation onto paper? How to write first-person accounts in a way that doesn't leave me feeling as though I am appropriating another's voice? And then to further reduce the data while preserving the sanctity of the stories told? These are just some of the questions that I found myself grappling with.

**Letting go?** One of my major challenges was my compulsion to be true to the experience of the interview (from my perspective) – that is, the nuances that were conveyed through tone, through punctuations of laughter; language and speech habits exactly as they were uttered; the moments that moved the focus of conversation and helped to shape the final narrative; the flavours of the co-explorations. Throughout the writing process, I came to really understand that the resulting narrative could only be a representation of a speech act, an approximation (Arvay, 2003). And this speech act, this sharing of an aspect of each participant's life, is one that was created in relation, in a given moment in time, under given research circumstances and given life circumstances for both researcher (me) and participant. For example, after reading her narrative, one participant commented to me that at the time of the interview, she had been under a lot of stress and could not practise self-compassion as easefully as at present; a second interview, and then narrative, might have reflected an altogether different aspect of her life experience. Sculpturing the interview text into a relevant, readable, and intriguing narrative, and allowing the narrative to become something new also meant claiming my presence in the process, and invisibly, in the narrative.

**Whose story is this, anyway?** Another issue that accompanied me throughout the research process was that of narrative ownership. How to tell these stories respectfully, while including myself as more than just a collector of stories in the telling? How to draw and present learnings without objectifying or distorting participants' interview accounts?

One of the biggest gifts for me was when, midway through our second interview, a participant said about her narrative, "So I would almost prefer to scrap this." Our first interview had been by telephone, and then we decided to meet in person, a few months

later, to talk about the narrative. Drafting it really pronounced all of the concerns that I had been carrying. It had been a challenging first interview in the sense that I really felt the limitations of telephone interviewing for the first time and was conscious of issues of trust. I felt like the process of creating the narrative had been something like patchwork.

When she and I met in person, I learned that not only was my hunch right, but that my call for participants had reached her at a time when she was not yet at a place to language her experience. (Two other participants also stated difficulty in verbalizing elements of their experiences.) The telephone interview, therefore, seemed to have been frustrating and unsatisfying for her and seeing her narrative, somewhat upsetting. As it turned out, both interviews were useful to her to synthesize her recent experiences and her understanding of self-compassion. She decided that she would be willing to commit to using our second transcript to create her own narrative, which I could then fill in with parts of both transcripts (which I didn't). The result: a piece that she fashioned, integrating words and art to convey her lived experience as it could never have been expressed using the steps that I had followed with the other participants.

As I find the research process nearing its conclusion, I take note of how I have changed through the many compassion-filled dialogues, and the ways I now better understand my own narrative, thanks to the narratives of others.

## CHAPTER IV

### Findings

In this chapter, I present the study's findings of this narrative inquiry into counsellor development and practice of self-compassion. In a textured and complex manner, the following narratives of Canadian counsellors answer the two intertwined research questions:

How have experienced counsellors developed self-compassion?

How do experienced counsellors practise self-compassion in their work contexts?

Next, I explore themes that have suggested themselves to me, which thread through many, if not all of the narratives. These cross-narrative findings are meant as a proposed starting point to an emerging research conversation and represent one possible interpretation of myriads. I also outline a range of participant meanings attributed to *self-compassion* that were explored and shared during the interview conversations and the ways in which participants described how this construct converges and diverges with *self-care*.

## Celine

Just a few years ago, I would have identified myself as being a perfectionist with very demanding standards and high expectations of myself. Although that mindset led to a lot of really great accomplishments, there was also a negative side to it. A lot of inner criticism, negative self-talk and negative core beliefs came along with the perfectionism. As a result, I used to be very hard on myself, very defensive, and would feel threatened by any kind of criticism. Even constructive feedback was something I would not take very well. I would literally lash back in self-defense.

Starting graduate school in counselling psychology really upped the perfectionism factor for me. The performance anxiety about putting on the “counsellor hat” and “doing things the right way” was especially intense during my initial internship. And it didn’t help that supervision felt really top-down. My supervisor would say things like, “You need to be doing this” and “You’re so cognitive and you need to come more from your heart.” Even though she wanted me to connect more with my heart and emotions, she was **telling** me to do so from a cognitive headspace – she wasn’t modeling what she wanted me to do. So I felt even more defensive hearing her feedback. One thing I noticed when she would give me feedback is that there was a jarring energy in me. It was very visceral, very physical. This was her first time supervising and, clearly, supervision and my defensiveness brought up some of her own stuff. As a result, she was really defensive in response to my defensiveness, and it would turn into one big, defensive mess. I left that experience feeling very terrified of supervision and reluctant about a career in counselling. *Is this what it’s all about?*

This defensiveness and performance anxiety continued into the next year of my program. In fact, I didn't think I would get my advanced internship that year because one of the interviewers – who was also a potential supervisor – challenged me and I wasn't sure how to respond. At one point, I was struggling with my wording and the woman abruptly said, “Can you allow yourself not to know?” She then began to talk about my perfectionist streak and how I was caught up in black-and-white thinking about right and wrong, and needing to have the answers all the time. In my mind, I was reeling hearing her address me that way, very directly and about very personal things. *Whoa! That's huge feedback to give to somebody you don't know during an interview.* I went home and felt **awful**. I thought I'd totally bombed the interview, which was another hit at my self-esteem since I had been a career counsellor for four years and generally aced interviews.

To my surprise, I ended up getting the internship. The woman said that she saw something in me that reminded her of herself when she was my age. She said she really wanted to work with me because she could see the “diamond in the rough” and could identify with some of the struggles I had with perfectionism and with being very reactive. In contrast with my initial internship, my advanced internship was really great. With my supervisors, supervision wasn't just talking about clients: half of it was about doing my own personal work, which I really, really liked. I'm very process-oriented, so for me it was a perfect fit. Having my supervisors provide me with a therapeutic setting in which to do personal work on myself made a lot of sense because they saw me every day and witnessed my behaviours and the things that were coming up for me. This was a lot more impactful than going to see a separate therapist and talking about the “then and there.” With my supervisors as “therapists,” we could work on what was coming up for me in the



immediate “here and now.” Through this process, they could see that I was being hard on myself and they would encourage me to be gentle with myself. I had never before **heard** the kind of languaging that they used: “Be gentle with yourself...” “Be kind with yourself...” “My hope for you is...” I was just like, *Wow! Who says that?!* This blew me away. They were modelling for me a different way of being.

There was a moment during my advanced internship where I had a bit of an epiphany with regard to being gentle with myself. I was sitting across from a client who was diagnosed with OCD. She would pick at herself a **lot** out of stress: scalp-picking, scab-picking, anything-picking. I sat across from that client feeling a lot of self-recrimination. This track was going on in my mind: *Who are you to sit across from this person? You do the exact same thing and you’ve never been able to come out and say that you do this. You’re no better than she is.* It was hard to be present because of this inner dialogue that was overwhelming me. I kept my thoughts to myself, of course, and tried to convey the compassion I was feeling for this client – yet felt no compassion towards **myself**. But if I couldn’t give myself compassion, then how much compassion could I really give the client sitting across from me? I decided to tell my supervisors about this, but I was so terrified to do so. I was **so** afraid that they would think that I wasn’t a good counsellor, that I wasn’t meant for this line of work because I had my own issues that I continued to struggle with. I was caught up in the horrible belief that I wasn’t good enough or that I was bad.

At our next supervision session, I came out and told them. I felt really ashamed, almost expecting to be ridiculed or judged. I was crying – and **they**, too, were in tears. They saw how much of a struggle this was for me. After hearing my disclosure, my

female supervisor said the most profound thing to me, which was something to the effect of, “By acknowledging your own humanity, you’re giving me permission to not have to be perfect either.” That had such a huge impact on me. It was one of those brief shining moments where you’re like, *That’s exactly what I needed to hear*. It struck down into my core and opened up a place that hadn’t been touched before. I started to cry, and my supervisors were crying too. This also opened my awareness to something new: I hadn’t realized that others around me were affected by the high expectations I had for myself. I didn’t hold others to the same standard as I held myself and have always been more accepting of others than of myself. Yet, this powerful moment with my supervisors showed me that my hardness on myself still got projected out into the world and that others felt those expectations nonetheless. It was a **hugely** profound moment for me, one of relief, appreciation, acceptance and love for who I was, just as I was.

These supervisors at my advanced internship didn’t view me as being wrong or bad for being defensive, either. They honoured where it was coming from: the place of fear. And they modelled for me how to be more loving towards myself. They were able to sit with my defensiveness in a place of **compassion**. They **held** it. I didn’t have to worry about **their** defensiveness because they had done enough of their own work and were experienced at supervision. They weren’t getting triggered by me, so I didn’t have to worry about them or caretake: they were solid adults in their own right. That gave me the space to just **be** in my own defensiveness and figure out what it was about. By the end of the internship, my defensiveness was almost gone. My supervisors even wrote in my final evaluation that working with me in supervision was a joy! Such a drastic change from my initial internship. And I continue to grow on this front: at my current workplace, my

supervisor has complimented me on how open I am to feedback and to engaging with the process of supervision. This **really** helped me to realize that I have come a long way.

It was during my advanced internship that I started to become aware of energy. My supervisors would talk to me about my loud voice and this “big energy” that would spill out all over the place, and how it was not always appropriate in counselling. I wasn’t necessarily open to touchy-feely things like energy and energy healing before I moved out to the West Coast. In fact, I had never even heard about alternative modes of healing, and when I did, it always seemed so esoteric, bizarre and weird. The defensiveness had been worked on, but I was still a cognitive person and had very big energy. I can’t explain it. You could sense my energy, how big it was. Although I originally felt defensive about this piece of feedback, I quickly realized that I wasn’t “bad” or was being punished. They simply wanted me to become aware of it, to notice it more and to be gentle with myself, which is so qualitatively different from the harsh and punishing inner critic I was used to hearing. Because this was a whole other dimension, I knew that seeing a traditional counsellor wouldn’t be enough. So I started to meet with an energy healer.

I remember my first session with her. I was just in tears. All she was doing was holding my feet. That’s all. She was at the root of me, trying to get me grounded and I was bawling. I was terrified of doing it wrong and didn’t know what to expect. It was kind of like my first-year internship in that way. So I lay there, **terrified**. She’d tell me to just be where I was at and to allow whatever wanted to come up to find expression. Every so often, I’d switch into verbal processing mode and go back into my head because that was safe and familiar to me. But working at the energetic level is so far beyond the talky-

talky. This was tapping into something that I didn't **know** about. I didn't know what to expect from just "being in my body." There was a huge lack of awareness there. I began to realize that I was a big talking head, and wanted so much to expand and develop the other parts of myself in a deeper way.

There were a couple of sessions where we did some inner child work that has helped me with self-compassion in a **really** huge way. I was terrified of connecting with the inner child because she was running the show emotionally, for a lot of things. I remember one session where I was dealing with some stuff around men and self-worth, and my healer led me through a powerful visualization. I saw my inner child at about 3 years old, standing in the kitchen of one of my old houses. My dad was at the kitchen table, busy with something and ignoring me. I just wanted to scream, "Why aren't you fucking paying attention to me? Am I not good enough?" I cried and cried. My healer then encouraged me to have my adult self enter the scene, scoop up my inner child into my arms, and bring her back to my apartment. Then, in my mind's eye, we were sitting together on my bed, reading a book. My inner child was sitting in my lap, and we were cuddling in the blankets. But I was at a loss – I didn't know what to do with her. I had zero relationship with that little child. I didn't know what she needed, what to say or do, how to treat her. My healer asked me, "What does a baby bunny need?" and encouraged me to gently hold her as if she's a baby bunny. So as I continued to visualize my inner child in my lap, my hands cupped against my chest, as though I was holding and petting this tiny, baby bunny, and I was **bawling** my eyes out, another real visceral response in the body at the energetic level. I could literally feel the trembling bunny in my hands. It was **hugely** emotional for me, and I was in such a really tender space. That mental image

of treating yourself gently as if you are holding a baby bunny: that's very self-compassionate. It's like treating yourself with kid gloves in a very protected, special way because you're **worthy** of that. No one had ever shown me how to do that before.

Like my supervisors, my energy healer modelled self-compassion in a **really** big way for me, through her very gentle nature, her soft presence and her encouragement that I allow myself to just be and not have to perform or live up to any expectations. Tapping into a softer, kinder space was something I wasn't used to at all. I realized that I'd never really had a lot of modelling of self-compassion, but that I had a lot of modelling around achievement. Both my mom and my dad can be really hard on themselves at times. I was the eldest child and the eldest grandchild, a position that often comes with many expectations. And in junior high, I was teased, ridiculed, judged, rejected and ostracized by the popular crowd for being the "brainiac" and for being quite unattractive at the time (because puberty hit me in a bad way). These kinds of family modelling and early social experiences really shaped my own internal critic and self-judgment. That being said, I want to clarify that I've clearly had a good life. I have good parents, I had loving grandparents and I was well-surrounded and provided with many opportunities to explore the things I enjoyed. I was very privileged and fortunate. **And** things were also really hard for me at certain key periods of my development. This is why the internal shift that was happening for me through supervision and my healing work was a completely different step in a different direction altogether. It was completely new for me.

I seriously think that, as children, we have a purity, a lovingness and a place of compassion that gets covered in layers and layers of programming and criticism from those around us and society at large. Depending on our experiences, we lose that ability

to connect with our spiritual inner core that **is** very loving and gentle, that place of truth and love. However, it is sometimes possible to come back to it as an adult. I remember my first existential moment where I woke up to myself around the age of seven or eight as I was lying in bed. I remember thinking, *Who's in this body lying in this bed in this room? It's not just some **thing**. There's literally a **me** in here. Who is this **me**?* I never really spoke about it with other people because I didn't think that people would really get what I was trying to say and I wasn't sure how to explain it.

Around the age of 22, I rediscovered it. It's like I woke up again and that mindful eye came back. It was like, *Oh my God! Where have you been over the last 15 years?* I first started to develop this ability to observe myself in the moment – self-awareness – in 2003 when I went to therapy for the first time. I did four years on the couch with a psychoanalytic psychotherapist. I was using the word *mindfulness* a lot back then, but not in the way that I know it to be now in my more Buddhist approach. At the time, I simply used mindfulness as a synonym for self-awareness. My initiation to the concept of mindfulness happened more formally in an undergrad course in humanistic psychology. One of our textbooks was by Piero Ferrucci, a student of Roberto Assagioli. It was about Psychosynthesis, one of the earliest ways of incorporating Eastern traditions of mindfulness and consciousness into modern psychotherapy.

From 2007 to 2008, during my advanced internship, I started to learn about mindfulness in the tradition of Thich Nhat Hahn. I also started to explore more modern ways of incorporating mindfulness-based approaches into counselling and psychotherapy, like dialectical behaviour therapy (DBT), acceptance and commitment therapy (ACT) and mindfulness-based stress reduction (MBSR). I also had the opportunity to observe a

mind-body group, where they really unpacked the concept for me in more of a concrete and practical way. It was then that I understood that mindfulness was not simply the act of being self-aware, but it was about noticing and paying attention to oneself, *without judgment*. Having grown up in and experienced a number of different churches, I found that the core Christian message of love is often distorted through practices and beliefs that instil guilt, shame and fear. I have known so many church-goers who, like myself, struggle with harsh self-criticism and self-judgment. Incorporating Buddhist practices of mindfulness, non-judgment and compassion into my understanding of Christianity really helped me grow on so many levels, and my spirituality is now rich, eclectic and so much more affirming than before.

People used to tell me that I was a really cognitive counsellor. There is inherently nothing wrong with that. However, I would always become so angry and frustrated when hearing this feedback. *No! I have feelings. I cry. I feel pain. I experience joy. I'm not a robot!* Over time, I started to realize what they were talking about. **Yes**, I am very headstrong, intelligent and cognitively-minded. And this used to be the only way I would connect with my clients. Over time, however, I noticed a shift in my ability to come from a heart space as opposed to being in my head. I don't know if that's because I was able to connect with myself in a different way or if it was because I was able to be more compassionate and gentle with myself. Regardless, I am now able to work on so many more levels with clients – cognitive, emotional, mind-body connection, physical, relational, spiritual – rather than just from my head.

At my most recent workplace, I finally learned about *self-compassion* as a construct. Part of trauma competence isn't just understanding how to do trauma work using the tri-

phasic model (which focuses on safety, stabilization and learning coping and emotional-regulation skills before processing traumatic content, instead of jumping right in and cracking people open through catharsis, which can be re-traumatizing). No, another **huge** part of trauma-competence (not just for ourselves as workers, but also for clients) is self-compassion. Many trauma survivors carry a lot of shame, guilt and self-blame for what happened to them. There is also a lot of judgment and stigma by society and by the survivors themselves, not only for having experienced the traumatic event, but also for how trauma has impacted survivors and how they have coped. Therefore, being able to help them develop a sense of self-compassion is a key part of the work. What I found interesting was that I had been growing by learning to be gentle with myself and allowing myself to be human in deeper ways to the point where the ground was fertile for me to take on this job. And then I learned that what I was doing was actually something that was talked about in the literature and that it was called *self-compassion*! Well, how lovely is that!

One way that we teach self-compassion to clients is by being mindful of what's coming up for them. You can't be compassionate if don't first notice your self-criticisms, your negative self-talk and when you start going into those scripts and that languaging. I have clients who will notice that they're being hard on themselves – and then they'll be **hard** on themselves for being hard on themselves! It's like adding suffering to your suffering. So the art of being mindful shifts that. Rather than being hard on myself for being hard on myself, I just notice. *I'm being hard on myself. Okay. That's information. What does that tell me about where I'm at? What do I need right now?* It's taking a step back from the experience (rather than getting caught up in it) and just being able to



observe it without judgment. One way we teach mindfulness to clients in a more practical way is through the Mindful Breath exercise, which is just about noticing the breath, not about asking it to be different in any way, just noticing it as it is. Another way is through guided visualization, where clients imagine a compassionate being – a god, an ancestor, a tree, a symbol, a spirit animal, a colour or light, or whatever – and then practise receiving whatever message or gift that compassionate being wants to give to them. Ultimately, they're connecting with their internal higher self and tapping into their own self-compassion, but by presenting it as though they are connecting with something external to them makes being self-compassionate less daunting. Since we have often internalized harsh criticisms from others, this is a way of reconnecting with or internalizing a gentler, more compassionate way.

Practising mindfulness and self-compassion has become hugely important in my counselling work. Recently, I was sitting with a client who had a similar relationship challenge as I had. Of course, clients always reflect for us and what we ourselves are going through in a **beautiful** way. I found myself going down the path of getting distracted with my own stuff, but rather than get hard on myself about it – like I had that time in my internship – I came from a place of just noticing it. *Oh, gosh, I'm noticing that I'm off-track right now. Okay. Bring it back. The client needs my attention right now, so later. I'll come back to you later. Now's not a good time.* Part of it is about using containment strategies, being able to put thoughts away in a gentle and acknowledging way. Unlike cognitive-behavioral therapy (CBT), mindfulness is not about changing the thought, but about changing one's relationship with the thought. My rendition of an Epictetus quote that I'm connecting with in a deeper way these days captures this idea:

“We are not so much bothered by things than by the view that we take of those things.”

Wow! It wasn't just Buddha. These Greeks had some thoughts about mindfulness as well! So self-compassion involves becoming aware of the labels or the interpretations that we give to things, which adds to our suffering. It's not the thing itself that's bothering us, but our perspective on it.

As a counsellor, I'm now a lot less hard on myself. Because I'm aware of how hard I can be on myself, it becomes automatically something that I notice in my clients a lot more. For instance, I used to have a hard time noticing clients' shame because I struggled with that myself. Now I'm able to pick up on shame in clients because I'm **aware** of what that experience is like in myself and the energy around that. I am able to connect from more of a heart space instead of only from a head space, which was very limiting. And I am able to model self-compassion to my clients, in the way that my internship supervisors, my energy healer and my current work supervisor modelled it to me. All my colleagues are very much aware of self-compassion because it's a construct we use with clients, and it's something that they work on in themselves as well. To see it modelled and to have the real **lived** experience of what it **feels** to be held gently, in gentle regard, in gentle esteem, is what really shifted things for me and helped me to grow.

Practising self-compassion is not only important to foster in clients, but also in ourselves as professionals – especially in relation to vicarious trauma, burnout and compassion fatigue. I was first introduced to the notion of vicarious trauma at a conference in 2004. “Self-care, self-care, self-care, it's all about self-care,” they would say. “Go get a massage. Go have a nice hot bath with candles. Go on a trip.” But their model included no notion of self-compassion. They'd never address things like self-talk,

boundaries, and putting yourself as a priority. Over time, these sporadic moments of self-care don't actually shift anything because your body is still running on empty, and then the rest of the time you're just treating yourself horribly. When we come from a self-compassionate place, self-care is no longer about these sporadic one-time events that you do when you start to feel burned out and exhausted. Self-care is something you can do all the time; it's an attitude shift. Now, you can't go to massage therapy every hour of every day, but you **can** give yourself an internal break. It's really about noticing and experiencing self-care every day in small things, like exhaling when you start to notice that you're holding your breath again, saying things to yourself like, *You're worth it*, challenging the negative self-talk, noticing when you start adding suffering to your suffering, catching yourself when that happens, and just letting it go and redirecting. **Those** are examples of self-care in a **very** big way: being your own ally, instead of your own enemy or inner bully.

To reiterate, self-compassion is almost like an attitude or a perspective that you shift within yourself, which can translate into self-care actions. It's how we treat ourselves. It's holding ourselves from a gentle, loving, allowing and non-judgmental place. It's about acknowledging our humanity, allowing ourselves to be imperfect. As a result of this internal shift, I'm not overwhelmed or sick very often. I deal with stress better because I'm coming from a place of having a tank that is full. It's full because of my perspective shift **towards** myself that I believe I deserve self-care. I'm worthy of it and I'm worthy of treating myself okay. It really is about one's relationship with the self. It really, really truly is.

I have a real sense of coming full circle and that I am on the right path. I used to come from a very edgy mental place, but now I feel a lot more integrated. I've gained a deeper understanding of the mind-body connection and I'm more conscious of energy now, which are constructs I frequently use with clients now. Still, my old inner critic sometimes rears its head from time to time. For instance, I was talking with my friend the other day, and I was discrediting my growth. I said, "Who am I to speak about energy and self-compassion and mindfulness? I haven't been practising Zen Buddhism for 30 years. I'm not an energy healer. Although I do actively practice mindfulness, I don't have a regular meditation practice. I'm definitely no expert." Then I realized, *It's that voice again*. I discredit myself a lot. The thing is, I'm the only one doing that – no one else is. That inner judgmental critic is purely my own.

For instance, I have a client twice my age, who is a tai chi instructor who has lived in ashrams and has studied with many Zen masters. We work on mindfulness and self-compassion together. During one of our sessions, she told me, "You're very wise," and she often gently bows towards me from a place of authentic, deep appreciation, saying thank you and *Namasté*. I'm obviously bringing something of value to her, in spite of the fact that mindfulness and self-compassion have only been an active part of my life for maybe 8 months. It may be new wisdom, but it is wisdom nonetheless. I'm living it, so **that's** wise – but I can still get caught up in the "Who am I to...?" kind of thinking. Here's another example: I do a lot of coaching and consulting on the side, and I find that I'm doing a lot of pro bono work because of that same self-talk: *Who would pay for **my** work? I haven't been coaching for 40 years*. So I don't charge for my services because of the belief that no one would pay. Yet, although I am still early in my career, people are seeking me out. I am

noticing when my internal dialogue isn't very self-compassionate and am slowing starting to shift it.

I'm reconnecting with myself. It's like when I was 7 and had my first awakening. It was shoved down, but now it's back again in a more mature way at 29. And it's by no means an end point. It's just another stop along the journey, a new vantage point, and there's going to be another one... and another one... a perpetual unfolding. I have friends who say, "God! When does this end? I'm tired of growing! I'm therapy-ied out!" I often used to say that, too. The thing is, you might as well get used to it; we grow and learn and unfold until the day we die. So rather than be frustrated with the process, rather than judging it, welcome it, embrace it. Don't add unnecessary suffering to the process, because the process can be hard at times.

Throughout this process, I've also learned to move **out** of black-and-white and **into** shades of grey. There's a quote by Rumi that, to me, is self-compassion embodied: "Out beyond ideas of wrongdoing and rightdoing, there is a field. I'll meet you there." I love that one. I used to be about *I'm wrong. I'm bad. and What is the right way of doing things?* Rules kept me safe, and if I stayed within the guidelines, then I'd know I was okay because I knew I'd live up to your expectations. Ambiguity was **really** hard for me because that wasn't safe... But self-compassion is being able to move out of that space of rightdoing and wrongdoing and into a space of openness: *Hey! Let's just meet in this lovely field that is grey where we can just be ourselves! Let's just play! Let's just play in the field and get out of the shade...* It is giving myself permission to just **be**. To just allow myself to be that child, free and unfettered.

## Jean

Compassion... I guess it's a word that I really didn't think about much or know existed until I got into counselling. Yet throughout my life, any time that I needed to say to myself, *I'm okay. I'm worthy. I'm valuable. I'm lovable*, to me **that** is how I now understand I would practise self-compassion.

I believe I started developing that at a **very** young age within my family. My parents were from Europe and had a strong work ethic. Nothing was quite good enough, all those expectations. That was a very difficult environment to grow up in. In order to make it **through** that difficult time (and I don't know how I did this), I just somehow developed the ability to soothe myself and somehow **trusted** that I was going to be okay. I know I spent a lot of time with tears and now realize that those tears were very healing for me. They helped me to just **cleanse** myself. So I did a lot of crying and I did a lot of imagining. I remember I pretended I was a ballerina, and so it was the softer life that I imagined different than the very hard and demanding life that I was living – one of very high expectations and just not feeling worthy. I would also imagine that I was a singer. Even though I was getting messages that I wasn't good enough, I somehow was creatively finding a way of going, *Yes, I am! Yes, I am! I can dance. I can sing.*

My connection at that time was also religion. As a very spiritual little girl, I'd go to church with my mother and sing in the choir. I often say that my going to church and being there in that community was a haven. It was a haven away from the discord and the dysfunction in my family. Unlike my family home, at church I didn't feel like there was an emphasis on right or wrong, where I would feel judged. So there, I found a way to be kind to myself. I wouldn't have defined it as blessing then, but now I see that I was being

blessed there by a power greater than myself so that helped me at a very young age to develop a way to take care of myself ... I can feel the tears coming... Over the years, I recognized that that power is within me, and that power within me invites me to be self-compassionate.

When my grandfather came from the Ukraine, he worked in a coal mine in Southern Alberta. He and my grandmother lived in a little hamlet; he could speak English, but she could not speak a word and she basically stayed home. That was **it** for her in this community. Every Sunday, we would come from the town, just a few miles away, and go visit them. My parents and grandfather would be in one room, and I would go into the other and sit beside the radio. My grandmother would come in and intuitively, I think she knew that I was in a lot of emotional pain and suffering, feeling very much alone. She would put her arm around me or just sit across the room and smile. I remember her with the big great boobs that hung down, the Ukrainian Baboushka. She didn't say anything. She didn't have to. It was like she understood my pain and, in a way, she confirmed for me that there was hope. There was hope. There was something inside of me that was going to help me.

I guess that probably our connection is that I felt very alone in my world and she could relate to that. It was like we were soul sisters in a way. So she was showing compassion for **me**, and although I was quite young (probably 7 or 8 at that time), in a way I was doing the same for her. Sometimes people will ask me whether I've had a mentor and I guess I always looked at that rather intellectually: as a mentor who coaches you at work. And I've said, "No, not really." I'm realizing that my grandmother was my mentor. She was my coach. She was the one who started me on my journey of being able

to **feel**. In my family, my father was the intellect, the mayor of the town and the principal of the school, but he was also an alcoholic so he **drowned** his feelings. My mother, very nervous, very depressed, took a lot of medication. That's how she did it.

When my grandmother died, things **changed** because my grandfather was a very hard man, a very bitter, angry and powerful man and I didn't like him **at all**. I spent many years in therapy, about 7 years consistently, and worked through a lot around sexual abuse from **him** and from my father as well. What I've come to understand is that it was all about power. Even though my grandmother helped me to realize that I was lovable and valuable, and to recognize the strength of going to that soft place, that compassionate place, it still wasn't enough in comparison to these powerful men in my life who were using their power to have me feel as though I was worthless and could be used.

My relationship with my grandmother was like a glimmer, and it was wonderful. It's something I need to keep going back to as a resource. However, I can see where it's very difficult for me to stay in that place. I can see how it's played out in my **current** day. My husband and I have been married for 32 years; we've been together for 35 years. Long time. And as of the last months, I **still** am in a position with **him**. I married a man who's very powerful, controlling and very much a perfectionist, which is a replica of my father and my grandfather. So it's curious: I'm having to reinforce that aspect of self-love for myself. I keep saying, "I deserve to be spoken to in a different way." It's when I annoy him that I don't feel good about myself, although I'm quicker to forgive myself than he is to forgive **me**.

Forgiveness and compassion are connected somehow. When I can forgive myself for making an error, I can be compassionate with myself, but these strong men in my life



could not forgive me for being human. With my dad being the intellectual, I had to get 100% all the time. He was the principal at my school and I can remember sitting at the dinner table and him saying, “Oh, I talked to your English teacher today who told me that you were talking in class.” So it’s like I had to be perfect, and then I marry a man who is very much a perfectionist. Yet the spiritual side of that says that there’s a reason why I married him and that there are lessons to be learned here for me. So I can forgive myself for being less than perfect. I have a very hard time, though, convincing other people to forgive me. I find myself, when he’ll say something like, “Well, why did you do **that**?” taking a deep breath and saying to myself, *I’m lovable. I’m valuable. I’m worthy.*

To connect this with my professional work, last week, I saw a couple for the first time. **Very** difficult session. They were going to come back for another session this week, so I phoned and I said, “Have you thought of what time slot is better for you?” to which he replied, “You know, we really didn’t find that session very effective and we’re even wondering whether or not we are going to come back.” I wasn’t surprised, and yet on some level I felt, *What did I do wrong?* Even after 19 years of experience, I can still go there. I could literally physiologically feel this pit in my stomach, like being kicked. There’s absolutely no sense of compassion in that moment. It’s like I’m a piece of garbage. I’ve done something wrong. I’m not good enough.

So yesterday I get a call from the EAP saying that they have asked to transfer their files. They asked to see another counsellor. By that time I was okay though. It was the initial reaction that was challenging: I get hit in the stomach. It’s a put-down. I say to myself, *I’m not good enough. Could have done better.* I feel guilty. Then, I sit for a

moment and then I remember that I got a call earlier that morning from another couple I'd seen who say, "The session was great. We want to book another session with you." So it's like I have to go into the memory bank and remember that I do good work, maybe not for everybody, but I do good work. So it's that compassion, that self-love. *I am okay. I am lovable and valuable.* I also have to do that with my husband when he goes to put me down. *I'm lovable. I'm not perfect. Okay, maybe I could have done this differently* – you know, separating the deed from the person.

What truthfully happened for me after the couple left was I said to myself, *I'm glad they're not coming back.* Interesting, because at some level, I determined that I really didn't want to work with this couple. My sense is that they weren't ready to do couples counselling and that they probably would have benefitted just to get some individual counselling. If I had been really truthful (because I think that compassion is also about truth), I would have said to the couple at the end of the first session, "I'm not sure if I'm really the person who can help you." So there's another aspect of compassion. It's loving myself so much that I know what is good for me, what is not good for me, what fits, what doesn't fit. So being able to say that to a client is compassion for myself and is also compassion for the client. To parallel this with my personal history, it's like my ability to say to my husband, "This doesn't fit for me. This doesn't work for me. This doesn't feel good for me," which I was not able to say to my father and grandfather when I was young: too scary.

It's the old belief that I need to be perfect. I need to do it all. I think this is the catch for us as counsellors. People come for help. Are we not expected to help them? It's automatic, right? I'm here to help you and if I say I'm not the one who can help you, I

guess it's a fine line. It's like, *If I really love myself, then I ought to be able to help you.* However, because I love myself so much, I need to be truthful. And now the truth hurts for me to say, "No, I am not the person for you" because then fear comes up. So I have a hard time being compassionate with myself when I believe that there's a right way. I sometimes notice this too in clinical supervision. There are times when I'm going, *Am I describing this case right?* or *Maybe this isn't that important.* What challenges me in the area of compassion as a person and in my work are two things: the old belief that I'm not good enough and also a fear of rejection. I think they are connected. If I'm not good enough, then I'm going to be rejected.

Practising self-compassion when I'm with my clients helps me be without judgement. Now that's a big one. I say "without judgement," but as human beings, I think we judge; I try to be with more **positive**, rather than negative judgement. Thoughts like "I'm okay. I'm lovable," help me to be with whatever is presented in the moment. Loving myself creates an environment for love in the room and I think, intuitively, I'm modelling love when I feel that energy for myself. So when I hear a client say, "I feel safe here. I feel comfortable here," then to me, it's confirming. When I feel safe and comfortable with **myself**, then I'm creating that energy for the client. So I model self-compassion and then encourage and give hope to clients that they can have that same feeling for themselves. To me that's about presence: being present with the energy of compassion. It's at a deeper level. So the next time somebody says, "Oh Jean, You're such a compassionate person," I could say, "What is it that you see in **me** that you could recognize in yourself? What is it that you **feel** in my energy that you feel for yourself?" I feel it's my responsibility to bring it back to them to help them develop self-compassion,

but it still comes from within them. And it is up to us to develop it for ourselves. No one else will do it.

So going back to the example of the couple, I did not feel comfortable and so because I did not feel comfortable, I could not trust that I was in a place of self-compassion. If I'm not compassionate with myself and I'm having to work hard or think I'm not doing this right, then how do I create that environment for them? With those two clients, I was being judgemental with myself, and therefore was without compassion and creating an environment of negative judgment and non-compassion.

Self-compassion develops for me, and I believe has developed for me throughout my whole life, by being curious. I think that even in my mother's womb (though I know cognitively this was not possible), I think I was wondering, *What's going on here? What's this about? What's this energy I'm feeling here?* So even then, being curious was part of my self-compassion. In therapy, I use a quality that I have, which is just being with the question and being okay with that. So to me, self-compassion is also about being open to learning.

When I hear another person's pain, it helps me to stay with my love of self because I have this deep knowing that, in a way, the compassion balances their pain and I won't become overwhelmed. The way I practise self-compassion is by just reminding myself about the importance of feeling comfortable. Deep breathing is a big thing for me too. Then, when somebody is in a lot of pain and describing it, something inside of me tells me, *This is necessary. This is a helpful process to be in the pain:* helpful for the client and helpful for me to be with them in their pain. This is because, once again, I've been through the experience of developing my self-love in pain. So there's a reassurance there.

I've developed my self-compassion in pain, through pain; I will be with this person in their pain, and through their pain. There's that deep knowing and trusting in the pain process.

Compassion is connected very much with love. So when I say self-compassion, self-love. I say this to my couples and they laugh at me. I say, "This **love** business is highly overrated. I love you! I love you!" and they're laughing. I say, "When things are rosy and you're loving each other and it's well, the relationship is really simple at that time. It's when things like anger and fear and pain and discord and all of that come up, that's really the sign of a healthy intimate relationship when two people can work through the suffering. That's where the compassion is. When two people can show compassion to each other because they have it for themselves, to me this is much deeper than love. To me, it's almost like compassion equals love + something... that "something," I think, is Spirit.

This is what I ask myself and my clients: "Where or with whom or how can you come to a place of believing that you are loved?" I got to a place of believing that I was loved with a therapist who allowed me to feel my anger, feel my pain, fear and all of that. No conditions. No judgments. Just sat with me and said, "Whatever you're feeling is really okay." I can also think of two significant points in my life: one with my mother and one with my father.

The first was forgiving my father on his deathbed. My dad was a drinker. He got a pain in his side. Three weeks later he was gone. What they determined is that it was pancreatic cancer. Now this is 40 years ago. I remember it was a sunny, sunny day and I walked into the hospital room. He was lying there, and I remember the bottom of his

stomach, real huge. There was a nurse there, and I walked in and he said to the nurse, “Here comes my sunshine.” Then, that night, he died. This was a man with whom I had a real love-hate relationship. He treated me from a position of power, and yet at the same time I put him on a pedestal. He was everything to me, yet he treated me very poorly. So at that moment, I would say that I forgave him for the pain that he had caused me. “Here comes my sunshine.” I will always remember these words. That could have been all that he could say. I mean, the man was dying, for one thing. That would have been his compassion. Why that stays with me is because I’m sure at some deep level, at that moment, I did feel loved.

With my mother, it was through conversations that my mother and I had probably about a year before she died, about 10 years ago. My mother was the eldest daughter of an Italian family with four brothers. She was non-descript. She was never told she was loved; it was the boys all the time. My mother had low self-esteem, but she was a brilliant woman. She was worldly. She taught herself English, but never went to school and was out cleaning houses. My mother and I had a very difficult relationship in my teens and I did not like her at all, because my father was on the pedestal. Then we had conversations where she was describing what it was like for her to grow up in her family, how she never felt she was loved and how she felt responsible for her mother’s death.

She told me that, one day, she and my grandmother were at the hospital visiting someone. My grandmother was holding her arm and somehow slipped and fell down the stairs, hit her head and never came out of the hospital. So my mother felt responsible for that. My mom told me another scene where years later, one summer, she was ironing with the door open and she said the wind, like God, Holy Spirit, came in and just went through

the room and forgave her. She felt relieved about that. When she talked about what it was like for her, I just felt so much compassion for her. I realized that the reason why my mother was the way she was with me was because of the way **she'd** been raised. I was able to move through the anger that I felt for her, to be able to just sit with her to listen to her story. In a way, it was how she **trusted** me with her story, that she could tell me how she felt unloved, that was the compassion I felt from her: her willingness to share her painful story with me.

I guess that happens with our clients. They come and share their painful stories and in a way, then, the compassion is mutual – me, as a therapist having compassion for my client and their story; the client, having compassion for **me** and their willingness to share that story. When I better understand another person's context, then I can feel compassion for them. This stands for me too. When I have a better understanding of my own context, my own narrative, then I can show more compassion for myself. When the client trusts me with her story, that has me with the sense that I'm trustable and to have somebody trust me makes me feel lovable.

**My** perspective is that I would have had a very hard time to feel any compassion for my mom and my dad if I hadn't felt it for **me**. At the time, I think I was looking for somebody to come and **save** me, to put their arms around me and say I was going to be okay. I still really couldn't count on my mom and dad to do that because they had so much of their own stuff. I could feel more compassion for them than they could feel for me. So I felt sorrow for them, and this is where I needed to get to therapy because I still could not trust that they could be there for **me** to show me how much they felt for me and my pain. See, that's a big part of compassion: to **feel** another person's pain without

believing that I have to fix it. Maybe that was happening for me. Maybe I wanted them to feel **my** pain and to fix it for me. Because they **couldn't** fix it for me, I needed to find the resources for myself, which I think is a good thing, too. As a therapist, I show self-compassion when I leave it to the client, when I trust that that person will find their own solution and their own way with me as a guide. I trust that spirit is present with me to help me trust in that process.

To show compassion for myself is my willingness to be open to the experience of the flow of energy between myself and another person: the flow of energy and also the flow of information, be that verbal or facial features. I think of my grandmother and me as a little girl. It was almost like a circular thing. She felt it for me and I could feel her love and compassion come toward me. I did the same. Now, where did it start? I don't know. It was mutual, almost like a circular flow of compassion. So self-compassion became possible when I was more open to accepting her compassion.

My self-compassion has evolved through emotional pain. I can remember as a teenager, probably about 15 years old, I would take my transistor radio and go walking in the evening and listen to the music. I would just walk and walk and walk and cry. I can remember saying to myself, *How am I going to make it through this?* because I felt so hurt. I think I almost intuitively knew that there was a purpose for me to be in the suffering, and it was the suffering that helped me to gain self-compassion and love. It was love that helped me to stay alive. It was like there was something worthwhile fighting for.

I see my development of self-compassion as being very much a developmental process. I would get a glimmer of it and then I would go down again. I'd get another glimmer of it... the glimmer with my grandmother... and then go back down again... and



then another little glimmer here with my dad's death and then go back down... and then another glimmer with my mom and then go back down. Metaphorically, it's been like riding a wave. To me, the development of self-compassion has also been like a remembering process. It is a vehicle to wholeness and oneness. Emotional pain is our cutting ourselves off from the divine connection. Compassion is like the joining again with Spirit, with Oneness, of coming back to the whole.

I'm at a point in my career right now where there's something going on for me that tells me that I need to be doing something more, something different like coming out of the office and touching more people. It's a challenge for me because a part of me goes, *Well, yeah, but I need to be making money and I need to be productive. I need to show something for what I'm doing.* And then another aspect goes, *No, no, no, just be with this experience of the uncertainty.* So how will I be with self-compassion in this tension? It's going back to reminding myself that as much as the tension may feel painful, it could be that this will be my ultimate development. I'm coming into a time of life now in my 60s where things change. So how will I develop my compassion now and be at a place of finding even more meaning and purpose in my life? What do I really want to be doing now?

There's something bubbling up for me around freedom and wisdom... When I have compassion for myself, I do feel freer. I'm thinking back to Viktor Frankl and the concentration camps. I haven't had those dreams lately, but for a while, probably about three years ago, I was having a lot of dreams about being in a concentration camp and being trapped there. I'm not having them now, so it could be that I'm moving out of that trapped place. I feel a need to continue developing my self-compassion because it's

freeing and it also gives me the wisdom – not only gives me wisdom, but also confirms for me the wisdom that I've had for a long time. I believe I've been a very wise person for a very long time and just want to have the freedom to express that verbally in my actions and even just in my presence. So, when I am compassionate with myself, I am free. I'm free to be wise.

## **Taath**

I've come to a point in my life where I realize that I can't be perfect: it's extremely exhausting and it will completely kill me. I've always been hard on myself. I've always been a real perfectionist and I know that I can't be that way in my job or at home because it's just unrealistic.

When I became a mother, I first really realized that I needed to take care of myself to really take care of my child. It reminds me of what airplane attendants say in emergency demonstrations about when the gas masks drop: You always need to put on your own mask first before helping to put them on others. I truly, truly believe that. There have been times when I've gone home after a really difficult day and my husband's out taking my child for a walk. I feel guilty and don't feel like a good mom. However, I need to eat and I'm exhausted, so I've realized it's better to take those 45 minutes for me so that when he comes home, I can be fully there for my child. This is what I've started to practise. As a mom, I can't be high strung and all wound up. I need to be taking care of me. And I think self-compassion is important not just for me, but also because I know how I'm feeling impacts other people. How I'm feeling impacts my family, as well as my work colleagues.

A few years ago I moved back to Northern BC, where I did my schooling, to teach and to counsel. During the first semester of this last school year, I taught a course that I hadn't taught before. It was a lot of prep and because it took up so much of my time, I was just go, go, go. I didn't have quality time to spend with my colleague, and I know that she had a difficult semester as well. I know how I was feeling has impacted a lot of people and my relationships at work. I've also seen what happens to colleagues when they

don't take care of themselves physically and emotionally. If I want to help them, then I need to make sure I'm taking care of me. I've also seen counsellors who are just so selfless that they burn out, and then they become resentful, and I don't want that to be me.

When I think about self-compassion, I think in terms of self-care and self-validation. I very much come from that behavioural stream and would say that I have paid a lot of attention to the self-care component. What are the things I can do? I look at what's going on with my sleeping because I know that if I stay up until 2 a.m. prepping for a lecture, I'll be dragging myself through the next day. I look at how to tweak my exercise and just get in maybe one extra walk per week. If I'm up to two coffees a day, I know something is not right and I need to be taking better care of myself. I look at all those lifestyle areas. Sometimes it means clearing out my schedule to make time for myself, and when I still feel a bit bad, consciously evaluating and weighing out my decisions. *Are the scheduled clients high-risk? No, so do they need to come in? Probably not, they will make it without me.* It's a conscious and very cognitive act for me. I'm working on it. I wouldn't say I'm very self-compassionate. I'm still growing in this way.

Even before I'm practising self-compassion in the workplace, I need to be practising it personally. I like to think of the body as a well-oiled machine. It's all about keeping the fluids in, so even if your car still runs on empty, it runs better when you've got the fluids in there. So it's about making sure that I'm feeding and resting my body. Sometimes it's unfortunate that I need to see those warning signs before I actually actively do it. I like to think that I'm seeing those signs earlier now, so not to say that it's always intervention and there's no prevention. And I think self-compassion's a different way of operating and

looking at life, and I think that it's something that I'm growing into. Self-validation is newer, something that I am still working on.

At my workplace, we work closely as a team. We work best when we're consulting, giving feedback and really supporting each other. There's been research that has shown that people stay in their jobs longer not for money or prestige, but when they enjoy the social environment. I 100% believe that. My co-workers do work at creating a healthy social environment because we have to take care of ourselves in this field. Some of our clients don't tell us thank you. Some of them don't tell us why they're not coming back. So I find we have to give that to each other because we don't always get that feedback from our clients.

I think it's about really taking care of one another and appreciating and accepting each other's differences. My colleague and I were supposed to do a training session on the Myers-Briggs Personality Types. Even by just going through the process, we could laugh about our own differences. She is very much an N type, and so she's big picture, very top-down. Since I've been working here with all of these N people, I've become way more S, and teaching brings out my S side. So I'm very much bottom-up, linear, sequential. She now knows where I'm coming from and I now know where she's coming from. I know it drives her crazy, but she'll sit back and give me the opportunity to lay things out sequentially. Then she'll laugh at me, but she gives me that space. I know she's the big picture and idea person so I give her that space, but then she knows afterwards that I need to take her ideas and say, "Okay, so we'll do ABC."

I think part of self-compassion in the workplace for me is about practising self-respect. The more respect I give myself, the more I find my colleagues respect me. It's

also about practising boundaries. My first year, I would take on any project or anything that came up. I personally organized a city-wide charity event while I was seeing clients, running groups and had just finished teaching a class. Now I've learned ways to gather my information before I commit to something. So I'm taking care of me by setting my boundaries, being realistic, respecting myself and my time, and being able to stand up to my co-workers assertively and say no when I need to. I find, too, the more that I give compassion, the more it comes back. I think that's just part of creating a healthy work environment.

We're a very small office and so when I know my colleague is having a hard day, it's about at minimum checking in and just seeing how she's doing. We're more than just colleagues. Although we don't spend a lot of time together outside of the workplace, we do go out. This weekend, we're having a party to say good-bye to our practicum students. I find the more that I give, then the better a mind space my colleague or the rest of the team will be in. And then, the happier they'll be, the more they'll be feeling supported, and then the more they'll give back. I know it almost sounds too logical and that I'm too cognizant of it, but it just happens like this. I also found that when I did my MEd, the best part was the really strong connections with the faculty. They'd invite us to their dinners or to their projects. I think the bridging of the academics with the social was really important. In some ways, students really learn the value of staying connected and getting feedback because when you're out in practice, it's not always built in. You have to create that for yourself.

When it comes to clinical practice, self-compassion personally is recognizing that I can't be everything to everybody and that's okay. There are some sessions where I don't

connect and that's a very hard pill to swallow. Perhaps that client needs to be seeing somebody who comes from a different therapeutic approach or philosophical background or has a different personality from me. Although I've really learned that, it's still hard to accept. So I need to become a little bit more gentle with myself. I know not everybody's going to like me, but there's still that little piece of me that really wants that and I need to let go of it a little more. Not every session's going to be bang-on or the person won't be coming out with a Eureka moment every time, but it's really hard when somebody leaves and I'm doubting that we got anywhere or that we didn't have that full congruent connection. It's really hard not to beat up on myself. There are two people in session who need to work and I do 100%. I should not be working harder than the client. I really 100% believe that, but there are still those moments where I feel like, *Could I have done something different? Something more?* So I think I need to work on just being more accepting.

I worked the walk-in a couple of weeks ago. When a client left, I was thinking that we didn't have that real connection and they're probably not going to come back, even though there's not much that I could have or would have said or done a whole lot differently. In this kind of a situation, there's always so much that rushes through me really quickly and it's that battle between the head and the heart. *Well, maybe our personalities don't mesh. Or maybe they're not ready. Maybe it's because they know that I know somebody who's close to them because I'm in a small community.* It's really hard to take that step back and think through the situation logically. So I try to listen more to the head and try hard not to beat myself up, the very thing that we work so much with clients on, having them not "poo-poo" or "should" all over themselves. *I should have*

*done this. I should have done that.* And that “shoulding” all over yourself just doesn’t work.

The other thing is recognizing that I can’t fix everybody. I think so many of us go into the field thinking, *I’ve got all this background. I could fix these people.* To be honest, I went into this field thinking that way, but I think I learned quickly that I can’t save the world. In my first few jobs before my counselling degree, I worked in homeless shelters in downtown Ottawa with people with psychiatric and addictions challenges. So I learned very quickly. I think it was just about recognizing that we are all at different places in life and that success is measured very differently for every person. For some of the men that I was working with, success was that they didn’t drink for a weekend and that would be huge. Or success was that they didn’t spend their whole cheque in one day. I think that started to help me to break down my perfectionist tendencies because I realized that there are so many different people in so many different places in life that I didn’t need to be in this ideal way.

I know I need to practise what I preach in counselling sessions. Not that I preach, but when I’m encouraging a client to let go of perfectionism and to be perfectly imperfect, then I feel like I need to be doing that personally. I also know that I can’t be fully present for a client if I’m not taking care of myself. So sometimes I find that when I’m really tired, the empathy just oozes out. It’s almost like the defences are down a little. Then, there’s always that risk of not maintaining those boundaries. Am I having a good therapeutic relationship here or am I taking on too much of their stuff? So it’s making sure that I’m taking care of me so that I can be in a healthy place where I can be congruent, not having any of that countertransference stuff happening in a session. I want



to help a client fully, pick up on the nuances and be cognizant. I think it's about the therapeutic relationship. It's about how I practise. It's about being a good role model. It's about not being a hypocrite.

I think, too, when certain self-care strategies work for me, then I can throw those ideas out there to clients as one more idea. If we're brainstorming, I can use some self-disclosure and share what I've tried. I don't give them all the gory details behind why I've tried it. They don't need all the background story, but I'll say, for example, "In my experience, I had consulted with a naturopath about vitamins and supplements and maybe that's something that might work for you. What do you think?" And so I think not only does it help me personally, but then it gives me experience to share with the client. I truly think that if you don't really believe in something, you can't sell it. You have to 100% believe in it.

Last summer, for the first time, I was part of an annual women's event. It happens along the river. I facilitated a workshop. First off, going away from my family for a weekend was a big step for me because of all the guilt that I find so many women feel when they have kids and are away from home. But I knew it was good for me and it was a really fantastic experience. That's when I started practising more of the meditation and I started adding more of the morning walks and being more in nature. That little catalyst got me jump-started into a healthier routine and I think that's what sustained me through that first really stressful semester.

Since I've moved to Northern BC, over these last few years, I've focused on my self-care plan in terms of how I physically try to take care of myself so that I'm mentally and emotionally healthy. I've also worked on my inner self-talk. The women's event really

sparked in me more of a spiritual exploration. It's only through my experience of doing more of that personal inner spiritual self-reflection that the whole practice of self-compassion has really come out. It's so hard to put into words to explain it, but I just find I've gained a whole different perspective on all of those things that I've already known and have been doing.

When I hear the term *self-compassion*, my impression is it comes more from the humanistic strain of things, because it's really not a cognitive-behavioural concept. When you're talking about meaning, the more personal inner spiritual side of things, you might talk about self-compassion. I just feel like maybe that was the one piece that wasn't fully there for me earlier in my practice. So I think now that spirituality is more of a focus for me, perhaps that's where my whole real drive for self-compassion is really starting to come out, more so than just through the self-care.

It's only over these last few years that I've really seen the importance of spirituality, and then just recently that I've really started to practise it. I've started to do things that have been helping to feed that other side of me that maybe wasn't being fed as much in the past. I've been more open to talk to people about their religious perspectives and to talk about spirituality in session. Personally I subscribe to a new magazine, *Taathastu*, that is all about Eastern philosophy, medicine and holistic practice. I also started to practise meditation. I find the more I self-reflect and the more I practise self-compassion, then the easier it is to start to bring spirituality into session. The more comfortable I am with my own spirituality, then the easier it is to be comfortable with somebody else's and to be okay with that person talking about it. That's a component of counselling that I know I didn't get very much training in. We talked about self-compassion in the context

of self-care, but we were never really given ways to practise it, in the same way that when you're in school and they say, "Self-care, self-care, self-care," but they don't build it into the curriculum.

Maybe what I'm saying is it could be a good thing to move a little more away from the research focus and see value in the spiritual, recognizing that maybe we can't always quantify or measure. Maybe we could incorporate more of the Eastern philosophies in the training. There are tons of workshops out there that I didn't even know about until I picked up this new magazine and I'm thinking, instead of sending all of our students to solution-oriented training and choice theory and CBT training, what about some of these other spirituality and meditation workshops? I know you can't take somebody who's high risk and go right into the spiritual side of things. You always start where the person's at and go through Maslow's hierarchy. I think you could insert spirituality along that hierarchy, but I think the real work would come higher up. It's just over these last few years that I've really started to look at this and to become more aware.

Something that I need to keep reminding myself is that it is a journey and it doesn't happen overnight. I'm not going to wake up tomorrow and love everything about myself, whether it's good or bad. A big part of where I'm at is recognizing that true self-compassion is a whole different way of being. It's not just those little things that you do; it's who you are. It's a part of your lifestyle and your belief system. I've slowly started to grow in this way, and maybe I just need to be gentler on myself and recognize it's a process. And it's happening.

## **Self-compassion**

This narrative starts as it does, with a trigger, counter-transference, my own pain evoked by my client's pain: a time to stop again and look, confront my own history as a 'wounded healer', responsible to do for myself what I ask of clients. And what they have taught me is that the expressive arts provide a powerful medium for processing and releasing this pain. Art requires that I let go of critical mind. And doing this helps me bypass the endless loops of old meanings, cognitive distortions, Foucault's 'internalized eye' (White & Epston, 1990). Visual-sensory-kinaesthetic forms of expression allow me to feel fear, pain, loss, and also soothing, to express, externalise, and re-synthesize the iconic fragments of abuse, and to experience new ways of being.

**This is the ground.** I grew up with violence, screaming, abuse: beaten, raped, terrorized, locked out again and again; trying to make it stop. Over the years, I have worked and re-worked these experiences: writing poems, dancing, journaling, researching, talking, and finally using paint, pastels, chalk, charcoal, and clay. Each time, thinking I was done, over it... Instead there have been layers, reaching back in time, in development, piece by piece. Along the way, I have received amazing gifts, transformative shifts in perspective, but through-out, there has always been a deep resistance to self-nurturing, self-compassion. I have lists and lists of self-care tasks, goals, plans, marked by year and place, quickly forgotten. And then this research question caught my attention in the middle of another step in the journey from witnessing and experiencing abuse, to developing an inner observer, to becoming a compassionate witness for others, to

actualising self-compassion, a reconnection with self, spirit, body, joy, creativity, the universe.

And so, this last time, the triggers came piling up against each together: an anniversary of the loss of all contact with my adoptive parents; a client, who after ‘multiple placements’ and a deep distrust of attachment figures, is threatened with the loss of his younger, more pleasing brother and his foster-to-adopt parents; while in my home, a young man sweeps through my house in a rage, puts his foot through my locked bedroom door. I cannot eat, start having flashbacks - my wrists held, hands grabbing me from behind. I have to go to counselling, again, but this time, I also choose to find a practitioner of body work. For me, these experiences trigger the bruised door locked against me, the howling emptiness of space: traumatic loss / attachment. I need a way to access early non-verbal experiences.

I find a woman who practices Healing Touch and Reichi. During the first session, she tells me that this is a cleansing, tells me to allow the negative energy to go, without hanging onto it. I feel intense heat from her hands. Water streams from my eyes. She pulls and flicks thin snakes of energy onto the floor. I feel an intense longing to go home, far away from the world as I know it. Afterwards, she gives me Himalayan salt for a bath, instructs me to drink lots of water. I sit in my car, drive, take the phone jack out of the wall, drink lots of water, and paint all weekend. I want to know what is being released.

**The research question (a): How have you developed self-compassion?** How I have developed self-compassion cannot be told only with words. At the same time, I am not an

artist, cannot grasp perspective, have to make do with accidents, splatter, a rolling brush, the print of a cloth, of my hand, fingers. Images come up from the creases in the page, the texture of paper, a shadow of paint. The paint rag is my most beautiful creation, soft with flowers of blue, rose, purple. I amplify, wonder, and finally play. How is the balance of meaning between thoughts, words, and images - experience.

**Illustration 1: Exhaustion, Self-Portrait**



These are my nightmares being released. Journaling afterwards, I begin to think about all of my familiar-estranged children: the unwanted baby crying soundlessly in the dark, unable to eat or accept comfort; the toddler with fat legs stuffed into tights, short white dresses, unwitting prey; the dutiful daughter, helpless to please, doing what she is told, smiling; the worthless daughter, “thank god you’re not our child”; the outsider living out





This collage started on a Sunday morning and lasted for 12 hours; quiet, no one around, in the zone, drinking water. I had several National Geographic magazines going back to the 60's, a few old newspapers, flyers. What could I find? Pictures of little girls in dresses. An angry father. Silenced. A false goddess. Silenced. A red hand. An army, a child soldier. The unwilling and the damaged brides, my mothers. An infant in an incubator. Hands, skulls, bones, parts of babies. A girl holding her baby sister away from the edge of the grave. A young girl, dressed as a bride, covered in snakes. A man emerging from a swamp, pulling up his pants. A girl lost in a graveyard. My nightmare bedroom with bars. The desecration of earth. A sea of garbage. A broken doll. The mummified mother reaching beyond death to find me still the dutiful daughter. The many attempts to escape. A bitter mask, demon fire, smoke, self-hate. The laughing wink of the goddess, she holds her belly: the wind, sea, sand, and sky follow the same pattern inside me, inside my bones and cells, home.

Stepping back from this collage, where it hangs on the wall safely beyond the reach of kittens, it becomes clear that this journey is not just mine; it comes from a global culture of war, cruelty, and disconnection. It is a layering of photographic images selected from a world in which people and nature are desecrated, thrown away, a world beyond me, beyond individual histories.



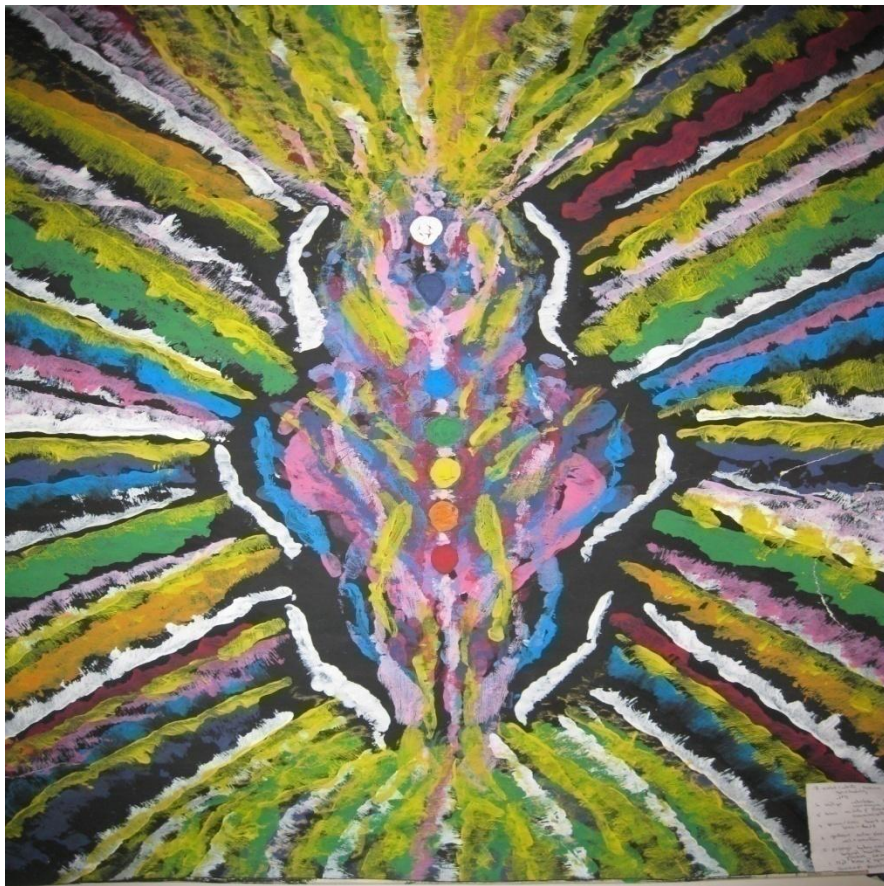
### Illustration 3. Compassionate Witness



It occurs to me that there has also always been a part of me that watched, observed the violence, knew it was wrong. I have painted a square of cardboard pure black, deep, rich, black layers. I don't know what I am going to do with it. The blackness is enough. When I look at it the next day, I see an image in the shadows of paint, this time of a man, spirit guide. I do not give him hands. Instead, I fill in the spaces I see with the colours of his

robe, feathers, wing, a waterfall bathing the earth. He stands in the fire of spirit, holds me within himself, accepted and unconditionally cherished, as he is held in the cupped hands of a greater compassion and wisdom. I imagine that he has seen my whole life so far. He has always been the compassionate observer that is at once part of me and also something beyond what I can know.

#### **Illustration 4. Radiance**



The meaning is in the doing of this piece. I sit at the kitchen table, in front of a large black-painted square of paper. I cannot draw. I paint the sides of my hands in white tempura, from finger tip to wrist and mark the outline of a baby. I imagine that I am able, like the body healer at least in my heart and mind, to transmit love through my hands.

And so I do, painting and printing with my hands all the colours of healing. I hold the space where the baby would be and imagine all the love and warmth of healing touch flowing through my hands to the baby, who back in time and yet also now, is me. This energy comes through me, compassion, love, the connection between spirit and body, creativity, and joy. I use the paint brush dipped into each bottle of colour and roll it across the page; these are lines of energy, light, colour, radiating outwards, connecting the infant self to earth and to spirit. The colour key is encoded in the baby's chakras: red, orange, yellow, green, blue, purple, white. Over all, I spread a thin dusting of golden chalk pastel: compassion. I want to keep this image close to me, make business cards, keep it in my wallet, carry it everywhere: 'do not forget that you are a child of the goddess'.

**The research question (b): How do you practise self compassion at work?** My experience of self-compassion has been about connecting, about integrating and connecting past experiences in the here and now of mind, body, emotion, and spirit. After making the last image, I go to work overflowing with joy, creativity, energy, connected to the part of myself that is kind and empathetic, recognising and connecting without expectation, to beauty and kindness in others. There is a greater openness in me - to reach out and receive what attracts me, what feeds me: colour, texture, shape, music, good food, flowers. A colleague eventually remarks that my office is "sure different" than it used to be.

In the months since doing the body work and art work processing together, I have continued to use art on my own, to work with clay, paint, and collage, to learn felting and

Reichi: this work grounds and nurtures me. I can feel it in my body. I am more relaxed at home and at work. I am taking risks, starting an art therapy group at a residential treatment centre for men, a population seemingly far removed from the children and mothers with whom I have always worked. And all along the way, I keep finding people who bring me gifts to share: essential oils, clay, wool, art supplies, and research questions. These gifts become part of what I offer to my clients in their process, their journey, with respect and compassion.

**Coda.** It seems in retrospect that the experience of self-compassion opens up a connection to creativity and spirit that can then infuse the therapeutic interaction. I believe that it is from each person's own creativity that change happens, that people's understanding of themselves and the world, their perception of what they get out of life, what they give to life, can all shift, that creative intelligence and our capacity for connection are the gifts that heal and enrich our lives. My role is to gently hold space for my client, to create an environment that facilitates rapport and connection on all levels, to open the door for their creativity to emerge, strengthen. Within that gentle holding space, I am included as a compassionate witness for my clients and for myself. From a consciousness of compassion, I have almost an expanded kinaesthetic awareness of the therapy space itself, combined with a heightened awareness and acceptance of my client's strengths and weaknesses, their struggle, pain and resiliency. I also have a greater acceptance and therefore greater awareness of myself, my own reactions, mistakes, and unexpected gifts. I can more easily let go of my compulsion to fix, to impose my own agenda, to be perfect. When it works, there is an experience of intense aliveness within

the session that we each carry with us, out of the art room and back into our daily lives:  
an experience of valuing and respect, of joy and connection, attunement.

***Lw***

## Ellen

Before my training to become a therapist, I would say that I didn't have much of an experience of self-compassion, nor did I feel like I needed it. It was just a theoretical concept. Self-acceptance, sure – in times when I couldn't do something, it would be okay. And it isn't as though I wasn't forgiving of myself, either. Compassion, though, with that softness and gentle non-judgement was something that was not part of my lived experience to a very great extent.

I trained at Naropa University, which was first established as an institute in the mid-70s by a Buddhist monk with an aim to blend Eastern and Western philosophies. One of the requirements of the program in transpersonal psychology was the study and practice of meditation and developing presence. The meditation that we trained in was classic Vipassana meditation, and really, the two aims of that kind of meditation are to develop compassion and insight. So how do you go after compassion? Or how do you go after insight as far as that goes? Well, through sitting meditation and through training the mind to be present with present experience. So the purpose of sitting meditation isn't just about doing it however many minutes every day on the cushion to develop compassion, but that this becomes spiritual practice. This becomes a way of life.

During my training, I remember choosing a few activities to be present with and to track to develop presence in everyday work. So I chose making the bed in the morning, making coffee, ironing and working on the computer. It was really interesting. A rule of mine is that my husband and I make the bed together. Well, he hates making the bed and he always complains. So being present with **that** when he complained was interesting, not trying to censor my thoughts and experience, but to observe them. So I could observe

my experience of irritation, and then sometimes my experience of humour. *Okay, time to make the bed. Get your complaints ready so we can have fun with it.*

The activity that really surprised me more than anything was ironing. I've always had the belief that work is something that you do as quickly as possible – efficiently though, not sloppily. Then you can relax. Much to my surprise, I could notice how present I was with the ironing. I would first notice the motion of the ironing; then, the appreciation of the way the shirt is constructed and the particular movement of the iron **with** the construction rather than against it; and then, the appreciation of my awareness of the people who had gathered the fibres for the garment and had made it. It gave me a real sense of non-separateness from so many different realms and the sense of all the other people across the world who were ironing at the same time as I was. Simply by being mindful with present experience, I developed a real sense of a connection and then compassion for others.

In learning how to cultivate compassion during the program, I had a very significant thing happen to me. I was taking a course on dream work and I had a dream in which my father, who died quite a number of years ago, appeared in the dream. At age 44, he died of amyotrophic lateral sclerosis (AMS). Within a year, he went from being an extremely healthy, vibrant man to not being able to swallow or walk. He wasn't in a great deal of pain, but he had a lot of difficulty getting around and died within about a year and a half after being diagnosed. In the dream, I was on a university campus and saw my father from a distance. He was walking across the campus, dressed in a suit. He was a farmer, but when he went out he proudly dressed. He was having such great difficulty walking. I could see the pain, the strain in his walking; he was walking to tell me something, and I

thought to myself that he had a big message to tell me. He had many layers of clothing on, and I think that there were many layers of meaning to what he was going to say. I just looked at him and was so moved by his willingness to make so much of an effort to come and tell me what he needed to say. I just had instant compassion. I selected this dream to write up for a course assignment, and after she read it, the instructor told me that she couldn't mark the paper because she thought that my experience had been a very special phenomenon, a visitation from beyond. I guess I never thought about it in terms of a visitation, but for her to recognize that was amazing to me. My dad is very special to me as he was to a number of people, and I believe that extraordinary things like that happen because the extraordinary can be ordinary and the ordinary can be extraordinary.

Another way I've learned compassion is through Tonglen, a Buddhist practice, in which one takes in the pain of others and gives out space or gift or comfort or compassion. It's not something that one can do lightly and I don't think that anybody should ever do it all by themselves, unless they have been trained. I breathe in any pain or discomfort that I have, and then just breathe out anything: a hug or the sunshine or even something tangible like looking at a little flower or hearing a baby's laughter. This has been very useful in my practice and in everyday life.

The thing that seems paradoxical and is true (often truth is paradoxical) is that even in our meditation practice, we were taught very precise methodology. Sitting practice is precise. One comes to it with a very directive mind and there is precise posture, but in the doing of it, one is gentle. So if your mind is wandering, you don't whip yourself back in. You don't berate yourself. You just notice it. *Yes, mind wandering. Just let it go gently*



*and come back to the breath.* The concept is pretty concise, but the doing of sitting practice allows for gentleness. That was very important to me.

My meditation practice has become a way of life – not just an activity – that has been powerful for me in challenging times. When I was doing my field internship, I discovered that one of the main methods that the supervisors used for giving feedback was shame. It was just shocking, and I certainly had to depend on my presence and meditation practice to stay with present experience of feeling hurt and wounded, and even have compassion for the supervisors (which is also compassion for oneself). I had resources to be able to do it, including my practice of Tonglen, which made it easier for me. I considered reporting a particular supervisor, and I made the decision not to because she was going on to something else that did not involve supervision. I also wondered whether, in the end, it would make a difference and what kind of energies it would generate. I thought that it would be too hard for me. And, in fact, the shaming continued. Again, I had to be very present with my own experience, acknowledging emotions that I had. I just couldn't have done that without the training that I had had at Naropa.

After I finished my program, I had foot surgery and was on crutches for seven weeks. I was totally non-weight-bearing. I couldn't even put my foot down on the floor. It was very surprising to me how gentle I was with myself. The thing about me is when judgement will get out of the way, then my curiosity about the world and people and myself is just quite delightful. I remember being delighted at discovering how I could use whatever resources I had to do whatever I wanted to do, and without expectations. One time, I wanted to do my reading upstairs and take my yoghurt and hot coffee up there with me. My husband was away at a meeting. *So how am I going to get hot coffee and*

*yoghurt all the way up the stairs when I'm on crutches?* There were different ways, but I remember discovering the possibility of using a little shopping bag. I could put my yoghurt and hot coffee (with a lid on it) in the bag. By this time, I knew that I could get up and down the stairs really quite confidently on crutches. Just wondering *Okay, how can I do this?* and discovering how I could put resources together was delightful. When those expectations could get out of the way, it was so easy to have self-compassion. I would say, from my experience, curiosity was a part of my compassion for myself. Some other elements of compassion were non-judgment and not having predefined expectations, gentleness and beginner's mind. And absolutely mindfulness – that is, presence with present experience.

I don't really separate compassion for myself and compassion for clients because if I am absolutely present with clients and in that place of being present offer non-judgement and compassion, then there is no separation between them and me. And in offering them compassion, I'm offering myself compassion. In a session, I am witnessing and holding that space for my clients to be with their pain and I am present with that. That's all. I can't do more; I can't do less. And then, at the end of the day when my sessions are over and I go home, I've done all there is to do because I've been present with **them**, witnessed their experience and held the space for them to be in their experience. So there isn't anything left to do. It's very energizing for me to practise in the way that I do. The other day, I got home late from travelling. I started early the next day with clients and finished at 8:30 in the evening, with a 1-hour break. I just felt so **high**, so **energized**. To practise in this way is to practise "in-relation" – to be present with my own experience and with the experience of other. It is so beautiful.

When life gets busier and I don't do my formal meditation practice as much as I would like, it can make a difference in the sense that I'm not necessarily as present with others, including my clients. At times I find myself being more judgmental and less compassionate. I might question whether I should have done something differently or better. Then I shut down, and that affects how I practise. I am judging. I'm not as confident. I haven't been open to what's working for them. I'm doing it my head, rather than in my whole being. I'm getting lost in thoughts again, instead of what is a true experience.

I have one fairly longstanding client who's gone through an unbelievable amount of trauma. She talks a lot because she is more comfortable with that. She would come into my office and just cry and cry and talk and talk and cry and talk. There was a period of time when sessions were really difficult for me, and I almost told her I couldn't work with her as a client. I use experiential therapeutic approaches in my counselling practice and my thinking was that if I'm trained in the way that I am, then shouldn't we be able to be making progress more quickly? And then, we reached a point where she could come into her body a bit, come into present experience in all of the ways that we organize besides thought, emotions, but also sensation and somatic experience. We did bits of work and would weave them together. I remember one day we did something on boundaries. What an epiphany for her to experience what it was like to create a boundary. A few sessions after that, she really stood her ground with her mother on something and it was quite freeing for her. What I learned is that our **entire** sessions don't necessarily have to be mindful of somatic experience. For me, it was also about recognizing the expectations that I had for myself as a therapist, as well as for her. With this client, it

seemed as though she just probably needed to have some connection with another woman who met her on a person-to-person level.

If I could recommend one thing to counsellor training, that would be meditation. Now it's inordinately simple and inordinately difficult at the same time. It's very difficult to teach oneself to be able to meditate, though I'm sure it can be done. So I think to do the practice with others, to be able to learn it from someone else and to have someone to hold that space is really important. When I have meditation practice and classes for others, that's very powerful for me. Meditation can also be a tool for clients. Some clients are amenable to it, and some think it's good in theory and isn't necessary.

I believe that meditation teaches us all a way that allows us to be in the physical world in a spiritual way, because I believe that we are spiritual beings. I continue to practise meditation and go on meditation retreats whenever I can. There are also some pretty amazing readings about this practice that are thousands of years old; they have a very powerful impact on me at every level and reflect in my personal practice. Vipassana meditation is not the kind of meditation where you're removing yourself from life. In fact, one of the things that we were taught during my training was to meditate with our eyes open. It was very strange for me at first because I always meditated with my eyes closed. I realized that if your presence is a resource for every day living, well, you can't go around with your eyes closed – then, you're removing yourself from the world. To be present with experience means to be present, not absent, with life.

## Little One

I'm going to be really honest. For **me**, self-compassion has been something that's developed over my lifetime from pretty much adolescence on and, at one point in my life, self-compassion is the thing that has kept me alive, quite literally. Without being able to learn how to care for myself and how to love myself, I probably would have committed suicide in my 30s. So it certainly is a big important part of life for me in just that bold-faced kind of way. It's not that I haven't had a lot of compassion in my life, but I've had enough hurts and abuse that they sort of cancelled each other out. I think the biggest thing that was missing in **my** life was understanding.

It goes back into my childhood. My dad was quite violent and abusive, although you wouldn't get that from my mom. She'd sort of look at me and say, "No, no, no, that never happened." I know I was a somewhat difficult child to handle and he didn't do well with that. You know, he very much played the power parent and so there were a lot of spankings and hittings and yellings and things like that. So there wasn't a lot of compassion or understanding. My mom loved me dearly, she still loves me dearly, but she also doesn't get me.

So as I came out of adolescence and into adulthood, I had to figure out for myself, *How come these people are this way with me?* For a long time, I thought it was because there was something wrong with me. That's the message that parents often give their children when they're difficult and they don't quite understand them and know how to parent them. So I took that away into my adulthood and struggled with it for a long time until I could learn self-compassion – that I really **am** okay and that it's okay that they didn't get me, as long as I could get **myself**, understand **myself** and take care of **myself**.

In my 20s and early 30s, I had very little to do with my family. If I spoke to my mom on the phone every couple of weeks and went over for family functions like birthdays and Christmas and Easter, that was enough for me. I had a whole other life that they knew very little about and a whole set of friends. I'm the first of my generation of children from my extended family to go to university. That's where I met a whole different group and started learning about self-care and self-compassion. In fact it was my roommate who said to me, "Maybe you want to go get yourself a therapist and have somebody to talk about some of this stuff and figure some of it out." So I did.

The other big part during my adolescence, by the time I was 16 or 17 years old, was that I definitely felt like the black sheep in my family (although there were only two kids in a family of four). I started looking at religion in high school. I was raised quasi-Lutheran or Christian, though we never did go to church much. I've also been a born-again Christian. I joined the Catholic Church in my early to mid-20s and spent a couple of years training to be a nun. So I went to university, then I went to the convent. I met different pockets of people for whom part of their life's practice was self-compassion. I learned meditation in the convent. I learned contemplation.

I went to a whole other series of therapy there. They did psychological assessments and stuff like that. The novice mistress who was in charge of me was the **spitting** image of my dad emotionally. (They have really good names. I was a novice and she was my mistress.) One day, she looked at me and she said, "You have real problems. I'm sending you back to the psychologist for you to solve your problems with authority." When I got to the psychologist who had done the psychological testing, he basically looked at me and said, "Well, **I'm** not going to tell her what we talk about here so we can talk about

anything you want.” I’d seen the counsellor before, and kind of let it lie for a couple of years, and then saw the psychologist for a few months and talked about all kinds of other things.

So life’s experiences just kept presenting me with opportunities to learn compassion for myself. Now I’m not a Catholic and I’m not a born-again Christian. I’m just a spiritual person and it’s part of my life to be self-reflective and to know when I need to take space and just be quiet. I’m an introvert. I do what I need to do to take care of myself and to make sure that I feel good about what I’m doing and who I am and how I am in this world. One of the blessings for me is that when I was with the nuns, I ended up going to theological college for two years with them. So I haven’t just been to university and taken courses on how the brain works and how all the theories go. I’ve been to a place where spirituality **is** what you’re studying and what you’re talking about: where it’s come from, what its roots are and what it means when we went to attribute a saying to Jesus like, “Turn the other cheek.” What does that **really** mean in life and what was he **really** saying? You know, it would be **really great** to have as a Master’s or even PhD program just that spiritual component. It could be Buddhist, it could be whatever you would want it to be, but to teach people the practice of meditation, self-reflection in a larger sense than just the clinical and the theories on how psychology works.

Last fall I went to Dr. Gilbert’s two-day workshop on Compassionate-Focused Therapy. He’s a psychologist and professor from Derby, England. It was really interesting to think about a compassionate approach to therapy and what self-compassion or self-care is. Really, if you can’t be gentle, kind, self-forgiving and accepting of your own limitations, then it’s a difficult thing to do in therapy with other people. Right? So

those are the key words for me in terms of self-compassion. Without those big heavy-duty expectations of **perfection** and being **right** all the time and having everybody **like** you, I think self-compassion is a little bit about just knowing yourself and enlightenment, and with that, acceptance and not really needing anybody else to think that you're a nice person.

Well, I just recently have read and am re-reading the *Four Agreements* by Ruiz. I'm not sure I like so much the language that he writes in, but ... "Be impeccable with your word. Don't take things personally. Don't make assumptions. Always do your best." ... I would venture without giving it lots **more** thought that **those** are components of self-compassion because it's really about letting yourself off the societal, cultural hook of who it is you're supposed to be and how you're supposed to be. I mean, I am who I am and I do things the way I do them. Could I improve? Of course I can. You know, I **always** do my best. I always try to do my best, but at the end of the day, the only one who has to like what I've done and feel good about what I've done during the course of my day and interactions with other people is **me**. Because if I'm paying enough attention to notice that I'm not being the person I want to be, the kind and gentle person in therapy, then they're going to notice and it's going to have an impact on their lives.

What's so important about having self-compassion? Three words: Avoidance of burnout. I have been working at community services for almost seven years now with families, mainly families in crisis. A lot of the families are either going to have their children removed or have had their children removed, and they're not necessarily compliant. They're difficult sometimes because they don't think they've done anything wrong and often I get called a social worker, which I'm not. So, if in that mix you can't



take care of yourself and you don't have good boundaries, you will burn out very quickly. We have a team here of five or six of us and we always marvel at the turnover rate. I'm one of the shortest-term people here because the staff is a little bit older and a couple of people have retired. We've actually brought new people in because we love the work and because we take care of ourselves and each other.

We have a staff meeting every Tuesday morning for three hours and about half of that time is spent having, I have to say **fun** (although that's not seriously what it's about). We talk about ourselves. We talk about our struggles with our clients. We listen to each other. We give each other ideas and support. We get to know each other. We feel connected to each other. Two or three times a year, there'll be conflicts for the big meeting room that we use for our staff meeting and we **never** have a problem going over to somebody's house for our meeting because it's far too important. We never cancel the staff meeting and it just makes that connection stronger. You know you're loved and cared for and you're accepted and that you're doing a good job. We like spending time together. It's a really good connection. Self-compassion and self-care in work are **vital**.

The other big part of that is supervision. I have a really good supervisor. (I call her the boss; she hates it.) In the case of this kind of work, every once in a while there are people who want to take a pot shot at you and so they phone up your supervisor and they complain. She is **so** supportive. She listens to **them** and then she comes back to **me** and asks, "Tell me about this." She's really open and she listens, "Yeah, I didn't think you would do stuff like that, that's not who you are in my eyes." Then she takes care of it. She goes, "Well, don't worry. I'll handle their complaint and we'll set them straight and

it'll be okay. You just keep doing the good work you're doing." So it's hard **not** to have self-compassion when you've got a model like that around.

As far as I'm concerned, one of the **hugest** holes in the ground for counsellors and therapists is we don't take care of ourselves. We (and particularly women) take care of everybody else in this profession. It's that whole nurturing part of us that just wants to respond and wants to take care of and wants to help. You can get sucked into that little vortex **really** quickly, and then not find your way out if you don't have a number of strategies in place... *How am I going to manage the stress of this? How am I going to make sure that I take care of myself, too?* And you have to come that realization that nobody in this world is going to take care of you. You **have** to take care of yourself. In this job, the fundamental truth is clients aren't going to take care of you. They could care **less**. I mean, they could so totally care less about you and your life. It's not about **you**. It's about **them**.

It's nice when you land, like I did, in a really nice job where everybody's a good team-building and supporting kind of community that's full of care and compassion. It really, really helps, but I feel like I could work just about anywhere because I've learned how to take care of myself. I know that my self-care isn't reliant on anyone else... except maybe my wife. And when I'm not doing it, I go home and she tells me, "You know what? You're looking really stressed and you're not sleeping, so smarten up because when you come home, I need you home and not worrying about stuff from work."

So when you spend seven hours a day giving of yourself that way, you better have a balance somewhere. One of my favourite things to do in the summer is to sit in my inflatable boat in the Georgia Strait because our property is on the water and watch the

seals come up and say hi. I make an excuse by having a fishing rod in my hand, but I don't even care if there's a hook on the end of it sometimes. I just want to sit out there and float. There are also days I go home and I just have all of this pent-up energy. I recently purchased a WiiFit. It's a video game, the one that they use in seniors' homes. It's a board and you can do yoga and all kinds of balancing games on it and stuff. I'll go home and whip that sucker out and turn it on for half an hour and just **burn** off some energy if I can't go for a big, long walk. I mean, that's what you need to do. Then you can close off the day and say, "Okay. Yeah, I'm done. I don't have to think about my clients anymore. I don't have to worry about them. They'll be okay till tomorrow."

I like being outside and I have a real affinity for nature. I live in a strata development that they put up around a bird sanctuary so I go for a walk around the property and take my puppy. I even vent every once in a while to my partner. Nothing ever confidential but, *You know, there's this craziness at work... Why do people do this to each other?* So physical activity to get stuff out coupled with quiet times. It's important for me to have this base to process what's going on in the day and not always so much from the client's perspective, but process what **I've** done. *Okay, we worked through this and I'm feeling like I'm taking them in this direction.* Then, I'll listen to my own intuition. *Is that good thing or not?* Then eventually I'll just get down to my own stuff, to be able to say, *When that person went to talk about this, I could feel some of the old stuff coming up.* You also really have to have a sense of humour and be able to laugh. When some of those clients want to complain about my work, I initially get angry, like anybody would. I just kind of go, *What?! What?! You want to complain now? After everything I've done?* Then I go

away and just start to chuckle to myself. I just don't take it personally. It's so ridiculous sometimes, you've got to laugh.

I'm doing my passion. I'm working in a job that resonates **so** much with who I am that it's really hard to divide out work from my other life. I'll pick up books that are important to me – that's another way I take care of myself and learn more about who I am. I also share them at work. When people start to talk about their childhood or what's going on in their life and they have those philosophical questions, then I can say, “Hey, you know, this is what I read that helped me in my journey.” I can give them a recommendation or I can talk about ideas with them. I listen to my colleagues on our team, and even at staff meetings and I'll challenge them to make sure that they take care of themselves. It's **hard** for a couple of them. They're younger and they're less experienced, and the one is like, “Oh! Oh! Oh! You mean, I **don't** have to be everything for everybody?” I just chuckle and say, “There's no way on earth you could be. Why would you set yourself up for that?” There aren't really clear-cut lines for me about what's work and what's life, and yet I'm not one of those over-functioning workaholics who takes their work home with them and thinks about my clients all the time. I love going home and not thinking about them. I think that's part of the self-compassion. It's such a subtle little thing.

For the last two or three months at our staff meetings, I noticed one of our team members always sitting kitty-corner to me. One day, she walked in, put her books down, looked at me and said, “I like sitting next to you. You have **good** energy.” I just sort of looked at her and thought, *Thank you*. And she said, “Yeah, I just noticed that. I'm always wanting to sit next to you in these meetings. You have such good energy.” I'm

like, *Wow*. I mean, she's got great energy herself. It sort of took me back. I just never thought I did that. That's one of those "keep living life" things – keep being open to learning new stuff about yourself. It's only been a couple of weeks since she said that, but I ran around with that idea in my head, like *Jeez, I have good energy. And people actually notice that I have good energy*. So it's kind of cool. Feels good.

There's the other side of the work. I work in a non-profit society and so there's a bureaucracy and a hierarchy, and every once in a while, I bump into the stuff that doesn't really work for me. And yet, these people are like **family** to me. A couple of years ago, my boss affectionately asked me if I was at all interested in staying with the organization and taking over **her** position when she retired. I went away and thought about it, so I didn't rush into making a decision. I came back and said, "Yeah, I'd **really** like to do that. It would be a really nice way to end my career. Then I could retire out of **this** agency and **this** work, having held that position and I think that'd be lovely."

So now, two years later, because of the development of the agency and human resources, they have decided that all jobs need to be posted externally, but I'm quite welcome to apply for the job when it comes up later this year. And I'm like, *Wait a minute!* It's like somebody (in this case inadvertently) hurting you. I think that's part of what compassion is about – the "do no harm" piece of life, which is be kind and gentle with others, but be kind and gentle with yourself. So I had to go away from **that** conversation a few weeks ago and, again, not take it personally. I mean, it's a bureaucracy. Many people work here in all kinds of programs, so they need to have a formalized structure. They need to have policies. They probably weren't thinking about this two years ago when my boss asked me, and they're not doing it on purpose to me.

It's just one of those things about life. I continued the dialogue with my boss about it and was able to say, "That's kind of disappointing for me" and was able to stand up for **myself** and **assert** myself without being aggressive. Then, she came back and gave me her own personal assurance that she'd go to bat for me no matter what. "Well, you know, you've got nothing to worry about. There's nobody out there who knows this job better than you." And **always** in my performance appraisals, it's been about the wonderful balance between paperwork and compassion that I have. I'd make a really good administrator.

That self-compassion, it's like taking care of myself and saying, "Well, no. I'm not just going to go away and be quiet about this. It's **not** right." If I were dealing with a client who reported **that** kind of incident in their life, I'd be telling them too, "You know what? You don't need to be aggressive about it. You don't have to be pushy or angry, but you need to stand up for yourself. You need to protect yourself. You need to let people know, particularly people that really care about you, that they hurt you. This is not okay. It will be okay and we'll talk about it and work it out." And that's what I ended up doing. That's part of self-compassion, because if you **don't** say those things, it works the opposite. You sit here at your desk working and in quiet moments think, *Gee, it's really not fair... They didn't grrrrrr!...* It festers away inside of you, rather than like now. I know what I'm looking at. Later on this year, I better get my résumé organized. I know what I've got to do and it's only because I was able to **say** something and to take care of **myself** and **my** needs.

It's kind of serendipitous. I've been lead down this path to be blessed enough to have learned self-compassion. I think the other thing I have on my side is I'm entering that last

stage of life as an older adult. I'm 51. I got this job when I was 43, going on 44. I started menopause about the same time, and so all that reflective stuff started coming up around *Where have I been? What have I done in my life?* This job has helped in terms of being with people and listening to their stories, and then reflecting on my own story. When working with parents, we're always talking about the developmental stages of kids... but all the books that have developmental stages also have adult stages and, you know, **older** adult stages, and so you just read all the way to the end of the book, right! Then you see yourself in there and you kind of go, *Okay, so this is where I'm at and this is what life's about now. Or at least that's what some people think it's about now.*

As I get older and if I'm lucky enough to get to be the program director next year, I want compassion and self-compassion to be an important part of our work and I want my team members to know that I support them in taking care of themselves just the way my boss has always done. You do what you need to do. You need to go on holidays or you need to take a break, you just take it. We'll figure out the rest. Make sure your caseload is balanced. Make sure you're not working too many hours. I mean, *You just took two really stressful clients last week. No, you don't get to take another one this week just 'cause we have a waitlist.* Finding that balance, and I think **balance**, once you've **learned** self-compassion, is the next biggest step. I want to say maintaining the balance, but that doesn't incorporate growth because there's still **room** for growth. There are still areas to **improve** on and to get better at self-compassion.

In a kind of backwards way, I think that as we get **older**, we need to work **harder** at being less rigid at being more open to life to just maintain that youthfulness. In the strata where I live, the average age has got to be 78 or 80 years old. We get together, have

meetings, talk about how we're going to handle things and stuff. And some of my neighbours make me crazy. To put it short. They just do. They have some really old ideas about life and how to live life. They're certainly not enlightened and they get angry really easily at things people do or say. They're quite reactive. I sure don't want to be like them as I get older. I don't want to go to that place where I'm stuck with, *This is how my life has been and this is who I am and there isn't anything different.* One of the most **dynamic** people in our complex is a woman who is about 88 or 89 years old. In the summer when it gets warm, she goes for a morning swim. She is vibrant and you can talk to her and she's up on the latest kind of technology, even though she doesn't want to be. I want to be like her. I just want to keep **living life.**

That's the self-compassion: keep engaging in life. Keep **growing.** Don't just stop and say, "Well, I'm old now. I don't have to do anything else." It's that old philosophy, "Life is a journey." There's no end point. There's no arriving anywhere. It's the **journey** and it's how you live the journey and it's what you do in the journey. And yes, the journey ends one day, but that's **that** end. While you're still breathing and alive, you keep going. You keep moving forward. You keep doing your best... and hoping to do better tomorrow.



## Jack

I came across an article in the newspaper, about 18 years ago, about a woman who had been morbidly obese and lost a lot of weight. I remember reading how her process of becoming a whole lot healthier had to do with looking upon herself with compassion. There was something really striking in way of embracing self-compassion. Those words just really arrested me. They really stopped me in the moment. The emotional quality of my experience was one of immense relief, like it's possible to be compassionate to oneself. This was good news. What I remember is that it also actually elicited in me a feeling of immense compassion for this woman, so it was like a letting go of judgement and just a warm and loving appreciation of her process – just big acceptance. I think that was the first time I had heard the term *self-compassion*. I opened up to the idea that it is a **really** important thing to be doing in life. Right around the same time, I left a meditation group that I was involved with. I became increasingly aware of really harmful elements of that group, and what it took for me to leave was to develop a greater sense of self, a greater sense of a positive healthy community (which I was developing at university) and a return to original important principles like kindness. In many respects, that was really a major life awakening for me.

Since then, self-compassion has developed in my life through reinforcement and positive effect, just standard behavioural principles. Why would I keep on pressing that lever to try to get that pellet? Because I've been positively reinforced along the way. One important way has been by having people show compassion towards me – and by that, I mean an awareness or understanding of whatever difficulty I might be experiencing, and at the same time, holding me as competent to work through it. It's like holding me not as

fragile, but as capable. As that's expressed to me in a **genuine** way, then it affords me the opportunity and opens me into the possibility of showing that same kind of compassion for myself. But I recognize that a necessary ingredient there is that I have to take in, genuinely take in the compassion of other people.

About 15 years ago, I was in a counsellor training program and the person who was leading it showed a **lot** of compassion towards me in my process of leaving that meditation group that I was involved with. Although I had left it a few years earlier, it was still very much in my psyche, and there were some traumatic things that had happened, some very abusive things. One of the things that she did was put me in touch with my strengths, including things like the experience of loving contact. She anchored me on either side of the traumatic event with my own resources, really grounding in my strengths **before** I had ever heard anything about that meditation group, and then my strengths in what was then **present**-day strengths. It was almost like the trauma itself was a moth hole that had eaten into the fabric of my life, and what she did was just weave strands back and forth across that moth hole. This all took place in a very short piece of work that we did together, let's say 45 minutes or an hour, but it certainly stayed with me. It was very freeing, very liberating. As compassion was shown to me and I was able to take it in, this paved the way for self-compassion.

I'm currently on leave from work because of a workplace circumstance of being subject to some pretty serious harassment and race-based discrimination. My wife has shown an immense amount of compassion towards me. The way that's shown up is that if I've needed a strong response from her about something that's gone on that's been egregious, then she's matched me with a strong response, not taken it stronger or made it

bigger. If I've needed something more gentle, she's certainly been there in a gentle way. If I've needed prodding and encouragement to take action in my own favour, then she's done that in a way that has felt very appropriate and non-intrusive – “You need to get out for a swim tonight” or something like that. I also had a colleague at work who really demonstrated a very great understanding of the experience that I'd been through, and then actually advocated on my behalf and took a risk in doing so. That was a big deal for me. Very moving. So there were a lot of qualities of genuineness, of speaking the truth, of not hiding from difficulties but facing them, and of faith, faith in my capacity to move forward with strength.

I've just spoken about others being compassionate to **me**; let's talk about me being compassionate to other people or experiencing compassion with other people. Perhaps by having that experience of my compassion landing in a meaningful way, that also inspires me towards self-compassion. If we're all interconnected, which I believe we are, we're all worthy of or deserving of compassion. So I think that the two (self-compassion, other-compassion) are just pretty much an interplay. I mean, if I'm being compassionate towards myself, I would **hope** that's going to result in good things for other sentient beings and non-sentient life forms, and for the planet. And if I'm being compassionate towards others, then I think that's an act of self-compassion because it certainly furthers me in my own growth. So I see a false distinction between compassion for self and compassion for others.

Being self-compassionate shows up as being not emotionally reactive to difficult circumstances. It starts with a mindfulness of my present experience, acceptance without judgment and curiosity. Over the past week or so, I've had some unpleasant, difficult

dreams related to the circumstances of my being off work and my pending return to work and what that's going to look like. They've been hard to tolerate and what I've noticed is that I haven't been intolerant with myself for the dreams. I haven't gotten freaked out by them. I haven't ignored them, so they're not just playing out dream-induced negative moods during the day. I'm more facing my dreams and recounting them as soon as I wake up, and then setting them aside, and then coming back to them when I'm a little bit more awake and alert. I'm just trying to make sense of them without judging.

Humour's important to me too, and not the kind of humour that's locker-room macho dismissive sort of humour, but really **validating** humour. The times when I can use humour, I definitely am aware of being compassionate with myself. For example, I've pretty much got two left thumbs, and when it comes to actually doing things with my hands, for many years I saw myself as being incompetent and had judgements of myself about that. I'd get frustrated with myself if I screwed something up. I wouldn't take on certain projects for fear of failure, but you can only escape IKEA for so long in life, I think. Eventually you're going to order something from them and you're going to put it together. For me it's usually backwards first and forwards second, even if I read the instructions. It's all well and good living alone and getting pissed off at myself, but when I got together with my wife, those little foibles became exposed in a more evident manner. So the upshot of it was that it became a family joke. Some of the learning has involved forgiving myself, being okay with making a mistake, and giving myself enough time to do it correctly.

I've actually discovered that I'm not quite as incompetent as I gave myself credit for, and often I can figure things out. I mean, I'm no rocket scientist, that's for sure, and so

part of it is accepting that that's not where my strengths lie. Otherwise, I'd probably be working in some similar field. Part of it is also **enjoying** the accomplishment of the thrill of getting it right! I really take pleasure in it. Now the joke is that I'll strut a little bit if I get it right (the strut is especially amusing if doing it right is a no-brainer). Prove you all wrong! When I'm being self-compassionate in my life, I'm noticing the harsh inner critic and just not going there. Humour helps me not to go there and it's also a result of not going there. It's both cause and effect.

In the greater context of counselling practice, if I'm operating from a basic principle of self-criticism, then I'm more likely to be judgemental towards others as well. I'm either going to be judging them as worse than me, or better than me, or the same as me. I'd be making some kind of comparison. It's very hard to be genuinely compassionate if we're wrapped up in our own judgements and thoughts about other people. If I am counselling someone and constantly criticizing myself or second-guessing myself because I don't have faith in my own capacity or ability, then that's going to be painful for me. So to that extent, it's the difference between wise self-critique versus the parataxically distorted playing-out of old tapes. So self-compassion would be more along the lines of a good rational debrief with myself or with a colleague versus self-critical automatic thoughts like *Oh, no! I can't believe what I said! I've probably completely destroyed their life. What have I done? I'm a **horrible** counsellor! **Bad** counsellor!* And I think that in the position of counselling, we get tested on that pretty much every day, I would say.

If I've made mistakes with my clients, then practising self-compassion would be facing those without self-judgement or without getting into the whole cycle of self-

condemnation, but with a willingness to learn and to improve myself. In the course of an individual session, if I'm experiencing countertransference, I think it's really important to have self-compassion in that moment because if I don't, then I'm just going to be reacting from countertransference. If I'm triggered by a client, if I'm feeling frustration or impatience or anger or fear, then self-compassion's going to play a really important role there in terms of beginning with mindfulness of my own emotions, and then just making wise choices based on what I notice from whatever emotions I'm experiencing.

In handling my current work circumstance, I've shown self-compassion by maintaining boundaries and through differentiation, so not taking on what's not mine. I've also developed a new language that is non-neutralizing and non-homogenizing. By this I mean, in times of interpersonal dissonance, we in the field of mental health often give the benefit of doubt to both parties and encourage dispute resolution models. This works well when both parties have proportionate responsibilities for the problems at hand, but it does not work well in circumstances of unilateral attack. When attacks are unilateral, the appropriate social response is just redress and accountability, to promote restitution for the offended and learning for the offender. In my particular circumstance, I've been clear about where harm was caused and what needs to happen to rectify it. I think at a different stage in my life, I wouldn't have stood up and faced this difficult circumstance. It would have been easier to slough things off, but self-compassion means speaking the truth and it also rolls into compassion for others. I think that what was done to me was really unethical and incorrect in many different ways, and my hope is that it won't happen to me again – but I'm also hopeful that it won't happen to anyone else, which is why I'm looking for accountability. So in **this** case, self-compassion is tough.

It's not an easy, gentle thing. It's really, really hard. I mean, it's hard to practise because the consequences of my behaviour are causing other people difficulty. However, I would actually say more accurately, the consequences of their **own** behaviour are causing people difficulty. I just happen to be not tolerating inappropriate and unethical behaviour.

What people have said to me is that, at best, I'm handling this situation by being very clear, respectful, and prudent. I'm not blaming other people, but I'm being exacting in my demanding accountability for mistakes that were made. So **that's** different for me, and I'm hoping that it continues and that I can keep my eye on that ball. I guess I have to believe that I'm behaving compassionately. I mean, I'm not here to hang anyone out to dry or to take advantage of people who are already feeling down because they've made mistakes. I'm just here asking for accountability – what went wrong, why did it go wrong, and what would be done differently in the future.

Maybe one of the overarching principles goes back to my quasi-Adlerian roots. One of the statements that Adlerians are fond of saying is, “Have the courage to be imperfect.” They used to sell it on bumper stickers at the school's bookstore. I think that another way of putting it is, “Have the courage to be self-compassionate because we **all** make mistakes.” It's like self-compassion is not about having a mistake-free life. It's about the attitude that we adopt in the face of the mistakes that we recognize that we've made and how we demonstrate accountability to ourselves when **we've** screwed up – and how we also ask for accountability from other people when **they've** screwed up. Yeah, if we're operating from **that** perspective, then mistakes are tolerable, mistakes are an opportunity for learning. Doesn't that just put us all on a better footing?

## JP

Prior to social work, I was a registered massage therapist. Self-care and boundaries became part and parcel of managing issues, which no one taught me. I learned about these through the school of hard knocks: by making some mistakes with people and by putting myself out far greater than the client on the massage table. I had suffered various injuries even before beginning my massage practice, while tree planting. I never thought they would impact my future career, but they certainly did, so I was never actually able to practise for any length of time as a full-time massage therapist.

I had to take off long stretches of time because of my injuries and overdoing it. Or I'd have to stand up in front of a water jet at the swimming pool in the hot tub and shove my arms right up into the jet and do cross-fibre manipulations on my own body, so I could function at work the next day. Limitations became something I began to become aware of, as well as expectations and how easy it is for me to create them. So the importance of self-care and self-compassion became obvious to me as opposed to the idea that I was made out of steel. How much do I really need to be doing after my day is done? What about my own life and taking care of myself? I had to let go of the idea of being the healer to the world.

I'd been a regular marijuana smoker and really bought into the whole "Tune in, turn on, drop out" lifestyle. I came from a reasonably "normal" family, but there were issues there, which probably promoted the escapism into drug use. I ended up getting married, having a child and having multiple injuries in a four-year period because there was just so much to do. I was also living "back to the land." I was working my peoples' bodies and my own body really hard, coming back to the rural lifestyle, living on one of the small



islands in the Gulf Islands. I was having to dig ditches and cut firewood and fix-this and fix-that and do water supply stuff – so, again, this idea of “I’m Superman.” When the injuries hit me, it was a great learning because here I was, unable to bring in the income for the family. I was at a point where I couldn’t use both of my arms for about four months. It was incredibly humbling. I had to accept the fact that I was a human being. I was not necessarily only a to-doer; I needed to experience the world of being.

At around the same time and near the end of the marriage, I was emotionally crashing from the marijuana use, the oncoming depression and the inability to function as a 35-year-old adult. Yes, I could handle the fact that if I couldn’t work anymore, then I could adjust to that, but there was certainly major deficit in other areas of my life. Through the process of mental health counselling, I found out that marijuana wasn’t helpful for my depression. Maybe I should stop. Maybe that’s why I’m depressed. The recovery from drug abuse and the hippie lifestyle: that was another huge turning point in my life in developing compassion for myself.

I had time to raise my daughter because I was a stay-at-home dad by that point. My wife at the time was trying to earn some income and, fortunately, I had purchased a disability program so we had minimal income. As a male, my primary role was to provide for the family, but if I couldn’t do that, who was I? Well, I realized that I had a lot of other things to offer. So this experience has been very helpful for me all throughout my career because I work with men who are injured and have lost their sense of identity. We are more than just simply the pay cheque. I believe I can transfer that self-compassion and help someone explore that we are more than just simply a “mother providing for” and a “father providing for,” a male and a female doing these various roles

that society seems to say is your purpose and identity, and other ways of contributing aren't as important. This understanding also seems to have expanded my sense of human beings and myself.

So all the way through twenty-odd years of massage therapy, my real life practice actually supported me to go back to school to get a degree in social work, and then a Master's in counselling psychology. Things slowly fell into place with age and experience. Even when I was dope smoking and impervious to the reality of the world, I was involved with various self-help programs and complex training and reading various books, trying to figure out what was the purpose of my life. Later on, as I was rebuilding my life after stopping drugs, lots of those ideas and reality teachings came back, and I was able to slow my life down, apply myself and be more self-investigative. Slowly I developed a less harmful way of treating myself than the self-flagellation that I'd certainly been used to. I had hit a couple of walls, had to forgive myself and not look at how much time I had wasted. I had gone through a good 20 to 30 years of struggling, being in emotional pain and distress, and moving ahead turtle-like. Finally, I was getting to some place of self-love, self-compassion, self-acceptance, and acceptance of the reality of my world and my limitations. It's easier to live this way than to put a huge amount of pressure on the "shoulds."

Recovery is about being ruthlessly honest with myself and also being kind to the fact that I am a human being. Although I'm not Christian, Christ accepted himself and teaches that human beings are fallible. I don't think it's worthy to focus on sin and how horrible or weak human nature is. I think I take a softer approach for myself. I don't always take a soft approach for some of the clients in mental health that I deal with. I have to have

some protection. All of my clients have flavours of personality traits, and I'm cautious with some and I'm very open with others. I take risks. When I make a mistake, *Oh, okay*. I take risks in the sense of self-exposure, I think, more than anything else. I share the fact of my addiction and that I'm a recovering addict, recovering from mental illness. I think it's been very powerful for the majority of clients. I don't spend more than a few minutes just to say, *This is my story, over and done. So, I know whereof you speak. I know that your game as an addict is to lie, steal and cheat. Because I've been there. Back to you.*

I do my work with clients in the time that I have with them, and then it's their job. Mine is essentially over after I've finished typing my notes and made the referrals and faxes, whatever it is. And then we have another appointment. Engagement is part of it – putting myself out and giving an openness to the client to some degree. So it has to come from somewhere. I guess my well is replenished by my self-care, the idea that “I've been there” and that everyone has struggles to some degree. I frequently use Donald Trump as an example as someone who has struggled in his life and failed and lost, and even other people that the media promotes. Why should they be struggling? Would you want to change your life with any of those people? Because everybody has struggles.

I'm very aware of what my clients are going through, and carrying the extra burden of self-flagellation is very tiresome and not very effective. Unfortunately, some of the people coming through the medical system really want to do the beat up rather than help others develop compassion for themselves. One of the frustrations I have in my job is trying to work with psych nurses and doctors. “Why did you make the mistake? You knew better! Tell me what happened. You're lying.” You know, that kind of nitty-gritty. I just find it separates. People make their mistakes and they have their own sense of shame

about it. Just because I'm wearing a white coat or have a tie and drive a \$300,000 vehicle doesn't mean that we have a relationship where you have to tell me everything. If you don't have a good engaged relationship of trust and acceptance, clients are not going to tell you the truth. The client needs to be able to trust that they're not going to be beaten up or that they're going to be supported in their exploration.

So it starts with the engagement and the respect, mutual respect. And I've got to build respect. I know that the relationship is primary from my experience of some very good counselling that I've had and, for sure, some very excellent instructors in my Master's program who talked about it. It doesn't really matter whatever-the-hell technique you're using. It's the fact that there's a relationship that the client can rate as being something they feel comfortable and satisfied with. Part of that comes from the sense that this person is genuine to me. So being genuine about my fallibility and using humour are ways I accept myself and show myself compassion. Looking for humour and strength in other people is part of it too – even when they're badly damaged. It's hard to do, but there's got to be something there aside from simply survival.

I do challenge people and say, "How's it working for you to beat yourself up over everything you don't have?" I mean, that's a lot of weight to carry. It helps them look at all their "shoulds," and that brings me back to my life many years ago when I was "shoulding" myself as well. *Things **should** be better for me. I **should** be able to... What's wrong with me?* And here's another gem I share: the serenity prayer. We go through it and I ask what it means to them. How often do they think of it in the course of a day? How often do they use it? That's also been one of the lessons for me as well, and I obviously need to go back to it on pretty regular occasions with the things that I can't

control much. And take responsibility for the misery you create. (I say that in a different way with my clients, but that's the message.) I have a little sandstone piece on my desk that says, if I get this right, "Pain is inevitable; suffering is optional." Well, again, there's compassion. Pain is a truthful piece. I'm going to have mistakes. They're going to be painful. I don't have to draw them into suffering by beating myself up and making my life more miserable because I should have known better, or they ought to have known better, or whatever it is. I don't want to play victim. I've done a lot of that and that was also part of the healing process, recognizing what a victim I've been.

So compassion or self-compassion in my workplace is acknowledging that yeah, I make mistakes. I'm okay to say to a client, "I'm sorry. I screwed up." In fact, the other day I booked clients on Monday holiday. I realized that that was a big mistake so I made big notes in my book to say, *Don't forget I have to change...* and later when they both turned up I said, "Guess who screwed up?" I think part of that acceptance and self-compassion is also that I'm a role model for recovering. I don't use the word *recovering*; I'm a role model for self-management, including the mistakes that are made, because there's still much more for me to learn about managing my own life. My idea is also that self-compassion involves self-forgiveness. I make mistakes. **I'm** not a mistake. Making mistakes is just such a huge learning for me because they happen every day both in relationships, as well as physically: not seeing things, leaving lights on, bumping into things, as well as the fact that *Oh God! I didn't read that client at all well*. There's so much to learn in a period of a 24-hour day. Life can be exciting if I'm willing to look for knowledge and experiences for myself.

I work very hard and seem to be pushing myself in my older age – the last ten years, anyway. I've always worked multiple jobs. I used to like to work with people, and now I'm just kind of getting more tired and cynical. That tends to happen to people in my age group that have been working 15, 20, 30 years. The system itself is very corrupt and doesn't function very well.

Right now my growing area in practising self-compassion has to do with a professional role I'm in. I'm sitting on a high-level board, taking in the worst of the worst cases and trying to sort them to go into a supposed-to-be high-level provincial resource, which actually is a failure. So there's a lot of learning there for me on a regular basis. I've got a great supervisor in my job who reminds me that I'm only one person and I can't fight the system unless that's what I want to do full time. I'm not politically smart and I speak my mind. The reality is my employer really needs to pick up the ball and do a better job with the resources that we do have, rather than using this new one that's supposed to be the cat's meow. I have a team around me and so I go and dump on them. We're all frustrated with the system, which is not working at a clinical level, but the politicians say, "Hey, look at this thing we created. We have this." Well, it happens to be a waste of the taxpayer's dollars and it needs significant review. Apparently that's in the works, but that's going to take time. Time is people getting worse, and eventually dying. Three people on the waitlist have already died.

It's difficult. I go from one extreme to the other. I guess that's part of my balancing act, trying to find where I sit. How far to the left? How far to the right? There's a part of me that is very right-winged in the sense of knowing how badly damaged brains are. I have the brain pictures as part of my research to show that an addict cannot make a

decision to save their lives and 90 days in treatment doesn't help their brain heal. It's on the road to healing, but when they get spit out 90 days later, they're spit out to the cold dark world and they still don't have enough skill and ability to keep themselves safe – especially if they hit the first rough patch. There are a lot of tired people in this business, people just slowly burning out or quickly burning out because the resources that I'd like to see people access can take weeks, months, years or forget it. And there are so few, what 20 or 30 beds for that person and the 10,000 others who want detox. And would it really help? Those parts become very discouraging. I don't take it personally, but it annoys me that I'm part of a failing system. Then, I realize that I have to let it go and not worry about it.

I'm sitting here looking across at my beautiful view of colony farms. There have been a couple of hawks, dovetailed hawks and an eagle. Every now and again, I notice a fox, that kind of fox that howls. Wherever I'm driving, I'm aware of the natural environment even though it's concrete roads, but BC is beautiful so I take in the scenery. Don't like the rain all that much. I pass around jokes on a regular basis; people know that about me. And I'm a big supporter of Stand Up for Mental Health with David Granirer and laugh my head off whenever I can go to those shows. It's been a stressful several years with my wife at school and she's just finishing, so looking forward to more time walking with her and going to movies and shows. I could do it if I want to on my own, but it's not nearly as much fun. So that'll be happening soon. We'll have a dog some time soon in the household, which will be very nice to have. Then there are some friends and family that time demands. I'm also slowing my private practice down considerably. I have to because I'm at the point of being close to burnout again.

I used to learn from an elderly person on Denman Island. There are very few elderly people that I encounter, but when I do, they're wonderful. This lady was 88 or 89 and her body was falling apart, but she had a beautiful wall of library books. Every day, she awoke and said, "What can I learn about the world and myself today?" I share with my clients the fact that I am not masterful. Until I'm dead, I'm still learning. I think that's what Maslow's hierarchy of needs is about. I don't think it's necessary to attain self-actualization. I think it's always an attainment and every day that you recreate gets easier, but you can slide back pretty easily too. Certainly my mistakes have caused me to slide back, and here I am in self-shit because I made a big error and now I'm stressed about it, anxious, ashamed, in self-doubt and all those things. *How's it going to go?* and *I've got to make some major apologies*. And okay, it's another challenge. It can happen at any time because here it is again. You know, what more did I miss? So for me, accepting **that** is self-compassion. I will make mistakes, that's okay. I will recover from the mistakes, that's okay. I have a great support group, that's fortunate. I have some intelligence, that's fortunate. I can take time out and relax and recover, that's fortunate. Or I can push myself for an extended period of time, knowing that at some point it will end.

Self-compassion: It's the acceptance of my fallibility, as well as my strengths, and the enjoyment of my learning process because I know it's painful for me to learn, as it is for others. It's also about genuineness. And self-compassion is a reality check: our base of understanding that it's the full Smörgåsbord out there. I do like pleasure. I do like fun. I do like laughter, but I also recognize that in the world in which I live, three-quarters of the population go to sleep with hunger or fear (as opposed to the fallacy of fairy tales where everything ends in happiness and challenges are always wrapped up by the end of



the television show). I'm a human being, struggling with aging, loss of hair, extra weight and some cynicism, which I have to put in check, and I have compassion for that. I'm also overloaded and could not even comprehend how I could make a significant difference – but I make small differences.

## Segretti d'Enrica

I would have been in my late 30s when I started studying Buddhism seriously. At first I studied Theravada Buddhism, and there was no emphasis on compassion that I recall. Buddhism has transformed from the earlier days; when it was first transplanted here, translations were verbatim. People were not interpreting them as they are now. So at that time, the late 80s, the interpretations that I was getting from Western teachers were not getting through to me. Although the Theravada has the Four Immeasurables (loving kindness, compassion, equanimity and joy) and one of them is compassion, I just thought that meant compassion and loving kindness for **others**. I didn't have the **understanding** or even a willingness to apply it to myself at that point.

The absence of self-compassion in my life looked and felt like a continuous stream of self-judging and self-rejecting: a constant drive to improve, fix and change because I thought there was something wrong with me. So, a perfectionistic streak through my personality was judging everything, inside and outside of me, as deficient, incomplete and imperfect. That meant I was in a constant state of dissatisfaction. This grating question and sense that there was something wrong or missing was like a drumbeat constantly going in the back of my mind. There was also the ideal of what the fixed thing would look or feel like – and a constant desire to attain it. It took a long time to be even capable of piercing that drive. Then it got to the point where I started asking, *Okay, what is this thing? Why has there been no progress made to this drive to fix, cure, find out what the perfect thing is or where the non-deficient place is?*

I hitchhiked through India, ended up in North India and resonated with Tibetan Buddhism. It was a magnetic attraction, really heartfelt. I lived up there for a couple of

months and then went to Nepal to live in a Tibetan Buddhist monastery for four months. I spent a lot of time with Rinpoche and **got** an understanding of compassion conceptually. He gave me a retreat practice to do for about ten days on compassion. It was hours of repeating compassionate mantras and visualizing the Compassionate Being. It was difficult because I **still** wasn't allowing it to penetrate through this self-judging, self-negating tendency. Nevertheless, I did it, but it was one of these fake-it-till-you-make-it things where I just did it.

So jump ahead to ten years later, to my late 40s. *Enough already! I've got to deal with this. Is this how I want to spend the rest of my interior life, painfully searching to fix some deficiency?* I started studying and practising the work of A. H. Almaas, the Diamond Approach. At the beginning of the Diamond Approach method, there's a huge piece of work around compassion. Finally it started to get through to me. Almaas' approach merges the spiritual with the psychological, it brings **in** understanding about how our psychological history impacts on the quality of our consciousness and how to deal with a concept like compassion. The psychological traumatizing that happens in our early years **impedes** the development of a spiritual component like compassion. And then, you realize that it's not a spiritual component; compassion is an entry point for everything else: spiritual, psychological, mental health. Everything.

What was so impactful about this work was that I really **got** that at the core of my being, there **is** no deficiency. There is **nothing** wrong. There's no imperfection and **nothing** can taint or destroy or traumatize that, that light of my interior being, that true light that's inside of everybody. So then there is **nothing** to fix. It's just a question of waking up to the reality of this inherent perfection (if I were to use that word). You could

say inherent perfection or inherent untainted, wonderful, beautiful, loving spirit. You could call it as many things as you want depending on what side of the mountain you're looking at it from.

There was another big piece of work about acceptance that took probably another five years, where I could honestly say that when I look inside, I have compassion for this being that still cannot see its own blindspots. Everyone has their blindspots and there's a humbling property to that, because we make mistakes. And that's just the way it is. And it's the way it is for everybody. There's no need to have hubris. We make mistakes. I know it's sort of cliché, but we make these mistakes **because** we are not really awake, and I have compassion for that. **Before**, not being awake meant that there was something wrong and there was deficiency, but now I'm seeing that it's just the state of all **humans**. We only can see a narrow part of the spectrum from where we sit. All of us, every person. Obama, too.

Where it really finalized for me was when I lived in a Zen Buddhist monastery in New Mexico. It **really** was the crucible for burning off the dross around a lot of issues. It's difficult to live in a Zen Buddhist monastery because there's no room to hold onto your cherished issues, hide in a corner, suck on them and enjoy staying stuck in those places. There's no comfort in anything. It's all out in the open and when you enjoy something, it's **over** really fast because you've got to get up the next morning at five or the bell rings and you have to go and sit on a cushion for another three hours. Things come and go really quickly, this sense of impermanence, so you have to be really resilient. Sitting and facing a wall, everything comes up and you don't get up and leave, and you also don't say, "I'm not going in there to do it again" because you committed to

staying with it. You're just **stuck** with it. You either face it or sit there and suffer. I mean, you suffer facing it, but it's worse to sit there and deny it: that's a different kind of suffering. I'd rather face it. It's painful, but denying it and keeping it hidden and cherishing the unhealthiness of it is suffering too.

Every day, I see my limitations and having self-compassion is **freeing** me. I can just accept them and not be focused on what is wrong or how to fix it. There's an acceptance of what is happening moment to moment. Radical acceptance, I guess they call it. Radical acceptance might be the other side of the coin or it might be another word even for compassion, but there's something **really** liberating about compassion in the moment. It's soothing. It consoles and **allows** reality to unfold without interfering – sometimes you can't interfere with reality unfolding. So compassion allows that. It brings in space, the space to have patience for a situation unfolding. It allows one to be in the observer place while this unfolding is going on. It stops one from acting prematurely. It's a tool used a lot in your tool belt – for life. Yeah. It's one of those flat screwdrivers that you can use all over the house.

Right now I work as a psychiatric nurse, as a case manager on a mental health team. All of my clients have Axis I diagnoses and my job is to support and help people stay on a recovery focus with their mental illness. If they're not recovery focussed, then things fall apart quite quickly because with psychosis, there's a quick decompensation into becoming disorganized and dangerous sometimes, to others and to oneself. There are a lot of **negative** consequences that occur if a person goes off their recovery focus. So what I'm finding in my job is that quite often people with this diagnosis have compromised social skills and they also have symptoms, which interfere with making good choices. I

have to give feedback in a really compassionate way. I have to put myself in that client's shoes and communicate in a way that's not judging the person. I mean, it's demeaning to be told how to behave as an adult.

I have a client, a young woman just in her early 30s, with serious schizophrenia who has just become a crystal meth addict. That is tragic because crystal meth is a death sentence really for someone like that. I had to do a very difficult thing. I had to **send** the police to put her in the hospital. I had to do that out of compassion and I know that there's a lot of judgement about that in the public probably. How can you take a person's freedom away? But my question is: How can you watch a person destroy their brain with crystal meth? Look at the other side of it. I'd rather take away her freedom temporarily in order to save her life. This client called me from the hospital in a **rage** – and it was her crystal meth addiction talking. It wasn't the client I knew at her stable baseline mental health. I kept seeing an image of her on Hastings Street living as a crystal meth addict and a schizophrenic. I also had the image of her mother in anguish. I'm the one that could do something about this and I had to think of **both** of them, really.

So I had to take the action, which I felt was more than kind, but **compassionate**. I just couldn't see allowing her to have the freedom to become brain-damaged on crystal meth. And yet, this person has to go out to Riverview hospital and that is **horrible**. In a way, it's funny to call my action compassionate because we don't use words like that in my field. In my field, we have a **logic** behind our actions. The person is mentally ill. If they're not taking care of themselves, you intervene as the decision maker; you have to do these steps. I mean, my co-workers, some of them, just do it because it **is** their job description and it is what we're allowed and supposed to do.

It was **anguish** deciding. I had to make a split-second decision. Pick up the phone and call the police or watch this person over a period of a few weeks lose her housing, become homeless, be taken advantage of by a boyfriend: just one fall after another. I had to go to a workmate and ask whether I did the right thing. I had to get compassion, too. So I got acknowledged, and I had to console myself. Since then (this was about two weeks ago), I've had to review with myself that the scenario would have been very bad if I had made a different decision. I figure that the path still would have been a forced treatment in a mental institution for as long as it takes. I've had to forgive myself as well for not warning the client and not keeping my word, because I promised her I would warn her if I thought she needed to go to the hospital. It's imperfect no matter what you do. And so I have to have compassion for that: seeing the imperfection in spite of my best intentions.

I have to practise self-compassion every day at work and be mindful of what my mind is doing. It starts with being present and noticing when I'm doing some negative trip on myself, and then going, *Stop. Accept that this situation is happening and that I might have limitations in being able to deal with it.* A critical component of self-compassion is also being okay with not knowing. That's important for me because there are times when I don't know how to do a procedure or I don't the answer to a question. I have to really be okay with not knowing and then proceed to find out the answer. I have to feel kind toward myself when I don't know something, it's part of the problem-solving process that I go through.

Sometimes when I do a piece of teaching around a symptom or help a person to cope with the symptom, the person doesn't agree with my point of view. Because they **lack**

social skills, some clients will be rude and I can't be becoming defensive. Again, I have to have compassion. What I do is I have to stop, go into my heart and **melt** in a way. I have to have a melty feeling. The tape runs really quickly through my mind: I know the goodness that this person is capable of when he is not paranoid. I just think about that in a fraction of a second. I remember who the true person is. So I have imagery and ways of stepping out of a defensive position. I also have long relationships. These people trust me now. I can be abrupt and compassionate at the same time, stop them in their tracks and say, "That's your paranoia talking" or "That's a tangent, let's go back to the topic we were talking on." But first, I have to **be** in the place of compassion in order to be abrupt and directing. Otherwise it would be offensive.

It took about two years to develop trust with a paranoid schizophrenic client who also has a narcissistic personality disorder. This person has **no** friends. The core issue for this person is the lack of connection in her life, **deep** loneliness **and** fear of abandonment, especially the fear that **I** would abandon her. Yet for two years she was doing everything she could to cause me to abandon her through rudeness, abruptness and **extreme** lack of social cues. She would say things that would make my self-esteem go to minus 32 below zero.

One time, I prepared myself for three days for a session, thinking that I was going to have the most **excellent** intervention and feeling that **pride** that comes when the therapist thinks they've **got** the solution. I was going to do a piece of work on social cues because she asked me to help her out with why doesn't she have friends. So I thought about what intervention I would do because she pretty much rejected whatever I pulled out of my



intervention box. I thought, *Well, we'll talk about social cues. That's not too personal and it's educational.*

So she comes to the session, sits down and I introduce the topic. I say, "I have an angle we can talk about this. It's called 'learning social cues.' Would you like to try it out?" And then she stands up right away and says, "I didn't come here to have you ask me **stupid** questions." And she leaves. At that moment I actually felt like kicking her in the ass. I felt offended, which is ridiculous. I mean, this is her illness speaking, but it put me on the defense. I couldn't just suddenly laugh it off. This is an example of how therapists get triggered **too**. But that was extreme – it usually takes a lot to trigger me. Some people in therapy just nod their head and go along with the therapist. And some, if they have assertiveness, will say, "I don't want to talk about that. I'd rather talk about X" or "That's not quite right. What I meant was..." They have an appropriate way of dialoguing. So it was the sudden rejection and putdown, *You useless therapist*. It wasn't even the rejection; it triggered a sense of inadequacy. I went into the session **so** prepared and thought that I was so **right** about this. *I just know it's going to work. I'm going to really be able to help her*. My helper pride got in there and I had no contingency plan. It was talk about social cues or die. And I died.

This client has been very challenging, yet has caused me to grow as a helper. It's easy to be kind and nice in a session, but that incident caused me to grow. For months, I sat in my office and wondered, *How am I going to reach her?* How am I going to reach that other being? Inside that being is a lonely person who fears rejection (she told me that) yet is completely incapable of receiving my contact effort. That was a puzzle for me.

We would have phone contact for the next couple of months because the personal contact was too painful for her. One day, she called to tell me yet again about a rejection that she'd had in a social situation and how she can't make friends and how **lonely** she is. Here I'm thinking, *Here it is, another time I don't know what to do, I don't know what to say*. That's what had been happening for a few phone calls, but that day, I decided that I was just going to listen carefully and mirror as close as I could. And somehow it just happened. Instead of attacking me, she said, "**Yeah**, that's the way it is." **Finally**, we connected. That took two years. And ever since then, she's sweet, trusting. She allows the connection to happen.

This client told me what she fears the most is that people will abandon her. What she was saying is that I might have abandoned her. But I didn't. In my line of work, we cannot refuse service, no matter how difficult a person is. It's called duty to serve, but I came close to going to my supervisor to say I can't work with this client anymore. I thought that maybe I was too feely and that was uncomfortable for her. So I thought I should switch her to a case manager that can keep an utterly professional distance. That's what I **thought** she needed until I realized she was looking for a connection and looking to be heard and understood. I decided to figure this out, despite the frustrations. I think compassion drove me. I think it was the fuel that drove the effort to keep at it.

I remember the relief I felt when that connection happened. What's essential is to sit in your heart, just open your heart and listen from the heart. There's a listening; there's an ear in the heart that's **not** in the head. Because when the **head** ear listens, the **head** ear wants to fix and jump into a partnering of action, whereas the **heart** ear is just a welcoming, accepting space. And then people **melt**. They feel okay to be who they are

and there's no fixing required. This person just wanted me to **get** with my heart ear that, for her whole life – **do I get it?** – she's never solved the very **painful** situation of being lonely, not having friends or connections. So the **heart** ear makes that connection. It's a receptivity. You don't **do** anything; you're receiving the person.

Before, I was just trying to think of interventions – I was going to **do** the “social cues”: that was jumping into **head** ear. But she was rejecting my head ear interventions. And then, I **got** it that I have to sink into the heart ear and **receive** her for who she is. There's something soothing and comforting and consoling that it's okay to be who we are. Even though there's a problem that may never be solved, the problem of loneliness and profound disconnection, we talk about it that way now. Now it's not about fixing it anymore; it's about just **getting** it that that's an unfixable problem. What was important is that I **accurately** got what her problem was. It's almost like, if you told me you had cancer, well, I'm not going to jump in and try to fix it, but get the truth of it with my heart ear.

There's something indestructible about that connection, I **feel** it. After two years of working at it, we finally got there. If a person who has paranoid schizophrenia with a narcissistic personality disorder can make that breakthrough, then **anybody** can if they want it. But I think that I, as the helper, have to have that connection with **myself**, with my own heart ear, in order to have that connection with anybody else. That's what compassion and self-compassion does – it develops your heart ear.

## **Lynda**

I have been a counsellor for almost twenty years. I started out working as a nurse. When I look back on it now, I don't think we were ever taught self-compassion or how to care for ourselves at all in my nurses' training. Now this was a long time ago. I am celebrating my 45th nursing reunion next month, so things may have changed in nursing. I went back to school and briefly worked as a teacher. I started out thinking that I would teach nurses, but partway through, changed my mind and decided to teach adolescents. After teaching for one year and becoming so conscious of my students' problems with alcohol abuse and family issues, I thought I would get a Master's in counselling to become a better teacher. That is really when I first heard anything about self-care.

As I learned more about self-care, I realized that this is something everybody needs to learn about regardless of their professions. As a school counsellor, I soon realized that if I didn't take care of myself, I was going to burn out very quickly. The workload was steady, beyond what you could do for the 600 or 700 students. I'd have students waiting outside. I'd send one back to class and the next two or three would be waiting with a problem. It was just one crisis after the other, and the stories that I was hearing from the kids I was counselling were terrible. So I had to stay strong and look after myself. As a counsellor, it was important for me to teach it to my clients, too. I became aware that I would be a much better counsellor if I also had some compassion for myself: when I didn't do everything perfectly and when I had particularly difficult client cases.

So I developed a network of people that I could talk to. For instance, there was one professor who taught me who was the same age as me and to whom I felt connected. To this day, he is still a close friend of mine. He and a couple of seasoned counsellors within

the school systems became sources of support who I could call upon when I needed support or to consult about something when I had a horrendous day. So having that network was very important. Sometimes talking with my husband was helpful, but with confidentiality issues, I couldn't tell him everything. Still, he played a big part in helping me feel compassion for myself. I also went to seminars and workshops. I'm also a member of the Canadian Counselling Association and I have gone to a lot of conferences and talked to other members about the importance of self-compassion.

This counselling work can bring up lots of mixed emotions. Sometimes we feel angry or sad at what some kids have gone through, and in working with parents and the school system. I have to be professional. I have to put my feelings aside and be careful that I don't blame, yet feel okay that I feel upset about how badly a parent or the system is treating a child. The judicial system, in particular, and sometimes also the education system don't do the right things for these children. When clients seem to be locked into situations and I just can't do anything to help them change them, I have felt inadequate and very frustrated – especially with social services, more than anything else. I feel inadequate in not being able to make them see the light for what this child needed. Then, you have to explain to the child or to the parent why you can't do anything about it.

Through experience, I realized the need to take care of myself in order to be efficient or as effective as I could be. This also involves understanding myself better. My self-care model (which I don't always follow) involves taking enough time to listen to my own feelings while I am working with a client. Afterwards, or at the end of the day, I take the time to reflect on how I am feeling. Knowing when I need to take a break when I am just not doing a good job is important, too. I talk over my concerns with my director who is

very good at listening, and also there is a good colleague who I really click with who I can chat with. I read the materials that I encourage my university students to read. For example, today I worked with a student who feels guilty about having depression for most of her life, and I am trying to help her have some compassion for herself. So it is about teaching it to others and giving yourself a break when it comes to your own expectations. Also, I think it was probably instilled in my nursing that we can preach good health only if we are healthy-looking ourselves or follow healthy patterns of living. The same thing applies to me here in my counselling practice in that I need to come across as being reasonably together if I am going to instill any kind of hope in my clients. For instance, if I am suggesting to them a self-care plan, I better be following one of my own.

Some days, I will ask myself as the clients leave whether I've actually helped them at all. I am learning not to be so hard on myself as I used to be, thinking that I had to have all the answers. I think part of that problem came from being a nurse because I learned that a good nurse fixed the problem. When I started counselling, I had to look at myself and at helping in a whole different way and understand that the client could look at herself and solve her own problems. Otherwise, you can end up feeling very guilty and an awful lot of blame because everything didn't turn out all rosy. However, I still feel very responsible for my work and perhaps, sometimes, all of us feel too responsible because we don't have that kind of control. I try to feel and tell myself that it is okay that clients don't feel 100% better after their first visit here.

When I talk to clients about what spirituality means to them and about balance, I ask them if there is a spiritual part in their lives. More than half of the students say that they

don't know what spirituality is or don't have it. I thought that I better get in touch with my own spirituality so I just went to a spiritual holistic health retreat for women last weekend. I see a close connection between compassion and spirituality, and also self-love. If we don't like ourselves, we are not going to be very self-compassionate towards ourselves. So when you are taking care of yourself, it shows caring and kindness to yourself, and self-understanding that you need this care. It is important and it is not selfish; you need that compassion for yourself.

I think it is instilled in people at a very early stage that they shouldn't be so self-indulgent. My mother would say, "What have you got to be sorry for?" or "Why should you feel so upset that you don't have this or that? Look at all the other people." So it is hard to develop self-compassion if these messages are drilled into us at a very early age. Even today, I was counselling a client exploring her positive and negative feelings, and I pointed out that she hadn't circled "proud." The client agreed, and I asked her what "proud" meant to her. She replied that it meant that you were really full of yourself. And this is a young woman who should feel so proud of herself as she has pulled herself up by the bootstraps with nobody behind her supporting her. She is just amazing, yet she didn't feel proud of herself. The context in which we grew up in has a big impact on how we develop self-compassion.

I see self-compassion as allowing yourself to care about your own feelings. We spend so much time caring about our clients' feelings, but we have to be compassionate towards ourselves too. We recognize that we are experiencing feelings about what has happened with a client or whether it's brought back transferred feelings to some situation

that we've been having or have had. Then the next step is: How do we care for ourselves? How do I get through this? I think self-care is the result of self-compassion.

It is really important to address self-care in training programs, even continuing counsellor education, because it isn't until you get into the job that you really begin to realize just how important self-care is. If you don't look after yourself, you can't look after others. I'm very fortunate that I work in a group practice now, so it's much easier to just walk to the next office and talk to somebody. My director is very conscious about how we're looking after ourselves as well, and it's not unusual for him to come into my office and to make sure I'm not overworked. However, I know that there are a lot of counsellors who work in really isolated situations – school counsellors do, for one. I think it's really important that they have networks of people that they can talk to about difficult cases and about how they are managing situations.

At one point, I said to my husband that I was afraid that the epitaph on my grave was going to read: I NEVER HAD TIME. In the last year or so, I've decided to take care of myself by not working at night anymore and allowing myself more leisure time. This has been a big step for me because it was not unusual for me to go home at 7 o'clock at night and take my research with me. Perhaps having a grandchild helped me change this because I realized that I wanted to have time for him and didn't want to be wishing that I had been part of his childhood. I think that in this field we can get so tied up with what we have to do with clients and research and responsibilities that we put our own time to the back and shove our own needs aside. I have realized that I need as much time for myself as I offer my clients, and I am giving it to myself now.



## Serena

It's a bit of a long story. I'm the youngest girl in a big family and was raised in a small community in British Columbia. At a very young age, I was abused by my father and I was the only one. Growing up, the boys mattered more. The girls didn't matter; **I** particularly didn't matter. There's an age gap of over 10 years between my two older sisters and me, so I was really on my own. In high school, I had friends, but nobody really **knew** me. I certainly **never** told anybody about what had happened to me. I was a walking secret and felt very much alone.

When I was 19, I left home for the big city of Vancouver and worked there for a number of years as a coordinator in a hospital. I really liked that work because I was away from home and got to travel, but then was bumped into another full-time position that I really didn't enjoy. So I decided to go back to school when I was 26. After my first year in social work, I switched to psychology, and then transferred to Victoria a couple of years later. That was probably the **best** thing I could have done for myself. Victoria seemed like a pretty place to go. It wasn't terribly far away from home and I could still see my friends if I needed to. My goal was always to heal from the abuse. The year before, I had confronted my dad. My whole family got involved, which I hadn't really intended, and everybody accused me so I felt revictimized.

So here I was in this new town, going to school, living by myself, trying to figure out who I was. No one knew me. I was able to cut ties with all these people who judged me based on my role in the family. When you come from a family town and you're in your family sphere, you're always being connected to someone – "Oh, she's **his** sister," "Oh, she's **her** daughter" – so people see you as a community, rather than as an individual.

Being away was initially a little bit terrifying, and then it actually became really freeing. I felt I was able to just become me.

During my Master's program, I reflected a lot on who I was, where I was going and what my goals were as a person and as a counsellor. We looked at our family histories, our autobiographies, all those things. We also did a lot of psychological testing, like the MMPI and True Colours, so I started to discover more about my personality and my needs, things that nobody had ever told me about before. The more I understood myself, the more I realized what I needed to do to keep myself safe. Because I was abused when I was four and because I was the second youngest in the family, I had had **so much** put upon me and had never created any sense of boundaries, any sense of who I was as a person or what I needed. I began to learn that I'm allowed to have my perspective and you're allowed to have yours, so really owning this and not feeling like I have to be someone that I'm not has been a big part of my development.

I found a different church. All of a sudden I was seeing a whole new way of worshipping and feeling a whole new **relationship** to God opening up. Prior to this, it was really narrow, very rule-oriented and very judgmental. This church had drums and guitars, and we stood up and sang. So there already, part of the beginning of my development of self-compassion was discovering that music is a way that I can connect with my higher power, my spiritual self, and that there is a place to do this. **Wow!** I don't have to **judge** myself. I don't have to sit myself in this little box that I felt I never fit into. I joined Children's Ministries and got connected to a really fantastic leader. I really enjoyed the kids. We told them stories and played games and it was just fun. There were

also single people my age, so all of a sudden I had all these friends and we were doing things like going roller-blading and sailing.

So a real defining period of learning who I **was** happened when I left home, moved to Victoria and made choices to not live my life the way my family does. This whole new world had opened up to me and I **loved** it! My life felt more balanced and in some ways freer. I'd learned to shut down my emotions and really separate them from my brain because nobody understood or validated my sensitivity. I'm sensitive to light, to sound, to touch and my feelings get hurt easily. So I became more aware of a positive connection between my emotions and my brain. I didn't feel judged. I had confronted my dad and my family knew so it wasn't like the abuse was a secret anymore. I wasn't carrying that around any more. Well, bits of it, but not a lot of it. So in Victoria, I started to discover who I was, and it has been a fairly long process of discovery over the last 12 years or so. With that discovery, I have become more and more okay with who I am, and as I accept myself, I realize that I like me. And **that**, to me, involves a lot of compassion, which is really quite new.

After I had finished school, at 33, I moved back to my hometown because I had an opportunity to buy a condo. I liked the idea of owning something, but I didn't like the idea of being back with my family. Since then, **so** much healing has actually happened in my family that I know would not have happened if I hadn't gone back into the lion's den. I began to visit my parents, have conversations with my dad and set boundaries with him, my mom and other family members, too. I came back stronger. We used to spend a lot of time competing with each other; now, we're all close. We spend a lot of time together,

talk about stuff and build each other **up**. So that's another gift to myself: becoming assertive.

As a baby counsellor, I began to work full-time in a number of really draining jobs at a hospital, and without a lot of support, so a bit of a lethal combination. I really burned out. I remember leaving my home only to work my hours and the rest of the time, I'd just stay in bed. I felt like all this trauma had just plunked on top of me and I felt done. Then I lost my job. I spent about 18 months not working full time, doing little jobs here and there and **really** struggling with that question that people ask when you first meet them: "What do you **do**?"

At around that time, I remember speaking to a very wise woman with back problems who had also struggled with the same question as me, "Who am I now that I don't work? Who am I?" That really impressed on me because I felt I **had** to figure out who I was in a foundational way; it had to be about **me**, not my job or my relationships. It had to be about what was going on for me inside so that **I** could stand and say that I've done the best that I could. I would say that that this time in my life was very pivotal for me in my process of developing self-compassion. And by self-compassion, I mean becoming more okay with who I am, and therefore competing with **me** and taking care of **me**. I really see self-compassion and self-care as dovetailing onto each other. I think that if I didn't care about myself, I wouldn't care to be compassionate, and if I wasn't compassionate toward myself, then that would be a huge part of my self-care lacking.

Since then, there's been a big shift in the way I counsel. I've really stepped back and learned to let go of expectations that I have of myself, my family and my clients. So I don't work harder than my clients anymore and I don't own other people's stuff anymore

either. Practising self-compassion helps create a boundary between my clients and me. When I'm in a place where I'm not grounded, I tend to take on their energy or problems more. So if I don't talk to God on my way in, if I don't eat properly, if I don't sleep properly, then I can be off-balance.

I think I got into counselling with this idea that I would go out and change people. I've really let go of that whole idea. Really, it's about changing **me** and encouraging others. I've come to realize that there is something that I have to offer and something my clients have to offer. We can learn from each other. And because I don't have that vested interest anymore of needing to change them, if they choose not to or if they are just not able to for whatever reason, I don't feel devastated. So that's been a huge change for me. I know that I learn better when people are compassionate rather than judging me. When somebody judges me, my first response is resentment so I try to keep that philosophy in mind in my counselling. If my clients want to go out and use again, I can't do anything about that and it's not about me. I mean, I feel sad for them because I know this recovery is what they had hoped for, but I am not disappointed in me. If my client has recovery, I feel honoured to be part of that journey and feel **joy** when they do well, because I know I'm a piece of that, but only a **tiny** little piece. It's really **their** recovery.

Everybody has their own expectations and perceptions about **themselves**, and maybe also about what **I** should do or who **I** should be. I've learned that I can walk alongside my clients and guide them, and I don't have to own what they think. Sometimes my clients like to blame me, "I did this because you said that." In my first few years of counselling, when somebody blamed me, I would be devastated. I would rethink myself. I would go back over the session. *Did I? Didn't I?* After doing this for 10 years, I realize that it's part

of my job to be curious so I ask questions, let them blame me if they like and suggest that they take responsibility for themselves. Then I can let **that** go.

I have a work colleague and we clash every once in a while because he has certain ideas about a program that I developed and I have other ideas. The very first time I clashed with him, I remember doubting my own opinions and thinking that his must be right. Not too long ago, he was upset with me again and I really realized how far I had come. This time, I didn't apologize. I just thought, *Be upset, then*. He really didn't have any right to tell me what I should do with my program because it is mine and I'm responsible for it. So a big part of that for me was that I could be kind to myself. I didn't have to tear him down or make any excuses or feel guilty. I didn't feel I had to explain myself. Through the years, I've learned that I don't owe anybody an explanation. I know what's **right** for me. And part of that is about being okay with being a woman. Often I've noticed that we feel we have to give explanations, and I don't anymore.

I work for a not-for-profit agency with some really **amazing** women. I've never had that before. I'm a clinical supervisor there as well. I **love** sharing what I've learned with other people who are also equally as interested and also very good at what they do. I'm able to connect with them in a different way than with clients, many of whom are mandated. I know them more than I would my clients because I see them in the office and know what their programs are like, so there's more of a three-dimensional context.

Allowing my creativity to be part of the counselling is also really **beautiful** for me because it shakes things up a little bit. I think self-compassionate practice is about expanding that whole idea of what counselling is for me. Is it just sitting across from each other or can it involve more? Counselling is so sedentary and because lots of my clients

are depressed and I struggle with depression, sometimes sessions can become low energy. Sometimes it's just really important for us to get **out**. I have a client with ADD so we go for walks and we chat, and it helps him with his concentration. Sometimes a client and I will take out the camera. Sometimes I've gone to clients' homes and taken pictures of their children. It's been a way to interact with them that isn't just about sitting across from them and talking.

Being brave has been another important thing for me. I have a fantastic boss, which has really helped, the first fantastic boss ever. I go in and talk to her about my ideas and she often has this grin on her face, like *Oh, here we go again!* and just embraces what I have to say. So practising self-compassion is about being brave enough to go talk to her, and then feeling that **I** am worth it and so are my ideas. Self-compassion is also about realizing that I like autonomy and the opportunity to be creative. I've been responsible for beginning and running four adult programs so far. We hope to offer our first phototherapy group, which will allow me to combine my love of photography with my love of counselling.

Sometimes self-compassion means laughing about the ridiculous things that go on. Lately, I've been feeling like life is really good, just **loving** the clinical supervision, my job and the family healing... I've been feeling kind of smug. A client recently came in and was hysterical because during the night, her partner had snuck into the house through the doggy door and had taken away the alarm remote and the phone so she couldn't call 911. I work with both the husband and the wife because there aren't many options in small towns. As she was speaking, I could feel my own fear, a really physical response to the whole idea of somebody sneaking into a home. So I'm scrambling in my own head,

*Okay, Serena. It's about **her**, it's about **her**. And I'm also thinking, I was smug and **now** look!*

After she left, I sat for a moment in my office and stared out the window, trying to process what had happened, allow the fear to recede and be in that moment. I talked to God about it and the anger I was feeling toward both clients. I was having this real honest human conversation with myself. Then, I went to talk to my colleague. I told her the scenario and we started to talk about the doggy door. We started to laugh, the two of us, and we **laughed** and **laughed** and **laughed**. It was **so** funny that it just took all that negative energy away from the situation for me. I picked a safe person, this colleague that I went in to talk to. I knew that if I went into talk to her about this doggy door, she wouldn't judge me. It was more about letting off steam, a healthy thing for us to do. I was able to laugh and could feel my energy coming down. I really see this as a huge part of my own compassion. I didn't judge me, whereas years ago, I think I would have thought that I was being unkind. And yet, I know that I was really kind with my client and with her husband when he came in the next day.

The laughter helps me to decompress and to decrease my stress. I have 25 nieces and nephews, with the 26th hopefully arriving in a couple of weeks. I just **love** being around them. They make me **belly-laugh**. These kids say and do the funniest things. When I was separated from my family, I remember going over to a dear friend's house and spending a lot of time with her son. He would just sit on my lap and snuggle in. I needed that. I needed to know that somebody loved me as I was. He just did, and he counted on me to show up once in a while. It really taught me something about how these kids care. He would just sit in my lap and I would read books to him. We could do things together that



I enjoyed. Once we went roller-blading. I was useless. He was really quite good, which made me laugh.

I used to just say to myself, *Suck it up! Suck it up!* Now I allow myself to cry, that's a major part of self-compassion. Sometimes I just need to cry. I watched Grey's Anatomy last night and I cried and I felt **so** much better. It releases the tension that I carry around that I'm **really** not aware of, like how you can carry stuff on your shoulders. So I felt some sadness watching the show – the girl was sick and my mom's been ill, and I don't know that I've really cried about that. I've just been a bit more pragmatic. It was safe in my house and watching the show evoked the emotion so I just let it out. It didn't last very long, so I was grateful.

Part of what I need to do as a counsellor is to have those moments of beauty... go for a walk... have a little chat with God... see a child's face. I can find real joy in going to the gardening shop and finding an interesting flower, even if I don't take it home. I can feel my heart rate going down and my shoulders loosening. These are snapshots of joy that I've learned to love and appreciate; that's part of my compassionate package that have helped me to love and take care of me, rather than feel like I don't have **time** for it.

Spending time with my families and connecting with my friends is also really important to me. I am so happy that I took a leap of faith and bought my house, which was another pivotal point for me. It was a goal that I really didn't think I could attain financially and without a partner, and it's increased my self-confidence. I grew up on a farm so space is something I always really wanted around me. Now, all of a sudden, I have **room** to have people over for dinner. Talk about self-compassion. It's a small act of service that I get to do, but I get it back in **spades**. People come in the door and I get a big

hug and I just find joy in that. To me, it completes the picture of who **I** am. I get to have quiet time on my own if I want to. I can turn off my cell phone, go on my back porch, put my feet up and look at the stars without being interrupted. But then, when I want to, I can have people over and be blessed by them. So it feels like I get to honour these different pieces of my personality.

When I think about my 20s, there's no way I'd want to go back. Those years were **really, really** difficult for me. My 30s were pretty challenging also. Now, I'm just thoroughly enjoying my 40s. I've become more at peace with who I am. During menopause, my body went through some changes and I feel I can talk about it now with a little more peace than I did a couple of years ago. As a younger person, I had decided that I first wanted to get my career off the ground and then I would find somebody. Now I've also become more at peace with being single and not feeling like I have to be attached to someone – and I don't mean 100% peace because there's still some sadness. I had hoped to have children and a partner, not that I'm saying I won't ever. I'm really looking more and more at how to empower myself. I may not **like** whatever situation I am in, but I have a choice. I can either feel really depressed and angry about it and kick the wall, or I can say, *Okay, so here's a part I don't like*. I can acknowledge that and then look at what I **can** do.

A **really** big thing has been changing the way that I speak. I find that a lot of negativity is conveyed through language. I don't put myself down 99.6% of the time and say things like *I'm fat* or *I'm ugly*. Rather than call myself selfish, I say *self-caring*. I make mistakes and have challenges, and I can admit that, but I try very hard not to speak about character defects because it makes people sound like they are “less than.” I have a

problem with that. My self-compassion has also been about not necessarily accepting other people's language. My sister will sometimes say to my nieces, "Auntie Serena and I are old ladies." I'm not old! I refuse to accept that. I'm 42, hardly old! I don't appreciate somebody else telling me what I am. I know what I am.

What's important to me now is having a really strong spiritual, emotional and mental life. I'm hoping some day the whole really strong physical life will come together. I'm actually pretty healthy, but one of my challenges with the whole compassion thing is my body. I often eat when I feel stressed. But I'm feeling more aware of what I eat and the choices I can make and feeling **okay** with that, so I don't beat myself up so much about it. Spiritually I've grown a ton. I grew up in a judgemental community, a judgmental family, and with a judgmental God. I didn't feel like I counted. With the God that I now know, I **count**. Without a doubt. I **matter**. After a lot of reading, praying, walking and talking to people about the idea of God, I eventually found myself a spiritual mentor, who has really given me a different perspective on a God that is much more loving and caring, and that values me. Mentally, I've gained wisdom from my own internal workings, from finding friends who are healthy, and from my clients. I like myself more as I know myself better. I'm really aware that my self-compassion is affected by my self-care. I need to sleep and eat properly. If I don't go to church on Sundays, then I feel that my week is a little bit off. It's a touchstone for me, being around other people who believe similarly and having that chance to sing and just lose myself for a while.

Life has its ups and downs. I always wanted life to be nice and even, and I would get really upset when something happened. Not upset because it happened, but upset because I felt I couldn't handle it. I've learned more and more that I can. It's all attached to that

fear thing and not having any self-worth. My first name should have been Fear, and now I see how I've pushed past so much of it with a lot of courage. I'm also really realizing that I'm pretty competent, and if I'm not, I can learn. I'm **kinder** to myself. As I become kinder to **me** and more okay with who I am, I feel like I can take some risks believing that I'm still going to be **okay**, even if I fall flat on my face.

I like the person I am today. I want to **grow** and then someday when I die I can say, *Wow! I just continued to become a really **amazing** person.* I want to learn more about photography. I want to learn more about counselling. I want to learn more about people. I want to **meet** more people. There are all these things that I would like to **reach** for because I think if you don't have anything to reach for, then you just up and die. And I like it when I can focus on **me**, then I don't have to feel threatened by other people.

Self-compassion and learning who I am have really walked parallel roads. The more I get to know who I am and the more I am okay with me, the more I enjoy and feel **able** to be compassionate towards myself. And I don't have to put anybody else first. I think my development of self-compassion started out as a way to preserve my sanity.

Otherwise, I think I would have died an emotional or even a physical death. Then, I learned to love **me** more and more. And then, I think, came balance: balancing out what **I** believe is important for me to offer to others with what I believe is important for me to offer me.

## Magnolia

It's been a long journey, lots of development. When I was twenty-two, I stopped by my father's house on the way to work one day and he was talking about suicide. He never talked like that before and he never has since. I remember I was really concerned and because of this, I was late for work and really messed up because I was scheduled to lead a canoe trip. My boss talked to me about how, even if we have people in our life that we care about, we need to take care of ourselves and as employees, we need to take care of our responsibilities at work. Really good advice. That was a real turning point for me of turning my attention inwards to responsibility to self. It's linked to something I have from childhood, which was feeling emotionally responsible for others. Sometimes that took precedence over taking care of self. So this is the base linking of self-compassion for me.

From that point to my mid-twenties, I remember having a little mantra (I forget where I got it): "Be gentle with yourself, be gentle with yourself." So whenever I had self-criticism, I would say that and it really helped. When I was a young adult, I was still finding my place in the world, my voice, my strength and power as a person. During this time, there was less self-confidence, which could manifest into self-criticism. It's been upwards travel from there, a long journey of balancing that internal and external responsibility – my inner world and outer world.

The next big round was during my thirties. I did a lot of caregiving. Several elders and two siblings had many needs (illnesses, lack of resources, aging) and there were a lot of things I had to sacrifice during that time. It was hard to see people I love suffer. I was weighted down. I think as I got **better** at it, with more experience with caregiving, I learned the ability to bear seeing suffering through acceptance of their suffering and

acceptance of my place in how much I could help or couldn't help. So that was **another** big turning point, a whole other level of self-compassion, accepting my incapacity to stop their suffering. That was wonderful because again, it freed me to live life. I could look at suffering and feel for the sufferer, but stay my own person. I could say, *That person has cancer. I don't. That person is old. They've had their life. I'm still young. I have the right to live, the right to be healthy.* So I learned that I can still be very caring, but really compassionate to my own limits or humanness or incapacity. I became more realistic about what I could do for others and in that, there was just a lot more compassion for myself, my own needs and my self-care. I started to see myself as number one. I realized that even if I have a really loving husband and lots of friends, nobody would really care for me as I can care for myself. It wasn't going to just magically happen. I'm **it**. I think for once, finally, this extreme sense of responsibility to others took its proper place.

I think my fourth decade of life has been different because I finally feel **free**. Lots of the people that I was caring for are gone so it seems, for the first time in my life, I don't have real pressing responsibility. Maybe it's similar to how parents feel when their children leave home. So I've now been able to do some time-consuming things for myself. That's been a new experience and another journey of self-compassion in a way because it's been another **step** in allowing myself to do something **really big** for myself. I don't want to make it sound like I was a martyr. I had a great life all those years when I was caregiving. I still did lots of fun things and had joy in my life, but I never took on a career or went back to school or did anything really **big** for myself because I didn't feel I could devote that much time to something. So **this** decade, this **third** round, has been about doing something **really** big for myself, which has meant that I haven't been able to

be the same person as I used to be in many of my relationships. I haven't been able to be as available for others. I have had to **really** put myself first for my responsibilities to my school. That was another huge thing: the realization that I have the right to an education and the right to build a career.

This fourth decade, I started to really experience the benefits. Self-compassion to me feels like emotional health, and my emotional health really helps my physical and mental health. Emotionally, it's different in that generally, my emotions are just **so** much more stable. Of course, there are always challenges in life and relationships that bring up many emotions that can be difficult at times. I'm a very emotional person – I still feel a lot and intensely. It took me many years to manage my emotions, and I don't feel them control me like I felt they did a lot when I was younger. So I enjoy that. I just feel **mature** or something, just **even**. Maybe in the past, because I didn't allow myself to be human or make mistakes or those different things, I might have felt guilt or regret or remorse or I might have had these negative emotions that twist inside of me. It's not that I don't experience those, because I still have high expectations, but now I seem to know how to process them. I don't take them on so deeply, I suppose.

Sometimes back in those days when I caregave, I gave up my health. I didn't sleep as much, I didn't eat as well and I didn't get as much exercise as I would have liked. My mother's death was my first experience of death and so that was the most intense for me of all the people I lost. I aged and suffered a lot physically during her illness. Now, if I'm feeling run down, I take care of it so I don't get sick. And I never say "I'm getting sick." I say, "I'm feeling a bit run down." Then, I do what I need to do so I don't get sick. I'll rest more. If I need to cancel something I will. Yeah, **number one**. I hardly ever get sick, or

even get a headache. I used to hold a lot of stress in my muscles and I used to have a lot of dance injuries, but a few years ago I said I'm never going to get a muscle spasm again and I haven't yet. It's really weird. It's all linked.

Where the importance of self-compassion is really alive right now in my life is in my awareness of how I work with people and how the work affects me. I do believe that the most important thing that a therapist brings to a room is him- or herself and that the core of the therapist has the biggest effect on what he or she can offer. In the counselling room, I believe in using empathy, unconditional positive regard or non-judgment. I really want to see and understand a person for their real core, who they are, and find the beauty within each person that I work with. It's such a privilege and an honour to be able to be a part of that person's thread in their life. It's just become so apparent to me that everything I'm willing to give my clients, I can now give to myself as well. So I guess it's about **balance** again... The less judgmental I am of myself, the more secure I'm in myself and the gentler I am with myself – all of **that** just manifests outwards. It seems the more open-minded I am with myself, the more open-minded I am with the world.

I guess maybe it's a bit of duty and responsibility, but I'm **very** serious about my work, about being let into someone's intimate world. I feel it's not just about listening, but it's about **being**, and the more balanced I am in my own life, the more emotionally healthy I am, the more I can be helpful to others. I would **surely** advocate for people I work with to have experiences of being able to forgive oneself and being able to be self-compassionate, but if I don't know how to do it myself? My ability to really feel my own desires of life, to feel them and to have a strong relationship with **self**, gives me a better



capacity to help others or to facilitate or guide others to also have a stronger relationship to self.

With self-compassion comes more of a groundedness and clarity about your inner self. In some ways then, it's easier to **separate** yourself from your client to make space for **them**. And again, this is in line with my theoretical orientation, which is about bracketing yourself, epoché: putting yourself, your biases, your knowledge to the side so you can more likely really see the essence of the other person. Bracketing enables me to put my desire to help my client in its place. *I've **got** to help this person. It's my responsibility. They're paying me. This is their hour. I'm their counsellor. I've got to do **something**.* It's good **intention**, but it's not really helpful because you're getting your own desire to help in the way of their own process. Instead, bracketing can allow yourself to just be who you are in the counselling session and to let what you **have** that can be helpful to the person unfold and just **be**. I find it amazing when I just allow myself to **be** myself. It's different to work in this way. If I don't, I can really feel the difference. For example, if I start bringing my own insecurities in and all that, it changes the session.

When I work with groups and difficult dynamics come up, a challenge that I sometimes face is "taking it on." This just happened with a group of boys that I'm working with. A couple of weeks ago it was a really difficult session. It had been building up to it, but there was a lot of crying, fighting, people telling people they hated each other. It was **crazy**, the dynamics! All of a sudden I started feeling as if I wasn't very good at my job and that I wasn't managing the group very well. Then right away, I told myself that it wasn't my fault and reminded myself that the boys' behaviours surely also happened outside of the group, which was why they were part of the program. I just let it

go, talked to my co-facilitator, and we both felt that was a really good thing to realize that it wasn't our fault. It was really good because if we had taken blame, we might have done something **different** the next session, like try to control it more, but instead we had a great session. We worked with the boys where they were at and used their behaviours from the previous week for them to learn more about themselves and each other. So I think it's really important not to take it on – not that I don't want to learn or see if there's something different I could do.

With some clients I have a hard time ending on time. With some I don't, but with some I do, and I can feel **really** bad like, *What's your problem? Can't you get this simple thing together?* Again, when this happens, I try to understand why – it's like that for a reason. I may say to myself, *I guess I let this one go longer. It isn't necessarily incompetence.* So then I can explore the reason and have some understanding, and then I can maybe do something about it. When I use self-compassion, I say to myself with acceptance, *I guess I didn't get that right* and check it out. It makes things **real, tangible**. You can work with it then and make a decision about what to do. I could let it go or if it is still bothering me, I could decide to make a change.

So I practise self-compassion with that awareness of separating my own desires, goals and expectations from the counselling session. For example, when I start thinking I'm supposed to make it a certain way in a session, as if there's always got to be an insight or **something**. If it seems difficult for the client, or the session doesn't end with something seeming to have progressed, or when a new client doesn't return, self-doubt might arise. So that's definitely where I would gently check out the possibilities by asking myself, *Well, could be this, could be that, could be that, you don't know* – not

right away wondering what I did or didn't do. I have a consultant who I can talk with about any insecurities or doubts that come up for me. I talk about other things too, but that's definitely a place where I have that avenue of practising self-compassion, so I have support. In my peer support group, we normalize those struggles that could come up during counselling. I also try to have a half-an-hour transition time between sessions so I can feel in a good space.

Self-compassion is multifaceted. I think it has to do with self-gentleness and self-acceptance, and then all sorts of other good stuff like self-love, self-honouring, self-respect. But if I had to choose two words, those would probably be them: self-gentleness and self-acceptance. An acceptance of whatever... If make mistakes or if I behave badly, an acceptance of that. There's a freedom in accepting because I can **grow** then. I can continue to grow because I'm not hiding something. I'm letting it **be**. I'm letting myself be whoever I am, so it doesn't make things twisted or hidden or shadowed. Sometimes I just laugh at myself. Before I could feel all bad or ashamed about it.

To me, in some ways, self-compassion seems like a way of being. It perhaps started to develop by practising it like a skill in little ways during moments when I could be self-critical to myself. It almost seems like something I've practised in little ways along my whole life and **now** some of the fruitfulness of that is that I just generally feel it or can access it more easily, sometimes maybe not even intentionally. Sometimes it just might **be** there. Sometimes when I go into a new situation where I don't quite have a sense of belonging or I'm not so secure yet, it's harder for me to access that self-compassion. So I'm thinking that in the future, when I am working in a new job such as in a counselling

agency, I'll probably have to be more intentional about being self-compassionate about my performance and work.

I think what really helps me when I do work with people is just to turn the attention to the other, to just know what counts right now is that person. Again, it's putting myself to the side. It's interesting. I think I care just as much for people as I did when I did a lot of caregiving in my thirties – it's just **different**. I would never trade what I gave to people in the past, and I'm sure I'll be there again, but the thing is, the more I care for myself first, the more I have compassion for my life and for my right to live. And then the more I have to give out. Yeah, I just think that for me and counsellor-types, the external world can take precedence over the inner, and **that's** what I've been working on for a long time: finding the balance.

## luvlife

When I was 20, my husband and I were semi-conscious lookers, trying to work with ourselves in some ways. I was very much into body awareness, and he was counselling teenagers. We travelled to India together and started doing yoga and a little meditation. I was taking some classes to find out more about body awareness, and at some point, a few years after that, I started teaching it. At that time, my shoulders were very rounded, pulled in at the heart. Shy! Me, shy! We decided together that it was okay for him to remind me when I was doing that and that I wasn't going to take it as a criticism. "You're slouching." I was able to allow him to be a reminder for me because I was so unconscious that I was doing it. When he would make me conscious, I'd be like, *Oh my God!* I'd walk along for another twenty steps and all of a sudden he'd touch me again and go, "Your shoulders."

So I feel like together, we created for me an awareness of my body posture and that kind of awareness came along with compassion. Rather than criticizing myself that I can never remember to stand up straight or be more open, I would just say to myself, *Okay, there I'm doing it again. Let's try and be aware of this and stay open.* I feel like to this day, because I **chose** to become aware, I feel like I changed my body pattern, even though I still have to be really conscious to do it. That helped to create an opening in my heart.... opening to whatever, whether it's painful, joyous, hard, really opening to life in its fullness, and it's not always easy.

I feel like I really started to learn about self-compassion when I was around 19 when I gave a baby up for adoption. Probably about four years after that, I did some Gestalt therapy just wanting to not find myself in a place of regret for the rest of my life because

I feel like regret doesn't help us at all. I started to actually become conscious of my need to nurture **myself** in order to not spend the rest of my life regretting something that I chose to do. I'm so grateful that however I found out about Gestalt therapy that I **did** and was able to help myself in that way.

I think of my professional work as starting with my training in bodywork about 22 years ago. I felt like I was doing really well with not regretting, but in that course I really started to learn **more** about how hard I was on myself. I'm still hard on myself and quick to judge myself – *You could have done that better or If only you were smarter, you could do this easier*, or whatever. I still do sometimes think these things, but I feel like I do that with a lot less frequency than when I was younger. That bodywork course really made me aware of how judgmental I was.

There was a lot of group therapy that happened in the training. So it wasn't just about learning bodywork. It was also about learning about **ourselves** through different group therapy experiences. It was a **really** intense course. I certainly see that it wouldn't be for everybody, but I'm very grateful for most of it. I think that it really gave the space and opportunity to look inside and notice, *Okay, so you just did this amazing piece of work and all you can think about is how it could have been better*. So looking at how I could be self-critical gave me the opportunity to become more aware of self-compassion experientially. I don't know that we even talked about it in terms of self-compassion, but that's what it was. Here's somebody standing in front of me saying how wonderful my work was and it would be as if I were blowing them off in a way by not listening to what they're saying to me and not being able to take it in. I developed this image of being able to step back, almost physically, take a deep breath and say, "Thank you." This would

allow me to appreciate the compliment, rather than be so quick to brush things off. *Wow! Maybe that **was** a really good thing.* I see self-compassion as being able to nourish ourselves in situations where we might normally criticize something. For me that was a big piece of learning about self-compassion.

I think one of the things about group therapy for me that has been **huge** is hearing everybody's stories or experiences and being able to, in some ways, **compare** myself. It made me very aware of how lucky I actually was. I don't know if lucky's the right word, but even though my parents weren't perfect, **I was loved**. I got to really see, compared to so many people, that **I was actually loved** and actually **know** that I was loved, which was **huge**. Group therapy also helped me to see other people being really hard on themselves and made me be able to experience that I do that too – different level, different amount, whatever. Still, I do that. *Oooh! It's ugly! I don't want to do that! It's so painful to watch other people do this to themselves.* It helped me see that it's not something I wanted to be doing. So I'd say group therapy helped me to develop self-compassion because I was able to really understand that I was loved by my parents and that I didn't want to continue to be hard on myself.

Ten or twelve years later, I think I felt so attracted to Hakomi, which is an experiential mindfulness-based form of therapy, for similar reasons. Again, I was in a group and learning how to be able to receive from other people and to be able to be supported, which is **really** a difficult thing for me. Even though I love it and when I actually get there, it feels so good. It's like, "No, no! I'm okay! I'm okay! I'm okay!" Then, when you can finally let yourself really be vulnerable and get down there – which is, in my experience, easiest in a group therapy setting even though a lot of people

intellectually don't think that they could ever do that in a group setting – it seems to become one of the easier places to do it. If you can, and really see how many people can be there for you all at once, it's pretty mind-blowing. Heart-blowing.

I feel like I've always been a pretty compassionate person although this has **seriously** developed over the years. Turning compassion towards myself has really helped to open up my ability to be compassionate with other people. It feels like, ultimately, if you really can't be compassionate with yourself, you're not really being compassionate with anybody else. There are people in my life who I feel have really been able to hurt me. Whether I let them hurt me or they did it on purpose or whatever, I was hurt by actions of other people. It's not a big piece in my life, but there are people out there that I feel that way about. I feel that especially in the last few years, my meditation practice with Reggie Ray has really helped me sit with, *What is it that I'm really holding onto here...* for instance, that keeps me so angry with a particular person? Pretty much every time I really go into that, it comes back to how I'm feeling about myself. So, I really see that if I don't keep working on my compassion for myself, I can't really go out there and with these **deeper** people that I feel **so** much betrayal from or hurt, I can't heal that piece with them if I'm not really looking at it in terms of being kind to myself around what happened.

I would say that all the self-growth work that I've chosen to do and my willingness to continue to look at myself have been key. I mean, do I want to be an angry person? No, not really. Do I want to hold onto judgments about somebody? No, not really. When I keep on looking at those things, I just constantly find that the answer is that I want to be free from seeing other people (besides George Bush) as wrong. When I see something out



there that I feel judgment about and if there's something I can do about it – like a woman smashing her kid against a wall as I walk by, for instance – rather than just continuing to walk on by, I can take action. I can take action out of compassion, rather than by saying, “You are a stupid fucked-up person and you need to stop this.” Rather, “Oh, this person should **not** be doing this because it's hurting the child.” So, trying not to judge them about why they might be doing it. I feel like I'm getting better and better and better at not judging somebody about why they're doing something, although I find it a little bit harder on the world scale.

You're born with self-compassion. I believe that. Maybe in extreme cases you're not, like the drug-addicted parent or alcoholic, but I think that as a baby you're born with your own self-compassion. Sadly to say, I think it gets lost very quickly or it gets supported and grows a little bit, and then when you go to school, things gets all messed up. Then there's no education around self-compassion, like there's no education around communication. There's no education around what it is to be a parent. There's no education around how to be with another person just listening. There's no education around those things so people have to be re-educated and most people don't go there. I feel pretty lucky, pretty blessed that I have found this road in life and I know about it, but I would say the majority of people don't.

One of the biggest issues with my clients is self-worth and without **compassion** for yourself, you can't have a lot of self-worth. So I feel like I'm dealing with that on a weekly basis with clients to one degree or another, which helps me constantly keep looking at it for myself. What comes to me in the form of clients is also something that I need to look at. It seems a mundane statement, but I think it's really true, and whether it's

something you're dealing with a little or a lot, it's something to be conscious and **aware** of that we're all in this together. What I'm helping people be more aware of in their lives is something that I need to be more aware of, too. Always.

The belief in Hakomi is that if you come up against a place where you actually don't know what to do or where to take your client next, rather than pretending you do, there's a place where you say to your client, "Well, I'm not really sure where to go next," and you leave space. Things will come up when they need to. Over the years, I've been able to get to a place where I've been able to do this rather than sit there across from the client thinking, *Oh, my God! I have no idea what to do!* or *They're so resistant!* To me, self-compassion is about taking a deep breath and being able to just sit there. I don't **need** to know where to go. This client actually has all the answers. Hakomi is based on relationship. That's **the** most important ingredient in the therapy: the relationship between the client and the therapist. So then, trusting. In the past, I have gone, *Oh my God, if you were only a better therapist, you would have been able to do way better work with this person. Now they're leaving and they haven't had a great experience here.* They phone me up two days later and say, "Oh my God, that was so great. Can I make another appointment?" We have this idea that we have to have some **huge breakthrough** for a session to be deemed as good, whereas people get little pieces. They get openings, a crack where the light comes in.

If you don't have self-compassion, I think it's very difficult to really take in nourishment, and I think that taking in nourishment is a key to life. If you aren't being nourished by the gorgeous flowers, or the rain, or that incredible face across from you, or the babies, or your mother who drives you **crazy** or... Are you living? You're here

diminishing, you're dying... And I **also** believe that we really can only do what we can do. I feel like being healthy is one of the most important things in life because that feeds into being happy for me. If I'm not healthy then I don't feel happy. And just like in Bhutan where one of the national policies is happiness, every human being needs to be happy. They **work** towards that. Whoa! I want to live in Bhutan! I think being happy is the key to health and health is the key to happiness and they all fit into self-compassion and self-compassion fits into them. It's all part of the same thing.

For me, doing yoga, massage, running, continuing to do my own therapy, all those things are part of that. Meditation as well, when I can get there and pay attention to when I get into a spin around, *Oh, yeah, you're not meditating. What is wrong with you? Why can't you get up and meditate...* When I hear those words start, I just breathe. The breathing part of it has absolutely been the key to remind myself, learning how to really, truly, honestly **breathe** into my heart. It's like literally stepping back and going, *Okay. It's all okay.* Not to say that sometimes I don't go off. I have my moments, particularly around not following my disciplines because when I **do**, I know how good I feel.

I think that self-awareness is connected to developing self-compassion, and if you don't choose to take what you discover about yourself into your daily life, pay attention to how you're relating and looking at people, then things aren't going to move and grow. Right now, I'm living with my mother, which is a very challenging thing to do. I'm so reactive to her so it's a huge practice for me constantly, on a daily basis to step back, take a breath and say to myself, *That's my mom and she's the way she is because of how she grew up and all her experiences.* I can't **change** her. I don't need to **judge** her. It's a chore, and I work at it daily. Some days are easier than others. People say, "You're a

Buddha, being able to live with your mom like that.” Well, I need them to know that it is not easy. I’m **choosing** to be aware that I do react. Do I want to react like that in my life? **No.** So I have an opportunity to practise a different way. And I think my relationship with my mom is not nearly as bad as some people’s. I can imagine not choosing that possibility, that it just would be way too terrible – or it could be easier – for other people.

I think that we’re constantly affronted with things in the world, our neighbourhood, our families, and there’s always opportunity for self-compassion. I hope to be able to stay open to it. I don’t think you just **arrive** and then all of a sudden there you are, now you’re compassionate and you never look back. I think it’s just a constant challenge, and again, it’s so different for everybody. Some people probably just don’t have an issue with it. I haven’t met those people yet, **but** they **could** be somewhere out there. The Dalai Lama, maybe, although maybe he struggles with it **daily**.

I’m 61. As I look around myself in the world, it seems like a lot of people as they get older lose the ability to really be compassionate with themselves, and other people grow into it more. I want to be one of those people who grows into it more. I think they’re rarer than the people who lose the ability to stay compassionate. I’d like to be rarer **because** I see that the more compassionate I can be with myself, the more compassionate I can be out there, and that’s exceedingly appealing to me. Just keep allowing myself to see myself as a good and beautiful person, a perfect human being just the way I am... and recognizing that there’s **always** that road to keep opening, even though you’re perfect. I think you have to do that to keep having that compassion. They seem to go together: choosing **opening** to life and compassion for yourself. If you start shutting down, it’s more difficult to have that compassion, and the compassion has to do with nourishment. I

think that continuing until you're a hundred to do your own personal work is the key, and that can be through meditation, tai chi, yoga... I mean, I think therapy can be really important for self-growth, but it's not necessarily the right way for everybody. So I think that some kind of way of continuing to look inside is the key to being able to continue to be compassionate... and to have grandbabies, if at all possible, in your life!

## Sophia

When I was young, I thought that studying psychology would be a wonderful thing for me and for my career. At that time, my approach was more intellectual. I wanted to know most about consciousness and about how people think, feel and develop. In the course of studying, I learned a lot, but there was nothing on self-compassion. When I started to work, I thought, *I want to help everybody*, and I felt quite stressed when I was not able to help **everybody**. Down the road, I realized that not only me, but many other practitioners have the same feeling, and it was a very stressful experience.

Then, further down the road, when I started to read and practise self-improvement and meditation, I realized that it's not possible to help everybody in everything. It helped me to understand that when I work, I am focusing on the best I can do for people and it is **not** possible to help every client with every issue. So this understanding helped me to ease the stress and also to start to focus on myself and how I **thought** and **felt**; I was not so **hard** on myself anymore.

The shift in my development of self-compassion can be described from my point of view as a realization that we all are spiritual beings and that love is universal – it means, for all of us. A new awareness of spirituality brought this shift in my perception, my thinking and my feelings, into being. That's what I would say, because spirituality is beyond what we call religion. It's the blanket for all religions. Thanks to my deeper awareness, my self-compassion just grew and grew and I feel good, more whole as a person. That's the most important thing. My work as a therapist became easier and enjoyable. I have not experienced burnout and I have been working now for 34 years. This is my 34th year, wow!

I have realized that as a person, I am connected on a spiritual level with God and that God loves me. It means I'm here to serve, and yet I'm also a participant in that service. So if I need help, I ask for help knowing that I am lovable, loved by God. It means that I can love myself fully. From this point of realization, I was able to extend the service to others on a deeper, more **grounded** level, doing **my** part in this service for others the best way I can. Knowing and experiencing that I am loved by God just the same way as all others are, including my clients, means that everybody is taken care of on a spiritual level the same way **I** am. So I could then see the client or the patient on a more equal level.

When I studied psychology in the 70s, part of the medical system's thinking model was a belief that the professional is in charge and "knows what is right" for the client or patient. I like the current approach of encouragement, coaching and facilitation of the changes that clients are ready to make themselves. It means I **don't** have to have all the answers. I just need to help the client to become aware, to **see** what they already know within themselves. So this revelation **really** helped me and created a shift from an intellectual to an emotional – or we can also say to a heart – level in my practice. As I became more self-reflective, compassion for the "other" was born. The next step in this process was that I became included, and then self-compassion was born.

When I started working with clients, I don't think I was even aware of the word *compassion*. I think that it was *empathy*. It looked like the empathy was there in me, but it was in a "raw" state. It didn't have proper boundaries. It was almost like a liquid and it enveloped everything, pouring **out**, but I was not fully included. Then as I grew in maturity, my empathy started to take a healthy form with boundaries, which helped me understand how much to do and when to stop. I was, then, able to give myself more time

for self-reflection. I think that empathy as a gift to myself created the ground for self-compassion itself. I must admit that it is quite difficult to describe this process, which is in the experiential realm, through language. Surely empathy – self-compassion with solid, healthy boundaries – gave me a broader, richer and more effective professional as well as personal life experience.

As we know, clients who come for counselling usually don't have self-compassion developed yet. I think that meeting with a counsellor who is practising self-compassion may help the clients to make the necessary shift toward a desirable change. Simply – “**Hah!** If she can do it, I can do it!” So I can say that a good example is contagious. I have observed that clients' progress in therapy does not happen because of some theories, but through a loving, compassionate relationship. But in order to be able to share peace, love and compassion, therapists must cultivate and practise it. I believe that self-compassion flows on an energetic level. My clients tell me, “After the session I feel **good**. I feel uplifted.” Well, how does it happen? **Something** is going on there, difficult to describe with words, which helps them to feel good and motivated enough. Then they come back and say, “Well, guess what? I went to a seminar. I went to swimming pool. I went to a painting class,” or things like that. “Yes, that's great! How does it feel like?” “I feel energized.” I think that if I feel compassionate toward myself, it is possible to transmit it by being an example to those who are ready to absorb it. I serve as a good role model. If I do not practise self-compassion, I cannot serve as an example. Developing, practising and nurturing self-compassion became very important in my professional, as well as personal life. I believe that self-compassion not only helped me to be a better person, but also helped me to practise counselling with joy and ease.



When I didn't have self-compassion developed yet, I would feel pressured, for example by a lack of time. Earlier in my career, I worked in a big hospital as part of a medical team where we were supposed to get the answer really quickly. At that time I worked as a registered psychologist and part of my job was to provide psychological assessments. I think that it was **my** inability to give myself enough time and resist the pressure, rather than the environment that created challenges for me. So the development of self-compassion can be described as learning to be generous enough toward myself and to give myself a gift of all that I need to provide a good service, like taking enough time for an assessment without feeling pressured.

In contrast to my earlier days, I now show myself compassion in many ways. I give myself enough time for breaks between sessions. At this agency we can do it. I don't overload myself with clients and I seek counsel when I need to debrief after session. I also work as a supervisor and give myself enough time for the meetings. When I know that I have a difficult session to come, before, after or both, I will pray. Prayer helps me to center, gather my energy and reminds me that I am not the one who is the solver of the problem. I'm just here to **help** the person to solve the problem. I **ask** for help from somebody who is higher than me, and let's name this soul God. I'm here to **serve**. So again, prayer as a part of practising self-compassion lowers the stress. Prayer helps me to ground myself and be prepared in a better way.

Practising self-compassion at my work goes beyond my person. I would say that the whole agency, by being sensitive to each other and what's going on in our personal lives, is practising self-compassion. For example, when a colleague had experienced family loss, a case dealing with grief would be not assigned to this person. That's too close. So

we always look after each other and encourage each other to grow and take time to rest when we need to. There is emphasis on spirituality in this agency. We gather in a circle once a week and we pray for our families, each other and for all our clients. Again, this is a nice way to remind ourselves that we are not here to save anyone. We are here to help in a healthy way, and it really helps to bind us together. There is **no** pressure to deal with clients we personally would not like because we are just human beings. So we can have preferences, and one of my roles is to match the client with the best counsellor in that area so we are not getting clients just randomly, but according to our preference and our gifts.

Self-compassion has many parts, but self-care, I think, is a major part. It means that I deserve to take care of myself and that I want to do something good for myself. The focus is on my well-being, which is the outcome of self-compassion. So if somebody says, “Oh, I am compassionate,” but they don’t take care of themselves, then probably it’s not the case. I feel **better** when I do take care of myself. I’ve always had a practical self-care plan for myself and I also help other counsellors to develop their own self-care plans as well. I do practical things on biological, mental and spiritual levels, so it’s a holistic approach. Part of my self-care plan is going for a swim or sauna almost every day after work. Twice a week I participate in “Aquafit” exercise. I feel really energized, rejuvenated. If I cannot go to the pool, I go home and I take a good shower – almost cold, not too cold – this **really** helps me to literally cleanse not only physically, but also mentally and emotionally. On a spiritual level, I start and end every day with a short prayer.

Other things are important to me in nurturing self-compassion. I am always striving to learn more about myself. Books are really good friends, and I listen to other people who went through the same process of self-discovery and learn from them. I make contact with other people, who can enrich my social life and I can enrich theirs. Another thing that I really like to do is to travel to other countries. Tomorrow I am going to Maui for a whole week this time, just to relax and do nothing. “Doing nothing” is actually really efficient because I **really** will energize myself and come back relaxed and ready to serve better. **That’s** a big part of self-compassion too.

My speciality is helping women leaving, or trying to leave abusive relationships. This is **quite** challenging many times because, as we know, some women will return back several times before they gain power to leave. One has to have a lot of patience and self-compassion to be able to deal with these situations. We know that when the woman returns, it’ll usually get worse. In the case I’m thinking about, my colleague and I, we both sat down with this young woman who thought that if she got married, everything would change for better. We were **not** able to persuade her not to marry. Well, they **did** marry and she got even **more** abuse. After a year, she came back and asked, “Will you help me to get rid of this marriage?” which was **not** an easy thing. So we worked with this woman. I worked with this woman and she even attended one of our groups for women in abusive relationships and finally got the message and was able to leave.

Some of the challenges for me were to be patient enough and not to blame myself or feel guilty... *Well, maybe I haven’t done enough or What if I would have said this?* No. That’s just not the case. So I brought in self-compassion by thinking: *Okay, again, I need to remind myself: It’s **not** my life, it’s **her** life. **She** needs to come to that realization*

*herself*. It's very hard to witness another person suffering. She has to come to that point that she's willing to leave and not to look back, and then I can help her to grieve the loss of that relationship no matter how difficult it was. So to stop these thoughts of blame, like *I haven't done enough*, self-compassion had to come in again. *No. We are here to help that person to get to that realization*. So both my colleague and I, we walked with her. I walked with her through that whole period of her life and now she's free. I remind myself that no matter what the challenges are (and this is a positive story, it's not always that positive) by saying to myself, *Stop thinking this way. No, that's not the right way... Take a deep breath... I'm doing the best I can in this moment*.

This is one way that I create the boundaries for the empathy because when it is just flowing, it can literally kill you. You can get burned out and feel no satisfaction. So with the self-compassion also comes satisfaction. When I look back I feel satisfied and fulfilled that I have done a good job... **and** there are mistakes made, which is part of it as well. So it is important to be able to reflect on these mistakes, to learn from them and not to get crushed by them, and to lower the expectations. I'm helping that person to achieve that goal, but I'm not the one who gets to the goal. I am a companion on the journey. So this helps me to be more satisfied, **very** satisfied. Actually, I can say that I am very satisfied with my work. I would **not** change it for anything else.

I, myself, was in an abusive relationship for more than 20 years. Only after my divorce did I start to realize that my empathy was growing into compassion and that compassion **is** the healthy way of helping people, including **myself**. And so I became **included** in the compassion. Well, what a revelation. So what happened then? I felt more **connected** with myself and with the spiritual source. As a sign of thanksgiving for the

freedom and transformation, I decided to go to a goldsmith. I had a Libra sign attached to my gold pendant and I asked, “Can you change it into a little bird, a free spirit?” The bird flies freely, that’s the Holy Spirit, but usually how they portray the Holy Spirit is with a head down and it looks to me like a **dead** bird. So I wanted a vibrant bird in flight representing freedom. It is my symbol of spirituality, I would say – not religion, this is beyond religion. I remind myself, I am **free** in the spirit. I feel enlarged, greater and yet humble. It’s not the **ego**; it’s the spirit. That’s the true freedom for me.

Self-compassion means for me freedom, love... and there is another word that, again, is connected with spirituality. It’s the mystic way in life, a way of Being. It means that when we realize **this** about ourselves, when I realize that I am part of a larger picture, which is beyond what I can see, I think this is the true freedom. That’s being a mystic in the world. **Grounded**. It means rooted, and yet with my head above the clouds and connected to all that **is**. *And the bird flies whenever she wants...* Well, that’s beyond gender, but I love this expression very much.

## **Mike**

Coming out of my Master's program, I was full of vim and vigour and felt like I had the psychological world by the tail in a way. If anything, I had lots of energy and ideas. But then, I also had this shadow that I wasn't telling anybody about, so it was a very private journey.

I initially began my counselling work as a clergy about 17 years ago. When I came into the public agency world, very young and eager, everyone around me spoke psychology and I thought theology. These were two different worlds and two ways of languaging people's experience. It was a couple of years before I learned the language to convey my thoughts the way I wanted to in my workplace, and for those two years I felt as though I was a fraud. Honestly, I had this feeling that my manager was going to come into my office, stare down and say, "You're a fraud. You don't know what you're talking about." We would have meetings about clients and talk about their disorders. I would write them down and at night, go and look on the Internet or in textbooks to learn what they were talking about. I understood all the concepts; it was just getting the language piece that was challenging.

I remember talking to my boss once and she told me about statistics that they kept that tracked the staff ratio of clients who remained with the program. I had the highest rate of client completion. It was very affirming for me to realize that I had a natural sense of counselling, even though it took me a while to get the psychological language behind it. About eight or nine years ago, I was sharing this experience with a psychologist at work and he basically affirmed that being a fraud was a fear of every counsellor because counselling by nature is non-scientific. The counselling process – the interaction between

two people – can be studied, but it can't be brought down to science. It's about relationships, so by nature, it's an inexact process. So I'm going to make mistakes. I'm going to misread somebody. I'm going to have to ask the right question, maybe the wrong question, and get it wrong before I get it right – because in truth, there is no wrong. I think as counsellors we need to count on the fact that there will be counselling failures – but not in the terms of “I'm a failure, therefore I shouldn't counsel,” but in terms of “I'm going to make normal human mistakes, misread situations, mistreat myself, mistreat my clients.” That's going to happen, so there has to be a way of continually correcting so that I can learn through this experience.

For me, it's been a professional journey trying to understand the ways that I as a counsellor, with my theoretical approaches, can be more human and more effective with clients. Self-compassion has also been a personal journey. As someone who approaches life from a perspective of faith, Christian faith, self-compassion has to do with grace. And I think grace starts with yourself. It's applying that compassion, that grace to myself, not so much as being a role model, but just as a way of taking care of myself, as a way of slowing things down for me so that I can continue to practise effectively. So counsellor self-compassion is to give myself that space to be myself with my background, with my strengths, my struggles, my weaknesses, whatever they are, so that I can find ways to be authentically myself, but also find ways to be supportive to the clients I work with.

Over the past four years, I've had a second transformational process, which still continues right now: one major experience and a series of others that have aided my redevelopment as a counsellor and how I view myself, how I treat myself, and how others treat me. After my first year and half or so, I had allowed myself to become depleted in

my energy. I had lost focus in my work and was going through some things at home. At this time, I had an interaction with a client who I felt was being demanding, though probably she was just making a request. I dropped everything and facilitated a phone call with myself and her mother, and I allowed the client to be in the room without disclosing it to the mom. My thinking was that I wanted the client to see that her mother could make communication changes, alter her perspective and recognize that her daughter **is** making progress. So I had a clinical reason for it, but it was poor judgement. During the phone call I felt uneasy, although the call went fine. As soon as it ended, I told my client that I probably would have to tell her mom. She didn't agree. I consulted with my supervisor the next day, who recommended that I tell her mother. When I did, the mother didn't say anything, but as soon as the client commenced her program, she complained to the higher-up manager.

There was a process that I went through at work that was not very pleasant. It felt that I was close to losing my job because I was very **upfront** about it. That saved my bacon, but it was a difficult experience because of the poor judgement call that I made. I've realized since then, through spending a lot of time with our consultant and with my manager talking through that experience and others, that we all make judgement calls with clients. We all make misjudgements, but the key is that we have to be able to learn to recognize when we are depleted and being triggered by clients. If we feel that we're at risk of making poor judgements, then we need to talk to somebody or slow it down and make sure that we follow some kind of process.

This experience still continues to impact me in terms of how I think about my work. I'm constantly thinking about self-care and boundaries. I'm thinking about taking careful



steps to ensure that I review confidentiality at the beginning of every phone call. I still practise that today, but in the back of my mind, I recognize that I made this error. I think I still have to work with **this** current situation because it's still with me and I remind myself about the fact that I made this particular mistake, which probably erodes my ability to be compassionate to myself at times.

I work in the addictions field, in a residential setting with youth. It's challenging work. There are not a lot of days that go by where my clients tell me that I'm a good counsellor and love the work I do. Usually if they don't swear at me, that's pretty good, and then if you can get anything out of them, that's fantastic. And then there are those odd days when you feel like you've connected all the dots and the lights go on, but those don't happen all the time. So you have to learn to be compassionate towards yourself because the work is very daily. It's much like any job. It's day in, day out.

I remember talking to a previous manager about feeling frustrated because I didn't get to see the clients finish their recovery and see the success side of it. She chided me in a way, but she got me thinking about how I define success. So I spent a couple of months really thinking in very concrete ways about this question. For me, success was about clients who continue in the program, parents who request a follow-up session, clients who continue to identify issues to work on, clients who participate in the strategies that we discuss or recommend. Maybe clients who approach me and say, "When's my next session," or "What are we going to talk about today?" These are very small, but concrete steps so that I could be able to say in my mind that this person is buying into treatment.

We regularly have a clinical consultant at work who leads a staff process group every week, and during that group we talk lots of things like client issues, but when we need to,

we talk about our own process. I've taken steps numerous times to disclose my own journey with clients or about clients and talk about frustrations or difficulties. I found that staff has echoed those feelings. That's been another way of practising self-compassion for me. I think an important lesson has been recognizing that clients do impact on me and that that's okay. That clients impact on **me** does not in any way mean that I am a poor counsellor and that if someone else can connect with a family or a client whereas I have maybe less ease at that, that that's not something that is wrong with **me**. That's just how counselling works.

I think another way self-compassion comes in during session is where we as counsellors talk about our humanness, but talk about it in a way that's compassionate and respectful. So even if I talk about something that I need to work on as a person, I do it with compassion. I typically will talk to families when parents come in with their adolescents. They're in crisis and feeling depleted because they usually feel that they're pretty horrible parents. I normalize by talking about how every couple has conflicts they have to work on and I'm always trying to work on communication myself, and not a day goes by that I'm not trying to improve how I communicate with my spouse. So in saying that, I haven't disclosed any personal details about my life, but I've normalized the fact that there are conflicts that happen in relationships, while also treating myself respectfully. So I think that careful self-disclosure is a brilliant strategy and that sometimes how we talk about ourselves in a counselling environment can betray that self-compassion.

Self-compassion also has a practical side, at least for me. It's been a long journey and I think I'm still probably at the initial stages in terms of limits. I tend to bend over

quite a bit for clients. I've got a lot of flexibility to extend sessions because that's the nature of where we work. It's residential and 24/7 and we have to adapt to the client's needs. I don't keep a clock at work and there's no billing, so if I want to have an hour-and-a-half session with a client, it's very easy for me to do that. This can cause problems for me because I can deplete myself by allowing sessions to go too long, or to be too close together, and then I'm not as effective as I could be because it's just too intense. So it's taken me probably three years with slow improvements. Now I usually keep the sessions at an hour or just a little bit beyond and I have a much easier time keeping it to that hour. Even if it's not ending well, I still will usually end it. I practise self-compassion by recognizing that me and the other people in the room **have** to have some kind of limits.

I'm regularly taking almost like a mental temperature check of my self-care. I will often be very overt to the consultant at work and to my manager and just say, "Here's where my self-care's at. Here's what I'm doing." It's important that I speak it out, because I recognize that that the process of counselling can be somewhat challenging. We can delude ourselves into thinking that because all our clients are doing well, we're doing well. But if I have lots of stress at home, that can have a pretty negative effect on my counselling if I'm not recognizing the effect. So my approach to self-care is holistic. It includes physical activities, like exercising, and creativity, which might be considered part of the spiritual realm. I like to paint. Every now and then, I'll take a drawing course. I also enjoy getting away as a family on vacation or for a weekend, spending time so that we have healthy family relationships.

Although we're a voluntary program, we work for the government and have a series of expectations for the clients. If a client isn't following through on those expectations participating in the program, engaging in non-violent behaviours, for example, if they bring drugs into the program or make threats, then they will have to be discharged. Some of those discharges are very cut-and-dried and easy to make. Others are very troublesome. We know that a youth will go back to the community and likely relapse hard and have a very difficult experience. There is a case on both sides of the decision. Sometimes when we advocate for a decision, it's very, very difficult. I think that self-compassion also plays out when we look back on a decision we've made and knowing what we know, how we value ourselves is really important. As an on-call supervisor, I also have to make judgement calls about client situations. The challenging part is when I get to work the next day, I have a discussion with the manager and usually with other supervisors about that judgement call. At times, it's the judgement that everyone else would take, and at times there's disagreement. I've learned I just have to be gracious or compassionate to myself in how I look back at a situation, regardless to other colleagues' input.

One of my previous managers taught me about the idea of counsellor reflective practice. Probably three years ago, I began using a journal quite consistently, whenever I had a frustration with a client or was angry. It was a tool to review those times when I noticed something going on in my practice. For me, the experience of self-compassion has to be something that is integrated through consistent thought. It doesn't just happen naturally. It has to be something that I think about and begin to slowly work on over time. Ethically, just as a counsellor has a realm of practice that begins with yourself, so you

have to manage yourself or take care of yourself in a way that is ethical. I think that self-care and that reflection piece begin with compassion.

For me, self-compassion is the practice and consideration of mercy towards myself, and towards others. In particular, it's the practice and consideration of mercy towards myself and others regarding everyday decisions that I make as a counsellor. That's as practical as it is. I think in any decision it's about how I view myself, looking at myself with compassion, looking at myself with caring. I think as we all strive to be empathetic towards our clients, part of it is striving to be empathetic towards ourselves. This involves slowing down the mental process of self-criticism, whether it's because of decisions or judgement calls or whatever. It's an ongoing process that I constantly want to get better at, learning how to evaluate myself, but in a graceful or compassionate way.

Something that I continually strive to do is be more public in how this theme is discussed. I'm in my early 40s and a lot of staff is in their early 20s, at the place where I was 20 years ago. One of my personal goals is I would like to give some kind of mentorship or support to the younger staff. Not that they don't know anything, but it gives me a sense of purpose that I can maybe teach them some things from my own experiences. It's about being more overt about the need for self-compassion, whether it's discussing my own feelings or experiences with clients so that staff understands that it's okay to have frustrations or be affected by a client or question their skill as a counsellor. That's something I strive to model.

We had an experience three and half years ago where a client snuck alcohol into our program and I was on-call that night and had received numerous calls. Finally, I decided to go in to deal with the situation. As I walked in, there was an ambulance because one

of the youths needed medical attention. It was mayhem. I looked at the first staff I saw and said, “This is not about you.” That was a situation where we discharged most of the clients because they were involved in drinking in the program and we had to clean house. It was a really difficult experience, but two staff members have since mentioned to me that they felt really impacted by that because they were blaming themselves for this situation happening on their watch. This compassionate way of thinking about situations pervades our workplace. We’re very open about the realities of this work. We have a different manager now who continues to model the same approach and is very compassionate towards staff. It’s important that we talk about self-compassion so that everybody knows it’s important. When we go through difficult events, we can learn from it, talk about it, be critical if we need to, but let’s make sure that there’s a sense of self-compassion. Maybe accountability too, because we have to make some hard decisions, but there also has to be self-compassion.

I’m one of the few staff who has stayed in this new residential program since its inception, about four years ago, and I think that self-compassion has something to do with it. We work in a very stressful, demanding environment. It’s very easy to get sick of this kind of work, whether it’s because of burnout, the stresses of shift work, or just needing a new challenge. It’s easy to lose heart. I think that self-compassion, taking care of yourself, seeing your work with clients as a journey, and the way that you evaluate yourself (like how hard you are on yourself when you make normal human decisions) define how elastic you’ll be in the field. I think ultimately you continue to learn from your experiences, gain whatever you can from them and as I’ve often said to people, if you can’t move up, you have to be able to move out. So there has to be a sense that if you

can't progress in higher positions and continue to learn in that way, you have to continue to expand yourself **around** – so you move out. You learn about different series or models or approaches and you try them out. You're constantly almost re-evaluating or re-inventing yourself because you need to have that side of your work grow as well. And I think we all have to be compassionate in how we do that as well.

When I was younger in the field, I think I had this idea that I'm going to publish something. I'm going to be an author. I'm going to be a famous counsellor and all these wonderful things. Now as I'm not at the **end** of my career, but probably ten years past where I was, I don't have any less desire, but I think I'm more realistic in how I look at my contributions. Maybe I'll publish, maybe not, but **probably** not. But when I evaluate my work, I feel that I've had opportunity to have a good amount of impact. Earlier on in my career, I think I expected so much and it probably wasn't realistic. Now I think I have a much more compassionate pace. Now I think I'm more of a marathon runner, rather than trying to get the sprint done.

From my frame of reference, self-compassion is a process that's between **us**. It's not something that happens just with me. I hear another's story and so I feel compassion. I learn self-compassion by more or less disclosing to someone else, and then it's this ongoing feedback of compassion. All this self-care stuff is really important, but it's very me-oriented and very isolated. But the more I disclose my story or my lived experience to someone else, that's when I think self-compassion begins to move and take on a life of its own. It's not only the interaction within me, but also within that other person, who has their own responses, which may or may not be the same as mine. I can have lots rambling around in my head, but when I start to say, "This is where I'm at," it seems to take on a

different energy, a more healthy energy, and then makes sense. Or I can share lessons that I've learned through a process of hard knocks, then someone kind of gets it, and then adds their own lessons. So then it's been an enriching experience.



### **Developing Self-Compassion: Cross-Narratives Themes**

In the following section, I present common themes that emerged for me with respect to this study's first research question: How have experienced counsellors developed self-compassion? The task of identifying themes that join many or all of the fifteen narratives was one that I performed with a combined sense of unease and curiosity, as I elaborated earlier in the Methods chapter. After all, the narratives included in this chapter are powerful "teaching tales" that stand strong as findings in their own right and invite the reader to create his or her own meanings and cross-connections. Furthermore, in some ways, the stepping-back in an endeavour to further reduce, to categorize, and to present conclusions seems to me to run counter to the epistemological underpinnings of narrative research.

At the same time, I have surrendered to the process of infusing my being into the findings that follow and offer one interpretation based on my immersion in the narratives for the purpose of synthesizing shared information and pointing to possible avenues of further exploration. The threads that I have chosen to follow and to create meaning from, through the process of composing this section, are threads that invariably connect back to my own lived experience. They are as follows:

- (1) Ongoing "Journey"-ing;
- (2) Learning through the "School of Hard Knocks";
- (3) "Who am I?": Understanding Self/ves;
- (4) Influences of Spirituality and/or Religion;
- (5) Therapy and "Complementary" Healing Practices;
- (6) Opening to Compassionate Beings and/or Role Models;
- (7) Being a Compassionate Presence and/or Role Model.

## Ongoing “Journey”-ing

All participants describe their development of self-compassion in terms of a process – many as an ongoing, lifelong “journey.” Magnolia’s development of self-compassion has been “a long journey of balancing that internal and external responsibility – my inner world and outer world.” For Jean, it has been a developmental process with “glimmers” of self-compassion along the way, like “riding a wave.” It’s also been like a remembering process, a vehicle to wholeness and oneness. Celine describes her second “awakening” as “just another stop along the journey, a new vantage point, and there’s going to be another one... and another one... a perpetual unfolding.” For Mike, it has been a “professional journey trying to understand the ways that I as a counsellor with my theoretical approaches, can be more human and effective with clients,” as well as a personal journey.

All participants share aspects of their lived experience of developing self-compassion in the contexts of their careers, and to varying degrees, their personal histories. For some, this process started as early as childhood or adolescence; for others, the concept of self-compassion is newer and was first discovered during later developmental stages in their lives. As one participant notes, “I’m growing into it.” Many participants speak about their processes in terms of “life’s experiences [that] just kept presenting [them] with opportunities to learn compassion for” themselves and as a possibility available and relevant to all human beings throughout the lifespan. As *luvlife* observes,

I don’t think you just *arrive* and then all of a sudden there you are, now you’re compassionate and you never look back. I think it’s just a constant challenge, and again, it’s so different for everybody. Some people probably just don’t have an issue with it. I haven’t met those people yet, *but they could* be somewhere out there. The Dalai Lama, maybe, although maybe he struggles with it *daily*.

This study's narratives show that becoming self-compassionate is an ongoing, often challenging developmental process that is unique to each participant.

### **Learning Through the School of “Hard Knocks”**

Learning through experiences of pain and suffering, or as both JP and Mike put it, “the hard knocks” of life, seems to be an integral aspect of all narrative accounts. Mike refers to normal counsellor development itself as the ground for learning and practising self-compassion:

The counselling process – the interaction between two people – can be studied, but it can't be brought down to science. It's about relationships, so by nature, it's an inexact process. So I'm going to make mistakes. I'm going to misread somebody. I'm going to have to ask the right question, maybe the wrong question, and get it wrong before I get it right – because in truth, there is no wrong. I think as counsellors we need to count on the fact that there will be counselling failures – but not in the terms of “I'm a failure, therefore I shouldn't counsel,” but in terms of “I'm going to make normal human mistakes, misread situations, mistreat myself, mistreat my clients.” That's going to happen, so there has to be a way of continually correcting so that I can learn through this experience.

Pain and suffering are reflected in a range of ways in work and training challenges over the course of participants' professional development. Several narratives describe difficult professional decision-making situations and outcomes -- some decisions described as made from a place of poor judgement despite good intentions, and others as seemingly “imperfect” no matter what. Serena refers to a period in her life as a beginning counsellor when she experienced workplace burnout as having been pivotal to her development of self-compassion and altered orientation to the way she counsels. Jack speaks about how he managed serious workplace harassment and race-based discrimination and its effects on his life by practising compassion. Lw's narrative describes how her experiences of countertransference during sessions have cued her to “confront [her] own history as a ‘wounded healer’” and engage in her own therapeutic journey. Ellen and Celine describe

challenging supervisory experiences during their internships. Ellen's coped with shaming approaches to supervision, as follows:

When I was doing my internship, I discovered that one of the main methods that the supervisors used for giving feedback was shame. It was just shocking, and I certainly had to depend on my presence and meditation practice to stay with present experience of feeling hurt and wounded, and even have compassion for the supervisors (which is also compassion for oneself).

Many narratives include accounts of pain and suffering in the participants' personal lives. Jean describes how her "self-compassion has evolved through emotional pain" from a very young age:

I can remember as a teenager, probably about 15 years old, I would take my transistor radio and go walking in the evening and listen to the music. I would just walk and walk and walk and cry. I can remember saying to myself, *How am I going to make it through this?* because I felt so hurt. I think I almost intuitively knew that there was a purpose for me to be in the suffering, and it was the suffering that helped me to gain self-compassion and love. It was love that helped me to stay alive. It was like there was something worthwhile fighting for.

Six of the narratives refer to healing processes from experiences of abusive behaviours, including childhood abuse. Serena and JP describe managing mental health concerns like depression and recovering from drug abuse as part of the process of cultivating self-compassion. A significant turning point in Magnolia's development of self-compassion occurred when she, as a caregiver to loved ones, learned "acceptance of their suffering and acceptance of [her] place in how much [she] could help or couldn't help." For JP, the process of making mistakes, overextending and physically injuring himself taught him "the importance of self-care and self-compassion [...] as opposed to the idea that [he] was made out of steel."

Most participants refer to a propensity toward perfectionism, high expectations, and/or self-criticism. "Shoulding," being "hard on," or "beating up of" the self is

language that is used frequently to describe ways in which participants have at one point treated themselves, or at times still do. Celine and JP both characterize this kind of reaction toward oneself as “adding suffering to the suffering.” In Little One’s opinion, developing self-compassion is “really about letting yourself off the societal, cultural hook of who it is you’re supposed to be and how you’re supposed to be.” Others also refer to developing self-compassion as a kind of unlearning of conditioned responses, of family of origin and societal scripts; as a “re-education”; or as a re-connection to “our spiritual inner core,” a place of “purity, a lovingness and a place of compassion that gets covered in layers and layers of programming and criticism from those around us and society at large.”

This study’s narratives capture how the participants have approached their experiences of pain and suffering in their personal and professional lives with self-compassion and have learned from them. Pain and suffering manifests in a range of ways: through mistake-making; relational conflict, harassment, and abuse; burnout; and self-critical thinking. For many, emotional pain itself seems to have been an important vehicle in their healing processes.

### **“Who Am I?”: Understanding Self/ves**

Serena narrates that “self-compassion and learning who I am have really walked parallel roads. The more I get to know who I am and the more I am okay with me, the more I enjoy and feel *able* to be compassionate towards myself.” Most participants describe their developing capacity for self-compassion in connection with self-discovery and a deepening self-awareness; many reveal a strong inclination toward continued learning. luvlife notes the connection for her between self-awareness and cultivating self-

compassion, and she emphasizes that “if you don’t choose to take what you discover about yourself into your daily life, pay attention to how you’re relating and looking at people, then things aren’t going to move and grow.”

Little One describes understanding as the biggest thing that had been missing in her life:

So as I came out of adolescence and into adulthood, I had to figure out for myself, *How come these people are this way with me?* For a long time, I thought it was because there was something wrong with me. That’s the message that parents often give their children when they’re difficult and they don’t quite understand them and know how to parent them. So I took that away into my adulthood and struggled with it for a long time until I could learn self-compassion – that I really *am* okay and that it’s okay that they didn’t get me, as long as I could get *myself*, understand *myself* and take care of *myself*.

Another participant shares her experience of self-discovery and development of sense of self away from her family and home town, where “people see you as a community, rather than an individual.” Jean explains that “when I better understand another person’s context, then I can feel compassion for them. This stands for me too. When I have a better understanding of my own context, my own narrative, then I can show more compassion for myself.”

A number of participants speak about their changing identities as, in some ways, pivotal to how they approached themselves with more caring and compassion. For example, after suffering multiple injuries, JP wonders, “as a male, my primary role was to provide for the family, but if I couldn’t do that, who was I?” and this contemplation led him to expand his sense of human beings and himself, which he extends into his counselling. Taath notes that she became more attuned to the importance of caring for herself after becoming a mother. During a period of burnout and subsequent unemployment, Serena wrestles with the question, “Who am I?,” and part of her process

of cultivating self-compassion seems to be about understanding who she is in a “foundational way,” which includes understanding what brings her professional fulfillment, such as working creatively and autonomously. Other narratives point to processes of self-understanding in the role of counsellor – for example, learning how to recognize signs of depletion and investigating situations of being triggered by clients, through self-reflective means, by consulting with supervisors, and by going to therapy.

The development of self-compassion and mindfulness seem to go hand in hand for a number of participants. In her narrative, Ellen describes how her counsellor training was the basis of her learning to develop presence (insight and compassion) through Vipassana meditation. Celine rediscovers her “mindful eye,” the ability to be self-aware, through psychoanalysis and then learns mindful awareness with non-judgment through her schooling and work; she notes the connection between mindfulness and self-compassion: “You can’t be compassionate if you don’t notice your self-criticisms, your negative self-talk, and when you start going into those scripts and that languaging.”

The ongoing journey of self-compassion is accompanied by the development of self-awareness and self-understanding, according to many of the narratives. For some, mindfulness is a vehicle used both in counselling practice and in life.

### **Influences of Spirituality and/or Religion**

Segretti d’Enrica describes her understanding of “that true light that’s inside of everybody” beyond self/ves that emerged for her through self-inquiry and a deepening capacity to show herself compassion:

I really *got* that at the core of my being, there *is* no deficiency. There is *nothing* wrong. There’s no imperfection and *nothing* can taint or destroy or traumatize

that, that light of my interior being, that true light that's inside of everybody. So then there is *nothing* to fix. It's just a question of waking up to the reality of this inherent perfection (if I were to use that word). You could say inherent perfection or inherent untainted, wonderful, beautiful, loving spirit. You could call it as many things as you want depending on what side of the mountain you're looking at it from.

Indeed, eleven of the narratives describe participants' spiritual and/or religious lives as significantly influencing or interwoven with their development of self-compassion. For example, Little One's training in theological school, learning contemplation, and connection with others whose life practices included self-compassion were significant to her growth, as seemed to be Mike's Christian faith and background as a clergy. Segretti d'Enrica's studies and practices of Buddhist and Diamond School teachings and Ellen's Vipassana training appear to be integral to their development of self-compassion. Ellen describes the importance of her sitting meditation, noting that "it isn't just about doing it for however minutes every day on the cushion to develop compassion, but that this becomes spiritual practice. This becomes a way of life." Sophia speaks about a direct relation between her spiritual development and self-compassion:

The shift in my development of self-compassion can be described from my point of view as a realization that we all are spiritual beings and that love is universal – it means, for all of us. A new awareness of spirituality brought this shift in my perception, my thinking and my feelings, into being.

Jean explains that when she was a child, going to church was "a haven away from the discord and the dysfunction in my family. Unlike my family home, at church I didn't feel like there was an emphasis on right or wrong, where I would feel judged. So there, I found a way to be kind to myself."

A number of participants describe shifts in their belief systems. Jean explains that over the years, she has recognized that the "power greater than herself" was within and



invited her to show herself compassion. Little One describes that she is now “just a spiritual person and it’s part of my life to be self-reflective...” A number of participants speak about choosing a more loving, accepting God and different way of worship. As a young adult, Serena discovers a different church:

All of a sudden I was seeing a whole new way of worshipping and feeling a whole new *relationship* to God opening up. Prior to this, it was really narrow, very rule-oriented and very judgmental. This church had drums and guitars, and we stood up and sang. So there already, part of the beginning of my development of self-compassion was discovering that music is a way that I can connect with my higher power, my spiritual self, and that there is a place to do this. *Wow!* I don’t have to *judge* myself. I don’t have to sit myself in this little box that I felt I never fit into.

Celine describes her own current spirituality as “rich, eclectic and much more affirming,” one that integrates aspects of Buddhist teachings with Christianity. For Taath, her participation in a women’s event “sparked more of a spiritual exploration” and expanded her approaches to taking care of herself beyond the physical, mental, and emotional to include a spiritual dimension. She observes that “it’s only through my experience of doing more of that personal inner spiritual self-reflection that the whole practice of self-compassion has really come out.” Indeed, for about two-thirds of the participants, spirituality and/or religion are significant influences in their development of self-compassion.

### **Therapy and “Complementary” Healing Practices**

Seven narratives point to the significance of either therapy and/or “complementary” healing practices in participants’ processes. For example, JP describes “the recovery from drug abuse and the hippie lifestyle [through mental health counselling as] another huge turning point in developing compassion for [him]self.” Jack and Celine speak about significant therapeutic experiences with individuals within their training programs. *luvlife*

describes the value of group work and how she was able to develop important awareness around how hard she could be on herself, as well as the fact that her parents loved her by being in this context. This is also an important way *luvlife* learned how to receive and to be supported, significant aspects of self-compassion for her:

It's like, "No, no! I'm okay! I'm okay! I'm okay!" Then, when you can finally let yourself really be vulnerable and get down there – which is, in my experience, easiest in a group therapy setting even though a lot of people intellectually don't think that they could ever do that in a group setting – it seems to become one of the easier places to do it. If you can, and really see how many people can be there for you all at once, it's pretty mind-blowing. Heart-blowing.

Participants also mentioned a range of "complementary" forms of healing, including energy work, yoga, and massage. Celine and Lw both describe their experiences of energy healing as pivotal to deepening their capacity for self-compassion and self-understanding. Celine says,

But working at the energetic level is so far beyond the talky-talky. This was tapping into something that I didn't *know* about. I didn't know what to expect from just "being in my body." There was a huge lack of awareness there. I began to realize that I was a big talking head, and wanted so much to expand and develop the other parts of myself in a deeper way.

She also learns to tap into a "softer, kinder space" through inner child work and visualization. Lw describes how the combination of body work (Healing Touch and Reiki) and her process of expressing herself through her art have powerfully helped her to "process and release" pain and to find a "reconnection with self, spirit, body, joy, creativity, the universe."

Both traditional forms of therapy, as well as "complementary" healing modalities, such as energy work, have been important, if not pivotal, for almost half the participants in helping them deepen their capacity to show compassion to themselves.

## Opening to Compassionate Beings and/or Role Models

Thirteen of the fifteen narratives reveal the importance of other individuals throughout their lives who have shown the participants compassion or who have modelled a capacity to be compassionate to self and others through their presence, thereby impacting their own capacity for self-compassion. In the personal life sphere, these individuals include family members such as spouses and friends. Jean describes her grandmother as an early mentor and still a now-valuable resource who taught her how to feel, that she “was lovable and valuable, and to recognize the strength of going to that soft place, that compassionate place.” Three participants speak about older adults who serve as inspirations to keep on engaging in life in a compassionate way. Iuvlife observes,

As I look around myself in the world, it seems like a lot of people as they get older lose the ability to really be compassionate with themselves, and other people grow into it more. I want to be one of those people who grows into it more. I think they're rarer than the people who lose the ability to stay compassionate. I'd like to be rarer *because* I see that the more compassionate I can be with myself, the more compassionate I can be out there, and that's exceedingly appealing to me.

Participants refer to various compassionate beings and role models who have contributed to their growth, such as children, a spiritual mentor, a boss who gives valuable words of advice, and therapists, as above described. Jean asks both herself and her clients: “Where and with whom or who can you come to a place of believing that you are loved?” and answers her question by describing the impact of a therapist and a significant moment in time with each of her parents, all pivotal “glimmers” of self-compassion in her life.

Within the context of counsellor training, four participants describe their experiences with training staff, professors, peers, and the training materials themselves as memorable and key to their development. Celine notes that “to see it modelled and to have the real

*lived* experience of what it *feels* to be held gently, in gentle regard, in gentle esteem, is what really shifted things for me and helped me to grow.” She continues by describing how her supervisors helped her to develop into a more self-compassionate counsellor and human being:

These supervisors at my advanced internship didn’t view me as being wrong or bad for being defensive, either. They honoured where it was coming from: the place of fear. And they modelled for me how to be more loving towards myself. They were able to sit with my defensiveness in a place of *compassion*. They *held* it. I didn’t have to worry about *their* defensiveness because they had done enough of their own work and were experienced at supervision. They weren’t getting triggered by me, so I didn’t have to worry about them or caretake: they were solid adults in their own right. That gave me the space to just *be* in my own defensiveness and figure out what it was about.

Within their workplace contexts, five participants acknowledged the importance of their supervisors as compassionate role models and supports, and many referred to their workplaces as caring, compassionate, and team-oriented, a place that supports and encourages the development of self-compassion. Celine formally learned about the construct of self-compassion at her workplace and its usefulness in working with her clients with trauma, as well as in supporting her and her colleagues’ wellbeing. A number of participants specified relationships with and support from work colleagues as important to their own personal growth with respect to compassion. For example, Jack says: “I also had a colleague at work who really demonstrated a very great understanding of the experience that I’d been through, and then actually advocated on my behalf and took a risk in doing so. That was a big deal for me. Very moving.” A couple of participants referred to their clients’ compassion as being part of their own processes of developing self-compassion.

It seems noteworthy to mention two points. First, a number of participants point out that a vital part of receiving compassion is the ability to be open to it. According to Jack, “genuinely tak[ing] in the compassion of other people [...] paved the way for self-compassion.” Second, while this theme suggests the importance of compassionate beings to many participants, several of the participants note that the capacity to express compassion to themselves emerged by witnessing behaviours that did not convey self-compassion. For example, luvlife describes watching group members who were hard on themselves, which confirmed to her how she did not want to behave. Taath talks about not wanting to be like colleagues who don’t take care of themselves and counsellors who are so selfless that they burn out.

### **Being a Compassionate Presence and/or Role Model**

Some narratives describe pivotal experiences that evoked in them profound compassion for another’s process and suffering, which also impacted their capacity for self-compassion. For example, Ellen relates her encounter with her father who is in pain in her dream; Jack speaks about reading a newspaper article about a morbidly obese woman’s process of getting healthier; and Jean describes the effect on her of her mother’s “willingness to share her painful stories” with her during a series of conversations.

All participants speak about their striving to serve as a role model as they develop self-compassion, or their present ability to do so, by “practising what they preach,” “serving as a good example,” or having “presence” at work and in life. Sophia explains her perspective:

As we know, clients who come for counselling usually don’t have self-compassion developed yet. I think that meeting with a counsellor who is practising self-compassion may help the clients to make the necessary shift toward a desirable change. Simply – “*Hah!* If she can do it, I can do it!” So I can say that a good

example is contagious. I have observed that clients' progress in therapy does not happen because of some theories, but through a loving, compassionate relationship. But in order to be able to share peace, love and compassion, therapists must cultivate and practise it. [...] I believe that self-compassion flows on an energetic level. I think that if I feel compassionate toward myself, it is possible to transmit it by being an example to those who are ready to absorb it. I serve as a good role model. If I do not practice self-compassion, I cannot serve as an example.

Here is Jean's opinion on the subject:

So I model self-compassion and then encourage and give hope to clients that they can have that same feeling for themselves. To me that's about presence: being present with the energy of compassion. It's at a deeper level. So the next time somebody says, "Oh Jean, You're such a compassionate person," I could say, "What is it that you see in *me* that you could recognize in yourself? What is it that you *feel* in my energy that you feel for yourself?" I feel it's my responsibility to bring it back to them to help them develop self-compassion, but it still comes from within them. And it is up to us to develop it for ourselves. No one else will do it.

Almost all narratives highlight the same idea that is reflected in both Sophia and Jean's excerpts, which is that effective counselling practice and outcome, entails the development of self-compassion, which begins first and foremost with the counsellor.

Along with the seven developmental themes that I have described, multiple meanings of self-compassion emerged from the narratives. Next, I will touch on the various perspectives on self-compassion shared by participants, taking note of distinctions that were drawn between self-care and self-compassion.

### **Perspectives on Self-Compassion**

Self-compassion is a construct that participants learned about in various ways, as their narratives so richly capture. Many drew a distinction between their initial experiential understanding of it and a subsequent intellectual one, and tended to be more familiar with a related construct, self-care. While self-compassion was reported to have been formally introduced to only one participant during her training, the training context is one amongst others that a number of narratives described as having inspired personal

and professional growth with respect to self-compassion. One participant reported encountering and working with the construct in her workplace, and another described attending a professional workshop on self-compassion.

The personal meanings attributed to self-compassion in all the narratives are “multi-faceted,” as Magnolia points out, intricate tapestries that in many ways, to me, defy deconstruction. However, for the purpose of highlighting the commonalities, the differences, and the range of understandings, I will touch on conceptualizations and characteristics of self-compassion that emerged for me from this study’s narratives.

### **Self-Compassion As a Way of Being**

The majority of narrative accounts capture self-compassion as a way of being. For example, Taath recognizes “true self-compassion [as] a whole different way of being. It’s not just those little things that you do; it’s who you are. It’s a part of your lifestyle and your belief system.” Magnolia also describes self-compassion as a way of being, observing that it

started to develop by practising it like a skill in little ways during moments when I could be self-critical to myself. It almost seems like something I’ve practised in little ways along my whole life and *now* some of the fruitfulness of that is that I just generally feel it or can access it more easily, sometimes maybe not even intentionally.

Mike speaks about self-compassion as an ongoing “practice and consideration of mercy” towards himself and others; and specifically as a counsellor, regarding everyday decisions, which involves how he views himself. For Jack, it is “an attitude that we adopt in the face of the mistakes that we recognize that we’ve made and how we demonstrate accountability to ourselves” and ask for accountability from others.

The process of practising and developing self-compassion has been described as an “internal shift,” a shift in attitude or perspective, a kind of “energy” or “consciousness,” a different kind of “relationship with the self,” and “an entry point for everything else: spiritual, psychological, mental health. Everything.” Several participants describe this process as “intentional”; another as a “conscious and cognitive act.” Mike says, “For me, the experience of self-compassion has to be something that is integrated through consistent thought. It doesn’t just happen naturally. It has to be something that I think about and begin to slowly work on over time.”

### **Distinctions between self-care and self-compassion**

Self-care is usually mentioned in the narratives, and for some participants, it is a prominent aspect of self-compassion. Although Sophia understands self-compassion to have many components, “self-care” is critically important for her: “It means that I deserve to take care of myself and that I want to do something good for myself. The focus is on my well-being, which is the outcome of self-compassion. So if somebody says, ‘Oh, I am compassionate,’ but they don’t take care of themselves, then probably it’s not the case.” For some participants, the distinction between these two constructs is blurred. For example, Serena sees the two as “dovetailing onto each other.” She reasons, “I think that if I didn’t care about myself, I wouldn’t care to be compassionate and if I wasn’t compassionate toward myself, then that would be a huge part of my self-care lacking.” Lynda describes self-compassion “as allowing yourself to care about your own feelings” and self-care, as the result of self-compassion.

Several participants characterize self-compassion as foundational and, as practised, allows one to take in “nourishment,” or to learn balance, or to practise self-care on a more



regular basis. While the interrelation between self-compassion and self-care is not articulated in every narrative, Celine offers an interpretation which seems to capture the spirit of many (though not all) of the narratives:

When we come from a self-compassionate place, self-care is no longer about these sporadic one-time events that you do when you start to feel burned out and exhausted. Self-care is something you can do all the time; it's an attitude shift. [...] self-compassion is almost like an attitude or a perspective that you shift within yourself, which can translate into self-care actions. It's how we treat ourselves. It's holding ourselves from a gentle, loving, allowing and non-judgmental place. It's about acknowledging our humanity, allowing ourselves to be imperfect. [...] It really is about one's relationship with the self.

Self-compassion, then, may be understood as a way of being that, over time, facilitates a caring, loving attitude to self, which promotes sustained self-caring strategies.

### **Self/Compassion**

Seven perspectives highlight the relational characteristic of compassion and raise some questions concerning the “self”-ness of the construct. Jean views compassion as a “willingness to be open to the experience of the flow of energy between myself and another person: the flow of energy and also the flow of information, be that verbal or facial features.” This experience is “almost like a circular flow of compassion” with no definite starting point. Taath notes that “the more that I give compassion, the more it comes back.” Jack sees an interplay and false distinction between “self-compassion” and “other-compassion”:

If I'm being compassionate towards myself, I would hope that's going to result in good things for other sentient beings and non-sentient life forms, and for the planet. And if I'm being compassionate towards others, then I think that's an act of self-compassion because it certainly furthers me in my own growth.

Similarly, Mike underlines a process that is “between us. It's not something that happens just with me. I hear another's story and so I feel compassion. I learn self-compassion by

more or less disclosing to someone else, and then it's this ongoing feedback of compassion." Ellen, too, does not draw a line between compassion for herself and compassion for clients. She explains, "if I am absolutely present with clients and in that place of being present, offer non-judgement and compassion, then there is no separation between them and me. [...] To practise in this way is to practise in relation – to be present with my own experience and with the experience of other. It is so beautiful."

### **Summary of Aspects of Self-Compassion**

The following is a table that shows aspects of every participant's conceptualization of self-compassion, included in one or more of the categories that I have created. The labels chosen and the descriptors are wordings that are used in the narratives. The categories themselves represent false divisions and are intended as an aid in understanding self-compassion in its theoretical framework.

**Table 1. Summary of Aspects of Self-Compassion**

<b>"Be gentle with yourself"</b>	Kind, loving, gentle, soothing, soft, caring, liking, consoling, self-forgiving, "being your own ally, instead of your own enemy or inner bully," nourishing, nurturing, graceful, opening, growing
<b>Mindful awareness</b>	Acceptance, non-judgement, presence, curiosity, beginner's mind, not knowing, inner eye, observer place, "letting it be," allowing, "allows reality to unfold without interfering," emotionally nonreactive to difficult circumstances, not acting prematurely, "don't make assumptions," "brings in space to have patience for a situation unfolding," slowing down self-critical thoughts

**Table 1. Summary of Aspects of Self-Compassion (continued)**

<b>“We’re all in this together”</b>	<p>“We all make mistakes,” “we are all imperfect,” blindspots as “state of all humans”; humans as imperfect and fallible, everybody suffers, “I’ve been there,” “everyone has struggles”, acknowledging our humanity, allowing ourselves to be imperfect, our capacity for connection “as gift that heals and enriches our lives,” “it becomes clear that this journey is not just mine; it comes from a global culture of war, cruelty, and disconnection”</p>
<b>“Speaking the truth” (to self and others)</b>	<p>Self-respect, self-honour, self-worth, self-value, self-validation, self-empowerment, truth, genuineness, “impeccability with your words,” knowing oneself, “deep inner knowing,” letting self off societal, cultural hook, “not owning what others think,” discerning and asserting needs, rights and what “fits and what doesn’t fit” for self, “standing up” for self and others, facing difficulties, taking risks, being brave, saying no/yes and meaning it</p>
<b>“Spirit”</b>	<p>Inner core, inner light, spirituality, mystic way in life, grace, mercy, enlightenment, “we are all spiritual beings and that love is universal,” “compassionate observer that is at once a part of me and also something beyond what I can know,” creative intelligence</p>
<b>Ethics of professionalism</b>	<p>Self-care, do no harm, demonstrating and asking for accountability</p>

## **Practising Self-Compassion in the Workplace: Cross-Narrative Themes**

In considering the fifteen narratives in light of the second research question, “How do experienced counsellors practise self-compassion in their workplaces?,” three possible categories emerged for me that comprise diverse self-compassionate approaches used by this study’s participants. These are “In Session,” “Workplace Relational Ways of Being,” and “‘Finding that Balance’ through Self-Care Strategies.”

### **In Session**

Some notable ways in which participants reported practising self-compassion within the therapeutic alliance and process include using a “stance of not knowing,” a “stance of acceptance,” by “attending to inner dialogue” with a range of strategies, by “being “mindful of present experience,” “making time,” “being genuine about one’s fallibility,” and “counselling from the heart.”

### **Stance of “not knowing”**

Over half of the participants addressed how counselling from a place of “not knowing,” “being with the question,” “curiosity,” and with “beginner’s mind” has been a significant aspect of their self-compassionate practice while counselling clients. Sophia describes her process:

When I studied psychology in the 70s, part of the medical system’s thinking model was a belief that the professional is in charge and “knows what is right” for the client or patient. I like the current approach of encouragement, coaching and facilitation of the changes that clients are ready to make themselves. It means I *don’t* have to have all the answers. I just need to help the client to become aware, to *see* what they already know within themselves. So this revelation *really* helped me and created a shift from an intellectual to an emotional – or we can also say to a heart – level in my practice. As I became more self-reflective, compassion for the “other” was born. The next step in this process was that I became included, and then self-compassion was born.

As in Sophia's narrative, many narratives describe a shift away from counselling from an expert stance with a need to fix or to change the client to an honouring of the client's own inner wisdom and capacity to find her or his own answers. As expressed by luvlife: "To me, self-compassion is about taking a deep breath and being able to just sit there. I don't *need* to know where to go. This client actually has all the answers."

Participants use various ways to facilitate a "stance of not knowing," including use of mindfulness, breath, and being willing "to be open to the flow of energy and information," trusting that Spirit is present to help trust in the process and that the client will find his/her own solutions. Prayer reminds another participant that she isn't "the one who is the solver of the problem," but rather the helper or "fellow companion."

### **Stance of acceptance**

Ten of the participants address the important role that acceptance plays in relation to their capacity to counsel with self-compassion: that is, acceptance of their humanness in all of its strengths and limitations, as well as acceptance of others and of situations themselves. In Segretti d'Enrica's experience, "It starts with being present and noticing when I'm doing some negative trip on myself, and then going, *Stop. Accept that this situation is happening and that I might have limitations in being able to deal with it.*" Other narratives also speak about acceptance in terms of understanding the limits to helping others. Magnolia notes that with acceptance, she realizes that she something right, which "makes things real, tangible" for her and allows her to "work with it then and make a decision about what to do." She elaborates: "There's a freedom in accepting because I can *grow* then. I can continue to grow because I'm not hiding something. I'm

letting it *be*. I'm letting myself be whoever I am, so it doesn't make things twisted or hidden or shadowed."

Acceptance enables participants to let go of expectations of themselves in counselling. For example, JP acknowledges the need to let go of the idea to being "the healer to the world." Magnolia lets go of "this extreme sense of responsibility" that she has carried all her life; and Taath realized that "she can't be everything to everybody." One participant refers to his use of the serenity prayer with clients and with himself. Lw explains that

From a consciousness of compassion, I have almost an expanded kinaesthetic awareness of the therapy space itself, combined with a heightened awareness and acceptance of my clients' strengths and weaknesses, their struggle, pain and resiliency. I also have a greater acceptance and therefore greater awareness of myself, my own reactions, mistakes and unexpected gifts. I can more easily let go of my compulsion to fix, to impose my own agenda, to be perfect.

Some narratives, however, refer to counselling situations that particularly challenge a capacity for acceptance and seem to evoke a sense of powerlessness. For example, one participant described feelings of frustration at being part of a "failing system"; another conveyed a sense of inadequacy at being able to provide the appropriate services to certain clients because of the limitations of various other service providers.

### **Attending to inner dialogue**

In his narrative, Jack notes the difference between choosing healthy critique approaches such as a "good rational debrief with [him]self or a colleague versus self-critical automatic thoughts like *Oh, no! I can't believe what I said! I've probably completely destroyed their life. What have I done? I'm a horrible counsellor! Bad counsellor!*" Ten participants spoke about ways they compassionately manage thoughts that arise from inner dialogue including self-criticism, self-doubt, and reactions to clients

such as countertransference. Various approaches used by participants include being mindful, use of cognitive-behavioural techniques, as well as the use of breath, affirmations, and imagery.

Some clients notice and change their self-critical self-talk. Sophia describes how she manages her self-talk:

It's very hard to witness another person suffering. She has to come to that point that she's willing to leave and not to look back, and then I can help her to grieve the loss of that relationship no matter how difficult it was. So to stop these thoughts of blame, like *I haven't done enough*, self-compassion had to come in again. *No. We are here to help that person to get to that realization.*

This is one way that this participant creates boundaries for the empathy “because when it is just flowing,” she remarks, “it can literally kill you.” Others widen their perspectives by “stepping back and thinking through the situation logically,” trying to “listen more to the head.” This seems to be helpful for some to understand, explore, and weigh out decisions in a conscious way. For Jean, it helped her to acknowledge the good counselling work that she has done:

It was the initial reaction that was challenging: I get hit in the stomach. It's a put-down. I say to myself, *I'm not good enough. Could have done better.* I feel guilty. Then, I sit for a moment and then I remember that I got a call earlier that morning from another couple I'd seen who say, “The session was great. We want to book another session with you.” So it's like I have to go into the memory bank and remember that I do good work, maybe not for everybody, but I do good work.

Two participants describe how turning their attention to the client has been helpful for them. For example, Magnolia describes the usefulness of bracketing as part of her existential approach to counselling. This can even include putting aside the desire to help, which takes the pressure off as well as ultimately allows a real openness to what the client brings forth. Celine sometimes uses containment strategies, that is “putting away [her] thoughts in a gentle and acknowledging way.” Others describe the value of turning

attention toward themselves. Jean reminds herself of the importance of being comfortable in session and the necessity of being in the pain with the client; she claims that “it’s not possible to help every client with every issue.” Sophia emphasizes the importance of beginning to focus on herself and to include herself in the compassion that she gave to her clients.

Use of breath is a way some participants manage challenging inner dialogue in a more compassionate manner. For one participant, “learning how to really, truly, honestly breathe into my heart” and using primarily the breath as a cue is an important tool for her. While three participants described the value of using meaningful and soothing mantras or affirmations over the course of their development such as, “Be gentle with yourself,” Jean notes how hers – “I’m okay. I’m worthy. I’m valuable. I’m lovable.” – has helped her specifically during challenging counselling moments. Segretti d’Enrica sometimes uses imagery to help her step out of a place of defensiveness:

Again, I have to have compassion. What I do is I have to stop, go inside and into my heart and *melt* in a way. I have to have a melty feeling. The tape runs really quickly through my mind; I know the goodness that this person is capable of when she or he is not paranoid and I just think about that in a fraction of a second. I remember who the true person is.

While the self-compassionate approaches that these participants use vary, the importance of attending to their internal dialogue shows itself as central to their counselling practices.

### **Being mindful of present experience**

Five participants refer to the use of mindfulness as a way of being in counselling, generally speaking, as well as an invaluable approach in difficult circumstances during sessions. For example, when triggered by a client, one participant explains that it begins for him “with mindfulness of my own emotions, and then just making wise choices based



on what I notice from whatever emotions I'm experiencing." Another participant describes mindfulness as helping her to step back and to track her thoughts non-judgmentally. In times when Celine experiences negative self-talk or self-criticism, she concludes it's about "noticing when you start adding suffering to your suffering, catching yourself when that happens, and just letting it go and redirecting." A third participant says,

In a session, I am witnessing and holding that space for my clients to be with their pain and I am present with that. That's all. I can't do more; I can't do less. And then, at the end of the day when my sessions are over and I go home, I've done all there is to do because I've been present with them.

Here Ellen describes practising mindfully as an energizing and satisfying orientation to counselling for her.

### **Making time**

Seven of the participants discussed the importance of honouring and making time for themselves within the context of their counselling practice as a way of showing themselves self-compassion (and therefore also extending that compassion and ethical care to others). Making time is spoken about as being helpful to perform a task or make a decision in an effective way. For example, Sophia explains:

I think that it was *my* inability to give myself enough time and resist the pressure, rather than the environment that created challenges for me. So the development of self-compassion can be described as learning to be generous enough toward myself and to give myself a gift of all that I need to provide a good service, like taking enough time for an assessment without feeling pressured.

Making time (e.g., by scheduling time between sessions; managing or easing up on caseloads) is also discussed as being helpful in order to be able to self-reflect between or after sessions about aspects of counselling such as counsellors' internal processes, client challenges, decision-making processes and outcomes, and also for the purpose of

counsellor self-care and well-being. Lynda says, “I think that in this field we can get so tied up with what we have to do with clients and research and responsibilities that we put our own time to the back and shove our own needs aside. I have realized that I need as much time for myself as I offer my clients, and I am giving it to myself now.” Two participants spoke about how learning how to limit their in-session time with clients was a form of practising self-compassion.

### **“Being genuine about one’s fallibility”**

Self-compassion as “being genuine about one’s fallibility,” here, refers to how participants orient themselves to their mistakes, as well as the information they reveal about themselves to their clients. Over half of the narratives address how facing mistakes without judgment, with self-forgiveness, accountability, and openness to learning from them is part of their practice of self-compassion with clients. JP says,

So compassion or self-compassion in my workplace is acknowledging that yeah, I make mistakes. I’m okay to say to a client, “I’m sorry. I screwed up.” In fact, the other day, I booked clients on Monday holiday. I realized that was a big mistake so I made big notes in my book to say: DON’T FORGET I HAVE TO CHANGE... and later when they both turned up, I said, “Guess who screwed up?”

Three participants noted the use of self-disclosure in their experience of counselling, or as Mike puts it, talking about “our humanness... in a way that is compassionate and respectful.” JP remarks, “I share the fact of my addiction and that I’m a recovering addict, recovering from mental illness. I think it’s been very powerful for the majority of clients. I don’t spend more than a few minutes just to say, *This is my story, over and done.*”

### **Counselling from the “heart”**

A common thread that I see that weaves itself throughout all the narratives is a valuing of a person-to-person connection in therapy, whether it was an attitude developed

in relation to participants' development of self-compassion or already espoused throughout their careers.

Four participants described a shift from predominantly working in a cognitive way with clients to a more holistic and 'heart'-centred way of being in session. Earlier, Sophia explained how the revelation that she didn't have to know all the answers as a counsellor "*really* helped [her] and created a shift from an intellectual to an emotional – or we can also say to a heart – level in [her] practice," which was part of her process of developing self-compassion. Segretti d'Enrica describes how she discovered how to drop into her "heart-ear" as opposed to working from her "head-ear," which enabled her to make an important therapeutic connection with a long-term client. Lw notices changes within herself, including a connection "to the part of [her]self that is kind and empathetic, recognising and connecting without expectation to beauty and kindness in others." When Ellen counsels mindfully, and with presence, she counsels with her "whole being" rather than from her head. Celine describes how she has changed and how her development has impacted on how she counsels:

*Yes, I am very headstrong, intelligent and cognitively-minded. And this used to be the only way I would connect with my clients. Over time, however, I noticed a shift in my ability to come from a heart space as opposed to being in my head. I don't know if that's because I was able to connect with myself in a different way or if it was because I was able to be more compassionate and gentle with myself. Regardless, I am now able to work on so many more levels with clients – cognitive, emotional, mind-body connection, physical, relational, spiritual – rather than just from my head.*

## **Workplace Relational Ways of Being**

### **Participating on a compassionate and caring work team**

Most of the eleven participants who work in agency or educational settings refer to supportive work teams as contributing to how they practise with self-compassion in their

workplace. Sophia remarks, “Practising self-compassion at my work goes beyond my person. I would say that the whole agency, by being sensitive to each other and what’s going on in our personal lives, is practising self-compassion.”

For seven of these participants, to varying degrees, connection, caring, and compassion are important characteristics of their workplace. Another important aspect noted in a considerable number of the narratives is the quality of supervision and/or leadership available to the participants. Several others, however, convey the ability to practise self-compassion despite limited support and compassionate leadership.

Most of the participants spoke about how they contribute and/or aspire to continue to contribute to a culture of caring and compassion in the capacity of employee, supervisor, mentor, and manager. To some, this involves a sensitivity to their impact on other fellow colleagues and clients (and vice versa) and attending to their self-care.

### **“Speaking the truth”**

An aspect of self-compassionate practice in the workplace revealed itself to me in many of the narratives as “speaking the truth” (to self and to others). By some, this is described as a quality of genuineness in the counsellor, and by others, as a self-empowered and ethical way of being at work (e.g., taking responsibility for one’s actions, assertively communicating one’s needs and concerns).

In his narrative, Mike describes his efforts to be overt to others at work about his counselling process and about where his self-care is at. He also notes how he aspires to be “more public about how this theme [of self-compassion] is discussed.” According to him,

it is about being more overt about the need for self-compassion whether it’s discussing my feelings and experiences with clients so that staff understands that it’s

okay to have frustrations or be affected by a client or question their skill as a counsellor. That's something I strive to model.

Speaking the truth is illustrated in many of the narratives as developing and asserting boundaries, taking “risky” or “brave” actions on behalf of self and others (or discerning to take no action and letting go of a concern), and changing one's use of language. Taath takes care of herself “by setting [her] boundaries, being realistic, respecting [her]self and [her] time, and being able to stand up to [her] co-workers assertively and say no when [she] need[s] to.” For Little One, self-compassion can mean taking care and standing up for herself in difficult work situations

and saying, “Well, no. I'm not just going to go away and be quiet about this. It's *not* right.” If I were dealing with a client who reported *that* kind of incident in their life, I'd be telling them too, “You know what? You don't need to be aggressive about it. You don't have to be pushy or angry, but you need to stand up for yourself. You need to protect yourself. You need to let people know, particularly people that really care about you, that they hurt you. This is not okay.

To Jack, self-compassion means “speaking the truth and it also rolls into compassion for others.” Facing one's mistakes and showing accountability for them seems to be an important part of this, as is asking for accountability from others – that is, “what went wrong, why did it go wrong, and what would be done differently in the future.” Jean explains that another aspect of compassion is “loving myself so much that I know what is good for me, what is not good for me, what fits, what doesn't fit” and by being truthful about what feels comfortable or uncomfortable for her, which “is self-compassion and is also compassion for the client.”

### **Using humour**

Five of the narratives reveal humour as an important aspect of practising with self-compassion. Jack explains, “When I'm being self-compassionate in my life, I'm noticing

the harsh inner critic and just not going there. Humour helps me not to go there and it's also a result of not going there. It's both cause and effect." Serena remarks how the ability to laugh with another colleague about a serious client case had become a "huge part of [her] compassion. [She] didn't judge me, whereas years ago, [she] would have thought that [she] was being unkind." Using humour helped her to "let off steam" and to be able to approach her clients with kindness the next day.

### **"Finding that Balance" through Self-Care Strategies**

Most participants referred to a type of "self-care plan" that they follow, many of which are "holistic" (that is, include physical, cognitive, emotional, relational, and spiritual components), which impacts their well-being and capacity for self-compassion in the workplace.

One of the most commonly spoken-about aspect of self-care was ensuring leisure or "doing nothing" time for self. Little One captures this with her words as follows:

So when you spend seven hours a day giving of yourself in that way, you better have a balance somewhere. One of my favourite things to do in the summer is to sit in my inflatable boat in the Georgia Strait because our property is on the water and watch the seals come up and say hi. I make an excuse by having a fishing rod in my hand, but I don't even care if there's a hook on the end of it sometimes. I just want to sit out there and float.

A need for solitary time, as well as time with spouses, family members, friends, and community members were mentioned. Other strategies that participants use include paying attention to getting enough sleep, eating nutritionally, exercising regularly, doing yoga, meditating, and getting massages. Some participants spoke about the importance to them of spending time in nature, engaging in creative projects like photography and painting. Lw's says that her artwork "grounds and nurtures [her]. [She] can feel it in [her] body. [She is] more relaxed at home and at work." Other self-care activities include

reading books not related to counselling (e.g., novels, spiritual magazines), travelling, and going to shows.

Some participants described the ways in which they approach life, for example, by using humour, taking action as non-judgmentally as possible, enjoying successes, and allowing themselves to cry when they need to. Others noted the importance of nourishing themselves or taking in “snapshots of joy”: “Part of what I need to do as a counsellor is to have those moments of beauty... go for a walk... have a little chat with God... see a child’s face. I can find real joy in going to the gardening shop and finding an interesting flower, even if I don’t take it home. I can feel my heart rate going down and my shoulders loosening.”

## **Chapter V**

### **Discussion**

I embarked on this research project with many queries about how self-compassion might be a relevant, if not key counsellor characteristic. I wondered what differences a self-compassionate approach to counselling might make. How might it impact counsellor longevity in the field? How might it enhance the therapeutic alliance, process, and outcome? In this final chapter, I consider the study's findings – narratives from the perspectives of individuals who counsel, supervise counsellors, educate and train counsellors-to-be, and have been students in training to become counsellors – in the broader context of emergent self-compassion research and the more extensive body of literature relating to counsellor stress, self-care, and development. I outline several suggestions for future research, discuss recommendations for counsellor training and education, and conclude by discussing the limitations of this research.

### **Considering the Findings**

My reading and interpretation of the findings of this study revealed that the development of self-compassion can be thought of as a continuous process that involves an opening to one's own pain and suffering (as well as the pain and suffering of others) in the spirit of acceptance and learning, as well as a process of discovery about our self/ves, others, and our contexts. This course of development can be facilitated in many ways: through spiritual and/or religious study and practice, through therapeutic means, through our daily relational exchanges. The practice of self-compassion can also be challenging, requiring courage and persistence, and can be deeply rewarding and transformative in how we relate to ourselves and to others. The journeys of self-compassion portrayed in



the narrative accounts of this study convey the collective struggles inherent to the human condition, as well as its yearnings to transcend “egoic self-interest” (Neff, 2003). Gilbert (2009) describes his own understanding of the process of developing self-compassion:

In many recent books and in research, compassion has been closely linked to happiness, but I believe that compassion is far, far more than that. A compassionate mind actually takes you on a journey deep into your evolved being – down into the building blocks of your brain and the genes that built it. It takes you on a journey into the archetypes and social mentalities that might be writing the scripts of your life and, indeed, that of all of us in our collective dealings. (p. 414)

Here, Gilbert refers to the evolutionary and socially conditioned constraints that we all face just by being humans. The narratives show how each participant has actively chosen to cultivate self-compassion and has created personal and professional meaning in developing it.

Practising self-compassion at work is a day-to-day endeavour for the participants of this study and it is practised both individually and in relation: with clients, colleagues, supervisors, work teams, and students. Counselling clients from a therapeutic framework that includes mindfulness, acceptance, and curiosity characterizes many participants’ self-compassionate approaches in session. Further, the importance of making time for themselves despite external and/or internal pressures and demands, and showing one’s fallibility to clients was illustrated clearly in the narratives as ways of better ensuring the delivery of ethical client care and of highlighting the humanity of the counsellor – and interconnectedness with clientele. Relationally practised, self-compassion involves being part of a compassionate workplace, perceiving professional situations with humour, and speaking the truth, which includes approaching challenging situations with empowerment and integrity.

Numerous self-compassionate approaches that participants discussed using within the therapeutic alliance to attend to their inner dialogues include using mindful and cognitive-behavioural approaches, as well as imagery, which are also proposed by scholars (Germer, 2009; Gilbert, 2009) as means to cultivate self-compassion. A particular approach amongst others that Gilbert (2009) describes is the use of imagery to generate feelings of compassion, an approach that he notes is inspired by Buddhist philosophical thought and is research-backed. Specifically, his description of the technique of creating “the Compassionate Other” by accessing memories or using the imagination is also described in a number of the narratives in various ways. For example, part of Segretti d’Enrica’s earlier Buddhist training involved the repetition of compassionate mantras and the visualization of the Compassionate Being; Celine describes leading her clients through a guided visualization, where clients imagine a compassionate being, the externalization of their “higher selves” (perhaps drawn from Gilbert’s theory, perhaps not); and Lw creates a powerful piece of artwork of her Compassionate Witness (see Illustration 3) after a powerful therapeutic experience. Here we see how science, spirituality, and experiential knowing meet.

The usefulness of mindfulness practice is an undercurrent in many of the narratives. As explained by two participants, as well as in my literature review, mindfulness and self-compassion work together in a synergistic fashion. Germer (2009) states that “just as self-compassion is implicit in mindfulness, mindfulness can be found in self-compassion” (p. 83). He draws a distinction between self-compassion and mindfulness by explaining that while mindfulness allows one to feel one’s pain, self-compassion enables one to “cherish [one]self in midst of the pain” (p. 88). Further, as explained by Neff (2008) as

well as a participant, a mindful and self-aware stance is first needed in order to observe and to accept, with non-judgemental kindness, all arising thoughts, emotions, and sensations. This synergistic relationship between mindful awareness and self-compassion is reflected in the narratives in the contexts of participants' approaches to self-reflective practice, counselling sessions, work relationships, and daily living.

It is noteworthy to mention that while some participants spoke about their use of mindfulness from a Buddhist frame of reference, others spoke about the construct in the context of their self-compassionate practices in the workplace that fit the secularized definition of mindfulness as a way to describe a quality of awareness. This quality of awareness also includes the qualities of non-judgment and acceptance (see Definition of Concepts and Terms) that are both available to us all to develop and are also intrinsic to contemplative practices and wisdom traditions (Siegel, 2007).

### **Self-Compassion and Counsellor Wellbeing**

#### **Discussing the Meanings of Self-Compassion: Revisiting Neff**

Neff's pioneering self-compassion research offers a scientific framework for understanding self-compassion and for empirically measuring the construct. While this study neither uses Neff's definition of self-compassion as a starting point, nor claims to be able to arrive at conclusions and cross-comparisons based on the sample and scope of this study, I considered how participants' ideas about self-compassion, many of which are not embedded in Buddhist philosophy and psychology, connect with Neff's. What more do they contribute to an understanding of self-compassion?

As stated in the Introduction, Neff (2003) defines self-compassion as

being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgemental attitude

toward one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience. (p. 224)

One can see by reading the narratives that the meanings that each participant makes about self-compassion varies, is embedded in their life experiences, values, and beliefs, and depending on contextual factors, can shift. However, in considering the participants' understandings of the construct, I noticed six overlapping dimensions (see Table 1): Be gentle with yourself (15), Mindful awareness (14), We're all in this together (10), Speaking the truth (12), Ethics of professionalism (13), and Spirit (11). The bracketed numbers reflect how many narratives I drew the descriptive words from. The essence of the dimensions, however, are often also implied in other narratives.

In considering these dimensions, it seems that the first three correspond with the three components of Neff's definition and Self-Compassion Scale (SCS): "Be gentle with yourself" with self-kindness (vs. self-criticism); "We're all in this together" with common humanity (vs. isolation); and "Mindful awareness" with mindfulness (vs. overidentification with thoughts and feelings) (Neff, 2008). This suggests that Neff's conceptualization of self-compassion, or some part of it, is in accordance with those collectively captured by the fifteen participants of this study.

I identified three additional dimensions, which are "Speaking the truth" (to self and others); "Ethics of professionalism" and "Spirit." "Speaking the truth" contains descriptors that reflect actions and ways of being that are informed by self-knowledge and are self-honouring and honouring of the dignity of others, and unconstrained by the perceptions and expectations of others. This dimension reflects an aspect of compassion that may involve a quality of fearlessness.

Ethics of Professionalism represents the various professional issues and self-caring approaches that were broached in association with self-compassionate (as well as un-self-compassionate) counselling practice that are also addressed in our Codes of Ethics (CCA, 2007; CPA, 2000), particularly captured in the APA ethical principles of Responsible Caring and Integrity in Relationships. “Spirit” represents descriptors that capture a transcendent quality to self-compassion, a sense of oneness that includes and goes beyond human connectedness.

While no fast conclusions may be drawn, there appears to be agreement between Neff’s operational definition of self-compassion and this study’s participants’ understandings of the construct. The additional three dimensions underline additional components of self-compassion that are relevant to the participants in their professional and personal lives, which might be further explored in depth in future research.

### **Benefits of Cultivating Self-Compassion**

#### **Counsellor wellbeing**

As earlier outlined, a body of self-compassion research using the Self-Compassion Scale (2003b) points to a strong connection between self-compassion and psychological wellbeing. To resummarize, according to Neff’s research, higher levels of self-compassion promote increased social connectedness, curiosity, happiness, and optimism. Further, higher levels of self-compassion were found to have a negative association to depression, anxiety, and rumination (Neff, 2009). There is also evidence to suggest that self-compassion is associated with healthier coping and resilience (Leary, Tate, Adams, Allen, and Hancock, 2007; Neff, Hseih, & Dejithirat, 2005) and can function as an “antidote” to self-criticism and perfectionism (Neff, 2003b; Neff, Kirkpatrick, & Rude,

2007). Further, Gilbert (2009) illustrates how ongoing practice of self-compassion can reduce the inner critic, and promote feelings of soothing and caring through the stimulation of one of our positive emotion regulation systems. The participants of this study all reported a range of benefits garnered from approaching their counselling practices and their lives with more self-compassion, which echo Neff's (2009) findings. These benefits reflect improved overall sense of wellbeing, including physical, mental, and emotional health, existential, and/or spiritual sense of connectedness.

Two participants noted experiencing significantly less physical sickness over time, and eight noted an ability to be more proactive and prevention-focused in their counselling practices and lives. Seven participants observed positive changes to their emotional health, such as an increased ability to better manage or process their “negative” emotions, such as guilt; to be less reactive during arising challenges; and to cope more effectively and more confidently with managing the stressors of life. Further, it has helped all participants to be less judgemental and less self-critical in daily life and at work; or to develop a kinder and more self-accepting way of treating themselves and others. The narratives have touched upon the sense of freedom that participants have experienced through the process of developing self-compassion, as well as the qualities of groundedness, clarity, balance, wisdom, joy, creativity, wholeness, and a sense of deepened connection to self and others.

### **Burnout prevention, self-care, and job satisfaction**

While this study's narratives confirm an array of benefits that are reported in the current self-compassion literature (Germer, 2009; Gilbert, 2009; Neff, 2009), they also contribute additional understanding with respect to counsellor burnout prevention, self-

care, and job satisfaction. One of the questions that I posited during my process of reviewing this literature was, “How might self-compassion factor into how counsellors cope with work stressors and develop resilience?” The findings offer some suggestions, which warrant further investigation.

First, the importance of self-compassion as a means to prevent or to decrease incidence of burnout (Mahoney, 2000; Sapienza & Bugental, 2000) and compassion fatigue (Germer, 2009) was confirmed. Practising self-compassion helped eight participants to develop boundaries or to take on less “the energy or problems” of their clients, ten participants to lower expectations put on themselves in the role of counsellor, and eight participants to find a finer balance between client needs and counsellor needs, which are standard challenges across the counsellor career span and particularly relevant to new counsellors, as outlined in the counsellor development literature (Skovholt & Ronnestad, 2003a).

My second related point is that the capacity to practise and to develop self-compassion was described as an important resource both personally and professionally. It has preserved “sanity” and saved lives. Professionally, the reserves and tools of self-compassion have also been described as invaluable in stressful times such as the presence of work conflict and in managing challenging client situations. Two participants suggested that, for them, the capacity to take care of themselves and to show themselves compassion overrides workplace stressors, an observation that challenges the idea of institutional and organizational factors as being prime to causing burnout (Maslach, 2003; Skovholt, 2001).

However, this study's findings also show how external and internal stressors in the workplace still challenge, for example, with respect to the constraints of agency work and the limitations of aspects of existing mental health care systems; inequity and interpersonal conflict; client-related challenges and professional decision-making processes; and personal issues that arise in session, such as countertransference, self-criticism, self-blame, and self-doubt. The study's participants work with diverse populations, in diverse therapeutic contexts, and with varying external conditions and pressures. Their narratives illustrate how the practice of self-compassion has aided them all, regardless of age, level of work experience, and personal history. For those who had experienced forms of abuse, family of origin wounds, or the effects of caregiver scripts, it seems that the journey of self-compassion has played a significant role in their healing processes, as the literature suggested that it might (Barnett, Baker, Elman, & Schoener, 2007; Sapienza & Bugental, 2000).

Third, for five of the participants, practising self-compassion has given them (or helped them to initiate conditions to facilitate) job satisfaction – work that is more easeful, enjoyable, joyful, energizing, and creative. Contrary to the literature on workplace stress and burnout (Barnett, Baker, Elman, & Schoener, 2007; Maslach, Schaufeli, & Leiter, 2001), many narratives described workplace environments in which supervision not only is available, but is characterized as caring, supportive, and compassionate. Furthermore, the opportunity to connect rather than to self-isolate, and to self-disclose personal and professional challenges through collegial or team support was discussed. If one of the top “hazards” in the helping professions that contributes to burnout is a work team that is cynical, critical, and negative, as suggested by Skovholt



(2001), then it would seem that compassion in work and educational settings might be a key to nourishing and sustaining its members and promoting quality care.

Finally, about half the narrative accounts described an improving quality of self-care that accompanied a developing capacity for self-compassion. Ten narratives addressed the importance of self-care, and the self-care strategies that the participants use correspond with those typically reported in the literature (Coster & Schwebel, 1997; Kramen-Kahn & Hansen, 1998; Mahoney, 1997; Norcross, 2005). Many participants acknowledged the value of integrating self-caring strategies into their lifestyles on a regular basis and with a keener eye to prevention-taking, which for many seems to have had the effect of decreasing stress and increasing their ability to cope with challenges over the long term. The findings of this study, thereby, propose viable approaches, through the use of self-compassion, that respond to the literature's call for continued and lifelong prevention-focused efforts at self-care (Arvay, 2001; Barnett, Baker, Elman, & Schoener, 2007; Norcross, 2000).

Overall, as captured by the majority of narratives, self-compassion may be thought of as a way of being, an attitude that facilitates "self-care" actions: caring from the "inside out." Practising self-compassion is a powerful way of emotionally transforming our lives, an "inside-out" process of healing (Germer, 2009; Gilbert, 2009), as is evidenced in the narratives and the thematic findings. Further, with the development of self-compassion comes an increased desire for health and wellbeing, as well as initiative to instigate changes in one's life (Neff, 2009).

## **Self-Compassion and Counsellor Development**

### **Considering Self-Compassion as a Useful Counsellor Quality**

As the narratives reveal, the course of the professional development of each participant is unique. For some, time and professional experience have facilitated their development as a counsellor, as has their personal growth, to which learning how to become more self-compassionate has been integral. The findings suggest that for these participants, practising self-compassion either promotes or involves other related qualities such as mindfulness, acceptance, and curiosity. These qualities connect to the literature as counsellor qualities that are said to bolster counselling process and outcome (Ackermann & Hilesenroth, 2003; Berger, 1995; Dlugos & Friedlander, 2001; Orlinsky & Ronnestad, 2005; Ronnestad & Skovholt, 2003; Skovholt & Jennings, 2004). Germer (2009) suggests that self-compassion, in effect, is a form of acceptance that facilitates change, and he defines the construct as “a conscious choice to experience our sensations, feelings and thoughts just as they are, moment to moment” (p. 32). Furthermore, the personal and professional benefits reaped by using mindful approaches is reflected in the growing body of mindfulness literature and counsellor development. Benefits include increased self-awareness, self-acceptance, and self-compassion, and decreased stress, anxiety, and negative affect. Mindfulness has also been shown to be useful in attending to one’s internal experiences within the therapeutic alliance (Fulton, 2005; Grossman, Niemann, Schmidt, & Walach, 2004; Schure, Christopher, & Christopher, 2008; Shapiro, Brown, & Biegel, 2007).

The findings show that the practice of self-compassion, which includes the implementation of an ongoing self-care plan, is an avenue to “finding that balance” (i.e.,

between doing and being, and caring for self and caring for others), which is confirmed by Germer (2009). The importance of aiming to strike this balance is reflected in the literature as a core component of ethical counsellor practice (Skovholt, 2001; Skovholt & Ronnestad, 2004) and a way of promoting counsellor wellbeing.

The desire to learn, to develop self-awareness, and to grow are illustrated across narratives, which is not surprising given the nature of this research. According to the literature, this characteristic is common in counsellors and therapists (Coster & Schwebel, 1997; Kramen-Kahn & Hansen, 1998; Norcross 2000; Radey & Figley, 2007; Stevanovic & Rupert, 2004) and is also an important characteristic described in the master therapist work of Skovholt and Ronnestad (2004).

### **Counselling From the “Heart”**

According to their narratives, the counsellors of this study philosophically agree with the findings that underline the significance of counsellor contributions, including the personhood of the counsellor, to effective therapeutic process and outcome (Horvath & Bedi, 2002; Wampold, 2001). The quality of the therapeutic relationship matters to them, and certain core relational elements are perceived to enhance counselling process and outcome. These include a view of the client as a “fellow traveller,” counsellor qualities of genuineness and congruence (“walking the talk”), and the ability to model or to embody self-compassion during counselling. Notably, most narratives convey the message that in order to show compassion to others, including to clients, it must begin with oneself. That is, “true” compassion involves the capacity to first show compassion to oneself, an understanding that is reflected in the writings of academics, as well as spiritual leaders

(Gilbert, 2009; Harrington & Richardson, 2002; Neff, 2009) and points to the adage, “healer heal thyself.”

From the experience of five participants, an un-self-compassionate way of self-relating can impact clients, the counselling process, work colleagues, and environments on the whole. For example, a lack of self-compassion (or self-critical preoccupation) in the counsellor can translate into an environment lacking in felt comfort or safety, and can potentially manifest outward as judgement. On the other hand, a therapeutic zone saturated in the “energy” or “consciousness” of compassion and love is also sensed, which is conveyed by four participants. These ideas suggest that compassion impacts us subtly on multiple levels and resonates with scholarly perspectives (Gilbert, 2009; Siegel, 2009). This has implications with respect to ethical therapeutic care.

Four participants explicitly attribute changes in their orientation to counselling to their development of self-compassion. Among these changes are included an approach to counselling that involves lowered expectations of self – including the desire to “fix” or heal, and to be able to help all clients, lowered external and internal pressures, the relinquishing of an expert stance, and the adoption of a more holistic way of counselling.

Overall, the findings of this study confirm that the development of self-compassion can promote counsellor wellbeing and highlight how it can be a powerful vehicle to facilitate personal and professional growth, and foster ethical practice in the workplace.

### **Implications for Future Research**

#### **Qualitative Self-Compassion Research as Self-Compassion Practice**

Certainly, this entire research process has provided ongoing opportunity for self-compassion practice for me. Participants, too, have noted the various ways that taking

part in the study have been helpful for them, also acts of self-compassion. These include making the “covert overt” by sharing stories, taking stock of one’s growth and concretely acknowledging one’s journey; making time for the interview and participating in a way that fits for them (e.g., “Even now, even partly *this*, saying to you, ‘Hey, let’s go find a park and have a chat.’”); and expanding self-awareness and clarifying to self decisions that need to be made about one’s life. Though the primary purpose of research is not to affect change (Haverkamp, 2005) within study participants and researcher, from my experience of this research process, the benefits of having used a narrative strategy of inquiry to investigate the lived experiences of self-compassion are myriad and suggest the continued usefulness of exploring this topic using qualitative methodology in the future.

### **Furthering the Concept**

This qualitative study was exploratory, with the goals of gathering knowledge that might elucidate how the development of self-compassion helps to mitigate burnout and to enhance counselling process and outcome, and to fill a gap in the literature. Hopefully it will also be useful in “furthering the concept” of self-compassion with respect to counsellor development, as numerous participants expressed. Since the inception of this project, to my knowledge, the first two Western psychologically-oriented books specifically on self-compassion have been published (Germer, 2009; Gilbert, 2009). It is exciting that this field of research seems to be flourishing.

This study has generated a wealth of information, raised many additional questions, and suggested numerous avenues for further research exploration, of which I will briefly discuss a few. First, while the conceptual literatures and participants’ perspectives point to counsellor and therapist development of self-compassion as a topic worth addressing,

it could be interesting and potentially empirically useful to investigate whether counsellors are, in fact, “underdeveloped” in self-compassion. For example, a large-scale mixed-method national survey of Canadian counsellors using Neff’s Self-Compassion scale could yield some important information regarding counsellors’ self-perceptions regarding self-compassion. It might also point to training and educational needs amongst specific counsellor populations. Second, it could be useful to investigate the value of the construct of self-compassion and its cultivation in other service areas of mental health and health care, such as psychiatry and nursing.

Third, if there is a need for self-compassion training in educational and workplace counsellor settings, as considerable evidence seems to already suggest, then what kinds of programs might be efficacious? For example, Compassionate Mind Training (CMT) groups for clients show some promising evidence of success. How might CMT-based groups for counsellors and counsellors-in-training meet their needs for cultivating self-compassion, reducing stress and negative affect, and increasing general life satisfaction? Researching the efficacy of such a program could be of value.

Fourth, this study has explored the lived experiences of counsellors and their processes of cultivating self-compassion, which has also included their perspectives about the therapeutic importance of being a self-compassionate counsellor. It would be interesting to design a study that explores clients’ perceptions of the importance of counsellor self-compassion.

## **Implications for Counsellor Training and Practice**

### **Practising Self-Compassion: Individually, Relationally, Collectively**

The importance of personal growth, hand-in-hand with compassionate self-relating, shines forth across narratives. At least three points conveyed through the findings of this study seem central. First, change begins with oneself, and more specifically, the cultivation of self-compassion can be the starting point and the means to becoming a compassionate being. Second, paying attention to how we show ourselves compassion and practising our respective repertoire of self-compassion skills is a matter of concern not just for our clients, but also for counsellors. After all, as both the literature (Orlinsky & Rennestad, 2005; Thériault & Gazzola, 2006) and this study's narratives point out, professional self-doubt and self-criticism will happen throughout the professional lifespan. Life challenges and personal issues, too, are ongoing matters to attend to, compassionately, as part of ethical practice. According to Gilbert (2009), shame and self-criticism are commonplace, not an exception to the rule, at least in the Western world. Self-compassion concerns us all. Third, compassion can be thought of as a process that happens both within us and between us (Gilbert, 2009). While the focus of the research has been on self-directed compassion, a third of the study's participants spoke about a relational, fluid experience of compassion that includes the self.

The benefits of developing self-compassion seem to be plentiful, as the literature and the narratives of this study confirm, including burnout prevention, increased life satisfaction, and a more acute sense of our interconnectedness. This strongly suggests that self-compassion could be a helpful construct for most counsellors to consider, and exceedingly helpful for beginning counsellors, whose multiple stresses typically include

high performance anxiety and challenges in balancing needs for self and clients (Skovholt & Ronnestad, 2003b).

In accordance with Mahoney's (2000) recommendations, some participants emphasized the importance of incorporating the teaching and practice of self-care and self-compassion in training programs. As Lynda pointed out, "it isn't until you get into the job that you really begin to realize just how important self-care is." Sophia suggested that while a theoretical component could be useful, the emphasis might be on the experiential. An idea was to invite in seasoned therapists "to share their experiences and to serve as an example of the one who learned in a hard way." Participants suggested integrating a course on self-care (Lynda), a spiritual component to the curriculum (Little One), and supported group meditation practice (Ellen), and giving more credibility to spirituality in counsellor training programs (Taath).

These suggestions, in conjunction with the findings point to the influences that spirituality and/or religion have played in the development of self-compassion in the lives of the majority of the participants, lead me to propose the potential usefulness of introducing courses that address transpersonal theoretical thinking and contemplative practices into mainstream counsellor education, where there is none. At a time when science and spirituality are at a crossroads, it seems that an expanded understanding of human development might not only assist counsellors to be able to better understand their clients in the contexts of their spiritual or religious frameworks, but also to expand their understanding of themselves. Research on self-care courses in counsellor training programs using Mindfulness-Based Stress Reduction (MBSR) (i.e., Schure, Christopher,



& Christopher, 2008) shows promising benefits, as earlier discussed, and serves as an example of a possible counselling course.

The narratives show how personal and professional growth can intersect in both workplace and educational contexts, where the “covert” can become “overt,” and where professional issues and concerns can be discussed given a climate of trust, respect for privacy and confidentiality, and a sense of caring, inclusion, and compassion. However, narrative accounts also presented innumerable challenging experiences in the workplace and in training programs: some that left participants feeling “wounded” or disillusioned with the profession, others that impelled participants to examine professional decisions and personal issues more self-compassionately. The findings suggest that practising self-compassion can be helpful to counsellors, supervisors, trainers, and students alike in approaching, maybe even sometimes preventing, challenges that regularly arise in our various counselling contexts. For example, practising self/compassion might help us to develop a capacity to demonstrate more gentleness to ourselves and to encourage it in others; to make mindful decisions and to take mindful actions; to speak the truth – that is, to show genuine acceptance of one’s own and others’ humanity, and to show accountability for one’s actions and a willingness to make changes to one’s approaches; and perhaps even to become wiser human beings.

Compassionate workplace communities and its members, who choose to approach delivering services from an orientation of compassion, are poignantly evidenced by some of the narratives included in the study. This suggests to me that the possibility of cultivating self/compassion not just on an individual basis, but also collectively, may not be just a utopian ideal or represent a passing trend, but, in fact, seems to be happening,

perhaps even promising the beginnings of a paradigm shift in how counsellors approach counselling, take care of themselves and others, and function cooperatively as parts of systems. Gilbert (2009) offers his thoughts as follows:

Looking to the decades ahead, one thing is clear, I think, and this is that our education system, and indeed the whole fabric of our society, will have to take far more interest in our psychology and the training of our minds if we really want to create compassionate societies and live in harmony with each other and the environment that sustains us. (p. 415)

It seems to me that approaching counselling practice, counsellor education, and life from a self/compassionate stance involves making ongoing choices that are rooted in awarenesses raised from within and without and from an orientation that promotes common interest, caring, and love (Gilbert, 2009; Neff, 2003a). These are choices for everybody to make, and the practice of self-compassion helps us to approach these choices in our lives, moment to moment, with kindness and courage (Gilbert, 2009).

### **Delimitations of the Study**

The sample size of this study is considerable for qualitative research. However, as the findings are based on the narratives of fifteen participants and the sample does not represent racially diverse perspectives, they may or may not generalize to a larger population. Still, the goal of this study was to explore through in-depth interviewing how experienced counsellors develop and practise self-compassion in order to generate knowledge that will inform counsellor training and education, and further research in the area of counsellor self-compassion, which I hope was achieved.

When initially designing the research, I decided to use a working definition of self-compassion as a reference point, which was “an attitude of kindness and non-judgemental understanding toward oneself,” which I then recognized was limiting for the purpose of

this study. Two descriptive words, “kind” and “non-judgemental,” were included in some of the recruitment materials, which may have influenced how participants described their meanings of self-compassion. However, during interviews I underlined my interest in hearing about participants’ interpretations and their lived experience, and that there was no fixed definition of self-compassion.

With a sample size increase, a second interviewer assisted with two of the interviews, one of which is included in this study. We consulted about the original interview before I drafted the narrative, I followed up with a second interview with the participant, and I involved the participant as a member checker.

To varying degrees, three participants experienced the constraints of language in conveying their phenomenological experiences of self-compassion. Although the narrative strategy used in this research seemed effective in capturing the complexity of the topic of self-compassion, further inquiry into the topic might use a phenomenological or arts-based methodological approach.

### **Conclusion**

The process of becoming a self-compassionate counsellor is a committed journey. The fifteen narratives of this study, intertwined in their common humanity, reveal the struggles and the insights that inform each participant’s course of development. Their contributions yield ample and important information in better understanding how counsellors may care for themselves as they care for others, in ways more enduring than primarily through the implementation of self-care plans. The findings of this study confirmed that many benefits may be harvested through the practice of self-compassion that lead to a more optimal sense of wellbeing, including more mindful approaches to

work-related challenges and to the prevention of burnout. They also highlight the healing power of self/compassion – not only in our in-session encounters with our clients, but in our daily relational encounters with other fellow human beings.

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## **APPENDICES**

### **Appendix A: Recruitment Poster**

#### **Study on Counsellor Self-Compassion**

Are you willing to share your stories of professional development as a study participant?

Has the development of self-compassion been a significant aspect of your professional (and personal) growth?

Do you have a minimum of six years' experience working as a counsellor or a counselling psychologist?

Research shows that all counsellors must navigate a range of daily occupational stressors and career-span challenges, including professional self-criticism and self-doubt. Accumulated stress can have detrimental effects on counsellor well-being, often manifesting as burnout and/or secondary traumatic stress. Although recommendations have been made in the literature to mental health professionals to foster an attitude of kindness and non-judgmental understanding toward themselves as means to promote self-caring behaviours, very little is known about this phenomenon in relation to counsellor development.

This study's purpose is to explore counsellors' lived experience of developing self-compassion and practising it in their professional contexts. Participation in this study will involve engaging in an interview process and a commitment of approximately 3 hours in total. All shared information during the interviews will be strictly confidential.

If you are interested in participating in this study or in obtaining additional information, please contact:

Dr. Marla Buchanan (Principal Investigator) at 604-xxx-xxxx or at xxxxxxxx@ubc.ca

Ariadne Patsiopoulos (Co-Investigator) at 604-xxx-xxxx or at xxxxxxxx@gmail.com.

This research is being conducted as part of the thesis requirement for a Master's degree in Counselling Psychology.

## **Appendix B**

### **Experienced Counsellors' Narratives of Their Development of Self-Compassion**

#### **Invitation to the Study**

##### **Purpose**

Research shows that all counsellors must navigate a range of daily occupational stressors and career-span challenges, including professional self-criticism and self-doubt. Accumulated stress can have detrimental effects on counsellor well-being, often manifesting as burnout and/or secondary traumatic stress. Although recommendations have been made in the literature to mental health professionals to foster compassion toward themselves as means to promote self-caring behaviours, very little is known about this phenomenon in relation to counsellor development.

The purpose of this study is to explore the experiences of counsellors for whom self-compassion has been important to their professional growth, and to better understand how it is practised in their professional contexts. It is hoped that the study's findings will provide the field of counselling with knowledge that may mitigate professional burnout and may inform the professional training of both graduate students and communities of licensed counsellors.

##### **Basic Eligibility Criteria**

- You are a registered counsellor or counselling psychologist and have a minimum of 6 years' work experience.
- The development of self-compassion has been an important aspect of your professional (and personal) growth.

Potential participants who contact the researchers will be asked several questions to ascertain that they are eligible for this study.

##### **Study Procedures**

If you choose to participate in this study, we will meet twice to interview for about one hour each time. We will communicate a third time for another hour, either in person or by telephone, to review the study's findings together. Your participation in this study will total approximately 3 hours.

##### **Contact Information**

If you are interested in participating in this study, have any questions, or require more information, please contact Dr. Marla Buchanan (Principal Investigator), Department of Counselling Psychology at 604-xxx-xxxx or xxxxxxxx@ubc.ca.

You can also contact Ariadne Patsiopoulos (Co-Investigator) at 604-xxx-xxxx or xxxxxxxx@gmail.com. This research is being conducted as part of the thesis requirement for a Master's degree in Counselling Psychology.

## Appendix C

### Experienced Counsellors' Narratives of Their Development of Self-Compassion

#### Telephone Protocol

- ➔ Thank you for your interest in this research project.
  - How did you hear about this study?
  - What motivated you to respond?
- ➔ Additional information about study.
- ➔ Questions? Interested in participating?
- ➔ Double check eligibility criteria
- ➔ To prepare:
  - Before we meet for the first time, you might want to spend some time reflecting on how the development of self-compassion has come to play an important role in your life.
  - You might want to think about how you would like to tell your story. For example, you may have previously journalled materials; significant object, like art or photos, or perhaps journalled materials that you might want to bring in to help tell your story. If you like, you may even spend some time to write a page or two of reflection prior to meeting me. Or create a timeline for yourself...

## **Appendix D**

### **Experienced Counsellors' Narratives of Their Development of Self-Compassion**

#### **List of Counselling Resources**

##### **Community Counselling Services**

- Family Services of Greater Vancouver  
604-731-4951  
[www.fsgv.ca](http://www.fsgv.ca)
- Oak Counselling Services  
604-266-5611  
<http://oakcounselling.org>
- Family Services of the North Shore  
604-988-5281  
[www.familyservices.bc.ca](http://www.familyservices.bc.ca)
- SHARE Family and Community Services  
604-464-3165  
[www.sharesociety.ca](http://www.sharesociety.ca)

##### **Private Counselling Services**

- Dr. Theresa Nicassio, Registered Psychologist  
604-xxx-xxxx
- Dr. Natacha Ferrada, Registered Psychologist  
604-xxx-xxxx

**You may also wish to contact Dr. Marla Buchanan, Registered Psychologist,  
at 604-xxx-xxxx.**



## Appendix E

### Experienced Counsellors' Narratives of their Development of Self-Compassion

#### Consent Form

**Principal Investigator:** Dr. Marla Buchanan, Department of Educational and Counselling Psychology, and Special Education, UBC, 604-xxx-xxxx

**Co-Investigator:** Ariadne Patsiopoulos, Department of Educational and Counselling Psychology, and Special Education, UBC, 604-xxx-xxxx. This research is being conducted as part of the thesis requirement for a Master's degree in Counselling Psychology.

**Purpose:** You are being invited to take part in this research study on experienced counsellors' development of self-compassion. Currently, research suggests that a kinder, more accepting attitude toward self is associated with psychological well-being, and recommendations have been made that mental health practitioners develop a greater capacity for it. However, little is known about counsellors' lived experiences of cultivating such an attitude and applying it in their counselling practices. This study's purpose is, first, to explore how experienced counsellors have developed self-compassion over their careers; and second, to understand how experienced counsellors practise self-compassion in their professional contexts. This study's findings will hopefully provide the field of counselling with knowledge that may mitigate professional burnout and may inform the professional training of both graduate students and communities of licensed counsellors.

**Study Procedures:** If you choose to participate in this study, you will be interviewed twice, for a total of approximately 2 hours, at a location of your choice or at the University of British Columbia. During the second interview, you will review the first version of your narrative and your transcripts, and make any desired changes. Toward the end of the study, I will send you a revised version of your narrative for you to verify for accuracy and the study's findings. In total, we ask for a commitment of approximately 3 hours. The interviews will be audiotaped, with your consent, and will be used for the interviewer's purposes only.

**Potential Risks:** There is minimal risk involved in this study. However, there is a possibility that, in the process of sharing your experiences, strong feelings may arise. If you deem any question too personal or feel distressed during the interview, please refrain from answering.

Although you may already have resources, you will be provided with a list of counselling services that you might want to use in the event that our interviews trigger a need to further process or explore arising issues with a trained mental health professional (please see Community Resources sheet). You may also speak with Dr. Marla Buchanan (604-xxx-xxxx), who is a counselling psychologist.

**Potential Benefits:** You may find the process of sharing your story and reviewing the findings of all the participants' stories to be personally and professionally beneficial.

The findings may point to important information for counsellor education in the areas of self-care and burnout prevention, and enhanced practice outcomes, thereby benefitting counsellor communities.

**Confidentiality:** The interviews are confidential and the raw data (audiotapes and transcriptions) will be reviewed only by my supervisor and me. They will be kept in a locked filing cabinet for 5 years, following the research interviews, and will then be destroyed. All documents will be identified only by a code number. To protect your anonymity, pseudonyms will be used when reporting findings. If you wish to omit some aspect of the interviews after we have met, I will honour your request. During the second interview you will receive the interview transcripts and the first version of your narrative, written by me. At this point, you will be able to verify that the narratives and the transcripts are accurate and you may choose to change, add, or omit sections of your story.

**Remuneration/Compensation:** You will not receive monetary compensation for your participation in this study.

**Contact for information about the study:** If you have any questions or desire further information with respect to this study, you may contact Dr. Marla Buchanan at 604-xxx-xxxx or marla.buchanan@ubc.ca. You may also contact Ariadne Patsiopoulos at 604-xxx-xxxx.

**Contact for concerns about the rights of research subjects:** If you have any concerns about your treatment or rights as a research subject, you may contact the Research Subject Information Line in the UBC Office of Research Services at 604-822-8598 or if long distance e-mail to RSIL@ors.ubc.ca.

**Consent:** Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without any negative consequences.

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study.

Your signature indicates that you consent to be audiotaped during your interviews.

---

Signature

---

Date

## **Appendix F**

### **Experienced Counsellors' Narratives of Their Development of Self-Compassion**

#### **Demographic Information**

You are invited to complete the following information. This information is voluntary and you may decline to answer any question that you wish.

(1) Age:

(2) Ethnic origin:

(3) Gender:

(4) Type of practice:

(5) Level of training:

(6) Years of practice:

(7) Theoretical orientation(s):

## **Appendix G**

### **Experienced Counsellors' Narratives of Their Development of Self-Compassion**

#### **Interview Protocol**

##### **Orienting Interview Question**

Over the course of our interview, I will ask you two main questions with the purpose of hearing about your lived experience of developing self-compassion and the ways you practise self-compassion in your workplace.

Please feel free to take all the time you need to think about and answer them.

I may ask for more information or clarification throughout the interview to make sure I fully understand.

Your participation is voluntary and you do not have to answer questions or discuss topics that you do not feel comfortable with. You may also ask me to turn off the audio recorder at any time or end the interview at any time during our conversation.

Before we begin, do you have any questions?

Let's begin the interview now.

##### **Main Interview Questions**

1. Could you tell me how the development of self-compassion has come to play an important role in your life.
2. Could you tell me how you practise self-compassion in your current counselling work contexts.

##### **Original Possible Probes**

- Can you think of a significant turning point that triggered a decision in you to develop your capacity to be compassionate toward yourself? Tell me about it. Are there others?
- What have you noticed about how this capacity has evolved over time?
- What is important to you as a counsellor about being self-compassion?
- What is important to you as a counsellor about being self-compassion when you are with your clients?
- Can you think of a recent challenging counselling-related situation when you approached yourself with self-compassion? Could you describe as specifically as you can what was that like for you? How did you manage the challenge?

- Can you think of a recent challenging counselling-related situation when you found it difficult to approach yourself with self-compassion? Can you describe as specifically as you can what was that like for you?
- If anything, what challenges your ability to be self-compassionate in your work contexts? Is there a specific example you can think of?
- If anything, what supports your ability to be self-compassionate in your work contexts?
- In what ways would you like to further grow and develop in your capacity to be self-compassionate professionally?
- We're nearing the end of our interview. Do you have anything more you would like to bring up or ask about, before we finish?

## Appendix H



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604-822-4625; Fax: 604-822-3302

### Experienced Counsellors' Narratives of their Development of Self-Compassion

#### Transcriber's Confidentiality Agreement

**Principal Investigator:** Dr. Marla Buchanan, Department of Educational and Counselling Psychology, and Special Education, UBC, 604-xxx-xxxx

**Co-Investigator:** Ariadne Patsiopoulos, Department of Educational and Counselling Psychology, and Special Education, UBC, 604-xxx-xxxx. This research is being conducted as part of the thesis requirement for a Master's degree in Counselling Psychology.

I, \_\_\_\_\_, the *Transcriber*, agree to:

1. keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g., disks, tapes, transcripts) with anyone other than the *Researcher(s)*
2. keep all research information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession
3. return all research information in any form or format (e.g., disks, tapes, transcripts) to the *Researcher(s)* when I have completed the research tasks.
4. after consulting with the *Researcher(s)*, erase or destroy all research information in any form or format regarding this research project that is not returnable to the *Researcher(s)* (e.g., information stored on computer hard drive)

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Signature

Date

## Appendix I

### CERTIFICATE OF APPROVAL - MINIMAL RISK

<b>PRINCIPAL INVESTIGATOR:</b> Marla Buchanan	<b>INSTITUTION / DEPARTMENT:</b> UBC/Education/Educational & Counselling Psychology, and Special Education	<b>UBC BREB NUMBER:</b> H09-00270
<b>INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT:</b>		
<b>Institution</b>	<b>Site</b>	
UBC Vancouver (excludes UBC Hospital) <b>Other locations where the research will be conducted:</b> The participant's home, if this is the participant's preference, or any other location of his/her choice in the Lower Mainland where privacy can be guaranteed for a three hour period of time and the participant's anonymity will not be compromised.		
<b>CO-INVESTIGATOR(S):</b> Ariadne T. Patsiopoulos		
<b>SPONSORING AGENCIES:</b> UBC Faculty of Education - "The Narratives of Experienced Counsellors' Development of Self-Compassion: Implications for Counselling Practice "		
<b>PROJECT TITLE:</b> Experienced Counsellors' Narratives of Their Development of Self-Compassion		

**CERTIFICATE EXPIRY DATE: February 27, 2010**

<b>DOCUMENTS INCLUDED IN THIS APPROVAL:</b>	<b>DATE APPROVED:</b> February 27, 2009	
<b>Document Name</b>	<b>Version</b>	<b>Date</b>
<b><u>Protocol:</u></b>		
Thesis Proposal	2	February 5, 2009
<b><u>Consent Forms:</u></b>		
Consent Form	Version 5	February 26, 2009
<b><u>Advertisements:</u></b>		
Invitation to the Study	Version 3	February 9, 2009
Recruitment Poster	Version 1	February 9, 2009
<b><u>Questionnaire, Questionnaire Cover Letter, Tests:</u></b>		
Demographic Information	Version 2	February 9, 2009
Self-Compassion Scale	N/A	February 5, 2009
Telephone Protocol	Version 3	February 4, 2009
Interview Protocol	Version 2	February 5, 2009
<b><u>Other Documents:</u></b>		
Counselling Resources	Version 1	February 9, 2009
<p style="text-align: center;"><i>Approval is issued on behalf of the Behavioural Research Ethics Board and signed electronically by one of the following:</i></p> <div style="text-align: center; margin-top: 20px;"> <hr style="width: 50%; margin: 0 auto;"/> <p>Dr. M. Judith Lynam, Chair                      Dr. Ken Craig, Chair                      Dr. Jim Rupert, Associate Chair                      Dr. Laurie Ford, Associate Chair                      Dr. Anita Ho, Associate Chair</p> </div>		