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Caring for You, Me, and Us: The Lived Experience of Compassion in Counselors

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There is growing interest in compassion within the context of counseling, given its potential to support the well-being of both clients and counselors. For counselors, compassion may improve self-care and protect against various empathy-related stressors, such as empathic distress. Compassion is commonly taught and studied according to a division of self-compassion *or* other-oriented compassion (also, other-compassion). However, it has long been recognized that the lived experience of compassion is not so neatly divided. The Buddhist traditions that have informed compassion science emphasize the interconnectedness of self and others, such that the lived experience of compassion can occur in more combined and holistic forms that orient toward suffering in both oneself and others. This may be especially important for understanding compassion in counseling, where the clinical utility of empathy for suffering may result in moments of shared suffering. We therefore conducted a qualitative study to explore how counselors with compassion training experience and use both self- and other-compassion, including an exploration of relationships between compassion orientations. Findings revealed self- and other-compassion could be experienced as relatively distinct, with benefits for both counselors and clients. Yet we also found ample evidence for the experience of self- and other-compassion in more interrelated and combined forms, with additional unique benefits. To our knowledge, these findings are the first evidence of combined compassion experiences in counselors, highlighting the need for more research on how self- and other-oriented compassion interrelate, as well as how they can be experienced and employed together in therapy.

Clinical Impact Statement

Question: How do counselors with compassion training understand and use both self- and other-oriented compassion to support themselves and their clients? **Findings:** Counselors employ self- and other-oriented compassion in relatively distinct ways, as well as in combined forms that may be mutually beneficial for themselves and their clients. **Meaning:** To maximize benefits of compassion training, it may be ideal for counselors to train in both self- and other-oriented compassion, including how to experience and use them together. **Next Steps:** In addition to studies on one orientation of compassion or another, more research is needed to explore various relationships between self-compassion and compassion for others.

Keywords: compassion, counseling, empathy, psychotherapy, self-compassion

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Counselors strive to provide competent care to their clients, yet their own mental and physical health can become impaired by the demands of their work. A recent meta-analysis of burnout in mental health professionals found that counselors are at risk for experiencing emotional exhaustion, depersonalization, and low levels of personal accomplishment (O'Connor et al., 2018). Although factors

of job stress such as high caseload, workaholism, and personal trauma history play a role (Killian, 2008), aspects intrinsic to the work of managing counselor–client relationships can also worsen job stress for mental health professionals. Specifically, researchers have identified two key factors that may add to the burdens on counselors, namely (a) barriers to effective self-care (Skovholt &

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Trotter-Mathison, 2014) and (b) empathy-based stressors such as empathic distress, empathy fatigue (compassion fatigue), vicarious traumatization, and secondary traumatic stress (Rauvola et al., 2019). These counselor stressors are not inconsequential for clients, as they can lower the standard of care or even pose significant harm to clients through increasing trust violations, hindering the counseling process, and risking ethical breaches (Robino, 2019). Thus, it is critical to identify effective strategies and actions for protecting the long-term well-being of both counselors and their clients.

As mentioned, two primary sources of work-related stress for counselors are barriers to effective self-care and exposure to empathy-based stressors, such as empathic distress. These factors share unique features worth considering in the context of stress reduction strategies. For one, unlike determinants such as high caseloads, both factors are at least partially determined by the counselor's psychological experience within, and outside of, client sessions. Accordingly, reducing the detrimental influences of these sources may be broadly applicable to counselors working in a variety of clinical settings. Additionally, these stressors appear amenable to change through evidence-based interventions, and in particular, compassion-based interventions. Self-oriented compassion training may increase effective self-care (Beaumont et al., 2016; Bell et al., 2017; Eriksson et al., 2018; Neff, 2012), whereas other-oriented compassion training works directly with empathy and emotion regulation to decrease empathic distress (Klimecki et al., 2014; Singer & Klimecki, 2014).

Scientific interest in both self- and other-oriented compassion (also, other-compassion) stems primarily from Buddhist practice and philosophy (Lavelle, 2017). Informed by these teachings, scientific definitions of compassion identify three primary elements of compassion, namely (a) acknowledging the presence of suffering; (b) feeling empathic concern for the one suffering; and (c) embodying an intentional readiness to alleviate suffering if possible (Gilbert, 2015; Jazaieri et al., 2013). Compassion is thus understood as having essential cognitive, affective, and conative components, which are considered part of compassion regardless of its orientation toward oneself versus others. Accordingly, it is parsimonious to consider self- and other-compassion not as distinct constructs, but as terms for distinguishing whose suffering is focal (Quaglia et al., 2020). Scientific interest and study in both self- and other-compassion can be seen as part of a broader movement to integrate and secularize propitious aspects of Eastern spiritual traditions into Western psychology research and practice (Hasenkamp, 2019), most notably mindfulness (Grossenbacher & Quaglia, 2017). Thus, although compassion is recognized as an innate and evolutionarily advantageous capacity of the human mind (Goetz et al., 2010), Buddhist teachings remain the primary conceptual framework guiding its integration into Western psychological treatments and training programs (Lavelle, 2017).

Acknowledgment of the potential for self- and other-oriented compassion to support counselor and client well-being is growing. Such growth may be based on the view that compassion is rooted in an innate affective system that promotes reassurance, connection, and cooperation (Eriksson et al., 2018; Gilbert, 2009; Goetz et al., 2010; Patsiopoulos & Buchanan, 2011). To date, however, most research has focused on the role of one orientation of compassion or the other (self- or other-oriented compassion; Fulton, 2016; Germer & Neff, 2019; Nelson et al., 2018; Patsiopoulos & Buchanan, 2011; Sinclair et al., 2017). Little to no research has considered the ways

self- and other-compassion may interrelate in the context of psychotherapy. The present study therefore examined both orientations of compassion in the lived experience of counselors with regard to social and emotional dynamics during client sessions. This dual focus enabled the exploration of compassion orientations in relatively distinct, interrelated, and combined forms (i.e., instances in which both self- and other-compassion occurred together during the same social interaction), including possible mechanisms that may underlie their influence on counselor and client outcomes.

Compassion Through a Wider Lens

Compassion has most often been examined with a focus on one orientation or another, namely as self- or other-oriented compassion. This is evident at the level of individual studies and training programs, which tend to strongly emphasize one orientation or another (Quaglia et al., 2020). However, studying self- and other-compassion together, in ways that emphasize their interconnectedness, is more strongly aligned with traditional Buddhist perspectives on the value of compassion for supporting effective and sustainable care (Khyentse, 2003; Maitreya et al., 2018). According to Buddhist teachings, compassion is primarily about recognizing, and acting from, a view of oneself as fundamentally interconnected with others. In line with this, there has been increased recognition of the need for a more relational approach to understanding and studying compassion (Condon & Makransky, 2020). As applied to the context of psychotherapy, the investigation of both self- and other-oriented compassion appears valuable for improving counselor well-being, and the care they provide, for three related reasons. Taken together, these reasons help frame the value of widening our lens to examine both orientations of compassion in the same study.

First, each orientation of compassion may help to support counselor well-being through relatively distinct pathways. Examining self- and other-compassion in the context of the same study may therefore allow for more directly comparing and contrasting them, within the same sample of participants. Second, a dual focus on both compassion orientations provides the opportunity to explore functional relationships between them. A number of relationships between each orientation of compassion are commonly assumed (López et al., 2018; Neff et al., 2020; Sinclair et al., 2017), and most Western compassion training programs include at least some training in both orientations of compassion (Quaglia et al., 2020). This suggests that researchers and trainers alike may hold views about the mutual benefits of training both types of compassion together. However, these assumptions and views have been scarcely explored in empirical studies (cf. López et al., 2018). Third, and finally, there may be synergistic benefits of experiencing both orientations of compassion together in more combined and integrated forms. Indeed, the division of compassion by orientation has emerged relatively recently and is endemic within Western compassion science and training. Rather than being essential to compassion, this division is likely driven by its pragmatic value for compassion researchers and trainers (Quaglia et al., 2020). By contrast, the Buddhist traditions that have predominantly informed Western compassion science and training do not strongly emphasize the distinction between self- and other-oriented compassion, instead emphasizing the relevance of compassion for realizing the inseparability of oneself and others (Khyentse, 2003; Maitreya et al., 2018). This more Buddhist-informed view of compassion

suggests that self- and other-compassion may interrelate in less dualistic experiences. Examining these experiences can help to reinforce the fundamentally social nature of compassion and the primacy of compassion as one construct that can be oriented toward oneself, others, or both oneself and others. Less dualistic compassion seems especially relevant to the work of counseling, given the frequency, duration, and clinical utility of empathy for suffering (Elliott et al., 2018), a key starting point for compassion.

Present Research

We framed the present study around three key aims. First, we aimed to study potential ways that self- and other-compassion contribute uniquely to counselor and client well-being. Second, we hoped to consider functional relationships between self- and other-compassion, including the variety of ways they may afford or constrain each other. Finally, we aimed to explore less dualistic forms of compassion, such as through instances of interrelated and combined deployment by counselors during sessions. We relied on qualitative methods that we considered of unique value to help advance compassion science into new territory, namely through the use of semistructured interviews with counselors. Beyond commonly cited benefits of qualitative research, such as enabling “thick description” of phenomena (Ponterotto, 2006), qualitative approaches are less constrained by preexisting views and measurement approaches (e.g., measuring self-compassion as distinct from other-oriented compassion). This also allowed for exploring self- and other-oriented compassion in a broad sense, whether within or outside of session, implicitly or explicitly, or in the expression of compassion as a trait, state, intervention, or set of practices.

Method

Participants

Purposive sampling (Patton, 2015) was utilized in order to obtain a targeted sample that met all inclusion criteria. Inclusion criteria included (a) currently working as a counselor at one of two mental health clinics, namely a community counseling center and student counseling center in the Rocky Mountain Region, (b) personal experience with compassion-based approaches and methods within counseling, (c) a background with Buddhist-informed compassion training, and (d) availability to meet in-person for up to 2 hr for an interview. Two rounds of recruitment emails were disseminated to all counselors at two local mental health clinics, of which 20 counseling interns (Master’s level), who all met inclusion criteria, voluntarily responded. Participants received a small stipend for their participation. The age of participants ranged from 23 to 59 years old ($M = 35.42$; $SD = 7.91$). Regarding participant gender, 70% self-identified as women, 25% as men, and 5% chose not to report their gender. The sample was 95% white and 5% Latinx/Hispanic. Regarding spiritual orientation, 35% of participants selected a mixture of religious/spiritual traditions, 30% were Buddhist, 20% were nonaffiliated, and 15% were spiritual but not religious.

All counselors (100%) reported prior experience with compassion training, ranging from 2 to 16 years since first engaging in any compassion-related practice. Moreover, each participating counselor had received secular, yet Buddhist-informed, compassion training as part of their coursework, including meditation practices,

such as mindfulness, loving-kindness for oneself and others, and tonglen (sending and taking), as well as formal training in applying compassion to the context of counseling. In this coursework, compassion is taught to be innate yet trainable, with potential to support connection, care, and well-being in the context of counseling. Consistent with this training, all counselors (100%) self-reported intentions to encourage and support compassion within their clients for at least half of their sessions, with 16 counselors (80%) reporting such intentions were present often to always. Additionally, all counselors (100%) reported using a compassion-based intervention in at least half their counseling sessions, with 17 counselors (85%) reporting use of compassion-based interventions often to always.

Procedure

This study’s procedures were approved by the university’s Institutional Review Board, and informed consent was obtained prior to data collection. Data collection involved participant responses to the demographic questionnaires, face-to-face interviews with the first author, and observational notes that came up during the interviews. The interviews were semi-structured (Merriam, 2009) and lasted approximately 1 hr. The interviews were recorded and transcribed verbatim, and the transcriptions were used in data analysis. After an initial round of data collection and preliminary coding, a second round of interviews were conducted to achieve data saturation (Fusch & Ness, 2015).

Data Analysis

The interviews were read, coded, interpreted, and analyzed according to procedures of thematic analysis (Braun & Clarke, 2006). First, the transcriptions were read and reread by the researchers, followed by a systematic generation of preliminary codes. These were generated through identifying meaningful processes and depictions of the experience of self- and other-compassion in the therapeutic encounter. Preliminary codes were then aggregated and compared to one another in order to find repeating patterns, and these repeating patterns informed the development of consensually derived themes and subthemes. Two researchers reviewed the coding of each interview in order to examine the themes and subthemes in relation to the data set. The researchers also checked for any additional themes and subthemes that emerged from this second round of analysis. Once researchers reached final consensus, themes were defined and aggregated, with model excerpts identified. In order to maintain confidentiality, each participant was designated a number in lieu of names.

Data Validation

To establish *credibility*, which is the level of confidence that can be placed in the accuracy or truthfulness of a study’s findings (Lincoln & Guba, 1985), researchers engaged in triangulation, with multiple members on the research team ensuring consensus in the creation of codes, categories, and themes. To strive for *transferability*, the extent to which findings of the study can be transferred to other setting and contexts (Lincoln & Guba, 1985), we aimed to provide rich, thick descriptions in the Results section of the study (Merriam & Tisdell, 2016). To ensure *dependability*, the

degree that the results would be replicable and consistent (Lincoln & Guba, 1985), an audit trail was kept throughout data collection and analysis, laying out key decision points of data collection and analysis (Merriam & Tisdell, 2016). Finally, to assist in demonstrating *confirmability*, which is the degree to which other researchers would confirm the results of the study (Lincoln & Guba, 1985), researchers engaged in reflexive examination of perspectives, biases, and social locations that could shape what data is collected and how it is analyzed and reported (Creswell, 2014).

Results

We have organized our findings according to three superordinate themes, corresponding to the three primary aims of our study.

Theme 1: Variety of Roles for Self- or Other-Compassion

Across their interviews, participants (counselors) reported benefits of either self- or other-oriented compassion. Consistent with our first aim of comparing and contrasting self- and other-compassion, we have organized corresponding subthemes below that detail the benefits experienced by counselors. The subthemes for Theme 1 are presented in Table 1, and additional representative excerpts are presented in Supplemental Materials.

Benefits of Self-Compassion

Our findings indicated four main subthemes for the relatively unique benefits of self-compassion. Specifically, self-compassion benefited counselors in (a) supporting self-attunement, (b) lessening self-criticism and perfectionism, (c) fostering intrapersonal emotion regulation, and (d) modeling self-compassion for clients. The following sections detail these benefits in greater detail.

Supports Self-Attunement. Counselors frequently reported that self-compassion supported an enhanced state of self-attunement. Self-attunement can be defined as the ability to observe one's internal experience, whereby "an *observing self* attunes to an *experiencing self* in an open and kind way" (Siegel, 2020, pp. 5–6). For some counselors, self-attunement occurred through attending to their emotional experience and promoting a sense of personal kindness and self-acceptance. For example, counselor (#11) emphasized that self-compassion has enhanced her attunement to emotional experience through:

Welcoming or be able to be with all parts or whatever arises . . . and recognizing that there's a lot that I don't control. I don't control when and how my emotions pop up, but I do control how I relate to them. And so I see compassion as increasing my ability to let what is coming arrive, relate with it in a more loving and kind way, and then move from there without pushing things out of my sight.

Lessens Self-Criticism and Perfectionism. Counselors named that an additional benefit of self-compassion was a strengthened ability to work with self-criticism and perfectionism. This occurred during client sessions, when counselors would intentionally cultivate self-compassion to lessen feelings of "not being enough," to bring greater acceptance to moments of uncertainty in the therapeutic process, to embrace moments of perceived missteps or mistakes, or to better tolerate not knowing the "perfect" therapeutic response. For example, counselor (#18) voiced that self-compassion has enabled her "to just be okay with not knowing the perfect thing to say or do." Counselor (#14) expressed that self-compassion arises for him during moments when he perceives he made a mistake, there was a minor rupture, or the therapeutic process did not unfold as expected. He added that self-compassion has helped him recognize self-critical and perfectionistic thoughts as narratives or stories without needing to believe or attach to them, but instead recognize he is "doing the best [he] can." Similarly, counselor (#4) added that self-compassion, in particular, helps remedy the imposter syndrome and brings greater acceptance to his limitations as a therapist in training.

Enhances Intrapersonal Emotion Regulation. The third subtheme regarding benefits of self-compassion was enhanced intrapersonal emotion regulation. The need for intrapersonal emotion regulation was highlighted during two specific instances: (a) during moments of receiving difficult feedback from clients during session and (b) when counselors experienced physiological and emotional activation from client material. In both of these instances, counselors maintained that they would use self-compassion to alleviate activation and enhance their capacity to self-regulate. For example, when counselor (#20) received difficult feedback from a client—that she seemed inexperienced—she reflected:

Self-compassion really helped me take it with a grain of salt and not feel terrible about it, because that would have really derailed what we were doing. I was able to hold it and say, "Well alright I'll look at that," and I kept continuing processing with her.

Participants also mentioned that self-compassion would enhance intrapersonal emotion regulation during moments when they felt personally activated by client material, whether it was due to a client sharing a strong emotion in the counseling room or moments when counselors felt a shared suffering in something a client was bringing to the session. As counselor (#10) stated, "Self-compassion brings in that extra level of protection, to allow me to see all that's going on, and to remind myself that I'm human and this is natural, normal, and that it's okay."

Models Self-Compassion for Clients. The fourth named benefit of self-compassion was the modeling of self-compassion to their clients. When counselors were able to practice self-compassion in-session, they additionally found perceived value in demonstrating it for their clients. Counselor (#9) stated she implicitly models self-compassion during the therapeutic encounter. She articulated, "If I am sitting there judging and not having compassion for myself, how

Table 1
Summary of First Primary Theme

Subthemes
Theme 1: Variety of roles for self- or other-compassion
A. Benefits of self-compassion
a. Supports self-attunement
b. Lessens self-criticism and perfectionism
c. Enhances intrapersonal emotion regulation
d. Models self-compassion for clients
B. Benefits of other-compassion
a. Supports positive regard
b. Supports therapeutic attunement to clients
c. Reduces empathy-related stress

Note. Descriptions and representative excerpts for themes and subthemes are presented in text.

can I teach them that it's okay to accept and love themselves?" She extended this idea on the value of modeling self-compassion when she noted being "able to model that I love myself, I have compassion for myself, then maybe they can too." Counselor (#20) will more explicitly model self-compassion when asking her clients what self-compassion or self-kindness could look like for them. She went on to state she gives personal examples of how she uses self-compassion in her life so clients can have a more informed understanding of how it can be applied moment-to-moment.

Benefits of Other-Compassion

Our findings indicated three subthemes for the relatively unique benefits of other-compassion. The benefits of other-compassion reported by our participants include its role in: (a) supporting positive regard, (b) supporting therapeutic attunement to their clients, and (c) reducing empathy-related stress. The following sections describe these benefits in detail.

Supports Positive Regard. Counselors expressed that the generation of other-compassion supported the cultivation of positive regard, through promoting nonjudgement and perceiving their clients' innate worth and wholeness. Counselor (#20) stated other-compassion:

Helps me see clients as more whole and good enough as they are, even if they don't see themselves that way. I'm sort of holding that bigger possibility of, "You're doing the best you can do and that's good enough for now."

Similarly, counselor (#13) added compassion has helped him to see that "every human being that I've ever encountered is doing the best that they can with the tools that they have from the experiences they've gone through." Counselor (#9) extended the value of other-compassion when naming it has helped her experience nonjudgement for her clients and meet them wherever they are in their personal development. In her words, "I think it helps let go of an agenda. I care for them wherever they are, whatever stage of change they're in . . . even if I think that what they're doing is not great. I still have compassion for them."

Supports Therapeutic Attunement to Clients. Another benefit of other-compassion counselors identified was its support in attuning to their clients during therapy. Therapeutic attunement occurred through attending to clients when they were experiencing strong emotional activation and allowing the therapeutic process to unfold without imposing an agenda. Counselor (#20) noticed herself feeling other-compassion for her clients most often when they were experiencing strong emotions, such as sadness and grief. She noted that other-compassion enabled her to attune to those emotional states in her clients and feel a sense of care for them. Counselor (#12) perceived that this level of attunement to clients has the potential to promote cathartic emotional experiences, as it enabled clients to "feel held emotionally in a way [they've] never felt before." Counselor (#15) added that compassion helped her feel a greater degree of attunement to her clients in a way that is difficult to replicate outside of session. Counselor (#14) emphasized that other-compassion supports "a temporary absence of some fixed notion of what needs to happen. . . . There's more of an observer that's able to notice and . . . just let that kind of be, without having to try and manipulate it or change it." She went on to say this allowance protects her from getting lost in her client's experience, and instead

"tolerate and be with sensation" and feel a sense of acceptance for whatever needs to arise.

Reduces Empathy-Related Stress. A final benefit of other-compassion acknowledged by participants was the potential for other-compassion to reduce empathy-related stress. Participants noted that other-compassion supported more skillful boundaries through taking on less responsibility for the clients' therapeutic work, and in counselor (#19)'s words, reducing the need to "fix it, solve it, make it better." For counselor (#10), other-compassion supported her not becoming overly attached to the therapeutic work of her clients. She went on to state that other-compassion:

Helps me to not take my work home as much. And I think it helps me to—it seems really contrary or counterintuitive—but somehow, the more compassionate I can be with a client, the less frustrated I feel, the less likelihood there is of feeling burnt out, or any of those kinds of things. The more I care, the less it affects me.

Theme 2: More Than One Relationship Between Self- and Other-Compassion

According to our second aim, participants endorsed various kinds of relationships between orientations of compassion, such that no one relationship seemed primary. The subthemes for Theme 2 are presented in Table 2, with additional representative excerpts in Supplemental Materials.

One-Directional: Self-Compassion Shapes Other-Compassion

We found three main subthemes for how self-compassion may shape other-compassion. First, self-compassion may act as a gateway for other-compassion. In the words of counselor (#12), "If you're able to have compassion for self, then ultimately you're able to have compassion for others." Counselor (#9) put it this way, "If I have compassion for myself, I think that helps me to have compassion for [my clients]." Second, self-compassion may afford or constrain how much one experiences other-compassion. From this perspective, one's amount of other-compassion depends on one's degree of self-compassion. For example, counselor (#16) expressed, "I notice times when I'm less compassionate towards myself, whether I'm anxious about school or feeling upset about a

Table 2
Summary of Second Primary Theme

Subthemes
Theme 2: More than one relationship between self- and other-compassion
A. One-directional: Self-compassion shapes other-compassion
a. Acts as gateway for other-compassion
b. Affords or constrains other-compassion
c. Promotes other-compassion through common humanity
B. One-directional: Other-compassion shapes self-compassion
a. Acts as gateway for self-compassion
C. Bidirectional relationships
a. Mutual affordance and constraint
b. Need for balancing self- and other-compassion
D. Benefits of relationships between self- and other-compassion
a. One orientation can reveal or deepen other
b. Multiple starting points for practicing compassion

Note. Descriptions and representative excerpts for themes and subthemes are presented in text.

conversation . . . and that makes it a little more challenging to hold compassion for others.” Similarly, counselor (#20) stated, “It’s really difficult to have compassion for others when you don’t have compassion for yourself. So, developing self-compassion makes it more available for others as well.” Finally, experiencing common humanity in self-compassion may promote compassion for the other. Counselor (#5) described how extending gentleness and holding a nonjudgmental attitude toward his client was more possible through “understanding that this client’s mind and experience is similar to my own in a lot of ways.” Counselor (#15) put it this way, “When I have more compassion for myself . . . part of the understanding is . . . the human experience, and I can extend that towards my clients as well.”

One-Directional: Other-Compassion Shapes Self-Compassion

There were overall fewer instances of statements about other-compassion shaping self-compassion in a one-directional way. However, we found one complementary subtheme for how other-compassion may influence self-compassion. Specifically, counselors indicated that other-compassion may similarly act as a gateway to experiencing more self-compassion. As described by counselor (#14), “I start with others as a way to kind of come into myself, and when I work with particular clients, I do the same thing.” Similarly, counselor (#20) stated, “I think you can find compassion for yourself through compassion for others.”

Bidirectional Relationships

Considered together, the above one-directional relationships are suggestive of a bidirectional relationship. Yet many participants also spoke directly about bidirectional relationships for self- and other-compassion. Two distinct subthemes were evident for bidirectional relationships, namely (a) their role in mutually affording and constraining each other and (b) the importance of balancing self- and other-compassion. Regarding mutual affordance and constraint, counselor (#20) stated, “The two go very much hand-in-hand. I think it’s really hard to have one without the other. They sort of reflect each other.” Another counselor (#16) described this mutuality as a kind of loop, saying, “When I when I’m able to hold compassion for myself and be with whatever is coming up, there’s more space to be with whatever clients are showing up with, and it becomes this loop of compassion.”

Counselor (#8) described the importance of balancing self- and other-oriented compassion as follows:

I think that if we focus entirely on compassion for other at the expense of compassion for self, I think that can create problems just as much as compassion for self versus others can create problems in the therapeutic relationship. So, there’s this back-and-forth balancing thing that’s going on.

Benefits of Relationships Between Self- and Other-Compassion

Finally, participants reported benefits of the relationships between self- and other-compassion, including (a) the potential for one orientation of compassion to reveal or deepen the other and (b)

multiple starting points for practicing compassion. Regarding both of these subthemes, counselor (#14) stated:

For many of the clients I’ve worked with, starting with compassion for self is really hard. So, to me, starting with someone else can be a gateway, whether it’s actually just experiencing my compassion for them, or their compassion for me. Then being able to have some belief . . . that they deserve it, and being able to, in turn, offer it for themselves and myself.

Theme 3: Combined Compassion Is Recognizable, Common, and Has Applied Value

Finally, with regard to our third aim of exploring more combined forms of self- and other-compassion (i.e., forms in which self- and other-oriented compassion occur in the same interaction), we found counselors were able to readily recognize such experiences as relatively distinct from either self- or other-compassion alone. Moreover, these experiences appeared common, with all counselors reporting some kind of combined self- and other-compassion in the same social interaction, and almost all reporting simultaneous and integrated forms of combined compassion. The subthemes for Theme 3 are presented in Table 3, with additional representative excerpts in Supplemental Materials.

Distinct Experience Within the Same Interaction

At the first level of combined compassion, counselors reported occasions wherein self- and other-compassion were both present and operating, yet still relatively distinct, within the context of the same social interaction. This was found to occur either through counselors moving between orientations of compassion, or through the simultaneous yet distinct experience of both self- and other-compassion. Regarding moving between orientations of compassion, counselors described this experience in different ways, including language such as “shuttling” or “oscillating” between self- and other-compassion. Counselor (#12) described it this way:

Table 3
Summary of Third Primary Theme

Subthemes
Theme 3: Combined compassion is recognizable, common, and has applied value
A. Distinct experience within the same interaction
a. Moving back-and-forth between self- and other-compassion
b. Simultaneous yet distinct self- and other-compassion
B. Less dualistic forms of compassion
a. Doubts about distinction between self- and other-compassion
b. Integration of self- and other-compassion
c. One orientation can expand to become integrated compassion
d. Shared suffering is a common starting point for integrated compassion
e. Counselor compassion can include others not present in session
C. Self–other distinction during compassion
a. Compassion supports healthy self–other distinction
b. Maintenance of self–other distinction varies
D. Benefits of combined self- and other-compassion
a. Strengthens connection with clients
b. Helps broaden counselor mindset
c. Supports mutual benefits for client and counselor

Note. Descriptions and representative excerpts for themes and subthemes are presented in text.

A client brought in something that . . . kind of caught me off guard because it was something that was occurring in my personal life . . . So I was, you know, feeling myself having that compassion towards the client of like, wow, that does sound really difficult, and also then coming back for a second and being like, yeah, this is oddly specific and this is definitely pulling at your own heartstrings. So, like, breathe and it's okay, and also be with this client.

A number of counselors also reported a combination of self- and other-compassion that was simultaneous, yet distinct. In other words, self- and other-compassion were perceived to operate at the same time within an experience, even while remaining distinguishable. In the words of counselor (#2), "At the same time, I did kind of have compassion for her and compassion for myself."

Less Dualistic Forms of Compassion

Moving beyond the still fairly distinct experience of self- and other-compassion, many counselors also reported less divided experiences of combined compassion—that is, experiences wherein self- and other-compassion were not seen as separate and independent phenomena. One way this subtheme was revealed was through counselors expressing doubts, skepticism, or questions about distinguishing one type of compassion from the other, such as in this statement from counselor (#20), "I think it's sort of hard to distinguish sometimes. It just feels like there's compassion there as opposed to it's for them or it's for me." Counselor (#19) put it this way, "I think the only way you can have only self-compassion is in a vacuum. . . . Can you ever say that you're only taking care of yourself for yourself?"

Yet participants also made direct statements about the experience of more integrated experiences of self- and other-oriented compassion, in which distinctions between orientations of compassion were perceived to be less relevant, or even irrelevant. Counselor (#18) described the integrated feeling of self- and other-compassion together as, "More one feeling. But I feel like it would also be integrated, too. Like both/and." Counselor (#10) similarly described a moment of recognizing when self- and other-compassion were experienced together in session, "In that case, there's the compassion and self-compassion. And it all feels like one." Counselor (#4) made a point to distinguish the feeling of integrated compassion from that of moving back-and-forth between self- and other-compassion, "I don't have a sense of it being any vacillation back-and-forth, which makes me feel like they must be more or less one sort of categorical thing."

Three additional findings are noteworthy regarding more integrated forms of compassion. First, distinct self- or other-compassion may expand to become integrated compassion, as summarized by counselor (#10), "It starts with compassion for either/or, and then combines." Second, integrated compassion may be more likely when suffering is shared between client and counselor. As counselor (#17) described, moments of integrated compassion occur "when it feels like suffering overlaps. . . . I think that's when it's most pronounced." Finally, integrated compassion can broaden to include others not present during the interaction, as in this example from counselor (#12), who connected her own suffering with not only the client's, but with all those who have experienced something similar:

I've had my own journey with that. And with that acceptance . . . I find myself holding compassion for the experiences that I've had of that while also . . . feeling this greater, larger compassion for not only my

client who is working through this issue, but for every person that has had that feeling.

Self-Other Distinction During Compassion

In the context of compassion, counselors frequently mentioned that self-other distinctions were maintained, even as they experienced more care for, and connection with, their clients. This was true even during integrated compassion, when self- and other-compassion were experienced as one integrated feeling. Indeed, counselors suggested compassion supports healthy self-other distinctions, such as counselor (#16's) remarks, "I feel like compassion has a healthy awareness of boundary. Like if a client is feeling sad, I don't necessarily have to be in the emotion of sadness with them." This was not, however, uniform across counselors, and many counselors reported occasions in which self-other distinctions were not present, or where there was more varied experience. For example, counselor (#2) described her experience of self-other distinctions during integrated compassion, as follows:

We are separate. I have an experience, you have an experience, and we can never have the same experience. We're not one person, and we're not so separate that we don't feel each other's feelings . . . it's all kind of mushy. I think of it almost like there's the me, the you, and the us . . . and sometimes the line between me and us can kind of get blurred.

Benefits of Combined Self- and Other-Compassion

Finally, regarding the applied value of combined and integrated compassion, counselors reported three unique benefits from experiencing both self- and other-compassion together. First, they voiced that experiencing combined forms of compassion supported greater connection with their clients, describing their experience with phrases like "heart-centeredness," "magical space," "heartfelt connection," and "attunement." Regarding the unique value of such integrated compassion experience, counselor (#3) stated, "How often do you get to be in connection with someone else and be experiencing self- and other-compassion at the same time?" Second, counselors reported integrated compassion helped them connect with a broadened mindset. As examples, counselor (#17) stated, "It just allows me to become even more open and widened and able to understand the interconnectedness of it all," and counselor (#3) expressed, "It's like expanding like a lens. It's a lens expanded and it's like, oh, there are more choice points here. I have more options." Third, counselors spoke to the mutuality of benefits from integrated compassion, in that it was perceived as beneficial to both themselves and their clients at the same time.

Discussion

The purpose of this study was to use qualitative methods to explore the use of self- and other-oriented compassion (i.e., other-compassion) among counselors who had a background with compassion training, with particular interest in relationships between compassion orientations. Previous research on compassion has tended toward the study of one orientation of compassion or another, and has scarcely explored less divided experiences of compassion. Therefore, our focus on both self- and other-compassion allowed for more direct comparison of their perceived benefits, as well as an exploration of relationships between orientations. Most novel to our

investigation was an exploration of interrelated and combined forms of self- and other-compassion, as informed by traditional Buddhist perspectives. Findings revealed benefits of self- and other-compassion as relatively distinct therapeutic processes and interventions, as well as important relationships between orientations of compassion. We also found ample evidence for the existence and applied value of combined forms of compassion, including their deployment in coupled, simultaneous, and integrated ways.

Benefits of Self-Compassion or Other-Compassion

The first aim of our study explored the perceived benefits of self- or other-oriented compassion. Regarding self-compassion, our analysis revealed that counselors perceived four primary benefits of self-compassion, namely its support for self-attunement, lessening self-criticism and perfectionism, enhancing intrapersonal emotion regulation, and modeling self-compassion for clients. For the first of these, self-compassion was perceived to support self-attunement through a greater attention and self-kindness toward one's own emotions, which enabled greater perceived skill in the therapeutic encounter. Prior research suggests high self-compassion may be a protective factor against burnout and empathy fatigue (Beaumont et al., 2016; Eriksson et al., 2018), and our findings suggest self-attunement may be a key component to these benefits. In responding with compassion to personal suffering, individuals may develop beneficial coping strategies, a kinder relationship to oneself, and greater overall self-care (Coaston, 2017; Neff, 2003). Our findings regarding self-criticism and perfectionism, as well as improved intrapersonal emotion regulation likewise align with previous literature that has found self-compassion as a valuable tool for reducing self-criticism, self-doubt, and intolerance for ambiguity in counselors (Bell et al., 2017; Fulton, 2016; Neff, 2003; Shahar et al., 2015), as well as improved emotion regulation (Finlay-Jones et al., 2015).

Regarding benefits of other-compassion, counselors indicated its potential to promote positive regard and attunement with clients. Specifically, our findings revealed that other-compassion can help counselors recognize, attune to, and reflect clients' intrinsic worth and wholeness. This includes greater attunement to client suffering and promoting a view of clients as "doing the best they can." These findings align with literature on the common factors of effective therapy, including positive regard, warmth, and acceptance (Cuijpers et al., 2019; Lambert & Barley, 2001; Rogers, 1957). Other-compassion was also perceived to reduce empathy-related stress. Specifically, participants noted that other-compassion reduced their personal distress when working with clients' distress, consistent with neuroscientific research demonstrating the potential for training in other-compassion to counteract the negative effects of empathy (Klimecki et al., 2014; Singer & Klimecki, 2014). A more recent study found compassion training helped to protect the well-being of caregivers of those with severe mental distress (Hansen et al., 2021). In this study, counselors perceived compassion as helping them to discern what belonged to them versus their clients (emotional differentiation), release what was not theirs, and strive to empower their clients to better care for themselves. In the context of related research on the downsides of empathy (Russell & Brickell, 2015), these findings support the view that compassion enables counselors to preserve empathy's benefits while decreasing its downsides.

Between Orientations of Compassion

Our second aim was to explore a variety of potential relationships between self- and other-oriented compassion. Our data revealed that counselors trained in compassion experience a number of distinct relationships between self- and other-compassion, and that these relationships are leveraged to support their clients. First, it is noteworthy that counselors spoke to the influence of self-compassion on other-compassion more than the other way around, which is consistent with research suggesting that helping professionals may benefit more from self-compassion training (Neff et al., 2020). Specifically, counselors in this study spoke about three separable ways self-compassion can influence compassion for others, including through an appreciation of common humanity. This subtheme regarding common humanity is recognized in existing compassion research to be an important component of compassion across orientations, allowing people to appreciate experience, especially hardship, that is shared as part of the human experience (Neff, 2003). However, the role of common humanity in self-compassion tends to emphasize its support for self-compassion, rather than its role in connecting self- and other-compassion (Quaglia et al., 2020). Findings from this study reveal how shared elements between self- and other-compassion, such as common humanity, may be able to serve as conceptual or experiential anchors when reorienting compassion (e.g., from self- to other-compassion, or from other-compassion to combined compassion). Said differently, certain core elements of compassion may be sustained within one's experience when moving between orientations of compassion.

This view of compassion's shared elements may also be important for understanding the bidirectional relationships endorsed by counselors in our study. Counselors frequently described interrelationships between orientations of compassion, noting that each could afford or constrain the other, with influence flowing in both directions. This was underscored by a second subtheme regarding the potential for compassion to become imbalanced, reducing the effectiveness of compassion as a therapeutic tool. For example, one counselor noted the benefit of identifying when they may be imbalanced toward self- or other-oriented compassion, and how this discernment could inform their clinical interventions. This highlights how training with a strong emphasis on just one orientation of compassion could incite or exacerbate an imbalance in compassion (cf. Neff et al., 2020), in ways detrimental to the work of counseling. More conscious recognition of the relationships between self- and other-compassion may therefore be beneficial for counselors and clients alike, since each orientation of compassion could serve as a starting point for cultivating or deepening the other.

Less Divided Experiences of Compassion

Third, and most novel to this study, we aimed to explore the potential for compassion to be experienced in ways that did not readily fit as self- or other-oriented compassion. Whereas existing quantitative measures of compassion are distinct for assessing self-compassion or compassion for others (e.g., Neff, 2003; Pommier et al., 2020), our study's qualitative approach allowed us to examine interrelated and combined experiences of compassion. Overall, findings revealed the presence and unique clinical value of these less divided forms of compassion. Specifically, counselors reported

(a) moving back-and-forth between self- and other-compassion; (b) questioning whether self–other distinctions were applicable to one’s compassion experience; and (c) more integrated experiences of self- and other-oriented compassion. What all three of these combined experiences share in common is their potential to be missed by research focused solely on one orientation of compassion or another. However, the first (back-and-forth) maintains a perceived distinction between self- and other-compassion. Notably, counselors described the clinical utility of moving flexibly between orientations of compassion, highlighting the dynamic nature of employing both orientations of compassion in session. Such “shuttling” or “oscillating” between self- and other-compassion was also perceived as consequential, supporting counselors’ balance of self- and other-care.

The remaining two experiences of combined compassion provide a more direct challenge to an overly divided approach to compassion research, since they describe occasions for which the labels of self- and other-compassion do not readily apply. These findings are consistent with the Buddhist traditions that have strongly guided the development of Western compassion science and training (Khyentse, 2003; Maitreya et al., 2018; Quaglia et al., 2020), and highlight the value of compassion as an inherently social construct (Condon & Makransky, 2020). Despite the pragmatic and therapeutic value of distinguishing compassion by orientation, we believe our findings demonstrate the importance of not confusing *relatively* distinct orientations of compassion with distinct constructs. Additionally, this study demonstrates the relevance of such experiences to the applied context of counseling. The presence of shared suffering between the counselor and their clients was often a starting point for more integrated compassion experience. However, integrated compassion could also begin with one orientation of compassion expanding to include the other. Combined forms of compassion allow counselors to hold both the clients’ and their own suffering together in a wider container of care. These combined forms were perceived to promote stronger social connection and perspective taking, as well as felt connection to others not physically present—even strangers—who experience similar suffering.

Limitations and Future Directions

This study is limited in three key ways that offer context for our findings, while also pointing to opportunities for future research. First, our study design involved the qualitative exploration of compassion among counselors previously trained in compassion in various ways. Future research should consider a randomized controlled design, allowing for more direct assessment of how compassion training shapes the experience and use of self- and other-compassion by counselors. One particularly compelling possibility is the potential to compare compassion in counselors with training in self-compassion, other-compassion, and both together. Second, our sample was homogenous in a number of ways, including variables such as race/ethnicity, gender, and clinical training. Most significant was our decision to study counselors who had a similar history (>2 years) of Buddhist-informed compassion training, including through their graduate coursework. Future research will benefit from studying counselors with varying degrees of compassion training experience. Additionally, given the central role of intentions in compassion and its training, our findings on the high prevalence of counselor intentions about compassion warrants more direct examination as a potential key mechanism

and training component (e.g., intention setting practices). Finally, our qualitative approach had key advantages for studying relationships between orientations of compassion, as well as more combined and integrated experiences of compassion. However, future studies could employ experimental and quantitative methods to better determine whether and how diverse forms of compassion impact outcomes for counselors and their clients. Toward this end, our findings may be useful for informing the development of new methods, measures, and trainings that go beyond a dualistic framing of self- or other-oriented compassion.

Conclusion

The growing body of research on compassion, and its benefits for mental health, is still in its early stages. This research has relied heavily on a conceptual distinction of compassion based on its orientation toward self versus other(s), guiding correspondent measures, training programs, and study designs. Yet, as understood in the Buddhist traditions that have guided much of compassion science, compassion is fundamentally about recognizing, appreciating, and acting on the interdependence of human beings, especially when faced with suffering. This more fundamental understanding of compassion may be especially relevant in psychotherapy, where counselors must learn to balance self- and other-care in moments of profound distress and pain. Our qualitative approach allowed us to explore compassion in a less divided way so as to understand how both self- and other-oriented compassion may be employed to support counselors’ well-being as they work to support the well-being of others. Findings revealed how counselors rely on self- and other-compassion in distinct ways, as well as in interrelated and combined ways. This suggests that maximizing benefits of compassion training for counselors may necessitate training in both self- and other-oriented compassion, including guidance on how to experience and use them together. As the first study, to our knowledge, to explore interrelated and combined forms of compassion in counselors, we look forward to more research in this area to support the well-being of counselors and their clients.

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