

The Lived Experience of Self-Compassion in Social Workers

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## **Dedication**

This dissertation is dedicated to my parents, who inspire me to lovingly be the best I can be, and to the research participants. I embarked on this research project with the intention of contributing to the field of social work. The participants I met and the gifts of their stories have had a lasting impact on me. May the voice they give to their experiences be an opportunity for all of us to learn from their wisdom. To my parents and to the research participants, I say, Namaste; the light in me honors the light in you.

## **Abstract**

Social workers often face challenging work situations. The result of these situations can be stress, burnout, and secondary trauma. Though social workers are known for having compassion for others, the concept of self-compassion, having compassion for oneself, is relatively new and understudied. The purpose of this study was to develop and advance an understanding of the lived experience of self-compassion among social workers. The study was guided by one research question: What is the lived experience of self-compassion in social workers who have completed Mindfulness Based Stress Reduction, a program on developing mindfulness? The conceptual framework and methodology are grounded in phenomenology. This dissertation is important as it provides critical knowledge about self-compassion for social workers, other helping professionals, and lay people living in a stressful world.

Participants in this study included 10 social workers who have completed Mindfulness Based Stress Reduction (MBSR), a program on mindfulness that also incorporates learning about self-compassion. The social workers represented a variety of practice experiences including: county human service work, private practice, non-profit work, school social work, hospital social work, nursing home social work, and crisis work. The participants had between five and 30+ years of experience as social workers.

During an in-depth interview, each participant responded to the primary interview prompt: Please think about and describe a specific instance or situation in your social work practice when you experienced self-compassion. A thematic analysis of individual interviews was completed and validated by each study participant. Analysis across

interviews revealed four distinct themes. First, the participants described the nature of self-compassion, emphasizing five elements. Second, participants described the value of self-compassion in stressful work situations. Third, the participants described self-compassion as a “conduit” of healing for others. Fourth, the participants described self-compassion as a life long journey. In a fifth finding, not shared by all participants, inclusion of self-compassion into the social work education curriculum and continuing education was advocated.

This research leads to an understanding of what self-compassion is as well as what it means for practicing social workers. Implications of this study are relevant to social work practice, education, and research.

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## **Chapter 1**

### **Introduction and Overview**

The purpose of this chapter is to provide an introduction and overview to the dissertation topic of self-compassion and social workers. The chapter begins by presenting a synopsis of the study including a problem statement, the purpose of the study, and a brief introduction to the literature as well as phenomenology as the method for the study.

Following this synopsis is a presentation of my personal experiences with the practice of social work and self-compassion and how these experiences shaped my choice of research question and method for the study. Consistent with qualitative research, I have chosen to clearly identify my experiences and their impact from the outset of the dissertation. It is my hope that in combining both a synopsis to the dissertation as well as clearly locating myself in the research I have provided a more in-depth and meaningful introduction to the dissertation.

Intended to be a road map for the reader, the chapter concludes with an overview of the individual chapters in the dissertation. This section lays out what is presented within each chapter of the dissertation, highlighting the chapter's essential content. The purpose of this section is to assist the readers to follow the individual chapters as they create a whole in understanding the experience of self-compassion in the study participants.

### **Synopsis of the Study**

The practice of social work is filled with challenges. Social workers often engage

with clients who are marginalized, exposed to trauma, and in crisis. In addition, social workers often experience high case loads, limited funds, and sometimes unrealistic expectations for client outcomes. A result of these conditions can be elevated levels of stress among social workers, leading to burnout, poor performance, or even abandonment of the field altogether.

In response to the potentially pervasive and significant effects of stress and burnout, there is an increasing interest in education, prevention, intervention, and research to assist social workers to address the challenges and stress inherent in the field. Self-compassion, the practice of having compassion for oneself, and its role among helping professionals has gained interest as one potentially mediating factor in stress and burnout.

### **Problem Statement**

Consistent with other occupations that involve high and ongoing levels of contact with people, stress is a common characteristic of social work (Acker, 2010). In addition, social workers often experience particularly high case loads, inadequate financial resources, and sometimes idealistic expectations for client outcomes. A result of these conditions can be prolonged levels of stress among social workers, resulting in anxiety, fatigue, irritability, and other mental health concerns as well as leading to burnout (Lloyd, King, & Chenowith, 2002). A cluster of emotional and physical symptoms, burnout may manifest as fatigue, decreased levels of a sense of accomplishment, and depersonalization of client relationships, ultimately resulting in poor job performance, absenteeism, and even abandonment of the field altogether (Acker, 2010).

A growing body of literature describes high levels of social worker stress and potential for burnout as compassion fatigue. First described by Figley (1995) compassion fatigue has generated much literature and discussion within social work and allied fields such as psychology and nursing. Compassion fatigue is defined as stress related to ongoing exposure to a suffering individual or group (Figley, 1995). Radey and Figley (2007) assert that the connection and empathy upon which therapeutic relationships are built also transmit trauma from the client or patient to the professional. The process of collecting bits and pieces of trauma and suffering over prolonged periods as well as the increasingly bottom line environment of human services, including health care, are compounding factors in the prevalence of compassion fatigue (Showalter, 2010). Coetzee and Klopper (2010) further describe compassion fatigue as the end result of a process that begins with compassion discomfort or compassion stress. The authors speculate that compassion fatigue is a potentially permanent condition.

The pervasiveness of compassion fatigue is still under debate (Craig & Sprang, 2010) and some suggest that compassion fatigue is inappropriately named as one cannot become fatigued from compassion (Germer, 2009; Brach, 2003; Salzberg, 1997). However, it is clear that what is commonly referred to as compassion fatigue affects professionals across the broad spectrum of social work. Compassion fatigue has been identified among child welfare workers (Van Hook et al., 2008; Horwitz, 2006), domestic violence counselors (Perron & Hiltz, 2006), humanitarian aid workers (Shah, Garland, & Katz, 2007), trauma workers (Adams, Boscarino, & Figley, 2006; Craig & Sprang, 2010; Wee & Meyers, 2002), and health professionals (Potter, et al., 2010). Similar to stress

and burnout, compassion fatigue is associated with physical and emotional symptoms such as insomnia, headaches, depression, and a sense of worthlessness, as well as decreased work performance and productivity (Showalter, 2010). Though the challenges in social work and their effects have been quite well documented, it is not always clear how best to respond. My own experiences as they are presented later in this chapter reflect the challenges and stress that have been documented in the literature. In light of the many challenges, self-compassion is a potential protective factor for social workers in their inherently difficult work.

### **Purpose of the Study**

The purpose of this qualitative and specifically phenomenological study is to explore the lived experience of self-compassion in social workers who have completed a program on mindfulness. Consistent with this purpose, is the research question: *What is the lived experience of self-compassion in social workers who have completed MBSR, a program on developing mindfulness?* This study draws from phenomenology to answer the research question and to deepen the understanding of what it means to experience self-compassion as a social worker. Accessing social workers who have completed MBSR provides a deeper understanding of the experience of self-compassion in social workers who have had advanced training in mindfulness. The findings of the study have implications for: Understanding the experiences of self-compassion in social work, social work education, and the challenges of practicing social work in a complex and stressful world. In addition it is possible that the findings from this study will be informative to other helping professions who experience similar stress and challenges as

well as lay people living in a stressful world.

### **Need for the Study**

There is a small, but growing body of literature on self-compassion (e.g., Neff, 2003b; Neff, 2011; Pauley & McPherson, 2010). However, the majority of this literature is quantitative in nature, focusing on the association of self-compassion and mental health (e.g., Neff, Kirkpatrick, & Rude, 2007; Thompson, & Waltz, 2008), self-compassion and helping professionals (e.g., Shapiro, Brown, & Biegel, 2007; Ying, 2008a), or factors that affect levels of self-compassion (e.g., Neff, Pisitsungkagarn, & Hseih, 2008). There is very little literature that uses an inductive or qualitative approach to understanding self-compassion. In addition, there is a lack of literature that explores the meaning of self-compassion in social workers. The lack of research that helps us understand self-compassion is unfortunate as it is this type of information that helps us to connect the quantitative findings on self-compassion with the everyday lives of social workers.

This study furthers the knowledge of self-compassion by exploring social workers' experiences of self-compassion in the midst of stress and challenges. Specifically, the phenomenological method was used in this study with social workers who have had training in mindfulness, an approach that has been positively associated with higher levels of self-compassion (Birnie, Speca, & Carlson, 2010).

### **Phenomenology and Method of Inquiry**

Phenomenology is the research method that uncovers the lived experience of a phenomenon, in this case self-compassion. A phenomenological study is critical to develop a deeper understanding of self-compassion, what the experience means, and why

it is important in the lives of social workers. While existing literature points to the benefits of self-compassion, this phenomenological study uncovers the essence or deeper meaning of the experience of self-compassion. Knowing what the experience means to social workers has important implications for social work practice and education.

This phenomenological study examines the meaning of self-compassion in social workers who have taken the Mindfulness Based Stress Reduction (MBSR) program. MBSR was developed nearly 30 years ago by Dr. John Kabat-Zinn at the University of Massachusetts Hospital to address chronic conditions such as pain, insomnia, and anxiety. MBSR uses a group format over the course of eight weeks to teach mindfulness through meditation and yoga. As part of cultivating mindfulness the MBSR program incorporates the concept of self-compassion and this program has been associated with an increase in self-compassion among program participants (Birnie et al., 2010).

In this dissertation social workers who have completed MBSR were interviewed to explore their experience of self-compassion. This particular population was chosen for three reasons. First, social workers who have completed the MBSR program are familiar with the concept of self-compassion. Second, they have had training in a program shown to increase levels of self-compassion. Finally, this training is a unique experience that creates a shared language to talk about the experience of self-compassion in their practice.

The purpose of this study, developing a deeper understanding of the experience of self-compassion in social workers who have completed mindfulness training, is important as self-compassion is one potential approach to addressing the inherent stress in social

work practice. Understanding the experiences of those who have been trained in approaches to cultivate self-compassion can help all of us who live in a stressful world and face daily challenges in our work and professional lives. The next section articulates my experiences with the practice of social work and self-compassion, locating myself in the research from its inception.

### **My Experience as a Social Worker**

A graduate of an MSW program, I set off for my first social work job. I was prepared with a foundation in practice skills, ethics, history, policy, and two field placements. My enthusiasm was limitless. This job would take me to rural Minnesota where I practiced as the only social worker in a small health care facility. I found myself doing a little bit of everything; working in the emergency room, nursing home, clinic, hospital, and home health. My experience as a social worker in this setting was both rewarding and challenging. On one hand, I valued the opportunity to connect with people, to listen as they worked through their concerns and needs, and to make a difference in the world, however small it may have been. On the other hand, there were often what seemed to be insurmountable challenges and I found myself overwhelmed. I remember most vividly working in the emergency room, where death was often swift, unexpected, and left families reeling in its wake. I knew that if I was paged to the emergency room, somebody's world was about to change in dramatic and often traumatic ways. Whenever these events occurred, I found myself in their aftermath, trying to find a way to go about my day and my work. All too often I was exhausted, distracted, and unable to perform at the level to which I had become accustomed. I understood the

trauma, but didn't see it as my trauma or know what to do with my response. I simply expected that I would move on with my day and the tasks ahead.

My experience was similar as I shifted to working in public schools and with students and families living in and experiencing difficult situations. After spending an evening in the emergency room with a student who had been raped, I would shift gears and move on to the other things that needed to be accomplished, or so I thought.

Similarly, I all too often found few good solutions in my work. For example, how to help a student living with a parent who has a drinking problem? Or how to support a student who has depression, but the family is not willing to provide counseling or support?

Frequently, solutions became the lesser of two difficult options. Is it better to push for out-of-home placement, even when the child prefers to remain with the parent who has a drinking or drug problem? Statistics told me that neither of these living situations was a good solution. The pain in the eyes of the students told me that these situations could not be merely reduced to statistics; they involved real people, real lives, and real pain.

I readily remember the situations that I would review and rehash in my head. For example, given a difficult interaction with a parent, I reviewed and reviewed what I might have done differently. How might I have reframed the event or problem? Reflection is a critical tool and skill in social work practice. However, the way I sometimes approached reflection was not helpful. As I became a more seasoned social worker, this often highly critical deliberation became less troublesome, but never entirely disappeared.

My reasons for entering a PhD program were manifold. However, in part I believe it was the accumulation of these stressful and challenging experiences and my



uncertainty in how to respond to my experience or even fully attend to my experience that led me to step away from the direct practice of social work and enter a PhD program in social work with an interest in spirituality and resilience. My PhD education included core courses in research, theory, history, and policy. In addition, I enrolled in courses that I thought would inform my understanding of spirituality and resilience. Specifically I completed courses on resilience, the philosophy of Yoga, and a course on Tibetan medicine. A common theme throughout these courses was compassion and more specifically how we have compassion for ourselves and for others. In addition, these courses offered me the opportunity to explore my experiences and to connect with others in the helping professionals who had found themselves working in similarly difficult situations.

In 2010, I found myself in McCloud Ganj, India studying Tibetan Medicine and Yoga at the Tibetan Medical Institute of His Holiness the Dalai Lama and continuing to contemplate what it meant to have compassion. I had the opportunity to observe and to meet Tibetan Buddhist monks, spending their lives cultivating compassion. I participated in experiences of walking meditation, learning about compassion, and living a balanced life. Sitting on the balcony of the Pema Thang Guesthouse, I watched and listened as hundreds of prayer flags flapped and snapped in the wind. These prayer flags touched me in a profound way. What a beautiful sentiment, to send out prayers on the wind for all beings. It was here that I found myself trying to connect the pieces. How did my practice experience, my education, and my travel to India fit together? What did this experience help me to understand about my social work practice?

My travels in 2010 proved to be fodder that fed my curiosity about compassion. Only this time there was a twist. Compassion was not only something to be had for someone else, rather I might also experience compassion for myself. I refer to this as self-compassion. The prayer flags I had spent hours watching didn't only send out prayers for others, they also were prayers for me. I wish I could remember the exact moment or the trigger that led me to thinking about the ways that I have or have not had compassion for myself and my practice of social work. Though I don't remember the exact moment, thinking about self-compassion has had a profound effect on me, not only as it led me to this dissertation but as I view the world and myself in the world.

### **Arriving at a Research Question**

My research question evolved from my experiences as a social worker and my immersion in coursework on compassion. I began to wonder what it would be like or mean to have self-compassion as an explicit part of my work. What would it mean for me? What would it mean for the relationships I had with the individuals and families with whom I worked? How might my practice look different? Ultimately, I wanted to know what it means for social workers to experience self-compassion. More simply put, what is the experience of self-compassion among social workers in their practice?

As I began to entertain this question or range of questions, I reviewed the literature. I wanted to know what was written about this topic. What I found in the literature was limited. A search of the term self-compassion revealed a small body of literature that was relatively new, largely published after 2003 and not specific to social work. While this literature provided a broad look at self-compassion, it provided little

information about the meaning or experience of social work and self-compassion.

Broadening the search to compassion, I found an abundance of literature related to the challenges of social work practice including stress and compassion fatigue. In addition, there was a large amount of literature about compassion more generally that was often tied to Buddhism and in particular Tibetan Buddhism. More discussion and specific information about what the literature on self-compassion and compassion can be found in the Literature Review in Chapter 2 of this dissertation.

Given this review of the literature and my findings, I realized there is a lack of information about self-compassion and social work. My research question was both relevant and important in developing an understanding of what self-compassion means for social workers. From this understanding, I formulated a specific research question: ***What is the lived experience of self-compassion in social workers who have completed MBSR, a program on developing mindfulness?*** This research question is presented in more detail in the Conceptual Framework in Chapter 3.

### **Arriving at a Phenomenological Dissertation**

Early in my PhD coursework, I took courses in both quantitative and qualitative research. Though I value quantitative research, I think the very questions that I tend to ask are inherently qualitative. Rather than an interest in how many or how much or findings that are quantified, I often find myself interested in the stories people share and how they make meaning from these stories. Often my response to quantitative studies is a desire to know more. What do those numbers mean for individuals and families? What do the numbers tell us about day-to-day life? What does it mean to not fall within the

majority? What is the story of the individual or people behind the numbers?

Thus it was my qualitative research course that grabbed my interest and exposed me to a variety of methods within this broader area. An overview of different types of qualitative research provided a foundation to explore just which method would best fit my question. Given that there was not much literature and that the literature that does exist did not address the meaning of self-compassion in social work, I began to look at phenomenology as a method. This interest was reinforced by a committee member who had completed a phenomenological dissertation and spoke positively about both the method and its importance in understanding the experience of self-compassion. It is through this method that an understanding of the essence of self-compassion and its meaning for social work practice could be obtained. After reviewing books on phenomenology as a method as well as recent articles or dissertations that had used phenomenology for a conceptual framework, I knew phenomenology was the method for me to use to answer my research question.

I posed and answered four specific questions to confirm this decision. First, I recognized that no other phenomenological studies had been done looking at self-compassion and social work. Phenomenology would help me to understand the experience of self-compassion in social workers, something that had not yet been explored. Second, consistent with the phenomenological method, I was interested in a specific phenomenon, the experience of self-compassion. Third my desire to use the text of the interviews to reveal the themes that provide a deeper understanding of self-compassion and its meaning was consistent with phenomenology. Fourth,

phenomenology, consistent with qualitative research utilizes a writing style that is described by Lincoln and Guba (1985) as thick and rich, in other words would help me to tell the story of the experience of self-compassion of the study participants.

### **Overview of the Dissertation**

This section is dedicated to an overview of the following chapters of the dissertation. Information on the specific content that can be found within each chapter is presented. This road map is intended to assist the reader to see the connections between each chapter in the presentation of an entire dissertation focused on answering the research question: *What is the lived experience of self-compassion in social workers who have completed MBSR, a program on developing mindfulness?*

The second chapter provides a description of the current literature. Consistent with phenomenology, this literature review is not intended nor was it used to frame my question or my understanding of self-compassion. Rather it was used to inform myself and the reader about what work has been done related to self-compassion. The initial sections of the literature provide a broad overview of compassion and a theory that draws on the ideas of compassion. The literature on self-compassion itself is narrower and largely examines the understanding of self-compassion grounded in the work of one individual and the tool she developed that measures the level of self-compassion. Much of this literature, while interesting, is described as a way of pointing out that the voice of social workers is absent in exploring self-compassion and what it means, reinforcing the need for a phenomenological study that gives voice to these experiences.

The third chapter presents the research question in more detail and describes

phenomenology as a conceptual framework for this study. To lay the groundwork for understanding phenomenology, an overview of qualitative research is provided. Next, a brief overview of the historical background and developments in phenomenology are discussed including the philosophical foundations of the field. Finally, the philosophical assumptions in this study are identified.

The fourth chapter presents takes the conceptual framework of phenomenology and provides the very specific steps I undertook in this study. This includes the steps I took in preparation for the study, the process of recruitment, interviewing, and the detailed steps of analysis. In this section I have tried to provide as much information as possible to demonstrate the systematic approach used throughout the study to uncover the voices of the participants.

The specific findings of the study are found in chapters five to nine. Each chapter represents a specific theme that arose from the participant interviews. It is my hope that in these chapters I have moved beyond a superficial or perfunctory description of the themes to reveal the depth and power of the participant's experiences. Consistent with phenomenology, it is the voices of the participants that are used to convey the themes.

Chapter ten is a discussion of the findings. In this chapter the findings from the study are discussed as they pertain to the literature review and in light of the profession of social work. In addition, the connection between themes is described and discussed. This chapter is the culmination of the dissertation, emphasizing the importance of the findings on the experience of self-compassion for study participants. These findings point to the value of self-compassion in addressing stress and burnout and in effective

practice. Given the implications of the findings, recommendations for social work practice, education and research are highlighted.

## **Chapter 2**

### **Literature Review**

This literature review provides an overview as the basis for a general understanding of the concept of self-compassion and the related findings. This literature review is intended as background information that is informative, pointing to the importance of self-compassion and the need for further study that investigates the experience of self-compassion in social workers. It is not intended as a comprehensive review of all of the literature related to self-compassion. Nor was this review a guide intended to direct the study.

The literature review begins with a broad overview of compassion. This overview is helpful as compassion is generally a more recognized concept than self-compassion and an understanding of compassion provides a foundation to explore the specific concept of self-compassion. Essentially an overview of compassion creates a bridge to the literature on self-compassion. Neff's (2003b) conceptualization of self-compassion is used to highlight the central components of self-compassion. In addition, research findings based on this framework are presented. Ultimately, this literature review points to the need for further study of self-compassion, specifically as it is experienced by social workers.

#### **What is Compassion?**

Compassion, a guiding principle of helping professions, has been described as a critical tool in the establishment of the therapeutic relationship (Figley, 2002). Further, compassion is sometimes associated with empathy and caring. The word compassion can



be broken into its two Latin roots: *com* meaning with and *pati* meaning suffer.

Therefore, a literal translation of compassion means to suffer with (Germer, 2009).

Compassion more broadly defined is a profound awareness of the suffering of others and a desire to relieve that suffering (Compassion, n.d.; Neff, 2003a; Radey & Figley, 2007; Wallace, 1999). Compassion embodies the connection between two or more people in which there is suffering or unhappiness and a desire to alleviate the distress.

To further describe compassion, I present here one philosophy of compassion and one theory that is grounded in compassion. First, I describe Tibetan Buddhist compassion, likely the most comprehensive description of compassion in the literature and a broad philosophy for life. Tibetan Buddhist teachings on compassion are consistent with the teachings of many traditions and are the foundation for Neff's (2003b) conceptualization of self-compassion. Next, I present Jean Watson's Caring Theory (Watson Caring Science Institute, 2010) as a comprehensive theory specifically developed in nursing, but that also speaks to social work and other helping professions. Caring Theory directly addresses the power of the healing relationship that is grounded in compassion

**Tibetan Buddhist compassion.** Compassion is a cornerstone of Tibetan Buddhism. The spiritual leader of Tibetan Buddhism, His Holiness the Dalai Lama (2001), describes genuine compassion as a clear acceptance or recognition that everyone wants to be happy. Therefore, people develop concern or compassion for the welfare and well-being of others. Compassion is explicitly both intentional and altruistic in Tibetan Buddhism. The Dalai Lama goes on to describe compassion as part of basic human

nature. Wallace (1999), a leading scholar on Tibetan Buddhism, describes the depth of compassion as a heartfelt longing for all people to be free from suffering. This description includes both an awareness of the suffering of all people and a desire for all people to be free from suffering. Further, compassion includes a nonjudgmental approach in responding to failure or mistakes.

Cameron (2001) provides a framework that sheds light on compassion from the perspective of Tibetan Buddhism. To develop universal compassion, compassion for everyone, including those who have been harmful, one practices compassion, heals negativity, and meditates. Practicing compassion is grounded in the awareness of commonality or recognizing a common humanity in one another. For example, when one practices compassion, one's own happiness is enhanced. However, negativity is an obstacle to developing compassion. Therefore, it is important to heal by developing an awareness of greed, anger, delusion, and other negativities, rooting out these emotions and replacing them with compassion. Meditation is an avenue to assist with healing negativity and developing compassion. Meditation as described by Cameron cultivates a mindfulness or awareness in all that one does. The development of compassion not only transforms individuals, but also has the potential to transform society through universal responsibility, or the belief that all are interconnected and therefore responsible for one another. Thus as an approach to life, it is prudent for all humans to cultivate and practice compassion.

**Caring Theory.** Caring Theory (Watson Caring Science Institute, 2010), developed for the nursing profession by Jean Watson, is derived from a broad view of

compassion. Dunlop (1994) notes that caring, as described by Watson in Caring Theory, moves beyond the traditional definition of caring, to take care of or provide for in a physical sense, to include a significant emotional component. It is this elaboration of the word caring by including an emotional component that ties Caring Theory to compassion.

Caring Theory focuses on the subjective experience of being human, the internal human process, and the meaning of experiences (Watson, 2002). The caring process itself requires an understanding of the unity of mind, body, and spirit and knowledge of how to extend comfort, compassion, and empathy within a therapeutic or caring relationship (Watson, 1985).

Similar to the concept of interconnectedness in Tibetan Buddhism, Caring Theory is premised on the unity and connectedness of all (Watson Caring Science Institute, 2010). Descriptively, Watson presents a world view of connection that can be observed in concentric circles that move out from the individual, to others, to the community, to the world, and beyond. Central to Caring Theory is what Watson describes as transpersonal caring relationships and caring moments. Transpersonal caring seeks an authentic relationship that moves beyond the ego-self to the spirit or soul of the other. The caring moment is the space in which two people come together in an authentic relationship to create the possibility of healing and connection. It is within this moment that one sees a common human self and inhibits objectifying self or others. Similar to the Buddhist philosophy of compassion, this deep level of caring opens people to the healing nature of interconnectedness and transforms the dynamic of human relationships.

**Summary of compassion.** Tibetan Buddhist compassion and Caring Theory

(Watson Caring Science Institute, 2010) describe the potentially transformative impact of compassion. However, in the West, compassion is often experienced in terms of having compassion for another person (Neff, 2004). Individuals observe suffering in another and wish for that person to not suffer. This narrow definition does not account for the understanding of interdependence and interconnectedness that are a foundation of Tibetan Buddhism (Cameron, 2001; His Holiness the Dalai Lama, 2001; Salzberg, 1997; Wallace, 1999) and Caring Theory (Watson Caring Science Institute, 2010). For example, in Tibetan Buddhism, an individual's happiness and well-being are inextricably connected to the happiness and well-being of others (His Holiness the Dalai Lama, 2001). Though this is often thought of in terms of compassionately reaching out to others, what is implicit in this statement is the importance of an individual's own happiness and compassion for self. Self-compassion provides the foundation for kindness and compassion to others (Germer, 2009). Kraus and Sears (2008) note that in Buddhism, the practices that cultivate compassion often begin with a focus on self and are later broadened to others. Developing compassion for self is critical in developing compassion for others. One example of this development is the following Buddhist meditation adapted from the Metta Institute Website (2011) and commonly used in meditation practice. This meditation begins with self and then moves outward to include others. First the focus is on developing self-compassion.

May I be happy.

May I be free from all internal and external harm.

May I be healthy.

May I live my life at ease.

After focusing and developing self-compassion, the meditation is repeated with a focus on another person.

May s/he be happy.

May s/he be free from all internal and external harm.

May s/he be healthy.

May s/he live his/her life at ease.

Finally the meditation culminates in a desire for all beings to be free from suffering. This focus on all beings includes not only others, but also self, bringing the meditation full circle.

May all beings be happy.

May all beings be free from all internal and external harm.

May all beings be healthy.

May all beings live with ease.

Given the foundation of compassion in Tibetan Buddhism (His Holiness the Dalai Lama, 2001) and Caring Theory (Watson Caring Science Institute, 2010) as well as the West's focus on compassion for others rather than for self (Neff, 2004), the next section presents a framework of self-compassion.

### **A Framework of Self-Compassion**

As a whole, the literature on self-compassion is relatively new and rapidly expanding. In 2003, Neff, a psychologist, described a conceptual base for self-compassion (2003b) as well as a tool to measure self-compassion (2003a). Her work

provides a foundation to understand the concept of self-compassion and is frequently cited in the research literature (e.g., Fieland, 2008; Shapiro et al., 2007; Thompson & Waltz, 2008; Ying & Han, 2009). This section of the literature review examines the framework developed and put forth by Neff (2003a, 2003b). First, Neff's definition of self-compassion will be presented followed by a review of self-compassion as distinct from other constructs such as self-esteem, self-indulgence, and self-pity. The following section will examine the current research related to Neff's conceptualization of self-compassion and the tool she developed to measure self-compassion.

**Self-Compassion: A definition.** Neff identifies her conceptualization of self-compassion as based on Buddhist compassion (2003b). Her understanding of compassion is multi-faceted and includes an awareness of another person's pain and sitting with another person in their painful experience rather than avoiding or denying the pain. As a result one develops a kindness and desire for the individual's pain to end. In addition, compassion is experienced through a nonjudgmental view of the painful experience. Consistent with this definition, Neff takes these aspects of compassion and turns them inward. Self-compassion is an awareness of one's own pain or suffering, being present to one's own pain or suffering without avoidance or obsession, a desire to alleviate one's own suffering, and a nonjudgmental approach to one's own suffering. She provides further detail to this definition by identifying and describing three inter-related sub-concepts or what she refers to as the "three faces of self-compassion" (Neff, 2003b, p. 89): kindness vs. hyper self-criticism, a sense of commonality vs. isolation, and mindfulness vs. rumination.

The first subcomponent is a practice of being kind toward oneself and understanding of failures rather than engaging in self-criticism and condemnation (Neff, 2011, 2003b). This subcomponent recognizes that human beings are not perfect and are prone to pain, mistakes, and failures. These experiences are normal and to be expected. Viewing these experiences as a natural part of life, self-compassionate individuals respond with kindness and care rather than condemnation, criticism, and displeasure. For example, when facing a challenging relationship, a self-compassionate individual sees the experience as part of human relationships and the broader experience of life and responds with kindness and care for oneself.

The second subcomponent entails a sense of common humanity rather than isolation (Neff, 2011, 2003b). This component focuses on the commonality of human experience rather than placing the experience in isolation or seclusion. The recognition of shared human difficulties and struggles creates and enhances a sense of connection with others. Difficult experiences, when viewed as part of a larger shared experience, build bridges of connection rather than isolating individuals in their own difficulties and suffering. In addition, this subcomponent recognizes that all humans make mistakes and experience failures and difficult situations. Therefore, mistakes are a natural part of the human condition, not an abnormal or deviant experience. Rather than viewing difficulties or suffering as unique, self-compassion encourages individuals to embrace a sense of commonality. For example, when one experiences a challenging relationship, one's view of the experience can be shaped by the recognition of the commonality of loneliness and loss rather than of individual suffering.

The third subcomponent is mindfulness rather than over-identification with the suffering (Neff, 2011, 2003b). Mindfulness is critical to create a space of awareness. Before an individual can engage in self-compassion, one must first be aware of the difficult experience or suffering. Awareness further creates an opportunity or space to understand the experience of pain and suffering. In addition, mindfulness allows one to be fully present in the face of pain and suffering rather than avoiding the experience or ruminating about the experience. Mindfulness is an important aspect of taking appropriate actions to make necessary or desired changes. Equally problematic as avoiding painful experiences, is rumination. Continually replaying one's part in a negative experience diminishes the opportunity to engage in self-compassion and provides the opportunity for emotional and cognitive processes to overtake the experience. Neff (2003b) identifies this process as "over-identification" (p. 88). For example, in a challenging relationship, mindfulness allows one to be present with pain and suffering rather than avoid it through often destructive behaviors such as drugs, alcohol, or gambling. In addition, mindfulness assists one to create a place of self-compassion rather than replaying the cognitive tapes of self-criticism, blame, and emotional distress, further heightening the painful experience.

While describing individual components and separate aspects of self-compassion, Neff (2011, 2003b) notes that these sub-components are inter-related. For example, mindfulness not only allows one to be aware of suffering, it also allows one to place the experience in the larger context of life and experience of humanity, thus fostering kindness toward oneself and a sense of community. Likewise, a sense of community



fosters feelings of kindness and an impartial awareness of one's experiences. Further, a sense of community and shared experience creates a space to view one's experience as part of being human, to respond with kindness rather than hyper-criticism, and to neither ruminate nor avoid the experience. Consequently any development in one sub-component of self-compassion is likely to result in reciprocal development in the other areas of self-compassion. For example, if one develops a higher sense of mindfulness, one is also more likely to develop a sense of commonality and to engage in kindness toward oneself.

**Self-Compassion as a distinct concept.** Self-compassion has been closely correlated with self-esteem (Neff, 2003b) but is recognized as a distinct concept. Self-esteem as defined by Leary & MacDonald (2003) includes affirmative feelings about oneself and a sense that one is respected by others. Neff (2003b) notes that self-compassion includes many of the known benefits of self-esteem but is without the associated problems. For example, self-compassion, similar to self-esteem, is associated with a positive sense of well-being (Neff, 2003a). However, self-compassion, unlike self-esteem is not based on one's unique attributes, self-evaluations or standards set by oneself or society (Neff, 2004). Different than self-esteem, self-compassion is not based on a continual need to prove one's worth, often at the expense of another. Gilbert and Irons (2006) posit the importance of self-compassion and the associated ability to accept failures and to self-soothe in times of stress or crisis as distinctly different than self-esteem and the associated beliefs about abilities and aptitudes.

Neff's (2003a) work to develop a measure of self-compassion further supports the

distinction between self-esteem and self-compassion. Though she found a correlation between self-esteem and self-compassion in that individuals with high self-compassion were also more likely to have high self-esteem, the correlation was small enough to indicate that individuals were in fact experiencing different concepts. This finding has been supported in subsequent work. In 2007, Leary, Tate, Adams, Allen, & Hancock using multiple regression, found that self-compassion accounted for a higher level of unique variance than self-esteem. This finding was supported in 2009 when Neff and Vonk found that self-esteem and self-compassion can be distinguished as separate concepts and that self-compassion attributes additional variance to outcomes over that of self-esteem.

Notably, Leary et al., (2007), found that self-compassion and self-esteem have different effects. For example, individuals with high self-esteem were more likely to engage in defensive behavior while individuals with high self-compassion were more likely to take personal responsibility. In addition, the authors found that self-compassion, though not self-esteem, was associated with lower negative affect and more favorable ratings of other people. Similarly, self-esteem is significantly correlated with narcissism while self-compassion is not.

Neff (2004) further distinguishes between self-compassion and the concepts of self-indulgence, and self-pity. Self-indulgence is tied to the idea that individuals do not hold themselves accountable or will fail to address areas in need of change or growth. Neff notes that in contrast, self-compassionate individuals have the emotional safety to see themselves more clearly and objectively. This emotional safety allows for non-

judgmental assessment of shortcomings and areas in need of change. The actions of self-compassionate individuals, rather than being self-indulgent, are grounded in a desire for increased health and well-being.

Neff (2004) notes a primary characteristic of self-pity is the focus on oneself, or immersion in one's own problems, leading to a sense of isolation and over-identification with emotions. In contrast self-compassion focuses on a sense of common humanity, the shared human experience, and a more objective perspective of one's experience.

After identifying the components of self-compassion and establishing self-compassion as distinct from other concepts, Neff created a tool to measure self-compassion (Neff, 2003a). The following section describes the tool in more detail prior to a review of research that is grounded in Neff's conceptualization of self-compassion.

**The Self-Compassion Scale (SCS).** The SCS developed by Neff (2003a) was developed in accordance with her conceptualization of self-compassion and its three subcomponents that are highly correlated. The subcomponents of the scale are: kindness toward oneself rather than severe self-criticism, a sense of commonality rather than isolation, and mindfulness rather than over-identification with emotions. The SCS is a 26 item measure that utilizes a Likert scale with a range of 1 to 5. Specific items assess self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification of emotions. A short form of the SCS has recently been developed (Raes, Pommier, Neff, & Van Gucht, 2010) and is a 12 item shortened version of the original SCS.

Psychometric testing of the SCS demonstrates a high internal reliability (at least

.90) as well as a high level of test-retest reliability (.93 overall) (Neff, 2003a). The construction of the SCS accounted for multiple types of validity. Construct validity was confirmed through the use of other established scales. For example, a negative significant correlation was found with the Self-Criticism subscale of the Depressive Experiences Questionnaire (Blatt, D’Afflitti, & Quinlan, 1976) and positive significant correlations were found with the Social Connectedness Scale (Lee & Robbins, 1995) and each of the three subscales of the Trait-Meta Mood Scale (Salovey, Mayer, Goldman, Turvey, & Palfai, 1995). Convergent validity was verified by comparing self-report on the SCS and observer reports by either therapists or intimate partners (Neff, 2006; Neff, Rude, & Kirkpatrick, 2007). One approach to establishing discriminant validity compared the scores on the SCS of practicing Buddhists and non-Buddhists (Neff, 2003a).

The SCS is the primary tool used by researchers to date when conducting research on self-compassion (e.g., Heffernan, Quinn, McNulty, & Fitzpatrick, 2010; Neff & McGeehee, 2010; Shapiro, Astin, Bishop, & Cordova, 2005; Ying & Han, 2009). Neff (2003a) notes that though the scale includes subcomponents, these subcomponents are highly correlated and are intended to be used as a holistic measure of self-compassion. However, some current research, particularly that by Ying (2008a, 2008b) breaks the SCS into its subcomponents when reporting findings. The short form of the SCS is specifically noted as inappropriate for measuring the specific subcomponents of self-compassion. The following section takes a closer look at the findings of research based on Neff’s work.

## **Current Research Based on Neff's Conceptualization of Self-Compassion**

The SCS (2003a) and Neff's conceptualization of self-compassion (2003b) have been used in a variety of research. The research can be categorized into three broad categories: 1) general research on mental health and well-being; 2) research specifically examining self-compassion and its effects among professionals or students-in-training; 3) factors that account for individual variation in self-compassion. Each of these categories of research will be discussed below.

**Self-Compassion and mental health and well-being.** The most robust and consistent findings in the literature link self-compassion and mental health and well-being (Neff & Lamb, 2009). Utilizing survey measures including the SCS, Birnie et al., (2010) looked broadly at the psychological functioning of 41 study participants and found a high level of positive association with self-compassion. Other studies found negative associations between self-compassion and symptoms of depression or anxiety in specific populations. For example, using secondary analysis of survey data of a national community based sample of 96 Native Americans who are HIV positive and gay, lesbian, bisexual, or transgender, Fieland (2008) found a negative association between self-compassion and depressive symptoms. Similarly, based on an online survey of 504 adults recruited from mental health websites and listservs, Van Dam, Sheppard, Forsyth, and Earleywine (2011) found a negative association between self-compassion and anxiety and depression. Exploring the association between PTSD symptoms and self-compassion of 210 college students who completed a paper-and-pencil survey, Thompson and Waltz (2008) found that higher levels of self-compassion were associated with lower levels of

avoidance of uncomfortable thoughts and painful emotions. Therefore, the authors suggest that incorporating self-compassion into trauma treatment may be efficacious in assisting individuals address PTSD.

It is noteworthy that self-compassion not only buffers negative symptoms such as depression and anxiety, but is also associated with positive aspects of well-being and individual strengths. Neff, Rude, & Kirkpatrick (2007), in a sample of 177 undergraduates who completed paper-and-pencil surveys including the SCS, found that self-compassion was positively associated with traits of optimism, wisdom, personal initiative, happiness, curiosity, and exploration. In addition, among a population of individuals experiencing symptoms of depression and anxiety, self-compassion was found to be a robust predictor of quality of life (Van Dam et al., 2011). On an international level, Neff et al., (2008) found a link between self-compassion and overall well-being in Thailand, Taiwan, and the United States. The sample for this study consisted of 164 Taiwanese students with a mean age of 20.5, 223 Thai students with a mean age of 19.8, and 181 U.S. students with a mean age of 21.4. The SCS as well as four additional survey measures were translated into Thai and Taiwanese in a three-step process. First, native bilingual speakers translated the survey into either Thai or Taiwanese. Second, the surveys were back-translated into English by different bilingual native speakers. Adjustments were made to the translations to account for any discrepancies and to ensure clarity and equivalence of meaning.

In a study that examined both anxiety and well-being, Wei, Liao, Ku, and Shaffer (2011) found self-compassion to be a mediator between attachment anxiety and well-

being. This finding held true for college students and community members living in the Midwest. Similarly, Neff and McGeehee (2010) found that self-compassion has a strong positive association with well-being in a survey of 235 adolescents recruited from a private high school in an urban city located in the southwestern United States.

In addition to these quantitative studies, Pauley and McPherson (2010) used Neff's conceptualization of self-compassion and qualitative methods to study the experiences of self-compassion among individuals with depression and anxiety. The 10 participants, via semi-structured interviews, reported that the concept of self-compassion could be meaningful but expressed concern that it would be difficult to adopt. The authors suggest that interventions that assist individuals to connect with the concept of self-compassion may be helpful.

**Self-Compassion among helping professionals.** In addition to examining client populations, the SCS has been used to examine self-compassion among professionals and students-in-training. The effect of self-compassion or its subcomponents as described by Neff have been examined among those broadly grouped as helping professionals (e.g., clinicians, health professionals, mental health professionals). In a randomized controlled study with a baseline and post-treatment study design and Mindfulness-Based Stress Reduction, a program designed to increase mindfulness as the treatment, researchers found that changes in self-compassion positively predicted changes in perceived stress (Shapiro et al., 2005). The sample for this study consisted of health care professionals, including social workers, with 18 participants randomly assigned to the treatment group, 10 of whom completed the study and 20 participants randomly assigned to the control

group, 18 of who completed the study and were subsequently offered the intervention, though no post-treatment surveys were administered upon completion of the intervention.

Ying has chosen to look more specifically at students enrolled in M.S.W. programs. In one study, Ying (2008b) administered paper-and-pencil surveys to 65 students and found mindfulness, one aspect of self-compassion, was a predictor of reduced symptoms of anxiety and depression. Further, among 66 students in the first month of their M.S.W program that completed a paper-and-pencil survey, Ying and Han (2009) found that over-identification, one of the subcomponents of the SCS, was found to intensify the experience of stress, while common humanity enhanced coping skills. Similarly, in a mixed methods design, Ying (2008a), using a convenience sample of 28 second-year M.S.W. students found that self-detachment was a buffer against exhaustion. In this research 28 students completed the sub-section of the SCS related to over-identification and a subset of 22 students described a difficult experience related to their field placement and answered open-ended questions about how they coped with the experience. The qualitative data were used to triangulate findings of the quantitative analysis.

Among a sample of 135 registered nurses from the state of New York who completed online surveys, including the SCS, Heffernan et al., (2010) found a positive correlation between self-compassion and emotional intelligence. The authors suggest that a high-level of self-compassion in nursing professionals might correspond to higher levels of patient satisfaction and provide health care institutions with an approach to offer ongoing training and development.



Most recently, Patsiopoulos and Buchanan (2011) used a qualitative approach to examine the practice of self-compassion in 15 counselors. The authors used a thematic analysis to uncover how the participants used self-compassion in their counseling practice. The findings reflect the benefits of self-compassion on the participants' well-being and their work as counselors.

**Individual variation in self-compassion.** While much of the literature has examined the outcomes of self-compassion, a small but growing body of literature looks at the factors that influence individual levels of self-compassion. These factors include: Gender, age, familial experience, cultural influences, and opportunities to change levels of self-compassion (e.g., mindfulness training).

In the United States, three studies have examined the link between gender and levels of self-compassion. Consistently, women have been found to have lower levels of self-compassion than men (Neff 2003a; Neff, Hseih, & Dejithirat, 2005; Neff et al., 2008). For example, in study I of the SCS construction, among a sample of 391 undergraduates (166 male, 225 female) who took the SCS, findings indicate that women have higher levels of self-judgment, isolation, and over-identification with emotions while having lower levels of mindfulness than men (Neff 2003a). This finding was replicated in Study II of the scale construction among a separate sample of 232 undergraduates. However, in a different study this gender difference was not supported in Thailand or Taiwan (Neff et al., 2008), potentially pointing to cultural variation in gender differences and levels of self-compassion.

One study correlated levels of self-compassion with age. Neff and Vonk (2009)

used online surveys including the SCS with a sample from the Netherlands of 2,187 with an age range of 18 to 83 and a mean age of 38.6. The authors found a small but significant positive association, with older individuals having higher levels of self-compassion. This research suggests that levels of self-compassion may increase over the lifespan. However, the cross-sectional design of this study precludes definitive findings on the development of self-compassion and aging.

Early family experiences appear to be linked to levels of self-compassion. For example, Neff and McGeehee (2010) found that maternal levels of support and self-criticism were associated with levels of self-compassion among adolescents and young adults. Specifically, higher levels of maternal support were linked with higher levels of self-compassion while higher levels of maternal criticism were linked with lower levels of self-compassion. The authors also found an overall connection between family functioning and self-compassion. Adolescents and young adults with higher levels of self-compassion were more likely to have harmonious family relationships while those with lower levels of self-compassion were more likely to have stressful and conflicted family relationships. Neff and McGeehee speculate that children may learn to model their behavior of self-compassionate responses from their parents.

Using the SCS, Neff et al., (2008) examined the role of cultural factors in individual levels of self-compassion. Interdependence was one factor that was found to play a critical and variable role in the development of self-compassion. On one hand, the authors found that cultural factors that tie interdependence with a sense of interconnectedness promote self-compassion. On the other hand, the authors found that

interdependence that is associated with social conformity and social control might hinder self-compassion. In this same study, religion was not found to be a predictive factor in level of self-compassion.

In addition to studies about individual factors that can't be controlled, such as gender and age, researchers are beginning to examine specific practices that influence individual levels of self-compassion. For example, in a study on a program focused on mindfulness, Birnie et al., (2010) found that one outcome was an increase in self-compassion. This finding is consistent with Neff's (2003b) conceptualization of mindfulness as one of the sub-components of self-compassion, her premise of the inter-relationship of each of the sub-components, and that development in one subcomponent has a reciprocal effect on other sub-components.

### **Summary**

As a relatively new area of study, literature on self-compassion, while growing, is quite limited. Current research indicates that self-compassion is a potentially powerful tool in addressing a variety of challenges, including stress, depression, anxiety, and associated symptoms. However, there is a lack of research grounded in an inductive or qualitative approach. One of the hallmarks of qualitative research is to explore more deeply a phenomenon, a problem, or an issue (Creswell, 2007). In addition, a goal of qualitative research is to develop an understanding from the view of the informants, to grasp the process of making meaning and to understand that meaning (Bogdan & Biklen, 2007).

Existing literature about self-compassion uses quantitative methods to highlight

associations with specific mental health conditions and well-being and with levels of stress in students and professionals and identifies factors that may be attributed to individual levels of self-compassion. This information is important in that it points to potential interventions and avenues for prevention. However, a critical and missing piece in current research is using words to understand the experience of self-compassion and the complexity of the phenomenon. Munhall (2012) notes that a maxim of qualitative research is that before a problem can be solved, it must be understood in all facets. Similarly, a critical step to utilizing self-compassion as a protective factor is to first understand the many complex ways it is experienced. This dissertation delves into the meaning of self-compassion in social workers and is important to understand why self-compassion may be effective in addressing stress and burnout. Understanding why self-compassion is beneficial means first we must understand the deeper experience of self-compassion.

The next chapter presents the research question in detail. In addition phenomenology is introduced and discussed as a conceptual framework. Phenomenology is the preferred approach for this study precisely because it addresses the need for additional information about the experience of self-compassion among social workers that is missing in the current literature. Phenomenology is the method that will uncover the meaning of self-compassion at a depth and in a level of detail that provides critical knowledge for social work and other helping professions.

## Chapter 3

### Conceptual Framework

The purpose of this study is to describe the lived experience of self-compassion and its meaning for social work practitioners. Consistent with this purpose, phenomenology, the study of a specific phenomena or lived experience is the conceptual framework for the study. This chapter explores the framework by first presenting the research question and then presenting an overview of phenomenology.

### Research Question

One research question guides this study: *What is the lived experience of self-compassion in social workers who have completed MBSR, a program on developing mindfulness?*

The terms in the research question are defined as:

- Lived experience – one’s encounter in a specific situation or phenomenon including thoughts, feelings, emotions, and reflections on the situation.
- Self-compassion – the practice of applying the principles of compassion toward oneself. In this study, self-compassion is defined by the study participant and thus is not limited to a prescribed definition.
- Social worker – one who identifies with the profession of social work, has obtained education through an institution of higher education in social work, or is licensed by the Minnesota Board of Social Work.
- Completed MBSR – one who has finished the eight week MBSR program.

This research question was developed to ground the study in social workers’

experience of self-compassion. In addition, the study specifically explores the experiences of self-compassion in social workers who have had training in mindfulness and an awareness of self-compassion.

### **Phenomenology**

Phenomenology is the conceptual framework for this study and falls within the paradigm of qualitative research. Phenomenology, shares a set of qualitative principles, but has undergone its own unique historical development. The next sections of the conceptual framework begin with a brief introduction of phenomenology as part of the qualitative paradigm and then proceeds to a more specific description of phenomenology and its development, including the phenomenological assumptions inherent in the research question.

### **Phenomenology as Qualitative Research**

A type of qualitative research, phenomenology subscribes to the general tenets of qualitative research. Broadly, qualitative research is an approach to discovering, exploring, and understanding the meaning groups and individuals assign to a social event or situation (Creswell, 2009). Creswell (2007) outlines five philosophical assumptions of qualitative research: Ontological, epistemological, axiological, rhetorical, and methodological. Ontology or the nature of reality in qualitative research assumes that reality is subjective as experienced by individuals. Epistemology concerns the relationship of the researcher and the study participant. In qualitative research this relationship is both acknowledged and valued. For example, the researcher views the study participant as a collaborator in the research process and sufficient time is spent in

the field for the researcher to become immersed. The philosophical assumption related to values is referred to as axiological. From the qualitative paradigm, research is viewed as value based and the researcher not only discusses personal values, but includes a discussion of values in the study narrative. The rhetorical assumption addresses the type of language used in research. Participant voices and the voice of the researcher in the first person are instrumental in the language of qualitative research. Finally, methodology or the process of research is addressed by Creswell. Qualitative research is inductive in nature and grounded in words. In contrast, quantitative research is deductive and grounded in numbers. A final critical aspect of qualitative research is emergent design. This means that the researcher continually reviews the progress of the research, making appropriate changes as are determined necessary and beneficial to the study. In addition to these qualitative principles, phenomenology has its own history and set of philosophical assumptions.

### **Defining Phenomenology**

As a movement, phenomenology has continued to evolve over the last century. Cameron (1991) notes that there may be as many ways to conduct phenomenology as there are phenomenologists. Though there is a broad framework of phenomenology, there are also multiple strands and paths through which phenomenology has continued to evolve. These strands or paths may result in different methods or sometimes even philosophical assumptions. Prior to examining some of the developments in phenomenology, it is helpful to look at the etymological foundation of phenomenology.

An etymological view of phenomenology provides a foundation to understand its

history and purpose. Stewart and Mickunas (1990) note that the word phenomenology has two Greek roots; phenomenon and logos. *Phenomenon* is an appearance and *logos* is a reasoned inquiry. Thus, phenomenology is the study of a phenomenon for the purpose of discovering the essences or meaning of appearance. More commonly understood, phenomenology is the study of a specific human experience. “Phenomenology aims a deeper understanding of the nature or meaning of our everyday experiences” (van Manen, 1990, p. 9). Though theory may be developed from phenomenology, van Manen offers that rather than focus on theory development or an explanation of the way the world works, phenomenology offers insights to our experience in the world.

From this common goal of understanding experience, phenomenology has continued to evolve and has been characterized as a “moving philosophy with a dynamic momentum” (Cameron, 1991, p. 29). Currently phenomenology is characterized by multiple types or strains. It not possible in this chapter to discuss all of the developments in phenomenology, however, the next section provides a brief description of the development of two types of phenomenology. The first is descriptive phenomenology, the foundation upon which all other phenomenology has evolved. The second is hermeneutic or interpretive phenomenology, a conceptual framework that shares some of the philosophical assumptions of descriptive phenomenology, but also departs from some of its philosophical assumptions, and is of particular importance to this study.

### **Descriptive Phenomenology**

Edmund Husserl (1859-1938), is often considered the father of phenomenology. In response to the positivist approach to knowledge of the 19<sup>th</sup> century, Husserl



established the phenomenological method grounded in philosophy (Stewart & Mickunas, 1990). Lavery (2003) notes that phenomenology grew from a desire to recapture what had been lost in the empirical scientific experimentation, the meaning of human experience as discovered in the first person. Consistent with phenomenology as developed by Husserl are the key concepts of search for knowledge or wisdom, epoche, intentionality of consciousness, and the refusal of the dichotomy of subject and object.

Stewart and Mickunas (1990) identify the philosophical search for knowledge or wisdom as underlying phenomenology. The empirical movement focused on that which can be observed or the physical world. Credence was given to that which could be observed or verified. In contrast phenomenology brought philosophy back to its roots with recognition that whatever is held within consciousness can be investigated (Stewart & Mickunas, 1990). This investigation includes one-to-one interactions with the researcher and the study participants, often in the form of interviews. Thus the hallmark and vital task of phenomenology is the study of a lived experience.

A second principle of phenomenology is what Stewart and Mickunas (1990) refer to as a “philosophy without presuppositions” (p. 6). The authors describe approaching the experience to be studied with a sense of awe and wonder, rather than with presuppositions about what is real. This abstention from making judgments about what is real has become known as epoche in phenomenology and allows the investigator to see with new eyes or a fresh perspective. The stance of epoche allows the evidence or the data from the experience or essence of the phenomena to be revealed. The specific technique of bracketing or holding in abeyance all presuppositions and prior knowledge

is used to best understand the experience of study participants (Moustakas, 1994)

A third principle of phenomenology is what Stewart and Mickunas (1990) refer to as “intentionality of consciousness” (p. 8). This principle recognizes that consciousness is not empty but rather directed at something, an object. Therefore, reality is directly linked to the consciousness of some object. A consequence of this principle is the refusal to divide reality into discrete categories such as mind and body or subject and object (Stewart & Mickunas, 1990).

Consistent with the role of consciousness, the fourth principle is the refutation of the dichotomy of subject and object (Stewart & Mickunas, 1990). This principle grounds the understanding of an experience in the consciousness or meaning attributed to the experience by an individual. Therefore, the essence of the phenomenon is described using the words of the participants. The significance of this principle is a shift from an objective reality to meaning of an experience to the participants.

### **Hermeneutic Phenomenology**

Heidegger (1889-1976), a student of Husserl, built on and modified the work of his mentor. Hermeneutic phenomenology is the branch of phenomenology attributed to Heidegger and is often used in the social sciences such as social work and nursing. Lopez and Willis (2004) note that the term hermeneutic comes from the Greek word *Hermes*, a Greek god who interpreted messages between gods. Thus, hermeneutic phenomenology is grounded in interpretation.

Similar to descriptive phenomenology, interpretive phenomenology maintains a focus on the lived experience and the one-to-one interactions derived from interviews. In

addition, interpretive phenomenology does not separate reality into distinct categories, splitting mind and body or subject and object. However, distinct differences do exist between the two types of phenomenology. Interpretive phenomenology shifts phenomenology even further away from the positivist approaches of the 19<sup>th</sup> century. This shift and the differences between descriptive and hermeneutic phenomenology can be found in the ontological and epistemological assumptions.

From an ontological perspective, Heidegger shifted Husserl's idea of the lifeworld or what we experience in the world. Husserl's lifeworld acknowledged the influence of the individual on their environment (Wojnar & Swanson, 2007). Heidegger expanded the understanding to include the influence of the world in which participants live (Lopez & Willis, 2004). Similar to the person-in-environment approach in the social work profession, there is recognition of the movement of influence between the individual and their environment. Individuals are not separate from their environment, be it political, historical, or social. Thus in hermeneutic phenomenology, the phenomenon, or in this case self-compassion is understood in the context of the study participants in their environments.

Epistemologically, Heidegger questioned Husserl's assumption of epoche (Lopez & Willis, 2004). Rather than attempt to bracket or remove all prior assumptions or knowledge, it is indeed the researcher's prior knowledge and understanding that leads to the research question and is important in guiding the study. Within hermeneutic phenomenology, the researcher's assumptions and experiences are not bracketed out. However, they should be clearly stated and considered for their influence on the research

question, process, and findings (Lopez & Willis, 2004). In addition, it is important for the researcher to approach the experience of the study participants and the interview process with an openness to what might be new or different. Consistent with the epistemology of hermeneutic phenomenology, Annells (1996) notes that the findings from the research must be logical and reflect the experiences of study participants. Going one step farther, Lopez and Willis (2004) call for the researcher to make clear the implications of the study for practice, research, and policy.

### **Philosophical Assumptions of This Study**

This dissertation and research question are grounded in the philosophy of phenomenology. Background related to both descriptive and hermeneutic phenomenology was presented as this dissertation draws from both of these approaches. The first two assumption of the study share a common philosophy from both descriptive and hermeneutic phenomenology. Assumptions three, four, and five diverge from the descriptive phenomenology and are consistent with the assumptions of hermeneutic phenomenology.

The research question is included again here for clarification: *What is the lived experience of self-compassion in social workers who have completed MBSR, a program on developing mindfulness?* Consistent with the philosophical principles highlighted in this section on phenomenology, basic assumptions of this dissertation are included here:

1. Social workers may experience self-compassion in their work.

2. Study participants are able to describe their lived experience of self-compassion.
3. As the investigator, I am able to describe the participant's lived experience of self-compassion.
4. My own experiences as a social worker are relevant to the research question and study.
5. My own experiences with self-compassion are relevant to the research question and study.
6. The experience of self-compassion for the study participants has practical application for the profession of social work.

### **Strengths and Limitations of the Study as Designed**

The purpose of this study is to uncover the lived experience of self-compassion in social workers who have completed the MBSR program. As with all studies there are strengths and limitations in the research design.

The choice of participants who are social workers who have completed the MBSR training is both a strength and limitation of the study. Social workers who chose to participate in this study potentially present a bias. For example, the social workers who indicated an interest in participating in the study might present a bias or a view not shared by the general population of social workers about self-compassion and the experience of self-compassion in their practice. However, I specifically sought social workers who wanted to participate and were willing to talk about their experience of self-compassion. Their willingness to describe and explore their experience with self-compassion was

critical to achieve the depth of understanding required in a phenomenological study.

Another strength and limitation of this study is its narrow scope. A strength of this phenomenological study is the depth of understanding or essence of what it means for social workers to experience self-compassion. This deep level of understanding can lead to future explanations of self-compassion. Consistent with this strength is a potential limitation of applicability.

Applicability is related to generalizability. Bogdan and Biklen (2007) describe applicability as the extent that the findings can be generalized to a specific setting or what Creswell (2009) refers to as particularity. In general it is not the role of qualitative research to be broadly applicable. However, within phenomenology there are different views on generalizability. Dukes (1984) notes the goal of phenomenology is to discover the underlying essence of an event or phenomenon. This essence should be broadly shared and generalizable. In contrast, Munhall (2012) takes an interpretivist's perspective in stating that the goal of phenomenology is to understand individual experience of a phenomenon, not to reduce all experience to one common essence. Consequently, Munhall recommends that themes that are shared across all participants are presented as well as themes that are not shared across all experiences. In this study I support Munhall's interpretivist view of phenomenology. Therefore, to address applicability in this research, the write-up includes description of the setting and the informants to allow someone else to determine applicability to a new setting (Lincoln & Guba, 1985). The purpose of this study is to uncover the lived experience of self-compassion in social workers who have completed a program on mindfulness. Whether

this lived experience as presented in the study is shared beyond the study participants will be left to for others to decide.

### **Summary**

In summary, phenomenology is the conceptual framework for this study. Within the phenomenological tradition, this study draws from both descriptive and interpretive assumptions as outlined. These philosophical assumptions drive the perspective and methods of this phenomenological study on self-compassion and social workers. Phenomenological research is grounded in the perspective of the study participants, through direct contact and interviews. It is the lived experience of the participants' self-compassion in their social work practice that is the focus of study. The next chapter describes the methodology employed in undertaking this study.

## Chapter 4

### Method of Inquiry

This chapter presents the method of inquiry for the study. The method was developed to answer the research question: *What is the lived experience of self-compassion in social workers who have completed MBSR, a program on developing mindfulness.* To answer this question, this chapter begins by describing the phenomenological research approach broadly and then provides more detail about the specific steps undertaken in this study.

Phenomenological research does not have a set series of steps or formula for implementation (van Manen, 1990). The researcher is given freedom to modify and alter the research design to ensure that the research question is answered. However, van Manen also notes that the method needs to be consistent with the philosophical assumptions of the conceptual framework. The method described below is consistent with the phenomenological assumptions included in the previous chapter. In addition, the method was developed to optimize trustworthiness and to ensure that the study's findings reflect the experiences of the participants.

The method of inquiry and analysis is drawn from the writings of van Manen (1990). He describes a research structure that includes the following six activities (p. 30-31).

1. The researcher turns to a phenomenon or experience that is of significant interest and commits us to the world.



2. The researcher investigates the experience as we live it rather than as we conceptualize it.
3. The researcher reflects on the themes that characterize the phenomenon.
4. The researcher describes the phenomenon through writing and rewriting.
5. The researcher maintains a strong orientation to the phenomenon.
6. The researcher balances the research context by considering parts and whole.

These research activities are used as a framework rather than as a fixed procedure in this study. In addition, it is important to note that these are not linear steps but rather there is a “dynamic interplay” of the six activities throughout the inquiry (van Manen, 1990, p. 30).

This section includes a discussion of the steps of the research process including: Preparatory work, participants, data collection, data analysis and validation. In addition I describe my own experience of self-compassion in the research process. This is done to continue the dialogue of my own experiences with the phenomena of self-compassion. The chapter concludes with an examination of what Lincoln and Guba (1985) describe as trustworthiness and an outline of the ethical considerations for the study.

### **Preparatory Work**

To prepare for this study I carried out several steps: Completed the MBSR program, completed a pilot interview, and created a recruitment plan in conjunction with the Center for Spirituality and Healing at the University of Minnesota (see Appendix A). I begin by describing my participation in the MBSR program and the pilot interview. The information about recruitment is included in the following section on participants.

I participated in and completed an eight week MBSR course through the Center for Spirituality and Healing at the University of Minnesota. Completion of the MBSR program was a primary requirement for the sample pool in this study. I determined that completing the program myself would provide important contextual information for conducting interviews. Therefore I enrolled in the MBSR program in January 2011 and completed the program in March 2011.

I completed a pilot interview with a social worker. This interview helped me to identify and address specific concerns with the interview protocol. The interview also confirmed the importance of study participants having the necessary language to describe their experiences of self-compassion in their work. In addition, this pilot interview provided an opportunity to practice the skills of listening and probing required for phenomenological research.

### **Participants**

Study participants were recruited through the Center for Spirituality and Healing (CSpH) at the University of Minnesota. The Center for Spirituality and Healing sent out an email on my behalf requesting participants for the study. Separate emails were sent to MBSR graduates and to MBSR facilitators on two different occasions. In addition, study participants were invited to share information about the study with colleagues they thought might be interested in participating in the study. Interested participants contacted me directly. A small incentive in appreciation for the participants' time and willingness to share their experiences was provided. This incentive was *The Little Book of Positive Quotations*. This incentive was provided with assistance from the Center for Spirituality

and Healing and Fairview Press.

Research participants consisted of 10 social workers who had advanced training in and awareness of self-compassion through the MBSR program. Social workers who complete the MBSR program have unique training that allows them to talk about the experience of self-compassion in their practice. In addition, some participants not only had completed the MBSR program, but were MBSR facilitators, meaning they had been specifically trained to facilitate the MBSR program.

Consistent with phenomenology, saturation or the point at which no new information is gathered from the participants is used as the measure of an adequate sample size. Saturation was reached with the tenth study participant. In consultation with dissertation committee members no additional participants were recruited. Participants were selected to represent variation of social workers based on social worker demographic characteristics (see Table 1), personal demographic characteristics, and MBSR status.

**Table 1. Participant Demographic Characteristics**

<b>Social Work Degree</b>	<b>N</b>
Bachelor of Arts with Social Work Emphasis	1
Master's of Social Work	9
<b>Minnesota Social Work Licensure</b>	<b>N</b>
Licensed Social Worker	1
Licensed Graduate Social Worker	1
Licensed Independent Social Worker	1
Licensed Independent Clinical Social Worker	4
Licensed Psychologist	1
No Current License	2
<b>Social Work Practice Experience</b>	<b>Range</b>
Years of Experience	5 years to 30+ years
Practice Experience Settings	County human service work, Private practice, Non-profit agency, School social work, Hospital social work, Nursing home social work, Crisis work, Academic faculty in a social work program

With regard to social work demographic characteristics, nearly all of the participants had a Masters of Social Work degree, the advanced degree for the practice of social work. In addition, one participant had a Bachelor's of Arts degree with an emphasis in social work. This individual received a degree in the 1970s, one year before the college achieved accreditation as a social work program from the Council on Social Work Education, the accrediting body for the profession. Though this participant did not have a social work degree from an accredited program, the individual had studied social work, identified as a social worker, and had practice experience consistent with social work.

Similarly, the level of licensure included participants with a wide variety of licensure including two participants not currently licensed. Of the two participants without a license, one of the participants had never been licensed. The other participant was licensed at one time, but their current work environment did not require a social work license and consequently this participant had chosen to allow the social work license to lapse. In addition, one person had a social work education but had chosen to be licensed as a psychologist rather than as a social worker. My perspective is that this variation reflects the ambiguities of licensing over the past 30 years in the state of Minnesota. Regardless of how or whether or not the participants were licensed, each study participant self-identified as a social worker and demonstrated social work education and training.

Participants in this study ranged from relatively new social work practitioners to individuals with many years of experience. In addition to the range of years of experience, they offered a wide variety of social work employment settings: private practice, county human service work both in direct practice and case management, non-profit agency work both in direct practice and management, school social work, hospital social work, nursing home social work, crisis center work, and academic faculty in a social work program.

The study participants were predominantly female (n=9) and Caucasian (n=9). The study did include one male participant and one bi-racial participant who self-identified as African American and Caucasian. Seven study participants had completed the MBSR program while three of the participants were MBSR facilitators, meaning they

had been trained specifically to lead MBSR trainings. All participants lived in Minnesota at the time of the study though their practice experience was not limited to Minnesota.

### **Interviews**

Consistent with the data collection described by van Manen (1990) this study was completed using individual interviews. The interview process was pre-tested. Feedback and recommendations from the pre-test were incorporated to improve the interview process. In addition, consistent with qualitative research each interview was viewed as a pilot, making adjustments and changes to the interview protocol as necessary.

Each participant was interviewed in person. After a participant contacted me, an interview was scheduled. The interviews took place in the participant's homes (n=2), their place of work (n=6), or at the School of Social Work at the University of Minnesota (n=2), depending on the participant's preference. Prior to conducting the interview, the informed consent was reviewed with each participant and a copy of the form was provided to them for their records. The informed consent is provided in Appendix B. In addition, demographic information was reviewed and some participants requested that I briefly share background information about myself as well as my interest in self-compassion. All interviews were audio recorded with the permission of the participants.

Each participant was interviewed one time. Grounded in phenomenology, the interview focused on the lived experience of self-compassion of the study participants. Rather than a prescribed interview guide, I was the instrument responsible for ensuring that we developed a conversational relationship focused on obtaining responses relevant to the research question. The interview began with a general request that the participant

think of and describe a specific instance, event, or situation in their social work practice when they experienced self-compassion. The focus of this prompt was the participant's lived experience rather than just their thoughts about self-compassion. The prompt was provided to study participants several days before the interview, providing them time to think about their experience of self-compassion and what they wanted to share with me. The interview guide is included in Appendix C. To elicit deeper levels of experience and understanding, I encouraged the participant to provide additional information. Such prompts included requests for additional examples, further explanation, a description of what the experience was like, and how the participant was feeling. The interviews lasted from 45 minutes to one hour and 30 minutes.

Several factors may have affected the length of the interviews. Many of the participants chose to be interviewed at their place of work and this location may have limited the amount of time they felt they could spend completing the interview. In addition, the topic of self-compassion is abstract and I found the participants and myself cognitively working hard to explore this topic. Consequently, there was often a level of mental fatigue that began to set in by the time the interview was complete. In addition, some of the stories participants shared were emotionally draining.

Approximately two to four weeks following the interview I followed-up with the participants a second time to review the findings of my thematic analysis of their interview. This follow-up took place either at the participant's place of work (n=3), at the School of Social Work at the University of Minnesota (n=2), or over the phone (n=5) per participant preference. This follow-up conversation is described below in more detail

in the section on participant validation of initial analysis.

### **Field Notes**

Throughout the study, I maintained a journal. The purpose of the journal was to record ideas and questions related to the interviews, the interview data and the process as they arose and provided a venue to explore emerging themes. Prior to beginning the study, I journaled about my own experiences with self-compassion, my response to self-compassion as described in the literature review, and my thoughts about self-compassion as I prepared for the research. Following each interview I recorded observations and reflections on the interview process as well as initial impressions from the interview. Consistent with phenomenology, the journal provided an approach to identifying assumptions, presuppositions, and my own opinions and perspectives about the experience of self-compassion.

### **Data Analysis and Validation**

Data were analyzed to answer the research question. Not all data could be reported due to the length of the interviews and the preservation of participant confidentiality. Therefore, thematic analysis and contextualization through the use of participants' words were used to describe the participants' experience of self-compassion. This section begins with a description of thematic analysis and contextualization. Following this description is an explanation of the six steps of data analysis and validation utilized in this study.

**Thematic analysis.** In phenomenological research, themes are used to point to a larger understanding of the experience. Therefore, interviews were analyzed for



emerging themes. Specifically I used the selective or highlighting approach (van Manen, 1990) to thematic analysis. In this approach, the text was read with respect to answering the question of what statements or phrases are essential to or revealing about the participant's experience of self-compassion in their social work practice. Rather than imposing themes on the interviews, the themes emerged from the data. The theme phrase, though categorized as a singular statement, merely pointed to a fuller description of the lived experience. Themes were the central notions through which the experience was lived and when fully articulated represented an essential aspect of the experience.

**Contextualization.** A hallmark of qualitative research is the thick-rich description of the write-up (Lincoln & Guba, 1985). To achieve this depth of description, I included in the write-up linguistic transformations as described by van Manen (1990). Utilizing the themes that came from the data, linguistic transformation provided the depth and understanding of the experience of self-compassion. Experiences as related in the individual interviews were used to provide a more complete expression of the theme. Taking the themes and providing narrative or stories that embodied the themes breathed life into the study. I used direct quotes from the interview transcripts within the thematic descriptions to capture the essence of the participants' experience. This process of linguistic transformation allowed me to capture the thick and rich description of qualitative research.

**Six steps of data analysis and validation.** Data analysis and validation were completed in six steps. These steps included:

1. Transcription

2. Individual Interview Analysis
3. Validation of Individual Analysis by Study Participant
4. Analysis across Interviews
5. Validation of Findings by Two Dissertation Committee Members
6. Validation of Findings by Two Study Participants

Though these steps are presented here in a linear fashion, they often occurred simultaneously and were ongoing throughout the study. These steps are described in further detail below.

***Transcription.*** I transcribed all interviews verbatim using Olympus DSS transcription software. Transcription took place as close to the interview as possible and within the overall timeline to complete the initial analysis and follow-up meeting with the participants. Generally transcription was completed within three to 10 days of the interview. The process of transcription provided an opportunity for me to deepen my familiarity with the interview data. In addition, the process of listening to the interview at a speed that was slow enough to complete the transcription allowed me to think about the data and listen for potential themes to emerge. These themes often presented a starting point for the initial stage of analysis, analysis of individual interviews.

***Analysis of individual interviews.*** I analyzed each interview individually after the transcription was completed. I began by reading the interview multiple times seeking themes that answered the question of what is the lived experience of self-compassion as a social worker. These initial themes have been described as transcript themes by van Manen (1990). Microsoft Word was the software I used to facilitate the process of

analysis. When I recognized a block of text as a possible theme, I highlighted it and made comments in the margin using a comment box. I then examined the emerging theme for commonality or recurrences in the interview. Once these initial themes had been uncovered, the original transcript was taken apart to place large blocks of text within the overarching theme. A new word document was used to re-arrange the text within broader themes. Using an outline format, the themes became the headings and the text provided examples of the themes. This process allowed me to easily move blocks of text, include blocks of text in multiple places where there was overlap in the themes, and to re-order blocks of text as themes or subthemes evolved. To each interview, the end result was a re-ordering of the transcript based on themes and subthemes rather than chronology of the interview. Table 2 provides an abbreviated example of part of an interview as it has been re-ordered for specific themes.

**Table 2. Thematic Analysis of One Interview**

Words in bold are those of the researcher. All other words are direct quotes.

**i. Self-Compassion is a Life Long Process:** It's, I don't think it's something that you ever fully.... It's not like tomorrow I can wake up and say, I am fully self-compassionate today. I have reached my maximum. You know it's continuously learning to be self-compassionate. It is ongoing throughout life because it's not only in your practice that will influence you but also in your personal life.

**ii. Creating Space for Self-Compassion**

**A. Self-Care:** One thing that I do and still do is I went for a run and I exercised and I just was so wrapped in that kind of having that endorphin release, kind of helped me clear my head and getting outside and getting fresh air. Just all that helped me clear my head. And made me realize that you're doing a good job. This is not the worst thing in the world. So I think that was the piece that really allowed me to step back was doing the exercise and getting outdoors is what I tend to use to clear the head. And be gentle with myself.

**B. Mindfulness:** Yes, and that was before I ever did the mindfulness based. So I think had that situation come now in my life I could've even done a faster job of self-compassion and retraining the mind process that would've started and being present in the moment instead of reliving the past.

*Participant validation of initial interview analysis.* Initial findings of the themes from an individual interview were presented to each study participant for corroboration and validation within two to four weeks of the initial interview. This timeline was important so that both the participant and I could clearly remember the interview, thereby aiding in the process of validation. The thrust of the follow-up was to determine if the themes I had identified actually captured the experience of self-compassion.

Prior to the validation meeting or phone call, I provided each participant with a copy of the themes and subthemes for their respective interview. In addition to the themes, I included a quote from the interview that represented each theme or subtheme. Providing participants this information before the meeting or phone call allowed the participants the opportunity to think about and reflect on the interview and the accuracy of the thematic findings. I asked each participant about the accuracy of the thematic analysis. I asked questions such as, “Does this theme make sense to you?” and “Does this analysis reflect your experience of self-compassion?” Most participants indicated that the thematic analysis was an accurate representation of their experience of self-compassion and social work. A few participants made minor suggestions or clarifications. Some participants noted that they didn’t like the way they had phrased something in the initial interview and asked to either add or clarify what they had said. These changes were incorporated into the final thematic analysis.

Many of the participants noted that the interview and thematic analysis had been interesting and that they appreciated participating in the study. They expressed ongoing interest in the study and asked to be notified when the research was completed. In general

the validation follow-up was completed in 15 to 20 minutes.

**Analysis across interviews.** Analysis across interviews was an ongoing process. As an interview analysis was completed, the analysis was compared and contrasted to the findings of the previous interviews. To complete this process I created a table that reflected the overall themes and potential subthemes across participants. If a participant shared a subtheme I placed an X in the box below their number. This process created subthemes that were shared across all interviews as well as subthemes that were experienced by some participants but not others. Table 3 presents an example of this type of analysis for one theme.

**Table 3. Analysis across Interviews for One Theme**

Theme Title	Subthemes		Participant													
			1	2	3	4	5	6	7	8	9	10				
Self-Compassion Is a Life Long Journey	Family of Origin		X	X											X	
	Cultivating self-compassion/ Getting in the water	Therapy	X		X						X					
		Skill/Self-care	X		X	X	X	X	X			X	X			
		Talking about self-compassion/ thinking about self-compassion				X	X				X					
		Nature											X	X		
	Connecting with Others								X							
	Self-compassion and age		X		X						X					
	Life experiences	Parenthood			X											X
		General	X						X		X					
	Challenges to self-compassion						X			X						

Once the initial themes were identified, each interview was re-examined and reviewed for fit with the overall themes. This process allowed for the consolidation and

refinement of subthemes. In addition, quotes that were particularly illustrative of the theme or subthemes were gathered for use in the findings.

Four themes were identified as shared by all study participants and were part of the final analysis. Each of the themes had multiple subthemes. Not all of these subthemes were shared by each participant. I determined that consistent with interpretive phenomenology, I would include subthemes that shared a commonality with at least six of the study participants. The four themes shared by all study participants are:

1. The Nature of Self-Compassion
2. Self-Compassion Helps Me in My Challenging Work
3. Self-Compassion Helps Me Be a “Conduit” of Healing for Others
4. Self-Compassion Is a Life Long Journey for Me

In addition, I chose to include a fifth theme that was not shared by all participants and did not meet the requirement of a subtheme by being shared by at least six study participants. However, in light of the findings in the initial four themes, I determined this fifth theme to be particularly relevant to the study and its implications for the field of social work.

The fifth theme is:

5. I Wish Learning About Self-Compassion Had Been Part of My Social Work Education

These themes are presented in more detail in chapters five to nine.

***Validation of Findings by dissertation committee members.*** Two dissertation committee members validated the findings from the thematic analysis. One of the committee members was an expert in phenomenology as well as the content around

compassion. The second committee member who completed the validation was a social worker with experience in mindfulness. Their individual expertise addressed the validation from a methodological and practice perspective. Raw data from three interviews, the findings of the individual analysis, the analysis across interviews, and the overall findings were provided to these two members of the dissertation committee. Independently, the committee members reviewed the data and the findings. Both committee members validated the process used for analysis and the overall findings. In addition, they provided feedback about the findings, making suggestions and clarifications.

*Validation of Findings by participants.* The sixth step of analysis and validation was corroboration of the overall findings by two participants in the study. These two participants represented variation in years of experience, type of licensure as well as practice setting. The composite findings were provided to the two participants for their review. Independently, the two participants validated the findings. Suggestions from the participants were reviewed and incorporated in the final write-up of the findings as appropriate.

### **My Experience with Self-Compassion and the Research Process**

As a novice researcher I experienced a variety of highs and lows in the research process. There were times when the research seemed to be moving smoothly and I felt confident in my work. In addition, I thoroughly enjoyed meeting and talking with other social workers about their experiences of self-compassion.

However, there were also times that were filled with challenges and questions as I



undertook a method that was new to me and that provided guidelines, but not always a solid structure. As with any research I found myself presented with a variety of options and decisions that needed to be made. I sometimes worried that I was not as effective as I would like at assisting participants to explore their experiences of self-compassion.

When it was time to analyze the data across interviews, there were decisions to be made about refining and consolidating the subthemes. I sometimes worried that I would not get the process or the consolidation of subthemes right. As I wrote the findings, I worried that I was not an effective agent of the participant's experiences and voices. In all, this study provided ample opportunity for me to experience, or not experience, self-compassion.

During the times that were most troubling for me in this process I would hear the voices of the participants as they described their experiences of self-compassion and what it looked and felt like. I was always inspired and sometimes assured as they described the common human experience of making mistakes and doing the best we can; this is all a learning experience. Their descriptions of things they did to cultivate self-compassion reinforced my own practices. Their images of self-compassion reminded me of the power and value of treating myself with the same compassion I feel for others. The experiences of self-compassion shared by the participants were powerful in my own experience in the research process. Hearing how participants had or hadn't experienced self-compassion helped me to shape my own response to the challenge of being a researcher.

In addition, I found my committee members to be particularly helpful as I

grappled with difficult questions in the research process. More than once I found my request to meet with a committee member was met with compassion as I worked through my questions and concerns. These meetings were opportunities for me to acknowledge the challenges of the research process while continuing to move forward having made the very best decisions I could.

As I look back on the process and my experience, I can recall the times I experienced self-compassion and the times I was more rigid and unable to access the very phenomena I had set out to study. I am grateful for the voices of my participants and committee members that helped me to work through the challenges with equal parts compassion for myself and integrity for the research process.

### **Trustworthiness**

Consistent with all research designs, there are potential problems inherent in this study. Lincoln and Guba (1985) identify trustworthiness as a critical aspect of qualitative research. In this study I have taken steps to specifically address credibility, consistency, and neutrality.

**Credibility.** Credibility or “truth value” is the extent to which the findings reflect the multiple constructions of the informants (Lincoln & Guba, 1985). The research design for this study utilized multiple measures to protect credibility: Triangulation, peer debriefing, and member checks.

**Triangulation.** Patton (2002) describes triangulation as not only a way to confirm findings, but also to uncover discrepancies. In this study, interviews and field notes were used to triangulate data. Interviews with 10 study participants allowed for

triangulation of sources. In addition, analytic triangulation was accomplished through member checks and review of analysis by two dissertation committee members.

Feedback from participants and the dissertation committee members provided the opportunity to create a deeper understanding of the experience of self-compassion.

***Peer debriefing.*** Peer debriefing is the process of exposing one's thoughts and feelings about the research to another (Lincoln & Guba, 1985). The primary mechanism for peer debriefing in this study was the use of the dissertation committee members who assisted me to achieve awareness of my biases and perspectives. In addition, these meetings provided the opportunity to reflect on the research process and the direction of the study. This was helpful to ensure that I maintained a focus on answering the research question.

***Member checks.*** Member checks, what Lincoln and Guba (1985) refer to as the most crucial technique for establishing credibility were built into this research design. Member checks occurred at two points in the analysis and validation of the data. First, following the initial analysis of an interview, approximately two to four weeks after the interview occurred, initial themes were shared with individual study participants during a follow-up. During this follow-up, a study participant provided feedback and shared any additions or clarifications in the themes from their interview. This validation of initial findings was ongoing throughout the process of completing and analyzing individual interviews. In addition, a final step of analysis and validation was corroboration of the overall study findings by two participants in the study. These two participants reviewed the overall findings and provided feedback about their clarity and representation of the

experience of self-compassion.

**Consistency.** The likelihood that the findings of the study would be replicated with the same or similar informants in the same or similar context is known as consistency (Lincoln & Guba, 1985). The detail of the research process provided in this chapter as well as the lengthy field notes are intended to ensure the existence of adequate information to replicate the study.

**Neutrality.** In this phenomenological study, I am the instrument of inquiry. Consequently there is a risk of lack of neutrality and potentially even misrepresentation in the study (Lincoln & Guba, 1985). The goal of neutrality is not to eliminate biases, but rather to reduce the biases through reflection and awareness (Bogdan & Biklen, 2007).

Hermeneutic phenomenology acknowledges the interpretive nature of research. However, within this approach it is critical that my own assumptions and biases do not distort the experience of the study participants. Therefore, I undertook several steps to ensure a significant level of awareness of my own assumptions about and experiences with self-compassion and my practice of social work. An initial step in this process was acknowledging my experience with self-compassion as an individual, a social worker, and as someone conducting research in the area of self-compassion. Prior to beginning the study I wrote about my experiences with self-compassion to uncover my preconceptions about the phenomenon, both in my personal life and as a social worker.

The literature review highlighted knowledge I learned about self-compassion and the inherent perspectives to which I had been exposed. Field notes allowed me to reflect on my perspectives and biases, thoughts, and emotions. The dissertation committee

provided an opportunity for me to explore the development of the research with others and to further explore biases as they were uncovered. The process of identifying my own lens and describing my own experiences and assumptions about self-compassion, assisted me to be aware of this information while analyzing the data and uncovering the experiences of others. In addition, my approach to working with one interview at a time, focusing on the research question and the interview data of each participant was helpful in ensuring that I was both hearing and conveying the experience of study participants rather than purely my own experience or losing sight of the purpose of the study.

### **Ethical Considerations**

This section describes the steps undertaken to ensure high ethical standards in this study. Four specific ethical considerations are presented: Institutional Review Board, confidentiality, storage of data, and other concerns.

**Institutional Review Board.** The study complied with the requirements of the Human Subjects Institutional Review Board (IRB) at the University of Minnesota. Prior to any contact with potential participants I received approval from the IRB. Social workers are not considered a vulnerable population, the study was specific to the work experience of social workers, and the study posed minimal risk for participants. Consequently, this study qualified for Exempt Review by the IRB.

**Confidentiality.** Confidentiality was maintained throughout the process of the study. I protected participant confidentiality by not including identifying information during the analysis or presentation of findings. All participants were given a pseudonym in the process of writing up the findings and where necessary names of organizations or

places of employment were excluded in the findings.

**Storage of data.** Confidentiality was also ensured through appropriate data management. All data including informed consents and audio files were stored in a locked file in a locked office. Transcribed data including interviews and field notes were kept in password protected files on the secure Netfiles site through the University of Minnesota.

**Other concerns.** Throughout the study and specifically the interview process, I monitored for potential problems or harm as a result of the study. Though this was sometimes an emotional topic for study participants there were no apparent negative long term consequences from participation. In fact, multiple study participants identified their participation in the study and particularly the interview as helpful to their own process of experiencing self-compassion.

## **Summary**

This chapter presented the broad methodological framework of phenomenology as described by van Manen (1990). More detailed information specific to the method of inquiry developed for this study was described including: Preparatory work, participants, interviews, field notes, and data analysis and validation. I described my experience with self-compassion and the research process and included discussion on trustworthiness and ethical consideration in the study. The method of inquiry was developed to best answer the research question: *What is the lived experience of self-compassion in social workers who have completed MBSR, a program on developing mindfulness.* The next five chapters present the five themes that emerged from the method of inquiry.

## **Chapter 5**

### **The Nature of Self-Compassion**

The first theme captures the very nature or essence of the participants' experiences of self-compassion. Though participants were not asked to define self-compassion, all participants described specific elements or ways of being that were part of their experience. These elements or ways of being are presented first as they provide a foundation for what is meant by the participants when they describe their experiences of self-compassion. The understanding of what the participants experienced is an important foundation for examining what self-compassion denotes in their social work practice. Within this larger theme, participants described five subthemes or elements: Acceptance, gentleness, mindfulness, calmness, and human connection. Table 4 reflects the larger theme, subthemes, and the participants who identified with specific subthemes. In addition, participants often described the subthemes as interconnected, sometimes interweaving the subthemes in their description of self-compassion. This section begins with a description of each of the subthemes and then depicts the participants' experience of these subthemes as interconnected.

**Table 4. The Nature of Self-Compassion**

Participant	The Nature of Self-Compassion				
	Acceptance	Gentleness	Mindfulness	Calmness	Human Connection
Anne	X	X		X	X
Mary	X	X	X	X	
Martha	X	X		X	X
Rachel	X		X	X	X
Grace	X	X	X	X	
Sonja	X	X	X	X	
Jan	X	X	X		X
Tom	X	X	X	X	X
Linda	X		X	X	X
Becky	X		X	X	

### **Acceptance**

Each of the participants described a heartfelt sense of acceptance. Becky offered a perspective on acceptance that captures the depth of this theme. Becky described acceptance as a joy in being alive that is experienced both physically and emotionally.

I do feel a happiness about being alive. So I can use that or I can open that up when I meet other people and that's part of the acceptance I think is to feel the true physical and emotional happiness. The sun is out. I'm glad I'm here.

Though all participants described a sense of acceptance, some talked about acceptance of their own strengths and weaknesses while others talked about an acceptance of specific situations. As indicated by Becky, the experience of acceptance was far more than a mere resignation. In fact for some participants, the experience of acceptance was described as freeing. Similarly, acceptance was not an excuse to avoid personal responsibility, but rather it was clearly connected to participants doing their very best. Both the idea of acceptance as freeing and acceptance as doing their best are interwoven



into the participants' accounts of accepting strengths and limitations and accepting situations.

**Accepting Strengths and Limitations.** Tom described his experience of self-compassion as it relates to an acceptance of strengths and limitations. He described himself as, "A little more accepting... Less judgment, self-judgmental." He went on to provide an example of this type of acceptance as it relates to his management style.

Well I think that I've been doing this for a long time and I've come to learn who my personality is and how I operate. And you know, I have some weak spots, but I've come to that acceptance of I didn't expect to come into this job. I don't expect to come into any job. I'm not a person who comes in and is going to make all of the changes or do things. I will sit back, kind of wait and watch. A little bit protective of myself but to see what the lay of the land is and won't make decisions very quickly. I'm not afraid to make decisions. And I've learned that that's ok. That's the approach that I have and that's an ok approach.

Similar to Tom's experience, Anne described acceptance this way. "To think in terms of accepting the broad range, everybody has strengths and limitations. I have strengths and limitations and just because I have a limitation doesn't mean I don't have strengths." Anne went on to describe this type of acceptance as freeing.

... Just accept that I can't heal everybody, everything, and every dynamic. So I think that is a good example of my having accepted and then affirmed some limitations and I feel much lighter as a result of that. Freed up from feeling so responsible and so anxious about am I doing everything? What do I need to do?

Likewise Grace acknowledged her strengths and limitations and shared her ideas of acceptance. Included in this description is Grace's intention to do her very best in each situation.

I have grown and learned I'm not super woman you know? And I'm not going to be able to change everything around me as you think you can as the idealistic social worker coming right out of a program. But you learn how to tolerate situations and people and the skills you have and your strengths and being able to apply those in a way that is the best that you can do in any given situation. And learn that you have to tolerate that you have limitations too and that you're only human.

Jan described acceptance in a more broad way, not specifically tied to her practice of social work.

To really, really cherish yourself. Really. Really take care of your own heart. Care as much, at least as much as you do about the clients you feel the most compassion towards. You know make a good friend of yourself, warts and all. Accept yourself. Love yourself.

Similar to Grace's experience of acceptance and doing her best, Jan went on to say,

And I think with self-compassion that (having limitations) all ties in because it's like you don't have to do it right. You don't have to fix it. You don't have to be perfect... It doesn't mean that you're lazy. I mean your intention is to always show up and do your best... And I can say that to people and I'm compassionate

for myself and I'm saying, 'Hey, I'm not perfect.'

Rachel offered that her experience of acceptance of her strengths and limitations was freeing.

Freedom is knowing that I'm not perfect. No one else is perfect... So the more I understand that, what a big piece of self-compassion that is for me. Because it just unhooks me from so many reactive emotions and anxiety producing thoughts.

**Accepting Situations.** In addition to describing acceptance of personal and professional strengths and limitations, Anne described accepting difficult situations related to her work.

There is a limit to what we can do. I have to accept that there are damaged human beings in this life and there are unmendable dynamics and situations and something just shifted in me and I let go and stopped.

Sonja shared Anne's experience of acceptance of difficult situations and added that she does the best she can given specific circumstances in her work.

I think now I'm just like, there's more acceptance about the county is what the county is and it just takes time... So I would always just try to do more and now I'm just able to take that and just say, 'I understand where they're coming from, but it's not my job to fix it.' It's kind of an acceptance of I'm doing the best I can.

Becky described her experience of acceptance of situations as both doing your best and as freeing.

It's just very freeing. It's very freeing to realize this is my problem because I'm

involved in the situation, but I don't have any control over it really... It's very freeing. I feel so much better. I'm doing the best I can. I'm doing as much as I can. I'm more than meeting her halfway and the rest is really up to her. And whatever happens we'll deal with it together.

### **Gentleness**

Another element of self-compassion for participants was the experience of gentleness. In addition to this term of gentleness some participants used the word loving kindness to describe this subtheme. Sonja provided a description of gentleness. "Just not being too hard on yourself. Not having too many expectations, being more gentle. More kind."

Mary shared her understanding of gentleness by using an image to portray her experience.

I think I feel a real gentleness. Sort of like an internal hug. Like somebody putting their hand on my arm. A real gentleness and kindness and permission, like it's ok. And there's no question about the permission, there's no suspicion or distrust of the permission. It's just there. And I just know it's ok. That's the best way I can describe it. But for me, I guess the primary word or descriptor that comes to mind is gentleness, just a gentle, a softening to myself.

Similarly, Martha shared that when she thinks of self-compassion, she envisions gentleness and offered the following image.

I think gentle comes to mind. Somehow the image of, I'm always putting my hand on my little girl's head because she has this beautiful hair. And so the image

that comes to mind when I think of self-compassion (uses a gesture of stroking her little girl's hair)...

She went on to describe this stroking as “very sweet and connecting.”

Anne discussed gentleness as it relates to forgiveness for her. Rather than getting stuck in shame, she describes a sense of compassion in her experience of forgiveness.

Which means forgiving myself if I go against something that I value or something that I'm trying to do or I fail at something. So forgiveness and finding a way to own my own part. Rather than getting stuck in the shame would be able to stand up for what I did and take responsibility for it. But not in a blaming way, in a compassionate, affirming, with integrity sort of way.

Anne also described loving kindness in her description of this subtheme.

So one word I didn't use last time which is really critical to me is loving kindness. And that's in the literature, everywhere. I use it a lot with clients. I teach them a meditation on loving kindness which starts with self. So, it's just freedom to turn toward yourself with care, with kindness, with acceptance, and understanding rather than this other more harsher, more critical voice.

### **Mindfulness**

Awareness of thoughts and being present in the moment were also described by participants as part of their experience of self-compassion. Grace described mindfulness in the following statement. “Self-compassion I see as an internal thought, mindfulness process... Self-compassion I feel is internal, retraining your mind I guess.”

Sonja offered her perspective and experience with the connection between

thoughts and mindfulness.

We can start probably with the thoughts. Acknowledging that this (social work) is difficult. Acknowledging the frustrations. Listening for kind of deeper messages and meaning... It's not attaching to the story line, it's more acknowledging the story. So when I'm in a good place and I'm practicing self-compassion, I'm acknowledging and noticing the thinking process but I'm not letting it kind of get me down.

Becky offered that in her experience mindfulness is related to the social work concept of the conscious use of self. "A conscious use of self is a lot like mindfulness I think. Being fully present in the moment." She further clarified,

But the trick with conscious use of self or even with mindfulness is to not do that weird thing where you step out of your mind and see the interaction from someplace over here (gestures outside of her body). To be fully present, but still stay in your body is a different thing from a more analytical left brain experience where you step outside of yourself and see the interaction and how do I want to play this? How do I want this conversation to go? That's not what I mean. It's a more authentic feeling to consciously use yourself because it's coming from who you are.

### **Calmness**

Participants described a sense of calm or peacefulness in their experience of self-compassion. Tom offered this description of the experience, "A little calmer within that storm. And that's what it feels like, pretty stormy. So I think a little bit calmer."

Similarly, Sonja shared a sense of calmness within self-compassion. “I’m calmer. I feel calmer when I’m practicing self-compassion. That energy, that kind of anxiety is less.”

Similar to the sense of calmness described by Tom and Sonja, Grace linked the idea of calmness with a sense of “it’s ok.”

For me it was this kind of pause and moment of clarity and calm... It was just kind of finally inside everything just kind of relaxed and it was ok and I was calm. Kind of like when you take a long deep breath and then you’re just calm. So in that moment that’s what it felt like. And then anytime I would start to feel bad about it moving forward I would go back to that moment of calm... it’s ok, it’s going to be alright.

Similarly, Rachel described a connection between self-compassion and “it’s ok” and also included the idea of equanimity.

I think it’s a knowing of peace, but it’s also a knowing of trust. And it’s not an intellectual knowing. So it’s a knowing that it’s ok. It’s, it’s all ok. All will be well. And joy and happiness are not accurate terms. Equanimity. That place of equanimity. That place of ahhh...

### **Human Connection**

The fifth subtheme is that of human connection or the idea of a shared human experience. In this subtheme, participants describe a feeling of connection or understanding of what it means to be human. Rachel made the following statement about human connection.

In my work, when I discover or resonate with a person because of their pain or

their joy or sorrow, whatever it is in their path, it helps me to understand every single time what the human condition is. And when I understand more about the human condition, I have so much more empathy for my own struggles. Also when I understand my own struggles, I have so much more empathy for others... And I am not lonely on whatever path, any sort of struggle I might have, any sort of pain I might have, any sort of sorrow I might have, someone else has it... And it's the nature of being human that is why I have these. It not only gives me more empathy for myself, but it really helps me embrace those (struggles).

Martha described this idea of connection in the negative. She described a sense of isolation or disconnection when she is not experiencing self-compassion.

I think that culturally it (self-compassion) is hard for us to practice. Because we're so achievement oriented. And individual. Individualistic.... Because we're so disconnected from each other... I just brought that up because you said, 'not having self-compassion makes me feel isolated,' but I think feeling isolated makes me not have self-compassion, a double effect or whatever you call it. I think in general it (lack of self-compassion) is kind of epidemic in our culture because we're isolated and we're achievement oriented.

In contrast to Martha's description Becky provided the following illustration of her experience of self-compassion and human connection.

Well they're not different from me or they're not so different from me. They are me and I am them kind of or seeing my humanity reflected in them... So for me, self-compassion is, I've been able to step back and really connect with all of life



in a different way.

### **Interconnection of Subthemes**

Individual subthemes have been described to this point in the chapter. However, participants often described these elements or experiences as interconnected and talked about the subthemes together. The subthemes seemed to flow smoothly from one to the other to create a whole or larger picture of the experience of self-compassion. Jan described the interconnection of the subthemes. “Mindfulness and loving kindness, compassion practices go hand-in-hand with each other. They are a part of the whole practice.”

Linda provided a description of self-compassion that encompassed all of the subthemes.

Talking to myself in a way where I’m sort of saying, ‘I’m ok.’ And that I think, that’s the biggest thing for me, is just being aware. I mean I remember sort of having that in my head, I’m ok. My understanding with self-compassion is the piece about being able to forgive yourself and talk to yourself in a positive way, but also connecting to the rest of humankind and sort of knowing that some of these negative experiences are part of the human condition.

Similarly, Anne described an understanding of self-compassion that cuts across multiple subthemes to create a holistic view.

What I’ve outlined here is a construct... of human beings and human interaction. To cultivate self-compassion is to develop a way to free yourself up from more habitual states of mind as in self-judgment, blaming, criticizing, doubting, all of

that internal dialogue that we do with ourselves. So this (self-compassion) is the contrast to that, is the antidote to that. So it's freedom from internal self-recrimination and all of that kind of judging sort of voice... It's looking with the compassion, with the eyes of compassion at that part of me that is less than perfect. And that I think is critical. It's looking at our imperfections, our humanness, our mortality, our weakness, all that but with a gentleness and acceptance rather than a sin and damnation way of viewing human beings. So it's more holistic and inclusive of all sides, but with an acceptance rather than a rejection of the more difficult aspects of your personality.

### **Summary**

The findings in this section present the participants' descriptions of the nature of self-compassion. Their experience of self-compassion included elements or ways of experiencing the world. These elements became the subthemes for this section and included: Acceptance, gentleness, mindfulness, calm, and human connection. In addition to descriptions of specific subthemes, the participants used descriptions that connected the subthemes in a manner that was sometimes difficult to tease apart or separate; presenting the elements as part of something larger, self-compassion.

## Chapter 6

### Self-Compassion Helps Me in My Challenging Work

The second theme, *Self-compassion helps me in my challenging work*, addresses the inherent challenges of being a social worker and the value of self-compassion in facing those challenges. Each of the participants described particularly difficult situations in their work. Table 5 illustrates the pervasive experience of social work as particularly challenging. Participants' responses to work challenges varied. However, some of the participants identified significant levels of stress, burnout, or trauma. In addition, some participants described leaving specific work settings as a result of the overwhelming challenges. Given the severe consequences of the challenges in their jobs, it is significant that this theme also represents some participant's experiences that self-compassion was meaningful in assisting them to address issues of stress, burnout, and trauma in their work. In some instances, it was self-compassion that led a participant to leave a particularly difficult work setting. Thus the effect of self-compassion was two-fold. Self-compassion was a buffer to stress and burnout as well as facilitated the decision to leave a specific setting when the work had become overwhelming.

**Table 5. Self-Compassion Helps Me in My Challenging Work**

Participant	Self-Compassion Helps Me in My Challenging Work	
	Social Work is Inherently Difficult	Self-Compassion Helps Me Face the Challenges of Social Work
Anne	X	
Mary	X	X
Martha	X	X
Rachel	X	
Grace	X	X
Sonja	X	X
Jan	X	X
Tom	X	X
Linda	X	X
Becky	X	

**Social Work Is Inherently Difficult**

Each participant described difficult work environments. Some of the participants described working with specific populations or individuals with mental health needs as challenging. Jan shared that the nature of working with individuals in crisis or who are experiencing emotional pain can be particularly difficult.

We're often holding the space, listening to, and meeting with people with their challenges you know. Whether you're working with people with grief, loss, poverty, disease, parenting, all the range of issues that we would work with, people that would come in for service, social service, psychotherapy, depression, divorce, whatever it might be, anxiety which is huge. You know we're hearing all this suffering and we get this secondary trauma, PTSD (post traumatic stress disorder). You know we're listening to trauma stories. Some of the stories, I don't know how people hold some of it. I know early in my career, I literally did, I swear it was about 90% incest, sexual abuse work, including groups. I was in a

mental health setting and you know hearing stories and some, I still remember a couple of the details of a couple of the stories. I mean just horrendous stories you know and how do you hold that?

Mary described her own experience with what she referred to as vicarious trauma as it related to her work as a counselor. As a result of the trauma, she left the agency for a different social work position.

I did a lot of trauma counseling, which is part of the reason I left. I got really, I think I experienced some vicarious trauma. And it doesn't affect me so much now, I've been gone about four or five years. But experiencing vicarious trauma, nightmares, I was thinking and dreaming and the nightmares. I just was feeling really anxious. I was really struggling. I did quite a bit of trauma counseling.

Similarly, Martha described a challenging work setting and her choice to leave the position as a result.

Last year there were a number of things that were really challenging happening in the practice and just a lot of child protection calls, a lot of having to do stuff from home, crisis kinds of things. It sounds ridiculous to say, but I felt like I was burning out already. And I really had to look at myself and say, 'Is this really what I want to be doing? Did I make a mistake?'

Martha went on to describe her feelings of "isolation" and her decision to leave the job.

Things were kind of going haywire and I was the only person there... A lot of times she (clinical supervisor) wasn't available and I was really starting to get a sense of isolation. And I wound up making a decision to leave that job.

Sometimes the difficult situations were related to the expectations or structures of the organization or agency that worked with the client. For example, Sonja described a particularly difficult situation of trying to work with multiple systems at one time.

The county is frustrating and the collaboration, once you get a kid with multiple needs, it's really difficult to have the medical community, and the family system, and the educational system, and the county system all kind of on the same page at the same time. And with this (specific situation) we also have the criminal system. So you've got all these systems and for whatever reason, social workers, that's what we do, we get systems to talk and we get people that wrap around care and we think of the big picture.

Similarly, Becky shared her challenging experience working both with victims of trauma and in an organization that had its own dysfunction.

The problem with the crisis center, it was just like a tsunami. It was way too much. I would be in the emergency room dealing with one victim and the pager would go off, there was another one (victim) down the hall. The organization wasn't structured in a healthy way. I mean it was just guaranteed to burn you out.

Tom shared his experience of the challenges working not in direct social work practice but in managing an organization and his role and responsibility as a leader. Sometimes Tom's responsibilities included handling difficult personnel issues.

I'm an orchestra leader and I don't play any of the instruments. And if I'm doing a good job, the people here will play their instruments well and they'll play well together. And when I'm not doing a good job or when I've got a problem, it's

because something is not playing well together. And that's what I have to fix. And I try to fix that I would say compassionately, coming at it from a point of view of the value of people and I don't fire people easily, but I do fire people.

### **Self-Compassion Helps Me Face the Challenges of Social Work**

Self-compassion was one approach participants used to address the inherent challenges in their work. They described how self-compassion helped them to contend with issues such as stress, burnout, and trauma and know when to leave a position that was overwhelming. Self-compassion also provided the study participants the opportunity to embrace their jobs. Grace stated the importance of self-compassion in addressing challenging work by saying, "Well I think it (self-compassion) does in that it allows you to not, it helps you prevent burnout. I think it helps prevent being overwhelmed in your practice." Linda indicated that she didn't know how social workers could avoid burn out without self-compassion and described self-compassion's importance in her own work.

If you don't have it (self-compassion) good luck to you. And I don't know how you wouldn't burn out you know. And we've all seen it in practice. At least I have. Every place I've worked there's somebody around that's just like crispy burnt... And then again just going from personal experience for me, if I'm giving myself permission to take care of myself then I think that I'm better at my work and less likely to be sort of worn out by the work. Because there is a letting go that happens with self-compassion and otherwise you're holding on to all the things you experience during the day.

Jan described her work to assist other social workers in practicing self-

compassion to address stress and burnout.

There's discrimination at the work place, there's lots of things going on and so what do you appreciate about you? Let's take time, what are you feeling good about? Looking at reclaiming, separating out and focusing on well these are the things that I can't, but this is where I can. When do you notice that you feel connected and looking for that, empowering yourself in the midst of the systems. And I know those demands, boy. And (I) support people to take care of themselves too.

When the challenges of the work setting became overwhelming, self-compassion assisted study participants to leave their work settings. Martha related that her choice to leave a job that was overwhelming despite what she viewed as societal pressure to remain employed as her "big self-compassionate act." Similarly, Tom described his choice to move from direct practice social work to policy and management as an act of self-compassion.

I came out of it (direct practice field placement) and it was like ok, I'm not doing this anymore. And it was fine. It was fine, that I wasn't doing this (direct practice). I had found something I really liked much better (policy and research). Hindsight again maybe I was compassionate again. But you know it's like I don't have to, I don't have to do that (direct practice). I'm not good at that, but look, this (policy and research) is something I really like. And I was good at it too.

Sonja reflected that for her, self-compassion not only helped her to address the difficulties of her job, but allowed her to fully embrace her work and to embrace the



“honor” of the profession.

When I think of this year, the gratefulness is I’m doing work that is meaningful. And yes it’s hard, but if I can take care of myself and be compassionate to myself, I get to do, I have the honor of really doing meaningful work. And the honor of seeing people at their most vulnerable and the honor of helping people make significant change in their life. Yeah. It’s through that sort of self-compassion and acceptance and gratitude that you get to kind of the honor of this profession. It’s pretty remarkable what we get to do.

### **Summary**

All participants described particularly challenging and stressful work situations in their practice of social work. The challenges sometimes related to specific client populations or needs or to specific challenges within the workplace itself such as management issues or expectations. In addition, some participants identified challenging situations that included both the specific needs of the client as well as challenges within the agency or organization workplace. Given the difficult work situations, self-compassion was identified as particularly helpful in addressing stress and burnout in the workplace. Grace and Linda noted that self-compassion was a critical approach to addressing the challenges in their work and an antidote for stress and burnout. For other participants, self-compassion assisted them to leave a particular work setting in pursuit of employment that better fit their strengths. For one participant, Sonja, self-compassion went beyond an antidote to stress and burnout. She described the power of self-compassion as a way to embrace the work that she does and the “honor” of social work.

## Chapter 7

### Self-Compassion Helps Me Be a “Conduit” of Healing for Others

This theme, *Self-compassion helps me be a “conduit” of healing for others*, reflects the participants’ description of self-compassion as an important element of their social work practice. This theme moves beyond the idea that self-compassion helps to address stress and burnout, to the description of self-compassion as beneficial in helping others. The name of this theme comes from Jan, a study participant who described being a “conduit” or a “vehicle” in assisting clients to heal. Participants described three different subthemes of how self-compassion assisted them in their work: Self-compassion helps me be an authentic presence, self-compassion helps me to be with clients, and self-compassion is a tool that I teach and model. Table 6 presents the subthemes and the participants who described the specific subthemes. Each subtheme is described below.

**Table 6. Self-Compassion Helps Me Be a “Conduit” of Healing for Others**

Participant	Self-Compassion Helps Me Be a “Conduit” of Healing for Others		
	Self-Compassion Helps Me Be an Authentic Presence	Self-Compassion Helps Me to Be with Clients	Self-Compassion is a Tool I Teach and Model
Anne	X	X	X
Mary	X	X	X
Martha	X	X	X
Rachel	X		X
Grace	X	X	
Sonja		X	X
Jan	X	X	X
Tom	X		
Linda	X	X	X
Becky	X	X	X

## **Self-Compassion Helps Me Be an Authentic Presence**

The ability to be truly and deeply present in their social work practice was described by participants. Rachel offered, “How does the self-compassion influence my relationships with people? I think it’s just all more about authenticity and presence.” Being authentically present was described as having a beneficial impact on relationships with clients and colleagues.

For Grace, authenticity included not being afraid to say she didn’t have all the answers. As a result of this honesty she was able to potentially develop a stronger bond with the client.

Well I think in a way it probably made me a little bit more relatable in that she’s trying to find answers and that I’m still trying to find answers. I always appreciate people who say to me, ‘you know I am not 100% sure, these are the things that I do know. However, let me see what I can do to find more.’

Knowing that you’re not perfect and other people aren’t perfect, I think can create a better bond between people and understanding.

Similarly, Tom described self-compassion as allowing him to be more in tune with himself, allowing his strengths to come forward and to be more effective and present with his employees.

It (self-compassion) allows me to have the negatives fall away. Whether it’s I have vacancies or I don’t have vacancies or I don’t like the style of this particular management style of that person and I’ve got to work in this context and some of those become less prominent. You know, less in the forefront which I think

makes me a better manager, allows me to be who I am. And I think who I am actually is a pretty good manager and a leader when some of those other things aren't getting in the way. And they temporarily slough off, the best parts of me can come forward and I'm more engaged with my staff then. It's engaged, it's less doing work in here (office), it's more doing work out there (with staff). It's doing work at their places, engaged in a positive way in terms of just more in tune with what's going on.

Mary discussed the influence of self-compassion on her work with clients. She identified the connection between self-compassion and her ability to be open and present with the client. "I think the more open I am to my client and certainly the more open I am to being gentle and more calm in those moments, I'm more readily present." Mary further described that this presence translated into a connection and deeper relationship with clients.

I think with anything in my life, the less preoccupied I am with my own ego and my own needs and my own fears, the less I'm in that place and that scared place, the more open I am, the more genuinely present I am. I can't think of one area either professionally or personally where that wouldn't enrich the relationship.

In contrast to the deepening of the relationship when she experienced self-compassion, Mary also described the loss of authenticity and its impact on her relationship with the client when she did not experience self-compassion.

And so I missed out on I think some authenticity. I keep going back to that word, but that's what comes up for me, authenticity and richness in a relationship. I

think I missed out on that, the clients maybe missed some of that. I think it could've been richer as a result of me being a bit more gentle with myself.

Mary summarized her thoughts about the connection between self-compassion and an authentic relationship with clients this way,

I think in terms of this theme of what did I miss out or what did the clients miss out on, what was the impact of not having self-compassion? I think it was a loss of learning, a loss of connection, a loss of relationship for both.

Similarly, Linda described a situation in which she had difficulty accessing self-compassion. In this situation, she described a resulting lack of authenticity and a distancing from the client.

My empathy is there intellectually but I think it would feel more genuine through and through (with self-compassion). It wouldn't be that I have to put on a professional face to have that composure. It would be that it was straight from truly how I feel, which is how I try to do most of my practice...

Jan described what being authentically present with clients looked like for her as well as the inherent power of this presence.

Because it's being with. It's a companioning and pacing. You're guiding but you're with the person, paying attention... And that creates a sense of container and safety and presence. I think that's the biggest thing which is compassionate presence is the most important aspect I think of any kind of good clinical, any therapy, compassionate presence and actually any work with people that we do.

## **Self-Compassion Helps Me to Be with Clients**

In this subtheme, participants describe the ability to be with clients in difficult situations and emotional times. This is in marked contrast to the idea of social work as a doing profession in which social workers engage in a series or checklist of activities or an attempt to fix difficult situations. For many of the participants, it was in the being with clients that was particularly healing or meaningful.

Jan described the shift in her work related to self-compassion, “I mean it just shifts it and you go from the fixing, from the doing, to the being.” Similarly, Linda described her ability to be with the client rather than attempting to move to a quick fix. “So just being able to sit in that moment and not try to rush through and fix it or sort of go straight to some scientific sort of skill that we can do to take care of that.” Mary echoed this idea of self-compassion as a being rather than a doing. “Self-compassion feels like there’s no decision to be made. There’s no rigidity. There’s no act of doing. It feels like being versus doing.”

Becky identified the power of being rather than doing in the social work relationship. She also noted that there can be a tendency in social work to get caught in doing,

... especially if you believe that social work is getting things for people. It’s like winter coat, job, roof over your head. And that can feel like an accomplishment, the left brain thing. But I do think that the more I’m able to be with people I think it’s, you touch their humanity and your own in a different way.

Sonja described her experience of sitting with young clients in the midst of their

difficult situations and pain. She began by noting the depth of the pain that is present in sitting with a client who is suffering and the opportunity for the social worker to avoid that level of pain by focusing on fixing or doing.

That's where it's hard. That's where you feel the pain. That's where you feel their sadness. And you can avoid that by fixing and doing and so when you sit with that and you really are honest about that kid's experience, it's painful. It's heartbreaking. Because ultimately you know you can't fix that. Ultimately when I really sit with her and listen around poverty or around a mentally ill mother, or you realize even if I did shift energies and do, do, do, it's not going to... ultimately this is her journey. That's where I think you feel it. That's where you experience that kind of sadness and pain.

However, for Sonja, the sitting with the pain allows for an acknowledgement of the tragedy or difficult emotion that is vital.

I'm really getting a sense of what it's like walking in their shoes... Not fixing it, because that's going to take some time. But just sitting with them more around this is hard work... And what happened to her was very, very sad. I could've just kept trying to fix it and putting all of the energy into that. And it's just kind of taking a pause and saying, 'yes we're doing all of that, but let's not forget, let's not forget that there was a tragedy in this.' And just kind of acknowledging the emotion.

Sonja further described the effectiveness of her social work practice in being open to sitting with the emotion and the pain.

It's interesting because I think globally as I reflect on the conversation you and I are having, it's a lot about effectiveness and how when I was trying so hard I think I was less effective. And there's something about self-compassion and self-acceptance and patience that almost enables me to be more effective. You just feel the connection at a different level. She's not coming to me to make her feel better and to fix it. She's coming to me and I'm able to contain how hopeless she feels. And that is crazy but in a sense it's like that's more helpful. To really feel heard is more helpful than to feel like an annoyance.

Sonja concluded by reinforcing the healing power of being with a young client, so that they might be heard and understood. "It's amazing how healing that is. That sometimes that's all anyone ever really needs is that connection and validation and sense of being heard and sense of being understood."

### **Self-Compassion is a Tool I Teach and Model**

Participants also described self-compassion as a specific skill or tool that they actively taught their clients. Sometimes participants talked about teaching specific elements of self-compassion such as mindfulness. Other times they described teaching about self-compassion in more general terms.

Becky described teaching a specific type of mindfulness, one of the elements of self-compassion, to her clients.

One of the things I do with other people is focusing. It's a different kind of mindfulness. The idea behind it is you become what you focus on. So if you focus on anger and unhappiness that's what you'll become. So where people



direct their attention is part of their value system. And I think that's a kind of self-compassion, that I choose not to give my attention to things that I don't believe in or things that aren't helpful.

Self-compassion in general was a skill that Linda taught to the young clients she worked with. It was her hope that this skill would assist clients in their journey through life.

It feels to me like almost a skill that I'm hoping is a gift for them to have as they launch into adulthood. That makes a journey that's a little less uncomfortable, but also one that's going back to the openness where they get to take in the fullness of that process and that time in their life where you get to have a lot of freedom to discover who you are and what you want to be...

Linda described her desire to model or practice the self-compassion that she teaches to others. This modeling was an important part of living the values that she believes and espouses to others.

So for me, it just feels like as much as possible I want to try to live what I believe or what I'm advising or what I'm helping facilitate someone else to do.

Everybody has their own version of managing their health and taking care of themselves but I think that I can be better at working at it with people if I've been open enough to try some of those things myself. So if I'm working with someone on reducing shame about sexual abuse have I in my own way used self-compassion to let go of some of the shame that I've carried?

Similarly, Anne described that her own practice of self-compassion within a client

relationship both strengthened her connection with the client and was an opportunity to model for the client a helpful skill. “It (self-compassion) has probably strengthened it (the relationship) because then I’m modeling something she needs to be able to do... is hard for her to do. So it’s a good modeling in that respect.”

Rachel described the importance of modeling self-compassion in her work not only for her clients but also for herself.

I think that I have to model self-compassion in my work because I want other people to be compassionate toward themselves and they will know, they will know so quickly. If I can teach and speak about compassion, I hope they will see me as a compassionate person... I realized that if I take care of myself, really, if I take care of myself, I will not only be a better teacher in terms of listening and being more present to what I’m doing, but I will also be a role model.

She further articulated that teaching self-compassion to others reinforced her own experience of self-compassion. When teaching about self-compassion she encourages clients to,

Be careful how much you’re striving. Accept your body. Watch those judging thoughts. And when I say those, I hear them again for myself. And so I really feel, I think I’m so much more compassionate toward myself because I teach that... This work reinforces for me the importance of my own practice (of self-compassion).

## **Summary**

The findings in this section represent the participants’ experience that self-

compassion was more than a way to address stress in their work. Self-compassion played a vital part in their social work practice as it relates to being a “conduit” of healing for others. Assisting others in their healing process included being an authentic presence, being with the client rather than engaging in a checklist of activity, and teaching self-compassion to their clients. Teaching self-compassion also included modeling or demonstrating what self-compassion looks like for their clients. Coming full circle, teaching and modeling self-compassion was not only beneficial for clients, but also for the study participants themselves as they reinforced both the skill and practice of self-compassion.

## Chapter 8

### Self-Compassion Is a Life Long Journey for Me

This theme, *Self-compassion is a life long journey for me*, reflects each of the participant's experiences that self-compassion or their access to self-compassion changes over time. Participant's experiences of self-compassion were not static, there was an ebb and flow, with participants sometimes experiencing greater levels of self-compassion and sometimes experiencing more difficult experiences of self-compassion. In addition, the participants described four subthemes that have helped them to increase their experiences with self-compassion: Receiving compassion from others, life experiences, learning about self-compassion, and "getting in the water." Receiving compassion from others and life experiences were often subthemes that participants were not able to control. However, participants were generally able to initiate and independently engage in learning about self-compassion and "getting in the water", practices that actively support self-compassion. Table 7 provides additional information about participant experiences of these subthemes. This section begins with the participant's descriptions of self-compassion as a life long process, then moves to the subthemes that helped participants experience self-compassion on this journey.

**Table 7. Self-Compassion Is a Life Long Process**

Participant	Self-Compassion Is a Life Long Process			
	Receiving Compassion from Others	Life Experiences	Learning about Self-Compassion	“Getting in the Water”
Anne	X	X	X	X
Mary	X	X	X	X
Martha	X	X		
Rachel	X		X	X
Grace		X	X	X
Sonja	X	X		X
Jan			X	X
Tom	X	X	X	X
Linda			X	X
Becky	X	X		X

The theme of self-compassion as a journey or a life long process was expressed by each of the participants. Becky offered, “Self-compassion I think that’s kind of a life long project for me.” Consistent with this experience of self-compassion, participants noted that their level of self-compassion changed over time. Grace illustrated this point by saying,

Self-compassion is a life long process. I don’t think it’s something that you ever fully, it’s not like tomorrow I can wake up and say, ‘I am fully self-compassionate today. I have reached my maximum.’ You know, it’s continuously learning to be self-compassionate. It is ongoing throughout your life... So it’s an ongoing process. Kind of like we talk about becoming culturally competent. You know it’s an ongoing process. We’ll never all one day be culturally competent because we’ll never fully understand what it’s like to walk in someone else’s shoes. We’re not the expert on them. But for yourself, I don’t think we’re always an expert on ourselves either. We’re always learning, we’re always growing,

changing I guess too. So as you grow and as you change, you learn to be compassionate with yourself...

Mary described her experience with self-compassion as a gradual journey or a subtle change. "So I have struggled to try and find self-compassion I think on a personal level for a long, long time. And so professionally, more and more all the time I feel a shift." Similarly, Martha noted that she also has been working on self-compassion over time. "It's a fairly new thing for me. Not new, but I guess 10 years, I've been working in some way, shape or form on it."

However, the journey of self-compassion is not one directional or only experienced as increasing self-compassion. Linda offered that there is an ebb and flow of self-compassion with times when it is easier to access self-compassion and times when it is more difficult to engage with self-compassion.

I think it (self-compassion) is a work in progress you know. I think it looks, probably looks different at different points in your life and I mentioned that lady that I'm having a hard time. That situation I'm still having a hard time accessing that (self-compassion). So, just that it's a work in progress. That I think there's pieces and times when it feels really useful and it's easy to get in touch with and other times you know I've been pretty good at doing it and taking care of myself in some areas but then there's some that are still a challenge and I imagine that's just kind of how it will continue.

Within the experience of self-compassion as a life long process for the participants, there are two subthemes that were not initiated by participants and often

were out of participant's control, but that did help them to experience self-compassion.

These two subthemes are: Receiving compassion from others and life experiences.

### **Receiving Compassion from Others**

Mary talked about the power of receiving compassion from others in her work. She specifically described the importance of co-workers she can talk to about her work and her struggles.

So I consulted with a wiser, older colleague and talked about it authentically, which I think has allowed for more self-compassion. It's when I keep the self-criticism to myself that I suffer and then I don't think there's self-compassion. (It) can't come in unless I have shared, an opportunity to share, a shared experience of what I'm going through whether it's shame or feelings of insecurity or incompetence. If I don't talk about it I absolutely struggle against it and I don't think I have any opening for self-compassion to enter in. So when I talked about it, there's a lot of support, sort of validation, and care that was shown to me, and kindness and gentleness. I think as human beings all we really want is to be really listened to and heard.

This experience of self-compassion through compassion from others was true not only professionally for the participants, but also in their personal lives. Anne described the power of receiving compassion from her husband.

Most of us in the human realm are striving to feel good about ourselves and good about what we're doing in the world and in our relationships. In order to do that, we're human beings and we're all going to mess up and make mistakes. We have

to find our way to forgiving ourselves and being able to accept where we are and accept our limitations. I don't know if this really relates, but because I'm in a marriage of over 25 years and because we worked a lot in that relationship on compassion for each other, (I) just want to say I think receiving compassion from my partner when I've messed up, made mistakes, and set goals and not been able to keep them, you know how we all have perpetual issues and we all have personality traits and so I tend to be late, and I'm late and I'm late and I'm late and he's mad, mad, mad. And then he finally gets to the point of accepting, she's late. But that isn't all she is, she is also all of these wonderful things. Then I get more on time because I get accepted. I'm not being judged or shamed or angry or pounced on because I'm late. When that was the dynamic then I got stuck in my shame and I couldn't move. But when he was able to have compassion for me and I experienced that I was able to have more compassion for myself. So it's not just my working with myself, but it's having worked in my marriage, in all my relationships in my life to cultivate honesty and openness and kindness and respect. And when I receive that from people who I value, it's a modeling of that and then I can give it to myself... So it's receiving it as well as just working on it myself.

Similarly, Martha noted that her spouse had supported her in a decision she made to leave a job. This support was valuable in her experience of self-compassion. He was very supportive about me quitting the job. He was ok either way. It was huge for me to have that support and feel connected. So again to know that he's not judging me and so



maybe I can let myself off the hook a little bit.

### **Life Experiences**

Life experiences or the process of living over time was also mentioned by participants as having helped them in their journey with self-compassion. The process of aging was one of the factors that participants noted appeared to be helpful in experiencing self-compassion. Grace offered, “Just as you get older you learn more, you become aware of your faults and your shortcomings and you accept them more. I think you are more like, ‘yep, this is me.’” Similarly Tom offered that it is “getting old” that has helped him to experience self-compassion. Part of this process of aging for Tom was a recognition of what he “bring(s) to the table” and being “a little bit more accepting of that.” Likewise, Anne offered that for her age has been a significant factor in her experience of self-compassion.

I would do supervision over the years or consultation, the same themes would come up, but it was like I was so caught in feeling responsible and over-functioning and working really hard, I didn’t know how to stop it. But I think there’s something about hitting mid-life and getting to this stage where you realize your mortality that you begin to accept more. So I think it’s age and stage of life enabling me to really let go. I really do. I don’t know I’ve tried, I seek out a lot of consultation, supervision, professional development, so it’s not like I haven’t been working on that. But it took until you know the last couple of years for that to happen.

The sense that as one gets older there is more self-compassion was also noted by

Martha who hoped she would have more self-compassion as she got older. “Just age. I’ve talked to a lot of women in their 50s and above who just don’t care as much what other people think. And I’m hoping that blessing is coming to me.”

Tom speculated about what it is about age that helps with the experience of self-compassion. He noted that there is a common experience in the aging process that he shares with others.

That there are things you can’t do that you used to be able to do. And if you have peers that’s happening to them as well. So it isn’t only in yourself, but we’ve kidded around here (work setting) that I’ve got a couple (of staff) with knee replacements, I’ve got a couple of hip surgeries and I’ve got some bad backs. I’ve got a lot of people whose parents have died in the last couple of years. And that’s all because there are a number of people that are in the same age group.

That parts biology.

Tom proceeded to also describe a more cognitive part of aging that is tied to self-compassion.

If you think about a cone, that cone goes out a lot further now because you’ve had that much more experience under your belt to see those kinds of (difficult) situations. They’re not new anymore. They’re both not as scary or you know how to deal with them or how to address that at least in the work place. So the cognitive part is, I think if it’s brand new, there is a lot of noise because you’re thinking about how to do this or what is this. You know there’s less noise when you’ve got more experience because you’ve seen it before. It doesn’t create all

this flutter and so cognitively I've seen this situation before, that's not the first time I've done that. I'm not going to get all riled up about that. I've got ammunition from experience about how to address that. And so I think you can approach it more calmly because I've got a bigger perspective.

Anne also spoke specifically about aging as it relates to self-compassion.

However, she notes that not everyone responds to situations in the same way. For example, one individual might turn toward self-compassion and another individual might become more rigid or hardened.

I think how we view ourselves is impacted by our experiences as we go through life and it's impacted by our learning as we go through life and by our readiness to learn the lesson that life teaches us. So I think it's just living. A 20 year old has a totally different way of looking at themselves than a 40 year old does because of just the years of living that go into it, that kind of mellow you and season you, that make you think maybe more about compassion and the importance of it. So I guess what I'm trying to say is that just life itself softens us. For some people it doesn't. For some people it makes them more hardened or brittle.

Anne went on to describe particularly difficult or challenging experiences as providing a stimulus or opportunity to develop self-compassion.

You get into a car accident and become paraplegic. Well that life event is going to change your view of self and living and life. Going through life but then having hard things happen and getting through them that is what triggers or puts

people on a more spiritual path. It's when they don't know what to do when a friend dies of cancer or a child is stillborn. It is life's tragedies and traumas that we can't explain that we have to have some kind of meaning system in order to explain it. And that's kind of going toward some spiritual way of explaining and finding meaning and purpose. So I think it's living that does it. But not alone, if you're closed and you're not curious about living or learning about what there is, if you're not self-reflective, then there might not be as much capacity to get to compassion for yourself... I think self-compassion is something you get when the world is kind of blown apart and you have to find ways to look at yourself and human life and others from a deeper, in a more holistic or healing or deeper capacity.

Participants also described two subthemes over which they were able to actively engage and cultivate self-compassion. The first subtheme was learning about self-compassion, including reading and talking about self-compassion. The second subtheme involved a more active practice that helped the participants to experience self-compassion. This subtheme is referred to as "*Getting in the water*" as it reflects the idea that there needs to be an active engagement in cultivating self-compassion.

### **Learning about Self-Compassion**

Participants identified learning about self-compassion as important in their journey. For example they described specific activities of learning such as their participation in the MBSR course, reading about self-compassion, and for some their study of Buddhism. Tom described learning about self-compassion as a new way to look

at things in his life.

I think it (self-compassion) is a new anchor, a new anchor point that I can use to describe that... I've been looking at things through a lens and this would be another one that I can use as an anchor and a lens. Interesting.

Tom went on to speculate about the influence of participating in this study on self-compassion as potentially having an effect on his experience of self-compassion.

I don't know whether you are doing this on a longitudinal basis, but I think, the thinking about it, you know what is it? The Hawthorne Effect? I think you're creating some differences even in my thinking about it, so like I said maybe I have a new term, a new anchor, a new lens to do that...But I think you've impacted, just the idea of thinking about that and what that might be and how I could use that and it's got me thinking about the meditation stuff again. So just the conversation has had an impact.

Similarly, both Mary and Sonja noted that the interview on self-compassion was very timely. Mary went on to say that the opportunity to participate in the interview and to think about self-compassion had been very "therapeutic" and had brought an additional level of awareness about how self-compassion resonates for her every day. "This (interview) was really timely, it feels like there's something here that I need to just recall and plant and use and wonder about and maybe struggle a little bit with."

### **"Getting in the Water"**

This subtheme captures the participants' view that reading or studying about self-compassion is not enough. It is important to actively engage in cultivating self-

compassion. The name of this subtheme came from Jan who offered,

One of the best ways to connect with that (self-compassion) is getting in the water. I often use that image a lot, of getting in the water. You cannot do this work from the shore. You have to get in the water. And I'm talking about what I would call integrative work, Buddhist psychology, compassionate presence and you have to do it yourself. You can't just learn it in a book, you can't just read about it. You have to actually have a practice and ways that help you get in the water on a regular basis and connect.

The idea of developing a practice that cultivates self-compassion was further articulated by Jan.

It has to be a practice. It's not just a thought. I mean I think everybody has to find their own ways to connect with it. I'm not saying like it's only this one practice but to really find what are the ways that help you to connect with compassion, taking care of your heart, this body, mind and heart. And people do have different ways of doing it. Some people, it's like spending time in nature that nourishes them. Other traditions, they may be part of ritual or certain activities or relationships. There are many different ways to practice self-compassion... but I think to have experiential practice, to find a practice, a process, and to be intentional about it.

Similarly, Sonja offered that the practice whatever it might be needs to come from self-compassion. She went on to explain,

I think it's an intellectual pursuit a little bit if we keep it too heady. But I do think

for, I think yoga is a real kind of external manifestation of self-compassion... I think it's important just globally that self-compassion not just be an intellectual pursuit or an intellectual concept. That it actually evolves into something. So for some people that might be spirituality or you know, I don't know what it is for some people. For me it definitely evolved into a yoga practice. Or you know a meditation practice or it just seems like it has to evolve into something tangible that you do for yourself that demonstrates that kind of self-compassion, because otherwise I don't think it has much meaning.

Tom offered that the MBSR course had been helpful in cultivating self-compassion.

Because of the MBSR course, when I was in the class over 8 or 10 weeks or whatever it was, I was doing it (mindfulness) 4 or 5 times a week... When I did it on such a regular basis, some of the meditations that I did, even if it was for that half hour, were very good. The bad stuff was out. It's just a calm place.

He also acknowledged that it has been hard to maintain that level of practice but that meditation remains a tool that he can use in the future.

Even though I'm not doing it I have this notion that I could do that. And I could get back there if I need that. And you know occasionally I'll just say, 'I've got to do a meditation.'... But I know that it (meditation) worked and I know that it's some tool that I've got, that I got something out of that (MBSR) that I might be able to get back to.

Linda added that for her "getting in the water" includes being out in nature and

away from her usual routine.

I think figuring out specific things that help me get in touch with self-compassion. For me I know a huge piece is sunshine and being out in the sun and being out in nature. So I try to get somewhere every year where I'm in the mountains and I'm just climbing and feeling competent. I feel good about myself. And for some reason there is a lot of reflection that comes from those trips that I've taken... Stepping out of my regular environment and getting into something else that helps me see it in a different way.

### **Summary**

Participants not only described self-compassion as a journey or a process in their lives, but they also identified specific things that had helped them along this journey. At times it was the process of aging or their life experiences that contributed to their experience of self-compassion. Yet at other times it was receiving compassion from others that had a powerful effect on their own experience of self-compassion. Learning about self-compassion through reading and talking with others also assisted the participants to cultivate self-compassion. However, the idea of “getting in the water” or actively participating in practices that helped to cultivate compassion was strongly identified by participants. The act of moving beyond an intellectual understanding of self-compassion and actively engaging with a practice that manifested in self-compassion was particularly valuable.



## Chapter 9

### **I Wish Learning about Self-Compassion Had Been Part of My Social Work Education**

The theme, *I wish learning about self-compassion had been part of my social work education*, is not a theme that was universal or expressed by all study participants (see Table 8). Three of the 10 study participants spoke specifically about the value of including self-compassion in social work education. It is important to note that during the process of having two participants review the findings for the study, one of the participants offered that though she had not originally identified this theme, she thought the theme was relevant and she would agree with including the theme in the findings.

This theme is included in the findings section for two reasons. First, given the previous findings and the participants' perspectives about the value of self-compassion in preventing stress and burnout and its value in being a "conduit" of healing, the idea of including self-compassion in the social work curriculum is relevant to the implications of this study. Second, given the open-ended nature of the interview protocol, I find it significant that even one of the participants identified social work education as an important topic to discuss in the interview. Finally, the participant's descriptions are particularly poignant as they talked about the value of learning about self-compassion in their education. The remainder of this chapter presents the participants views about the inclusion of self-compassion in the social work curriculum.

**Table 8. I Wish Learning about Self-Compassion Had Been Part of My Social Work Education**

<b>Participant</b>	<b>I Wish Learning about Self-Compassion Had Been Part of My Social Work Education</b>
Anne	
Mary	
Martha	
Rachel	
Grace	X
Sonja	
Jan	X
Tom	
Linda	X
Becky	

Linda shared her view of including learning about self-compassion in the social work curriculum.

I wish they would teach it more in the schools. I mentioned this professor that said, ‘If you want to be a helper try being helped.’ That’s one of the few times that somebody has actually spent some time in class that I can recall saying how important this is. Now in my practicum I had a supervisor who is very good at that. I think she helped a lot for me to see that this thing I kind of already knew needed to be there that she was affirming of that and also believed that we have to be able to do some of the things that we’re suggesting to people. So I wish with social work that there were pieces of that that got into (the curriculum)... I think the stuff in the textbooks is good, but you also need to have some, I mean what would it look like if they had assignments where you had to try that? And come back in addition to learning the DSM you know?

She went on to add,

What would it look like if we encouraged that right out of the box? That there's a set of skills that you need to know and here's also this other one that you could chose to do or not do. But what we've found is that when people do it, they have better health, better emotional health, better relationships. I mean all the relationships that research has done. It feels to me like education has enough now to justify this is important to bring into helping professions right from the beginning when you are in school.

Similarly, Grace shared that she would have liked to have learned about self-compassion in her social work education. "I wish that we got more education around that (self-compassion)." She went on to say that supervision would be another place she would have liked to learn about self-compassion.

I know that the licensing has changed to have supervision components put into that. But even having supervisors talk with LSWs or LGSWs or however it works about that self-compassion piece. And maybe they do and it comes out in different ways, but I just think that would be great. I would have loved to have my supervisor talk to me more about that.

Jan described her notable desire to incorporate self-compassion in the social work curriculum. "This is kind of the primary area that I hopefully (can) teach and try to bring into the social work education in the small, tiny ways that I can... So I'm really interested. I'd like to do a better job in training people." Jan noted that she is actively involved in creating a curriculum that can be used in social work education.

## **Summary**

This theme represents a finding from a small number of the study participants. These participants described their desire for incorporating learning about self-compassion into the social work curriculum. Though only a small number of participants identified this theme in their interviews, it is included as a finding because of self-compassion's importance as an approach for addressing stress and burnout as well as an approach to enhance effective social work practice as noted in previous themes. In addition, learning about self-compassion was experienced as one of the approaches study participants used to increase their experiences of self-compassion.

## **Chapter 10**

### **Discussion**

As a phenomenological study, the findings presented in the previous five chapters share some similarities with the current literature. However, this study also provides new information and understanding about the experience of self-compassion among practicing social workers. The purpose of this chapter is to discuss the findings in light of the current literature as well as discuss the new understandings that emerged from the study. Though the literature review presented at the beginning of this dissertation was not intended as a conceptual framework, it does in fact have significant areas of overlap with the findings from the study. In this chapter the themes are discussed with regard to the literature previously reviewed and in light of additional literature as it is relevant to the findings. Following a discussion of the themes, the relationship between all five themes and the implications for research, practice, and social work education related to self-compassion are presented. The chapter ends with a conclusion to the study.

#### **The Nature of Self-Compassion**

The participants in the study identified specific elements or ways of being when they were experiencing self-compassion. The description of these elements provides an understanding of how the participants both define and experience self-compassion, or what is termed the nature of self-compassion. These elements as characterized by the participants are: Acceptance, gentleness, mindfulness, calmness, and human connection. When participants were experiencing self-compassion they described also experiencing each of these elements. Though the elements were described as discrete, the participants

often experienced them as interconnected. This discussion begins with the individual elements as described the participants. This is followed by a discussion of the interconnection of the elements to create a larger understanding of the nature of self-compassion as well as the implications for understanding the nature of self-compassion.

### **The Elements of Self-Compassion**

Three of the elements, mindfulness, gentleness, and human connection overlap with those described by Neff (2003b) in what she terms the “three faces of self-compassion” (p. 89). One of the elements identified in both studies is mindfulness. Consistent with Neff’s description of mindfulness, the study participants described an attention to the present moment and an awareness of thoughts and the thinking process. Similarly, Neff (2003b) describes mindfulness as an awareness that creates a space for a focus on the present while neither avoiding a painful situation nor ruminating on a negative experience.

Two of the elements though given slightly different terms describe the same concept. In this study, participants described a sense of gentleness in their experience of self-compassion. Sonja summed up this element by saying, “Just not being too hard on yourself. Not having too many expectations, being more gentle. More kind.” As noted in this quote, this element describes a stance of gentleness and kindness or not being overly critical or harsh. One participant used the image of an internal hug while another participant used an image of stroking a child’s head.

Neff (2003b) termed this element as kindness, though the description and intention of the element overlap with the term gentleness used in this study. It is possible

that the difference in terms used between the study participants and Neff's (2003b) writing reflect a difference in cultural terminology. Kindness and more specifically loving kindness are terms often associated with Tibetan Buddhism, the foundation of Neff's description of self-compassion. Similarly, the participants in this study who identified with Buddhism also used the term loving kindness. However, in general, the study participants were more likely to use the words gentle or gentleness when describing their experience of self-compassion.

The third element of overlap was described by study participants as human connection. Neff (2003b) referred to this element as a sense of commonality. This element emphasizes the shared human experience and builds bridges of community rather than isolation. Similarly, study participants described this human connection and understanding of the human condition in their understanding of self-compassion. The opposing tendency of human connection was that of isolation.

Though Neff (2003b) described only three elements of self-compassion the study participants described two additional elements. These elements of acceptance and calmness were central to the participants' experience of self-compassion. The experience of acceptance included the participant's own strengths and limitations as well as an acceptance of specific challenging circumstances or situations that were beyond the participant's control. An important clarification about acceptance is that it does not preclude personal responsibility. Study participants described the idea of doing their best or as much as they could within a framework of accepting limitations and challenging situations. This description of doing their best is consistent with the value of *Integrity*, or

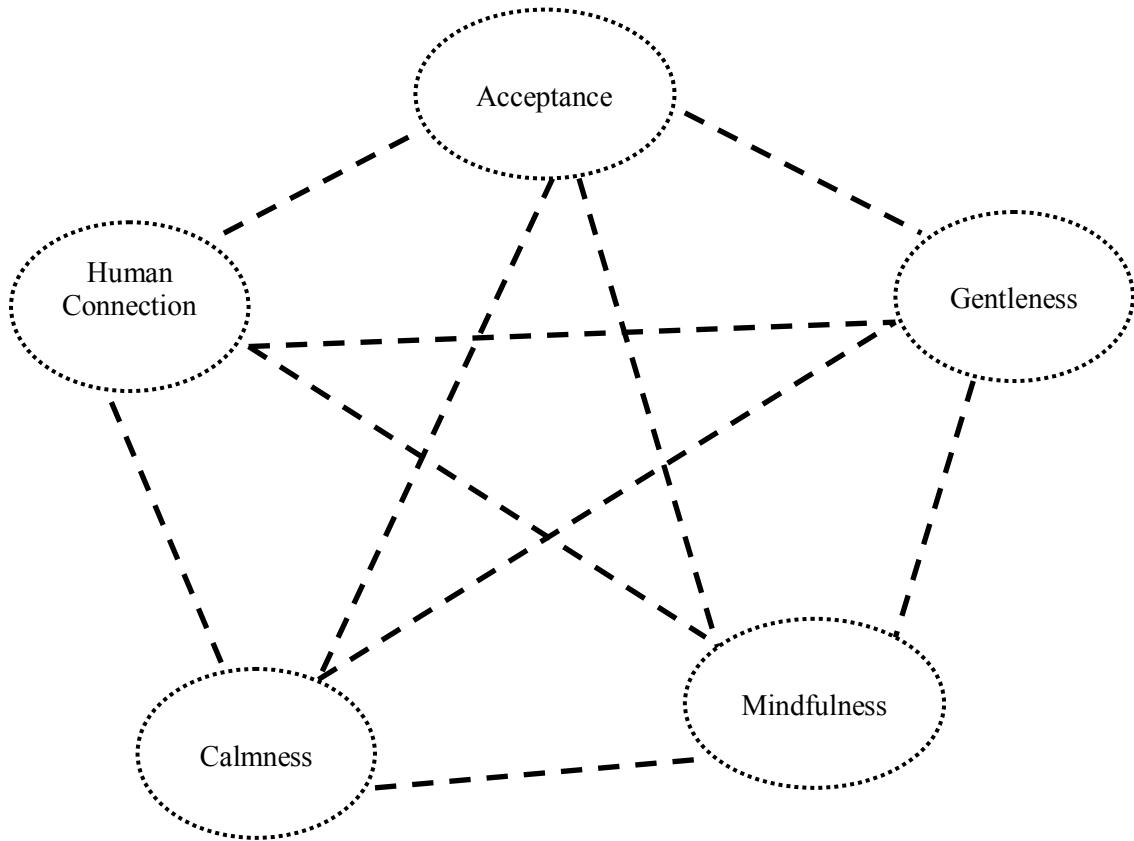
honesty and responsibility, as put forth by the Code of Ethics of the National Association of Social Workers (2008). In addition, participants described a sense of calmness when they experienced self-compassion. The calmness or peacefulness was integral to their descriptions of self-compassion.

### **The Interconnection of Elements**

Described above as discrete elements, the study participants did acknowledge and refer to the elements of self-compassion as interconnected. Figure 1 provides a representation of the interconnection of the five elements that comprise the nature of self-compassion as described by the study participants. Each element of self-compassion is connected to the adjacent elements and also across the figure as illustrated through the dotted lines. For example, acceptance is connected to both human connection and gentleness as well as to calmness and mindfulness. This interconnection is important to the nature and experience of self-compassion as a change in any one of the elements affects the other elements and the overall experience of self-compassion. The interconnection was often portrayed by participants as they used more than one word to describe an element. In addition, the participants often described more than one element at a time. In Jan's description of the elements of self-compassion, she noted that they are part of a larger practice and consequently go "hand-in-hand." This suggests for example that when the study participants were feeling more connected to others they were more likely to experience other elements such as acceptance or gentleness. Conversely when study participants were experiencing isolation, it was more difficult for them to experience the other elements, thus diminishing the overall experience of self-



compassion. Similar to the experience of the interconnection of elements as identified in this study, Neff (2003b) also notes the interconnection of elements in her previous work.



**Figure 1. The Elements that Comprise the Nature of Self-Compassion**

The interconnection of elements is significant as it suggests possible approaches to increasing the experience of self-compassion. For example, building relationships with others and connecting with others during particularly challenging times may help social workers to experience calmness, mindfulness, gentles, and acceptance thus enhancing the overall experience of self-compassion. Similarly, practicing mindfulness may assist social workers to not only remain focused on the present in their work, but to enhance each of the other elements of self-compassion as well as their overall experience

of self-compassion. A positive change in any one of the elements will have a positive effect on the overall experience of self-compassion.

### **Implications for Understanding Self-Compassion**

Given that self-compassion is not a commonly used or understood concept in American culture, developing an understanding of what is meant by the term is important. This study provides an understanding of the concept of self-compassion from the study participants. Three of the five elements identified by study participants overlap with those identified by Neff (2003b): mindfulness, gentleness or kindness, and human connection or sense of commonality. These areas of overlap are positive in developing a definition or understanding of self-compassion. However, even within the areas of overlap, different terms were applied to the elements. It is possible that this is a simple matter of semantics or that there is a lack of consensus on the elements themselves. It is interesting to note that mindfulness was a shared element with no variation in terminology. Mindfulness, as a concept has been widely studied and explored in the United States and other parts of the world. Reflective of this recognition is the development of MBSR, a program designed specifically around mindfulness. This might suggest that with appropriate time and attention, the differences between gentleness and kindness and human connection and sense of commonality will be diminished. Similarly, this study identifies two additional elements of self-compassion: acceptance and calmness. It is possible that these two elements reflect an expansion of the foundation of self-compassion and that further clarification of what constitutes self-compassion is needed. In addition, acceptance was tied to personal responsibility by the study

participants, an important clarification that is consistent with the broader values of the profession of social work.

### **Summary**

Study participants identified five elements that they associated with their experiences of self-compassion: Acceptance, gentleness, mindfulness, calmness, and human connection. These subthemes reflect overlap with the work previously completed by Neff (2003b). However, the subthemes in this study expand on the elements identified by Neff adding two more elements to the overall experience of self-compassion. In addition, study participants noted the interconnection of the five elements in their experience of self-compassion. Given that self-compassion is a relatively new idea with little written about the topic in the United States, the findings in this study are important in both clarifying and potentially pointing to the need for additional understanding about what characterizes self-compassion.

### **Self-Compassion Helps Me in My Challenging Work**

The participants in the study identified two related ideas with regard to their challenging work and the role of self-compassion. First, all study participants shared their experiences of the many challenges in their jobs. Second, some of the study participants described self-compassion as particularly helpful in addressing the stress inherent in their jobs.

### **Social Work Is Inherently Difficult**

Each participant related one or more challenges they experienced in their work. For some of the participants these challenges were specific to the work environment and

expectations about their roles. Other participants described particularly challenging work with specific clients such as those who were in crisis or had experienced abuse and were suffering. These challenges resulted in varying levels of stress, burnout, and trauma for the study participants. This theme is consistent with studies on the high level of stress encountered by social workers more broadly (e.g., Acker, 2010; Lloyd et al., 2002; Showalter, 2010). Consistent with the findings of Acker (2010), the participants articulated their experiences of stress including emotional and physical symptoms and burnout sometimes resulting in a decision to leave a specific social work position. Consistent with a strength of qualitative research, the specific stories shared by the study participants are compelling in giving a voice and detailed account to what has already been described as a particularly challenging work environment. The stories of the participants go beyond a number or percentage of social workers who encounter stress and burnout.

### **Self-Compassion Helps Me Face the Challenges of Social Work**

The second idea presented in this theme is that of self-compassion as a preventative or antidote to high levels of stress associated with social work. Though there is a prevalence of writing about compassion fatigue in social work and related fields (e.g., Figley, 1995; Perron & Hiltz, 2006; Potter, et al., 2010; Showalter, 2010) study participants did not refer to this specific concept in their descriptions of the challenges in their work. In contrast, several participants described their experiences of self-compassion as relevant to how they are able to not only face the challenges inherent in their jobs, but to fully embrace their work. The experience of self-compassion did not

remove the stressful situations, rather participants described a change in how they responded to the difficult work. For example, the study participants began by acknowledging the challenges, though not dwelling on them. Grace described self-compassion as it assisted her to not become “overwhelmed.” Other participants described specific activities they engaged in such as yoga and meditation that assisted them in accepting the challenges of their work.

Self-compassion also assisted study participants to know when they did need to make a change in their work. When the participants did become overwhelmed or realized that they were not well suited for a particular area of social work, self-compassion helped these participants to move on and find work for which they were more compatible within the social work profession.

Sonja poignantly described self-compassion as significant in assisting her to not merely cope with the challenges of her work, but to actually embrace the work and the “honor” of the profession of helping others. For Sonja, self-compassion did more than simply mitigate the effects of stress and burnout in the job.

The value of self-compassion in addressing stressful work situations as described by the study participants is consistent with findings in the limited literature on self-compassion and health professionals. For example, the literature associates reductions in perceived stress (Shapiro et al., 2005), reductions in depression and anxiety, and enhanced coping skills (Ying, 2008b) with self-compassion. Similarly, a qualitative study by Patsiopoulou and Buchanan (2011) found a positive association between self-compassion and well-being in mental health counselors. These findings suggest that self-

compassion is a valuable construct for social workers and other helping professionals as they encounter the daily challenges in their work.

### **Summary**

Participants described their work as inherently challenging. Both the content of the work, working with people in difficult situations as well as the expectations of the work setting itself were identified as sources of stress. Importantly, self-compassion was viewed as particularly valuable in facilitating participant's responses to these challenges and in addressing stress and burnout. This finding is consistent with the small but growing body of literature on self-compassion and helping professionals and suggests that self-compassion is of particular benefit to social workers as they engage in challenging work.

### **Self-Compassion Helps Me Be a “Conduit” of Healing for Others**

The previous theme, *Self-compassion helps me in my challenging work*, described the participant's experience of self-compassion as it related to their overall work and personal levels of stress. In contrast the focus of this theme, *Self-compassion helps me be a “conduit” of healing for others*, focuses specifically on the work that is done with clients. The term “conduit” was used explicitly by one participant to indicate the facilitation of healing via the study participant in the practice of social work. Self-compassion was described as helping the study participant or social worker create a space or environment for healing, thus being a conduit. In essence, the experience of self-compassion enhanced the study participants in their work as social workers. Participants identified three specific subthemes: Self-compassion helps me be an authentic presence,

self-compassion helps me be with clients, and self-compassion is a tool I teach and model.

### **Self-Compassion Helps Me Be an Authentic Presence**

Study participants noted that their ability to be authentically present with clients was enhanced through the experience of self-compassion. This presence resulted in stronger relationships with clients. Important to the experience of authentic presence, study participants described the opportunity to be honest with clients about their own strengths and weaknesses, deepening the relationship. In addition, this honesty about strengths and weaknesses may have provided valuable modeling in the therapeutic relationship. Linda noted that her presence was more genuine when she experienced self-compassion. In contrast, she described having to put on her “professional face” when she was not experiencing self-compassion.

Interestingly, some of the participants described this theme from the standpoint of what happens when they are not experiencing self-compassion. What was noted was a loss of relationship and connection. Mary translated this into a loss of opportunity in the therapeutic relationship.

The value of relationship is a foundation of social work. A testament to the power of these relationships, is the identification of the principle of relationship as central to the professional code of ethics as well as the foundation of social work education.

Relationship is noted as both a value and a principle in the National Association of Social Workers (NASW) Code of Ethics (2008). Similarly, the Council on Social Work Education (CSWE), the accrediting body of social work education programs, includes

relationship as part of its accreditation standards (2010). Consistent with the values and ethics of the profession, self-compassion appears to benefit the therapeutic relationship, strengthening the bond between social worker and client. In an era of high case loads, high expectations, and stressful work environments and situations, self-compassion assisted study participants to transcend these challenges as they sought to develop therapeutic relationships with clients, thus enhancing the overall effectiveness of their practice.

To date, there has been very little research literature that examines the connection between self-compassion and client relationships. Patsipoulos and Buchanan (2011) found that among counselors, self-compassion enhanced the self-perceived effectiveness of their practice. This study was notably limited to counseling relationships, whereas the findings in the present study go beyond counseling to all aspects of social work including but not limited to counseling relationships. The current study, as well as that of Patsipoulos and Buchanan (2011), point to the efficacy of self-compassion in effective relationships in the helping professions.

### **Self-Compassion Helps Me to Be with Clients**

Building on the power of authentic presence, the second subtheme describes the capacity of self-compassion to assist the study participants to simply be or respond to clients with their presence rather than react by engaging in activity. It is important to note that the response in this situation is grounded in a mindful awareness and focus on the present rather than a reaction or desire to avoid a difficult or painful situation. The space created by being with clients was noted as a powerful opportunity to listen, hear,



and be present with individuals in their moments of suffering. Sonja noted that being present with the client in this time served as an acknowledgement of their pain and suffering, an important step in the healing process. For Sonja this was identified with an increased effectiveness in the work that she does. Despite her awareness of the power of sitting with clients in their pain, Sonja also noted that this was challenging as she herself would experience pain and suffering in that space. In contrast study participants sometimes described a tendency or desire for a quick fix to problems. However, with self-compassion the participants were able to refrain from moving immediately to a checklist, or a “scientific skill” as described by Linda, but took time to first listen and understand, and to validate the experience of pain and suffering.

This experience of being with clients and its power in the therapeutic relationship is consistent with the caring moments as described by Ruth Watson in her Caring Theory (Watson Caring Science Institute, 2010). Caring moments are predicated on authentic presence and occur when two or more people connect at the level of a common human experience, opening the door for healing. In the current study, self-compassion assisted study participants to create a space for this type of connection and healing to occur.

Similarly, Beresford, Croft, & Adshead (2008) found two of the qualities or approaches clients wanted most from their palliative care social worker were adequate time and the opportunity to be heard. Being given time implied that the clients were not a burden to their social workers and that spending time with the client was valued. Likewise, the role of the social worker as a listener was crucial in the therapeutic relationship. Self-compassion assisted the participants in this study to provide both a

sense of time as well as listening in the work they did with clients.

### **Self-Compassion Is a Tool I Teach and Model**

Self-compassion was also described by study participants as a skill or tool that could be shared with clients, facilitating the client's personal growth. Some participants such as Linda described actively teaching her clients about self-compassion. Others described teaching elements of self-compassion such as mindfulness. In addition, the study participants described modeling self-compassion as a teaching mechanism. This modeling was both about specific instances, such as when a mistake was made by the study participant as well as in a more general sense in how the participants lived their lives. For example, when tripping into a session with a young client, Linda was able to laugh and model acceptance rather than embarrassment or shame. A larger view of this same idea was Linda's decision to actively engage in practices that helped her to cultivate self-compassion on a regular basis. Walking the talk might be one way to describe the participants' engagement in activities that supported their own experiences of self-compassion and their use of modeling self-compassion with their clients.

It is important to note that the process of teaching or modeling about self-compassion was not only a benefit to the clients. Study participants also identified the reinforcement of their own cultivation of self-compassion in the process of educating others. Teaching about self-compassion or a specific practice such as mindfulness also reinforced the experience of self-compassion for the study participants.

Teaching and modeling self-compassion provided the study participants an additional approach to assisting clients in their difficult situation. Self-compassion not

only was an approach to helping clients during the therapeutic encounters with the study participant, but also outside the walls of the social work environment. Learning about self-compassion was a skill or tool that clients could take with them into their work, lives, and any challenging situations they encountered. In this sense, self-compassion was offered by the study participants as another tool or coping mechanisms to their clients.

Current literature on self-compassion does not address this subtheme. Thus this finding in the study is particularly important as it opens an entirely new area for exploration of self-compassion. In addition, this finding has implications for the practice and teaching of self-compassion as a skill or tool that can be shared or taught within the social work practice setting.

### **Interconnection of the Subthemes**

The three subthemes presented here share a connection in creating a therapeutic environment for work with clients. Similar to the interconnection of the elements of self-compassion, these subthemes shape and influence each other. For example, authentic presence was critical for the study participants to be able to sit with their clients during difficult times. Similarly, the authenticity of the experience of the power of self-compassion led study participants to teach and model self-compassion with their clients. Enhancing the experience of self-compassion as it relates to any one of these subthemes is likely to also have a positive influence on the other subthemes.

### **Summary**

Not only did self-compassion assist the study participants to address the stress and challenges in their practice of social work, it also enhanced the worked that they do.

Self-compassion assisted them to be authentically present in their work, to sit with individuals and groups in their moments of suffering, and provided them with a concrete tool or skill that they could teach and model. Self-compassion was an important aspect of the effective practice for the participants in the study.

### **Self-Compassion Is a Life Long Journey for Me**

Self-compassion was described as a journey by study participants. This journey had times when participants were more readily able to access self-compassion and conversely times when they struggled to experience self-compassion. The participants identified four factors that influenced their experience of self-compassion on the journey: Receiving compassion from others, life experiences, learning about self-compassion, and “getting in the water”.

#### **Receiving Compassion from Others**

Participants described the power of receiving compassion from others whether it was from colleagues or family members. Receiving compassion created a space of acceptance and kindness for the study participants, opening the door for the experience of self-compassion. Much as the process of modeling self-compassion for the individuals or groups they worked with reinforced the experience of self-compassion for study participants, receiving compassion from others also reinforced this experience. Knowing that others were non-judgmental and kind allowed the study participants to create space for accepting their own mistakes and weaknesses.

This experience of self-compassion through compassion from others is consistent with the Tibetan Buddhist view of the interconnection of all beings. Much as a drop of

rain creates a ripple in the water, the gift of compassion emanates out to others and can open the door for the experience of self-compassion. Other sources of literature have been silent on this aspect of self-compassion through the compassion. The findings in this study indicate the potential for this experience to be a powerful aspect of social work practice both for the practitioners and for clients. However, more will need to be known about the connection between compassion and self-compassion.

### **Life Experiences**

Study participants also described life experiences as significant in their development of self-compassion. For some participants these experiences were generally attributed to aging and an overall accumulation of life experience. The more opportunities the participants had to encounter life's challenges, the more they were comfortable with their place in life. One participant referred to this as the "blessing" of aging. Another participant, Tom, expanded on this idea noting that there are both physical and cognitive aspects of aging. The physical aspects of aging often relate to a loss or diminishing of ability. For example, a bad back, a need for knee replacement, or death. Often these changes were experienced and shared by others such as friends or co-workers. Tom also shared that from a cognitive perspective many of the challenging situations he encounters have been encountered before. Consequently he is more prepared to address the situation and has experience on his side. Another participant noted that at times there are specific tragic events that force a rethinking or reshaping of world view. It is in these moments that for some individuals they find a sense of acceptance and gentleness, or a more holistic view of the world and their place in it. The

idea of self-compassion coming from tragedy and difficult situations reflects the idea that a water lily, begins its life in the muck and mud of ponds and swamps. From this beginning it grows into a beautiful flower. However, it was noted that not everyone responds to these challenging moments in the same way, some individuals turn away from self-compassion and become more rigid or hardened.

There is a lack of literature that looks specifically at this aspect of the experience of self-compassion. Neff and Vonk (2009) found an association between age and self-compassion. That is, older individuals tend to have higher levels of self-compassion. However, Neff and Vonk's study did not explore causal factors that might result in higher levels of self-compassion with age. The description of life experiences as specific to the meaning and understanding of self-compassion has largely been absent from the literature. This phenomenological study of self-compassion provides some specific attributes of aging that may be beneficial in the experience of self-compassion during aging.

### **Learning about Self-Compassion**

An important marker along the path of self-compassion is simply learning about the concept. One participant commented that self-compassion was an idea to plant, creating an image of growth with nurturing, much like planting a seed. Another participant referred to this as a new anchor or a new block in his foundation of understanding or a new lens through which to view his place in the world and his experience of self-compassion. Similarly, participants noted that simply talking about self-compassion and pushing themselves to articulate their understanding and experience

of self-compassion in the interview process of this study was altering the way they encountered self-compassion and thought about its relevance in their work and lives.

Similar to the preceding subthemes, there is a lack of literature that has looked specifically at this issue in the development and experience of self-compassion. To date, there has been no research that examines this aspect of self-compassion. The findings in this phenomenological study indicate that self-compassion is a concept that can be understood and articulated. In addition, it is a potentially valuable concept for social workers and their clients. Therefore, further exploration and understanding of self-compassion both for social workers and clients may be beneficial.

### **“Getting in the Water”**

Though participants acknowledged the importance of learning about self-compassion, their stories were compelling in noting that self-compassion was not solely a cognitive process. The experience of self-compassion was enhanced through active practices that fostered self-compassion. The specifics of the practice were not nearly as important as was the idea of “getting in the water”, or actively engaging or cultivating self-compassion. Much as learning about self-compassion is considered a seed to be planted, “getting in the water” is the nourishment the seed needs to grow and develop. Participants identified a variety of things that help them get in the water and experience self-compassion, for some it was the MBSR course and the activities of meditation and yoga. For others, it was the development of an ongoing yoga practice or being outdoors in the sun. One participant noted that whatever the practice, each person needs to discover their own connection to self-compassion. She described this connection to a

specific practice as the manifestation of self-compassion.

Literature identifies mindfulness as an element of self-compassion (Neff, 2003b) and is associated with increased levels of self-compassion (Shapiro et. al., 2005). However, there is a lack of information about other practices that might encourage the experience of self-compassion. Given the themes that suggest the value of self-compassion in addressing stress and life challenges and that self-compassion is associated with enhanced social work practice, additional study is needed to examine the factors that could further enhance the experience of self-compassion.

### **Summary**

For the participants in the study, the journey of self-compassion was enhanced through a variety of factors. The participants found that receiving compassion and life experiences were associated with enhanced experiences of self-compassion. In addition, the participants expressed that learning and talking about self-compassion positively influenced their experiences. Similarly, active engagement in activities and practices that were discovered to foster self-compassion nourished their journey. Though they offered that there was no one size fits all practice that could be prescribed, they also said that it was vital that individuals discover the practice that would be helpful on the path of self-compassion. More research is needed to uncover how these factors promote self-compassion as well as other potential factors that might cultivate the experience of self-compassion.



## **I Wish Learning about Self-Compassion Had Been Part of My Social Work**

### **Education**

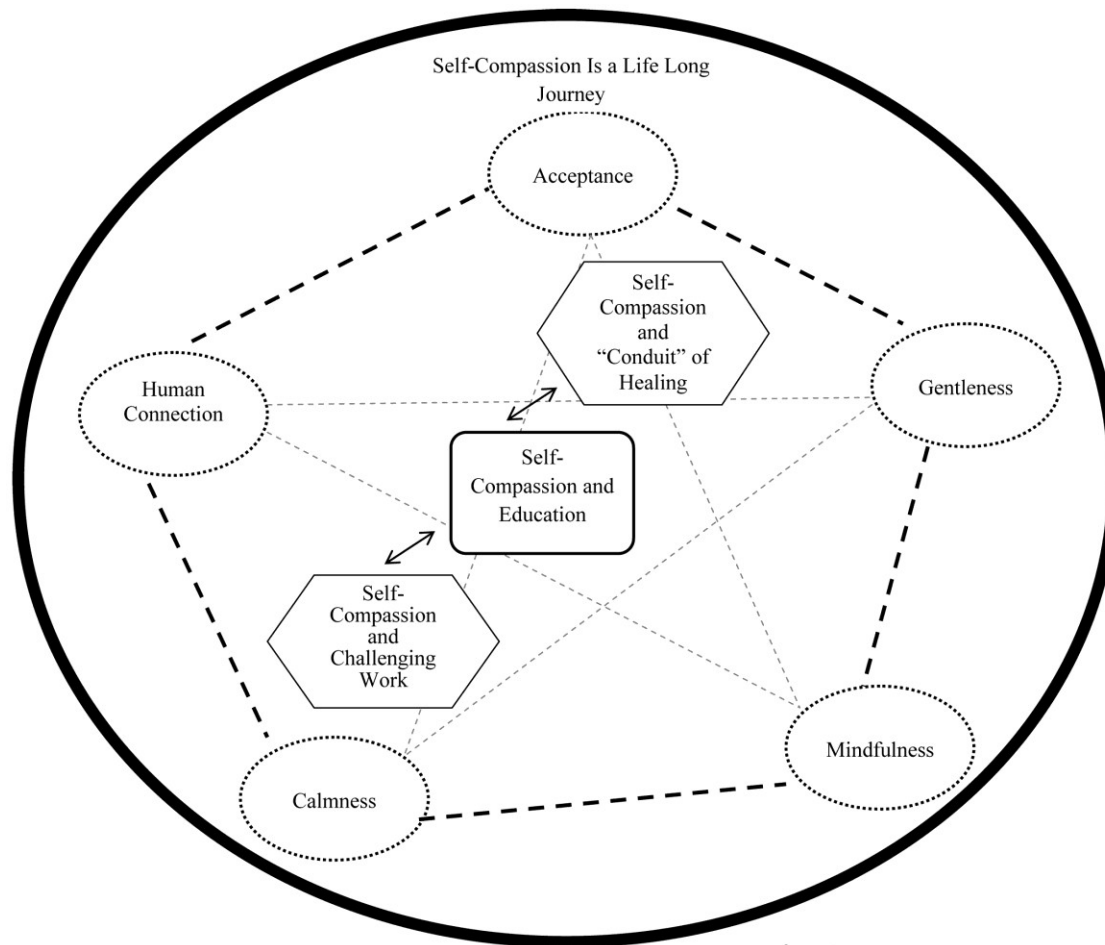
Though not a unanimous theme, the desire to have self-compassion be included in the social work education curriculum was expressed by three of the study participants. This theme was included in the findings as it flows logically from each of the other findings. The social workers in this study identified specific elements that they experienced as part of self-compassion. They identified the inherently stressful work situations they find themselves a part of and that self-compassion is particularly helpful as an antidote or mediator to stress and burnout in their professional lives. In addition, self-compassion was found to enhance their practice, sharpening their connection with the individuals and groups with whom they work and providing them with another tool to teach and model. The participants also offered that self-compassion is a journey and can be cultivated. Self-compassion is not a static experience but rather one that ebbs and flows throughout life in response to different situations and circumstances. Given the importance of self-compassion for these participants and that the experience of self-compassion can be actively cultivated, it is important to note that some participants expressed a desire for self-compassion to be part of the social work curriculum.

Emanating from the desire to have learned about self-compassion as part of their education, it is reasonable to wonder how the participants' trajectories as professionals and their efficacy might have been different had they learned about self-compassion prior to entering the field. The idea of incorporating self-compassion into the curriculum begs many unanswered questions. Where should self-compassion be taught in the curriculum?

How is self-compassion best taught? How to fit an additional concept into an already full curriculum? Whatever the questions, the findings from this study indicate that at the very least it is worth examining the option of including self-compassion in the social work curriculum. In addition, if self-compassion enhances effective practice, what are the ethical responsibilities or consequences of excluding self-compassion from the curriculum?

### **Relationship of the Five Themes**

Though the themes have been presented separately thus far, there is a relationship between the themes. In addition, the relationship between themes has direct implications for the profession of social work. Figure 2 provides a visual representation of the relationship of the themes from the study.



**Figure 2. Relationship of the Five Themes**

The nature of self-compassion as represented by the five elements provides a foundation or framework for the study participants' experience of self-compassion. This framework was previously discussed and presented in Figure 1. Within this framework are the two themes related to self-compassion and social work practice: Self-compassion and challenging work and self-compassion and "conduit" of healing. Residing within the framework of the nature of self-compassion, these two aspects of self-compassion are continually influenced by the individual elements of acceptance, gentleness, mindfulness, calmness, and human connection. Any change in the overall experience of self-compassion directly influences the two themes related to social work practice. The study participants described a positive relationship in the nature of self-compassion and their social work practice. As the participants experienced higher levels of self-compassion, they also experienced higher levels of effective coping with their stressful work and their ability to be a "conduit" of healing. Conversely, the participants described that a decrease in their experience of self-compassion resulted in a decrease in their effectiveness as social work practitioners.

Self-compassion and education is centered in the figure because of its implication for the social work profession. The findings of this study indicate the benefit of self-compassion in the efficacy of the participants' practice of social work. Given this benefit it is consistent that learning about self-compassion should be a recognized concept and part of social work education. This idea is consistent with the view of a minority of study participants that indicated a desire to have learned about self-compassion in their social work education. Currently, social workers have had to stumble upon the concept of self-

compassion, often after years of social work practice experience. One study participant wondered what her practice might have looked like all along if she had learned about self-compassion in her education.

The large oval encompassing the entire figure represents the theme that self-compassion is a life long journey, it is not a static experience. The experience of self-compassion ebbs and flows over time. In addition, study participants described specific approaches that had enhanced their experiences of self-compassion. This understanding of self-compassion as something that can be positively influenced also supports the inclusion of self-compassion into the social work curriculum in a formal way.

The five themes presented are related and create a structure that supports the inclusion of self-compassion in the social work curriculum. The study participants described their experience of self-compassion, both in terms of what they experienced, the elements, as well as what the experience meant for their social work practice. Examining the themes as a whole rather than as individual findings from the study demonstrates the value of self-compassion in social work practice and creates an argument for the inclusion of self-compassion in the social work curriculum.

### **Implications**

The purpose of this phenomenological study was to understand the experience of self-compassion among social workers. The findings discussed above reveal that self-compassion is a concept that the study participants understand and relate to and that self-compassion was valuable both as an approach to address stress and burnout as well as for effective practice. In addition, the study participants described self-compassion as a

journey with room for growth in their experiences of self-compassion. Finally, three of the participants indicated a desire for self-compassion to be included in the social work education curriculum and professional development. These findings have implications for social work practice, education, and research.

### **Implications for Practice**

The findings from this study carry implications for practice. Not only did self-compassion mediate the high levels of stress and burnout for the study participants, self-compassion also enhanced their practice. Through fostering authenticity and stronger social worker-client relationships, self-compassion was associated with effective practice. Self-compassion is a valuable and potentially vital skill and approach for the very basis of the work of social work; healing relationships.

### **Implications for Education**

Given the value of self-compassion for the practice of social work as noted it is critical to think about how to incorporate self-compassion into the social work curriculum. Social work programs and educators will need to examine how to incorporate this concept into the curriculum. Since self-compassion is not readily discussed or talked about within the field of social work, even small steps to educate social workers about this concept will benefit the field.

### **Implications for Research**

This study provides a deeper understanding of the experience of self-compassion among social workers. As a relatively new area of study, this phenomenological study provides a foundation upon which additional research can build. In general there is a lack

of understanding about self-compassion and its meaning for helping professionals. Though the findings of this study highlight the value of self-compassion for the study participants and provide additional information about self-compassion, they also raise additional questions and areas for research. Additional research is needed to confirm the findings of this study and to draw correlations to other populations of helping professionals and the general public. Research is needed to understand the journey of self-compassion and how to best assist individuals along the path. Similarly, additional research is needed to understand how to address self-compassion in social work practice and in social work education.

### **Conclusion**

This phenomenological dissertation answered the research question: What is the lived experience of self-compassion in social workers who have completed MBSR, a program on developing mindfulness? Interviews were conducted with 10 social workers to reveal five themes:

1. The Nature of Self-Compassion
2. Self-Compassion Helps Me in My Challenging Work
3. Self-Compassion Helps Me Be a “Conduit” of Healing for Others
4. Self-Compassion Is a Lifelong Journey for Me
5. I Wish Learning about Self-Compassion Had Been Part of My Social Work Education

This dissertation provides an in-depth examination of the experience of self-compassion for the 10 study participants. The findings provide insight to their

experiences and the value of self-compassion. As a largely exploratory study on self-compassion, this study not only provides a foundation of understanding, but also indicates that there is much yet to be learned about self-compassion. The findings presented in this dissertation feel like the tip of the ice berg and imply that there is much research yet to be done on self-compassion. It is my hope that this dissertation has highlighted the very depth of the value of self-compassion for the social workers in this study. Their words are a powerful testament to the significance of self-compassion and serve as a call for additional research and serious exploration of translation into practice.



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## APPENDICES

### APPENDIX A

May 11, 2011

Institutional Review Board  
University of Minnesota  
D528 Mayo Memorial Building  
420 Delaware Street SE  
Minneapolis, MN 55455

RE: Letter of Cooperation for Susan Rickers

Dear Institutional Review Board Committee:

Susan Rickers has consulted with the Center for Spirituality and Healing regarding recruitment of study participants for her dissertation research: *The Lived Experience of Self-Compassion in Social Workers*. The Center for Spirituality and Healing has worked cooperatively with Ms. Rickers to develop a recruitment plan. The Center for Spirituality and Healing, on behalf of Ms. Rickers, will make the initial contact with individuals who have completed the Mindfulness-Based Stress Reduction program requesting that individuals interested in participating in the research contact Ms. Rickers directly.

If you have questions, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Beth J. Somerville". The signature is written in dark ink on a light-colored background.

Beth Somerville  
Outreach Programming

Center for Spirituality & Healing  
University of Minnesota  
420 Delaware Street, SE, MMC 505  
Minneapolis, MN 55455  
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## APPENDIX B

### **Self-Compassion in Social Workers Informed Consent Sheet**

You are invited to participate in a research study on the experience of self-compassion in social workers. You are a possible participant because you have completed the Mindfulness-Based Stress Reduction program through the Center for Spirituality and Healing and are a social worker. In addition, you responded to an email from the Center for Spirituality and Healing requesting participants for this study. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

The principal investigator of this study is Sue Rickers in the School of Social Work at the University of Minnesota. Dr. Jeffrey Edleson, PhD, is the advisor for this study.

#### **Background Information**

The purpose of this study is to examine the experience of self-compassion in social workers who have completed a program on mindfulness.

The study consists of an in-depth interview about your experience of self-compassion in your social work practice. At the outset of the interview I will ask you to please think about and describe a specific instance or situation in your social work practice when you experienced self-compassion. Together we will then explore the meaning of this experience in your social work practice. In addition a follow-up meeting will provide you the opportunity to review preliminary findings and respond to those findings. If you agree, the interview will be audio recorded to ensure accuracy and clarity of what you say.

I will also ask for basic demographic information such as level of licensure, years of social work experience, gender, and ethnicity to ensure diversity in study participants.

#### **Risks and Benefits of being in the Study**

The study has minimal risks associated with it. It is possible that talking about your experience of self-compassion may cause minor emotional discomfort.

The study benefits to you are the social benefit of contributing to research and knowledge about self-compassion and social work practice.

#### **Compensation:**

In appreciation for the time you are dedicating to this study, you will receive a copy of the book *The Little Book of Positive Quotations*.

**Confidentiality:**

The records of this study will be kept private. All findings will be summarized in way that no individual participant can be identified. Research records will be stored securely and only the researcher will have access to the records.

**Voluntary Nature of the Study:**

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota, the Center for Spirituality and Healing, or myself. If you decide to participate, you are free to not answer any question or to withdraw at any time without affecting those relationships.

**Contacts and Questions:**

The researcher conducting this study is Sue Rickers. If you have questions, **you are encouraged** to contact her at The University of Minnesota, 651-487-7189 or email her at [rick0053@umn.edu](mailto:rick0053@umn.edu).

Dr. Jeffrey Edleson is the advisor for this study. He can be contacted at [jedleson@umn.edu](mailto:jedleson@umn.edu)

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), **you are encouraged** to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; (612) 625-1650.

*You will be given a copy of this information to keep for your records.*

## **APPENDIX C**

### **Interview Guide**

Interview Question:

Please think about and describe a specific instance or situation in your social work practice when you experienced self compassion.

Potential verbal prompts:

- Tell me more?
- What were you feeling?
- Give an example?
- What was important to you about that experience?
- What did that experience mean to your practice of social work?
- What do you mean?
- I don't understand.
- Yes...
- Why?

Non-verbal prompts

- Nodding
- Smiling
- Sitting close to the participant.