

**The Journey to Self-Compassion: A Phenomenological  
Exploration of Women's Lived Experience and Personal  
Meaning Making of Learning Self-Compassion**

by  
**Sarah Jarvis**

Bachelor of Arts (Honors), University of Victoria, 2011

Thesis Submitted in Partial Fulfillment of the  
Requirements for the Degree of  
Master of Arts

in the  
Counselling Psychology Program  
Faculty of Education

© Sarah Jarvis 2017

SIMON FRASER UNIVERSITY

Fall 2017

## Approval

**Name:** Sarah Jarvis

**Degree:** Master of Arts

**Title:** **The Journey to Self-Compassion: A Phenomenological Exploration of Women's Lived Experience and Personal Meaning Making of Learning Self-Compassion**

**Examining Committee:**

**Chair: Dr. Celeste Snowber**  
Associate Professor

**Dr. Sharalyn Jordan**  
Senior Supervisor  
Assistant Professor

**Dr. Heesoon Bai**  
Secondary Supervisor  
Professor

**Dr. Masahiro Minami**  
External Examiner  
Assistant Professor  
Faculty of Education, Counselling Psychology  
Simon Fraser University

**Date Defended/Approved:** September 27<sup>th</sup>, 2017

## Ethics Statement

The author, whose name appears on the title page of this work, has obtained, for the research described in this work, either:

- a. human research ethics approval from the Simon Fraser University Office of Research Ethics

or

- b. advance approval of the animal care protocol from the University Animal Care Committee of Simon Fraser University

or has conducted the research

- c. as a co-investigator, collaborator, or research assistant in a research project approved in advance.

A copy of the approval letter has been filed with the Theses Office of the University Library at the time of submission of this thesis or project.

The original application for approval and letter of approval are filed with the relevant offices. Inquiries may be directed to those authorities.

Simon Fraser University Library  
Burnaby, British Columbia, Canada

Update Spring 2016

## **Abstract**

This study explores women's lived experiences and meaning-making of learning and integrating self-compassion, following an 8-week Mindful Self-Compassion (MSC) course. The objective of this research was to gain insight into women's first person, subjective stories of learning self-compassion, and how this has impacted their daily lives. Using Interpretive Phenomenological Analysis (IPA) methodology, the author interviewed 4 women who completed MSC within the past 4 months, with the author as the course facilitator. Findings indicate that learning self-compassion helped women cultivate greater non-judgmental awareness, self-acceptance, emotion regulation, positive self-talk and body image, compassionate listening, self-empowerment, self-soothing abilities, and a sense of connectedness through common humanity. This thesis discusses women's processes of learning self-compassion, personal transformation experienced as a result of becoming more self-compassionate, and how women applied self-compassion in their daily lives. Discussion includes important considerations for future research and clinical counselling practice.

**Keywords:** Self-Compassion; Mindfulness; Difficult Emotions; Counselling; Interpretive Phenomenological Analysis

## **Dedication**

*“Love and compassion are necessities, not luxuries. Without them humanity cannot survive.” – His Holiness the Dalai Lama.*

This thesis is dedicated to all those who walk the path of learning, cultivating, and practicing compassion, no matter the stumbles or challenges encountered along the way.

## **Acknowledgements**

As the saying should perhaps go, “it takes a village to raise a thesis.” There are many people without whom this work would not exist. First, I would like to thank the women whose voices and experiences shape this research. They courageously engaged with the self-compassion learning process and shared their experiences with me so openly and generously. I owe enormous gratitude to my senior supervisor, Dr. Sharalyn Jordan, whose compassion, guidance, and patience have been a transformative force of good in my research and writing process. I would like to thank my secondary supervisor, Dr. Heesoon Bai, for her enthusiastic encouragement and for bringing depth of heart into academia. I would like to thank Drs. Kristin Neff and Christopher Germer for their dedicated creation and offering of the Mindful Self-Compassion course to the public, and to my mentors, colleagues, and friends in the wider international community of mindfulness and self-compassion. Not to be forgotten, I have unending thanks for my family and friends who have supported me throughout graduate school and especially in writing this thesis. I am immensely grateful for their continued moral, emotional, and practical support. Finally, I am profoundly impacted by having come across the teachings and practice of self-compassion in my own life. I am deeply appreciative of all the teachers who have supported me in this practice from near and far, in academic, therapeutic, and spiritual spheres of learning. Cultivating self-compassion has helped shape my mind, spirit, and life. Contributing to our shared learning and understanding of self-compassion through this work is a great honour and privilege.

# Table of Contents

Approval .....	ii
Ethics Statement.....	iii
Abstract.....	iv
Dedication.....	v
Acknowledgements.....	vi
Table of Contents.....	vii
List of Acronyms .....	ix
<b>Chapter 1. Introduction.....</b>	<b>1</b>
1.1. Personal Experience.....	2
<b>Chapter 2. Literature Review .....</b>	<b>4</b>
2.1. What is Self-Compassion?.....	4
2.2. Self-Compassion Defined.....	6
2.3. Exploring Self-Compassion Research .....	8
2.4. Self-Compassion and Emotion Regulation.....	11
2.5. Self-Criticism and Emotion Regulation.....	13
2.6. Self-Compassion Based Therapies .....	14
2.7. Mindful Self-Compassion.....	14
2.8. Self-Compassion in Women .....	15
<b>Chapter 3. Method .....</b>	<b>16</b>
3.1. Introduction to Methodology .....	16
3.2. Participants.....	17
3.3. Interpretive Phenomenological Analysis .....	18
3.4. Procedures.....	20
3.5. Trustworthiness.....	21
<b>Chapter 4. Findings.....</b>	<b>23</b>
4.1. How to read the findings.....	23
4.2. The Process of Learning Self-Compassion.....	23
4.2.1. Letting go of expectations .....	24
4.2.2. The journey will probably never end.....	26
4.2.3. Cultivating non-judgmental awareness .....	28
4.2.4. A compassionate friend .....	30
4.2.5. Hard but Good .....	33
4.2.6. Backdraft .....	35
4.2.7. A more compassionate inner dialogue.....	35
4.2.8. How would I treat a friend?.....	36
4.2.9. What do I need?.....	37

4.2.10.	Group dynamics and common humanity .....	38
4.2.11.	There's more permission in common humanity .....	41
4.2.12.	Compassionate listening .....	42
4.2.13.	A thick web of self-compassion .....	44
4.3.	Transformation of self through self-compassion .....	45
4.3.1.	Witnessing the inner shadow .....	46
4.3.2.	Bringing feelings to light.....	48
4.3.3.	The specifics of shame in learning self-compassion .....	50
	Psycho-education of shame in MSC.....	50
	Shame and relational history .....	52
	The progress of shame & Negative Core Beliefs .....	55
	Sharing lessens the shame: common humanity .....	56
	Vulnerability of Sharing .....	58
4.3.4.	Motivation through self-compassion .....	59
4.3.5.	Giving and receiving compassion.....	60
4.3.6.	Perfectionism .....	62
4.3.7.	Self-empowerment.....	64
4.4.	Using Self-Compassion in Daily Life.....	65
4.4.1.	Work .....	65
4.4.2.	Relationships .....	67
4.4.3.	Body Image.....	69
<b>Chapter 5.</b>	<b>Discussion.....</b>	<b>72</b>
5.1.	The Compassionate Friend: compassionate imagery and positive self-talk .....	72
5.2.	Common Humanity and Group Experience.....	78
5.3.	Shame.....	81
5.4.	Giving and Receiving Compassion.....	85
5.5.	Perfectionism .....	87
5.6.	Empowerment.....	89
5.7.	Body Image.....	91
5.8.	The Impact of Research .....	93
5.9.	Limitations .....	95
<b>Chapter 6.</b>	<b>Conclusion .....</b>	<b>97</b>
<b>References.....</b>		<b>99</b>
<b>Appendix A.</b>	<b>Recruitment E-mail .....</b>	<b>111</b>
<b>Appendix B.</b>	<b>MSC Course Feedback Form .....</b>	<b>112</b>
<b>Appendix C.</b>	<b>Consent Form.....</b>	<b>113</b>



## List of Acronyms

ACT	Acceptance and Commitment Therapy
DBT	Dialectic Behavioural Therapy
CCT	Compassion Cultivation Training
CFT	Compassion Focused Therapy
MBCT	Mindfulness Based Cognitive Therapy
MBSR	Mindfulness Based Stress Reduction
MBT	Mindfulness Based Therapies
MSC	Mindful Self-Compassion

# Chapter 1.

## Introduction

*You are whole and also part of  
larger and larger circles of wholeness  
you many not even know about.*

*You are never alone.*

*And you already belong.*

*You belong to humanity.*

*You belong to life.*

*You belong to this moment, this breath.*

*- Jon Kabat-Zinn -*

Cultivating self-compassion is increasingly being explored and evaluated as a way to strengthen emotional, mental and physical resilience. Extensive research demonstrates that self-compassion is positively correlated with psychological health (Neff, 2003a & b), overall wellbeing (Zessin, Dickhauser, & Garbade, 2015), happiness (Hollis-Walker & Colosimo, 2011), and resilience (Neff, 2011). Conversely, it is consistently negatively correlated to depression and anxiety (Gilbert, 2013), psychosis (Macbeth & Gumley, 2012), self-loathing (Neff, Kirkpatrick, & Rude, 2007), and low self-esteem (Neff & Germer, 2013; Neff 2003a & b). Compassion and self-compassion based therapies and interventions have become progressively popular over the past two decades for their impact on several measures of wellbeing (Neff et al., 2007; Sirois, Kitner, & Hirsch, 2015; Zessin et al., 2015).

Numerous empirical studies have already examined the impacts of cultivating self-compassion. Although much of the current research establishes the significant role that self-compassion can play in enhancing measures of mental health and overall wellbeing (Zessin et al., 2015), the overwhelming majority of research on self-compassion is based on quantitative studies. These studies have primarily derived their findings from standardized self-report questionnaires, which despite revealing important

insights about the nature and impact of self-compassion, still limit our in-depth understanding of *how* people experience the process of learning self-compassion and becoming more self-compassionate. As it is, there is a substantial lack of qualitative research examining people's personal lived experiences of learning self-compassion.

The goal of this study was to investigate women's lived experience of learning self-compassion. A central aim of this research thesis is to gain insight into women's first-person, subjective stories of learning and integrating self-compassion– and how this impacts their daily lives. In light of this, the primary research questions driving this thesis were: 1) “How do women experience learning and integrating self-compassion?” and 2) “What is the experienced impact of cultivating self-compassion?”

I investigated this through interviewing women on their experiences of learning self-compassion following their participation in an 8-week self-compassion training program called Mindful Self-Compassion (MSC) (Neff & Germer, 2013).

I selected the research method Interpretive Phenomenological Analysis (IPA) for this study, as it allowed for a more experiential and nuanced investigation of the process and impacts of learning self-compassion. Thus women's personal experiences of self-compassion, as well as how they understand and integrate it, could be richly examined through women's personal voices. In turn, my hope is that this will support a deeper understanding and appreciation of the processes of change at work in actively cultivating self-compassion, how self-compassion is and can be taught and applied, and deeper insight into the construct and essence of self-compassion itself. I hope that in turn, this will allow for a positive contribution to both communities of practice and research within the field of counselling.

## **1.1. Personal Experience**

I am personally interested and invested in researching the experience of self-compassion because of my own transformative experiences in learning and integrating self-compassion into my own life. I have experienced tangible shifts in the way I see and experience myself, my relationships, and the world around me, by virtue of becoming

less self-critical and more kind and supportive of myself. Granted, it is always a work in progress! However, my own experience has fuelled a desire to understand the processes and transformation that are at play in people's experiences of learning self-compassion. My hope was that by immersing myself in an in-depth and phenomenological inquiry of people's lived experiences of learning self-compassion, I would be able to gain insight into the complex, detailed, and transformative processes present in learning, becoming, and being self-compassionate.

Writing this thesis has also been a journey of self-compassion unto itself. The process of writing and research, especially at the outset of one's career, can be daunting and demanding even at the best of times. University students are notorious for being perfectionistic and self-critical, and I found myself struggling with both of these while attempting to complete what oftentimes felt like an overwhelming project. Thankfully, I also found myself reflecting on the words of participants and on the growing body of self-compassion research as a reminder to allow the deeper power of this practice to make its way into my own creative and intellectual process as well. Engaging academically in material that speaks very readily to the heart and spirit has also taken me by surprise at times. The participants in this study who courageously and openly shared their experiences of learning self-compassion deeply moved and inspired me, as have some of the self-compassion and mindfulness scholars and teachers whose words and I have had the privilege of reading over the past three years. With this spirit, it is my hope that in addition to contributing to the growing body of self-compassion literature, that this thesis may also convey to readers a deeper felt experience of self-compassion, through engaging with and journeying alongside others' personal processes of learning and integrating self-compassion.

## Chapter 2.

### Literature Review

#### 2.1. What is Self-Compassion?

Compassion and self-compassion based therapies and interventions have become progressively popular over the past two decades for their impact on several measures of wellbeing (Neff, Kirkpatrick, & Rude, 2007; Sirois, Kitner, & Hirsch, 2015; Zessin, Dickhauser, & Garbade, 2015). Self-Compassion, in essence, is compassion turned inward (Germer & Neff, 2013; Gilbert, McEwen, & Matos, 2011). The Dalai Lama (1995) describes compassion as ‘an openness to the suffering of others, with a commitment to relieve it’ (Gilbert et al., 2011). Paul Gilbert, a pioneering researcher on compassion and the developer of Compassion Focused Therapy (CFT), emphasizes that compassion is rooted in caring motives that require a range of competencies for its enactment. This includes empathy, sympathy, generosity, openness, distress tolerance, commitment, and courage, among others (Gilbert, 1989, 2005, 2009, 2015; Gilbert & Choden, 2013; Pauley & McPherson, 2010). Although these dimensions are associated with trait compassion for self and others, they can also be developed through the process of intentionally practicing and cultivating compassion (i.e. learned compassion) (Gilbert, 2015; Neff & Germer, 2013; Jazaieri, Jinpa, McGonigal, Rosenberg, Finkelstein, Simon-Thomas, Cullen, Doty, Gross, & Goldin, 2013). Giving and receiving compassion – for ourselves and for others – is consistently associated with powerful reductions on negative affect and increases positive affect, wellbeing, and feelings of social connection (Gilbert, 2015; Paul Gilbert et al., 2011; Neff, 2003a; Zessin et al., 2015).

Compassion is closely related to the principle of *loving-kindness* or *metta* (in Pali), and is a core principle in Buddhist psychology and spiritual practice (Hoffman, Grossman, & Hinton, 2011). Loving-kindness and compassion are seen to be particularly important for human development in Buddhist psychology (Neff, 2003a; Neff, Pisitsungkagarn, & Hsieh, 2008; Hoffman et al., 2011). Hoffman et al (2011) describe the importance of loving-kindness as follows:

Only when we are able to confront difficult sensations, emotions, or thoughts with a degree of kindness, compassion, and composure, can we attend to the variety and textures of present-moment experiences in a mindful way (p. 1128).

Self-compassion, as with *metta*, involves being caring and compassionate towards oneself in the face of adversity, suffering, or perceived inadequacy (Neff et al., 2007; Neff 2003a; Neff 2003b; Bennett-Goleman, 2001; Brach, 2003; Hanh, 1997; KornWeld, 1993; Salzberg, 1997). The apparent paradox of self-compassion is that by compassionately opening our hearts and minds to our full human experience – which includes vulnerability, hardship, and suffering – we also open to the possibility of healing, joy, social connection, and wellness (Brown, 2010; Chödrön, 1997; Neff, 2003a; Kabat-Zinn, 1990).

Self-compassion itself is closely related to the Eastern construct and practice of mindfulness, whereby one pays attention in the present moment, on purpose, with openness, non-judgment, and curiosity (Kabat-Zinn, 1990). Mindfulness is a key component of compassion and self-compassion, as one needs to be aware of suffering (i.e. be mindful of its presence) in order to take action to soothe and alleviate it (Neff, 2003a; Neff 2003b). Mindfulness is long-believed to promote wellbeing, and hundreds of empirical studies support its efficacy in increasing self-regulatory behaviour, emotion regulation, and self-awareness, while decreasing negative mental affect such as anxiety, depression, and stress (Baer, 2003; Bohlmeijer, Prenger, Taal, & Cuijpers, 2010; Brown & Ryan, 2003; Davidson, 2010). By confronting difficult sensations, emotions, and thoughts with compassion and openness of heart and mind, we can more fully attend to the richness of the present moment (Hoffman, 2011). As the Buddhist nun and teacher, Pema Chödrön (1997), explains, “When we protect ourselves so we won't feel pain, that protection becomes like armour, like armour that imprisons the softness of the heart.” (Chödrön, 1997, p. 110). Rather than fighting our pain, self-compassion asks us to respond compassionately to our imperfections with non-judgment and acceptance, thereby beginning to feel and embrace the softness of the heart (Germer, 2009; Germer & Neff, 2013; Chödrön, 1997).

## 2.2. Self-Compassion Defined

In 2003, Kristin Neff first proposed a conceptualization of the construct of self-compassion as containing three main components: mindfulness, common-humanity, and self-kindness (Neff 2003a; Neff, 2003b). Mindfulness, as discussed above, is essential to self-compassion. It first orients one to their suffering in order to then extend self-compassion and self-soothing. Mindfulness is thought to increase awareness by enhancing the ability to observe internal experiences, such as physical sensations, thoughts, and emotions, and also external experiences, such as sights and sounds from the surrounding environment (Baer, 2003). The contents of one's awareness are then observed carefully, with the intention of withholding evaluations of good or bad, right or wrong (Marlatt & Kristeller, 1999). If thoughts or judgments arise, then they too, are encouraged to become part of the noticing (Thera, 1962).

Mindfulness in the context of self-compassion involves an awareness of one's painful experiences – such as failures, disappointments, fears, perceived inadequacies and shortcomings. This is approached with balance, neither ignoring nor ruminating on disliked aspects of oneself, one's experience, or life (Neff & Germer, 2013). Mindfulness is the opposite of sweeping negative experiences and feelings out of sight through denial, procrastination, or distraction. Nor is it the other side of the spectrum—becoming carried away with the storyline of ones suffering, which Kristin Neff terms “over-identification” (Neff, 2003b). Rather, mindfulness refers to the ability to pay attention to all experience with acceptance and equanimity (Neff & Germer, 2013; Germer & Neff, 2013; Neff 2003a; Neff 2003b).

Also key to self-compassion is what Kristin Neff terms “common humanity” (Neff, 2003a). This refers to one's understanding that suffering is a natural part of being human, and that no one is able to escape difficult emotions, experiences, or thoughts all the time. By approaching such difficulties with the balanced perspective of mindfulness, one shifts away from the narrow thinking of egocentrism that so often causes feelings of inadequacy, isolation, and separateness from others (Gilbert, 2015; Neff, 2003a; Boersma, Håkanson, Salomonsson, & Johansson, 2015). What emerges in its place is

often a greater sense of interconnectedness. Whereas self-criticism often leads to feelings of isolation and aloneness, self-compassion promotes feelings of connection through the awareness that ‘we are all in this together’ (Neff et al., 2007). Neff and Germer (2013) describe how in the face of difficulty people often feel isolated from others who are presumed to lead “normal” happy lives. However, remembering that all people fail, make mistakes, and have serious life challenges, opens the opportunity for one to connect one’s perceived imperfections with the larger shared human condition. Hoffman et al (2011) remark that compassion and loving-kindness are closely linked to the Buddhist notion that all living beings are inextricably connected. Regarding challenges from a broad, inclusive perspective reminds us that we are not alone in our struggles.

Finally, self-kindness encompasses offering oneself kindness, care, and acceptance in the face of perceived difficulty, rather than being critical and harsh towards oneself (Neff, 2003a). Self-report studies have shown that many people speak more harshly to themselves than they would to a close friend, or even to someone they dislike (Neff, 2010, Neff, 2003a), which speaks directly for a generalized need to learn more positive ways of relating to the self. In contrast to self-criticism and judgment, self-kindness encourages adopting an attitude, intention, and self-talk that is kind and understanding, rather than attacking oneself for not being “good enough” or for not meeting one’s own ideals (Neff & Gilbert, 2013). When people receive kindness from themselves or others, it activates the oxytocin-opiate system, which encourages self-soothing qualities, feelings of safeness, relaxation, and connection (Gilbert 2015; Gilbert & Choden, 2014; Neff et al., 2007), which I will speak more to shortly. Self-Kindness is also seen as transformational insofar as it primes one to view oneself as an ally and source of comfort, rather than a harsh critic and ‘punisher’. When people know they are able to meet difficulties with self-kindness rather than inadvertent self-punishment through criticism, they are more likely to take meaningful risks, move toward their goals, take responsibility for and address their mistakes, and take a clear and balanced look at their shortcomings (Neff, 2003a).



### **2.3. Exploring Self-Compassion Research**

There is growing empirical support for the link between self-compassion and increased physical, social, emotional, spiritual, and psychological wellness. A recent meta-analysis (Zessin et al., 2015) confirmed a moderate correlation between self-compassion and overall wellbeing ( $r=.47$ ;  $k=79$ ;  $n=16,416$ ;  $p=.01$ ). This study revealed that self-compassion is most strongly associated with eudaimonic wellbeing, which emphasizes meaning, self-realization, and being fully functioning, rather than hedonic wellbeing, which emphasizes pleasure-seeking and pain-avoiding behaviour. Another smaller meta-analysis (Sirois et al., 2015) found a small positive relationship between self-compassion and positive health behaviours ( $r =.25$ ;  $k =15$ ;  $n=3,252$ ;  $p <.001$ ). The authors included 4 broad categories of health behaviours —healthy eating, physical exercise, sleep hygiene, and stress management, and found trait self-compassion is positively associated with each behaviour measure. Yet another meta-analysis (MacBeth & Gamley, 2012) observed large effect sizes in the association between self-compassion and psychopathology, primarily depression, anxiety, and stress ( $r=-0.54$ ;  $k=20$ ;  $n=4,007$ ;  $p<.0001$ ). Specifically, the authors revealed that higher levels of self-compassion are associated with lower levels of mental health symptoms. Their meta-analysis points to the relevance of theoretical models of compassion, which emphasize the importance of self-compassion in developing wellbeing, reducing depression and anxiety, and increasing resilience to stress (MacBeth & Gamley, 2012; Gilbert, 2010; Neff & Germer, 2013; Jazaieri et al., 2014). Another meta-analysis examined the impact of Mindfulness Based Therapies (MBT) of varying modalities, throughout 209 samples. The authors found a moderate effect size for the effectiveness of MBTs when compared to wait-list groups and other active treatments (Khoury, Lecomte, Fortin, Masse, Therien, Bouchard, & Hofmann, 2013). Most recently, Kirby, Tellegen, & Steindl (2017) conducted the first meta-analysis on the impacts of compassion-based interventions, including Mindful Self-Compassion (Neff & Germer, 2013), Compassion Cultivation Training (Jinpa, 2010), and Compassion-Focused Therapy (Gilbert, 2009), among others. Compared to wait-list controls, participants in the compassion-based interventions experience moderate effect sizes in reducing their suffering (which includes symptoms of depression, anxiety, and

psychological distress), and increased their wellbeing. These meta-analyses provide strong support for self-compassion's protective and therapeutic value over several markers of health and wellbeing. There is strong evidence that self-compassion is related to increased wellbeing and decreased mental health issues. However, there is still very little cogent information provided within the current meta-analytical research about *how* people, and specifically women, understand and undertake the process of becoming more self-compassionate, thus leaving a gap to be explored in greater nuance within this thesis.

Numerous studies have also focused on how self-compassion relates to specific populations and behaviours. Kelly and Carter (2015) found that self-compassion training for people suffering from binge-eating disorder decreased eating disorder pathology, eating concerns, and weight concerns. Another study observed the buffering effect of self-compassion against the pathogenic effects of shame and shameful memories for people with diagnosed eating disorders (Ferreira, Matos, Duarte, & Pinto-Gouveia, 2014). Ultimately the authors suggest that self-compassion is a protective factor against eating disorder severity.

Further research by Albertson, Neff, & Dill-Shackleford (2015) investigated the impact of self-compassion audio meditation training on body dissatisfaction in women aged 18 to 60. With just three weeks of self-compassion meditation women experienced significant reductions in body dissatisfaction, body shame, and contingent self-worth based on appearance. At the same time, study participants experienced gains in self-compassion and body appreciation. Considering that body and appearance dissatisfaction can be a major source of suffering for women (Harter 1999; Wasylikiw, MacKinnon & MacLellan, 2012), learning self-compassion could be instrumental in helping women develop new, healthy ways of relating to themselves. Yet another study by Wasylikiw, MacKinnon, and MacLellan (2012) found that university women who are higher in self-compassion typically have less body preoccupation, fewer body concerns, and less eating guilt. They also found that self-compassion mediated the relationship between body preoccupation and depressive symptoms. This provides further evidence that trait self-compassion supports healthy body image and self-worth, alongside mitigating some of the deleterious effects of eating disorders and negative body image. These findings

suggest that self-compassion does not just present significant support for women with diagnosed eating disorders, but also for healthy women who suffer from pervasive cultural issues of body dissatisfaction and eating concerns (Ferreira, Matos, Duarte, & Pinto-Gouveia, 2014).

Another study examined the impacts of compassionate imagery and positive self-talk on reducing smoking (Kelly, Zuroff, Foa, & Gilbert, 2010). The authors found that participants who practiced self-compassionate imagery and positive self-talk through imagining kindness for or from others, compassionate letter writing, and eliciting positive memories whenever they craved a cigarette, smoked significantly less than control-group participants who received no prompts with regards to cigarette cravings.

Numerous studies have found that self-compassion is also negatively associated with mental health issues, including symptoms of depression, debilitating stress, and anxiety (Pauley & McPherson, 2010; Boersma, Kanson, Salomonsson, & Johansson, 2014; Neff, 2003; Waite, Knight, & Lee, 2015). MacBeth and Gumley (2012) found that self-compassion is correlated with decreased levels of depression in college students. Neff (2003a) found that self-compassion is negatively associated with self-criticism. This is significant, given that self-criticism can often lead to and reinforce depression (Beck, 1983; Joeng & Turner, 2015). In a survey administered to over 200 college students, Joeng and Turner (2015) found that both comparative and internalized self-criticism predict depression, and suggest a strong relationship between self-criticism and depression. However, they also found that self-compassion mediates the relationship between both styles of self-criticism, suggesting that people who are highly self-critical and suffering from depression could significantly benefit from learning to relate to themselves in a more kind and understanding manner.

These findings also have significant meaning for counselling practice, as psychological distress arising from shame and self-criticism can be persistent and hard to treat (Gilbert, 2015; Boersma, Hakanson, Salomonsson, & Johansson, 2014). Boersma et al (2014) examined the effectiveness of self-compassion as a treatment intervention for people with high levels of shame, self-criticism, and social anxiety, by examining 6

people's responses to receiving Compassion Focused Therapy (CFT). The results are preliminary but promising. In their small study, 3 people found CFT to be highly effective, 1 person found it moderately effective, and 2 experienced mixed results, according to self-report questionnaires.

Pauley and McPherson (2010) conducted semi-structured interviews with 10 people diagnosed with an anxiety or depressive disorder to explore participants' experiences and understanding of self-compassion theory. Participants shared that self-compassion felt meaningful in regards to their lived experience of their disorder, and useful in helping with their depression and anxiety.

## **2.4. Self-Compassion and Emotion Regulation**

Self-compassion is accepting both positive and negative aspects of one's life experience, with equanimity and compassion (Arimitsu & Hoffman, 2015). An important function of self-compassion appears to be the ability to better regulate negative emotions when they arise. Paul Gilbert (2003, 2009) talks extensively about the role of emotion regulation in self-compassion, which he discusses in light of the evolutionary roots of both self-compassion and self-criticism. Gilbert (2015) proposes 3 different systems of emotion regulation: the threat-focused system, the drive-focused system, and the affiliative-focused system. According to Gilbert (2015), these different systems of processing emotions can be described as patterns of (neuro)physiological activation, which blend with and co-regulate each other.

The 'threat-focused system' is associated with the limbic system of the brain and evolved to defend organisms from danger and perceive signs of threat. It triggers what are commonly referred to as 'negative feelings' – such as anger, fear, anxiety, and shame – and activates self-protective behaviours, such as self-criticism, shaming, withdrawal, or attack (Kelly, Zuroff, Foa, & Gilbert, 2010).

The 'drive-focused system' is concerned with seeking, exploring, and obtaining resources for growth and survival, and is in continual pursuit of desired outcomes. As such, this is the system that is primarily associated with achievement and pleasure seeking. Emotions

generated from these actions are generally considered positive and energizing. Although this system supports our natural growth as individuals and a collective, the drive-focused system's close association with 'feel-good' emotions presents a fine balancing act. When overactive, the drive-focused system can easily lead to addiction, over-working, perfectionism, greed, hedonism, and constant striving for achievement. People may become overly driven in seeking achievement and status because they are actually lacking care in their lives, and turn to seeking belonging and acceptance through their achievements (Gilbert, 2015b; Kelly et al., 2010). Gilbert (2015a) describes how our modern culture very much operates from a 'drive-focused' mentality, whereby people are encouraged to work long hours, achieve more, and consume more in the belief that this will bring happiness and success. The result of this, however, is often burnout, discontent, and lack of fulfillment, rather than greater wellbeing and peace. As the Zen master Thích Nhất Hạnh (1997) says,

Our notions about happiness entrap us. We forget that they are just ideas. Our idea of happiness can prevent us from actually being happy. We fail to see the opportunity for joy that is right in front of us when we are caught in a belief that happiness should take a particular form.

Finally, the 'affiliative-focused system' is related to feelings of contentment, safety, connectedness, and affiliation with other people. Rather than running from, attacking, or chasing towards something, the affiliative-focused system is concerned with balanced equanimity and the quality of mindfulness. This system is closely associated to attachment bonding. It is activated when we receive genuine care from others and from ourselves, such as in self-compassion.

Although all three systems are instrumental in keeping us alive, in our modern world people are operating largely out of threat and drive-focused systems, while having underdeveloped and underutilized affiliative-focused systems. Self-compassion is known to promote affiliative responses so that people can more easily self-soothe in the face of challenges and foster feelings peace and contentment (Gilbert & Proctor, 2006).

## **2.5. Self-Criticism and Emotion Regulation**

The threat-focused system is closely linked with the concept of ‘negativity bias’ (Vaish, Grossman, & Woodward, 2008), which is when people pay closer attention to potential threats than to opportunities for happiness, relaxation, or joy, in an effort for physical survival. Although the roots of negativity-bias are helpful insofar as keeping organisms alive, it can cause many mental health problems and skewed visions of reality when it becomes overactive or unchecked. Although many of our modern day threats do not include running for our lives from dangerous predators (as perhaps may have been the case with our ancient ancestors), social isolation, rejection, potential failure, and ostracization can still be perceived as very real threats, and can quickly trigger physiological and psychological stress responses associated with the threat-focused system (Gilbert, 2015a).

Self-criticism can function as both a threat in and of itself and as a response to a perceived external threat (Gilbert & Chodon, 2013). Self-criticism can quickly activate the threat-focused system as the brain experiences it as an attack on the self. At the same time self-criticism can take place in an attempt to manage distress and potentially protect the self from even greater threats, such as failure or rejection. For example, if someone fears they may be ridiculed and rejected for having said a particular comment, they may then engage in harsh self-criticism in an (potentially unaware) effort to mediate their behaviour and fit in better next time, thus attempting to avoid the initial threat of rejection. High levels of self-criticism are closely related with poor mental health, chronic depression, and shame (Longe, Maratos, Frances, Gilbert, Evans, Volker, Rockliff, Rippon, 2010). Although the focus of this thesis does not allow a more in depth investigation of the neurological or physiological processes self-criticism, it is of significant value to understand the role that self-compassion plays in reducing the harms of self-criticism, and how this process is experienced by people.

## **2.6. Self-Compassion Based Therapies**

Given the broad and far-reaching implications of having self-compassion, it is not surprising that an increasing number of therapeutic and psycho-educational models are being designed to support people in cultivating self-compassion. Programs such as Mindfulness-Based Stress Reduction (MBSR) (Kabat-Zinn, 1990), Mindfulness Based Cognitive Therapy (MBCT) (Teasdale, Segal, Williams, Ridgeway, Soulsby & Lau, 2000), Dialectic Behavior Therapy, Commitment and Acceptance Therapy (Martin, 2010), Compassion Cultivation Training (Jazaieri et al., 2013), Compassion Focused Therapy (Gilbert, 2010) and Mindful Self-Compassion (Neff & Germer, 2013) are known to be effective in reducing physical, psychological, and emotional symptoms of stress, anxious arousal, and depression, as well as increasing levels of self-compassion (Baer, 2003; Bohlmeijer, Prenger, Taal, & Cuijpers, 2010; Brown & Ryan, 2003; Davidson, 2010; Neff & Germer, 2013).

## **2.7. Mindful Self-Compassion**

Of all these programs, Mindful Self-Compassion (MSC) specifically targets cultivating self-compassion in an eight-week group format. MSC is developed by Kristin Neff and Christopher Germer (Neff & Germer, 2013), and teaches participants how to practice self-compassion in daily life through meditations, exercises, letter writing, and guided reflection. It encompasses learning and integrating qualities of mindfulness, common humanity, and self-kindness. Although it is still a relatively young program, findings consistently suggest that MSC is successful in helping people become more self-compassionate, even up to one year after taking the training (Neff & Germer, 2013; Germer & Neff, 2013).

I was profoundly impacted by taking the Mindful Self-Compassion course as a participant myself, and trained as a MSC teacher in 2015. Throughout my own experience of teaching self-compassion in the MSC format, I have had the opportunity to continually reflect on and deepen my own understanding of self-compassion – in both theory, felt experience, and life impact. I have also had the opportunity to witness

participants, the overwhelming majority of whom are women, experience changes in their own self-perceptions, behaviours, and wellbeing. The change I have observed in others and in myself as a result of learning self-compassion is neither linear nor prescriptive. Many women often describe the learning process as re-visiting old wounds, understanding their pain and suffering in new ways, and developing new skills in relating to difficulty with kindness. As both a teacher and an ongoing student of self-compassion, I know that there is incredible richness, subtlety, and multi-layered experience encapsulated in the process of learning self-compassion. This complexity is seldom, if at all, reflected in much of the research on self-compassion – opening further opportunity to contribute to this field in a novel and meaningful way.

## **2.8. Self-Compassion in Women**

The benefits and positive impact of self-compassion have been specifically noted in women of varying ages (Reis, Kowalski, Ferguson, Sabiston, Sedgwick, & Crocker, 2015; Webb, Fiery, & Jafari, 2016; Barnett & Sharp, 2016; Brown, Bryant, Brown, Bei, & Judd, 2016; Wasylikiw, MacKinnon, & MacLellan, 2012), and merits further investigation. Self-compassion is shown to support women's health and wellbeing in several ways through increasing empowerment, sense of self-worth, positive body image and resilience, while also decreasing negative self-talk, stress, unhealthy interpersonal problems, and body dissatisfaction (Stevenson & Batts, 2016). Yarnell and Neff (2013) also found that women tend to lack self-compassion more than men, meaning women are potentially at greater risk of mental health and wellbeing issues associated with lower self-compassion. This further highlights the need for more detailed explorations of how women specifically learn, integrate, and are impacted by self-compassion.



## **Chapter 3.**

### **Method**

#### **3.1. Introduction to Methodology**

To investigate women's lived experiences of learning and integrating self-compassion, I chose an Interpretative Phenomenological Analysis methodology (Smith, 2006). I conducted semi-structured interviews with four women who attended an 8-week MSC group. Prompting questions were asked regarding their experiences of learning self-compassion, how they perceived it had impacted them, poignant moments of change and transformation, and what they had noticed in their daily lives as a result. Interviews were conducted over a period of 4 weeks and ranged from 90 to 120 minutes in length. Interviews took place between 1 to 4 months after women had completed their MSC course.

Of the four participants interviewed, three attended an MSC group from October to December 2016 (Group 1) and 1 attended an MSC group from January to March 2017 (Group 2). Although I was the primary facilitator for both MSC groups, there are significant differences between the groups that are worth noting. Group 1 was composed of 5 women and was co-facilitated by another woman who was teaching MSC for the first time. The small class size of this group lent itself to more intimate and personal conversations between participants, and more time for sharing within the larger group. Group 2 was significantly larger and was composed of 10 women. I was the main facilitator for this group and had support from a counselling psychology graduate student in leading some meditations and in supporting group members during breaks. Although group members also shared personally in Group 2, there was not as great a sense of intimacy in the overall group dynamic given the larger class size, nor was there as much time for each person to share as much of their personal experience in the wider setting.

That said, I followed the same teaching content and course layout for each of the MSC courses and, as I will explore in greater detail shortly, there were many overlapping

and similar discoveries made and processes undertaken by participants across each of the MSC courses.

### **3.2. Participants**

Eva is 23 years old and at the time of the interview was one month away from graduating from university with her BA in psychology. She is originally from Mexico and since meeting for our interview has returned to Mexico, with plans to begin a master's degree in counselling psychology there this coming year. Throughout the MSC course and after the research interview, she expressed interest in becoming a facilitator for the Mindful Self-Compassion program. She entered the MSC program having previously attended a MBSR course the year prior and with some experience with meditation. Eva was in Group 1.

Louise is 40 years old and has worked for many years as a mental health nurse at a local children's hospital. After taking an online MBSR course the year prior, Louise began co-facilitating a MBSR drop-in group for other nursing staff at the hospital where she works. She named developing a stronger mindfulness practice as one of her goals upon entering the MSC course. Her highest level of education is a Master's degree. Louise was in Group 2.

Jackie is 27 years old and is a PhD student in health research. She described herself as a scientist and a marathon runner. Jackie had no prior experience with meditation upon entering MSC, and named developing a regular meditation practice as one of her goals for attending the course. She was in Group 1.

Tara is 61 years old and is a retired kindergarten teacher. Tara said that she has spent many years exploring and practicing different modalities of meditation, personal growth, spiritual development, and psychotherapy. Upon entering MSC, Tara said that she had been familiar with and practicing self-compassion for years already, and wanted to have a group of like-minded people with whom she could connect and learn with. While the previous 3 participants largely reported discovering and beginning the practice of self-compassion through attending the MSC course, Tara was clear that she had

already been familiar with and practicing self-compassion in various ways for decades beforehand. She was in Group 1.

All of the women interviewed were highly educated, articulate, and familiar with at least some of the basic concepts of self-compassion before commencing the MSC course. All participants were fluent in English. Three were native English speakers and Canadian; one spoke English as a second language and was Mexican. All the women in this study were Caucasian. Each participant was invited to choose their own pseudonym, which is used in reporting the findings.

### **3.3. Interpretive Phenomenological Analysis**

Interpretive Phenomenological Analysis is concerned with exploring people's subjective experiences, social cognitions, feeling states, and the meaning they ascribe to those experiences (Biggerstaff & Thompson, 2008; Smith & Osborn, 2008; Larking, Watts, & Clifton, 2006). IPA examines what a particular phenomena means to people within their social reality and worldview. In other words, what meaning do people place on their experience? And in the case of this research, what meaning do women place on their experience of learning and integrating self-compassion?

In IPA the participant carries the authority of being the expert on his or her own experience (Murphy & Lahtinen, 2015). Participants are encouraged to openly share their first person and subjective experience, so that through careful listening and interpretation, the researcher can gain a window of insight into their cognitive inner worlds – something Smith (2007) refers to as an 'insider's perspective' (Biggerstaff & Thompson, 2008; Smith & Osborn, 2008; Lawrence & Lee, 2014; Pauley & McPherson, 2010). The researcher is ultimately interested in what an experience is like from a participant's point of view. This allows them to learn about people's psychological worlds in richer and more nuanced detail, including beliefs, constructs, and internal responses.

It is widely acknowledged that a researcher's understanding of and analysis of an individual's experience is interpretive and highly subjective. The analysis and interpretation relies on the beliefs and experiences of the researcher, which influence how

the study is conducted (Waite, Knight, & Lee, 2015). Therefore, a researcher engages in a detailed examination of participants' life-worlds, while understanding they are viewing and reflecting on this through their own veil of understanding and experience (Smith & Osborn, 2007). This is why IPA requires the researcher to engage in reflexivity, self-awareness, and self-understanding. This sense-making process on the part of the researcher is what creates what Anthony Giddens (1982) termed a "double hermeneutic"; the researcher is making sense of the participant making sense of the phenomena in question. Hermeneutics in the context of IPA is defined as the theory of interpretation (Biggerstaff & Thompson, 2008). IPA assumes an interpretive methodology, whereby it becomes possible to know a participant's cognitive inner world through carefully and explicitly engaging with their text and audio. Because of this exploratory and interpretive nature, IPA is data rather than theory driven. It uses a bottom-up, inductive approach by which researchers can come to know the meaning that participants give to a phenomenon, however which is only accessible through an interpretive process (Smith & Osborn, 2007).

There is some debate and criticism in the literature as to whether IPA represents good scientific practice (Lawrence & Lee, 2014; Giorgi, 2010). The debate, however, is largely centered on what is considered strong scientific evidence and good method of measurement (Smith, 2007; Giorgi, 2010; Lawrence & Lee, 2014). Unlike methodologies that rely on more positivist, deductive observations and measurements, IPA offers a unique window to people's rich, detailed, and often subtle inner experiences. As Smith (2016, pg. 303) states,

IPA is important because it is explicitly concerned with developing a psychological experiential methodology. Thus, it can be seen as following in a long line of thinking (for example, in William James, Gordon Allport, Carl Rogers) recognizing a central place for the account of personal experience in psychology.

Indeed, IPA is increasingly recognized as a useful tool to provide valuable contributions to health psychology research (Smith, 2016; Lawrence & Lee, 2014). For this particular study, IPA's emphasis on exploring individual participants' lived and detailed experience renders it an invaluable method with which to explore women's

experiences, meaning making, outcomes, and personal stories of learning self-compassion.

### **3.4. Procedures**

Study participants were recruited via an open email to women who previously took the 8-week MSC course with me as a facilitator and missed fewer than 2 classes. The e-mail invited them to participate in this study through a one-time face-to-face interview at Simon Fraser University's Harbour Center campus. All potential participants who were contacted previously indicated that they were interested in receiving more information about future research opportunities related to self-compassion, via a course feedback form. Prior to meeting, participants were primed to think about self-compassion by being asked to reflect on the question, "What has your experience of learning self-compassion been like?" Participants were also asked to review some of their handouts and notes from the course, as well as journal about their experiences of learning self-compassion before coming in for the interview.

During the interview I asked open-ended questions to prompt participants to talk about their personal experience of learning self-compassion. The foundational question in these interviews was, "what was it like for you to learn self-compassion?" I asked questions to clarify and deepen understanding and meaning throughout the interview. In line with IPA methods, questions were not prescriptive not limiting, and allowed interviewees to take the lead on where the conversation went (Biggerstaff & Thompson, 2008). As part of the IPA model, I aimed to remain as aware as possible of my own interpretation, experiences, and biases before, during, and after the interview. Before and after each interview I practiced self-reflexivity, and journalled about my own personal experiences and impressions from the interview and the ideas that emerged from it.

All interviews were audio-recorded and transcribed by myself. IPA analysis began with listening to interview recordings and reading and re-reading transcripts, to seek out potential emerging themes, categories, and significant accounts (Biggerstaff & Thompson, 2008). Preliminary themes were identified as well as possible and likely

connections between themes, by first pulling out participants' own words that appeared to describe salient and meaningful processes. These preliminary themes were then grouped as clusters and superordinate categories, which begin to suggest both hierarchical, overlapping, and distinctive relationships between themes, which I expand on in the following chapter. Finally, main features, concerns, questions, unique and repeated language, feelings, and thoughts, were captured using the participants' own voices in order to support selected themes, and in order to properly reflect the phenomenon of women's experience of learning and integrating self-compassion.

Quotes using participants' own words are woven throughout Chapter 4. I minimally edited their direct words, so as to add ease of comprehension and remove filler words, while still aiming to maintain authenticity and respect to the original tone and expression of the women's own unique voices.

### **3.5. Trustworthiness**

The role of the researcher is recognized as vitally important in IPA and cannot be separated from the very research process and outcome (Lawrence & Lee, 2014). IPA involves deep empathy between researcher and subject and requires a shift from observing an object to engaging with a person's lived meaning of the phenomenon in question (Bentz & Shapiro, 1998). The researchers' biases are not seen as something to be eliminated, but that can help them better understand the underlying conscious and unconscious meaning that participants ascribe to their experiences. Through the process of interviewing and analyzing data, the interviewer becomes a co-creator of the participants' narrative and of the interpretation of that narrative that follows.

This was especially true in the current study. I was the facilitator for the MSC course, interviewed the participants myself, and interpreted the data, meaning that I was intimately involved with this research at each step of the way. Thus it is important to acknowledge my own personal influence on the research process and findings. At the same time, my close involvement gives me a unique perspective and observation in knowing both the participants and the material at hand on a personal level.

That said, an important feature of IPA is reflexivity and credibility checks to ensure that the findings impart meaning and information that the reader can trust (Smith, 2007). Throughout the data-collection and analysis phase of research I engaged in debriefing and consultation with my supervisors on a bi-weekly basis. This included discussing initial impressions, reflections, emergent themes, and my own biases. This helps to ensure the study's trustworthiness, as it helped me to clarify interpretations of data and identify possible sources of bias (Hadi & Closs, 2015). I also engaged in "bracketing" throughout the data collection and analysis period to ensure greater trustworthiness in my interpretations. Bracketing requires the researcher to temporarily suspend critical judgment as best as they can, so that their own assumptions and expectations do not interfere with documenting the experience of the phenomena being examined (Elliott, Fischer, & Rennie, 1999). The process of bracketing was supported by keeping a reflexivity diary to record my emergent interpretations, opinions, and biases as they arose.

## **Chapter 4.**

### **Findings**

#### **4.1. How to read the findings**

My intention in writing this chapter is to give readers a sense of the core processes and experiences that make up the journey of learning and integrating self-compassion, as I have explored through engaging with the research participants, their shared experiences, and the MSC material itself. I will weave together more general processes and themes related to learning self-compassion that I have observed in the data, as well as participants' distinct experiences of the change process they described. For some themes, all participants speak eloquently and clearly to a shared experience. For others, all or most participants hint at a certain theme, although only one or two may have put actual words to that experience. For other themes still, participants have their own unique experiences. Therefore, the following discourse will emphasize understanding the overall processes involved in learning and integrating self-compassion, illustrated through women's distinct voices and experiences.

#### **4.2. The Process of Learning Self-Compassion**

All MSC participants interviewed discussed signing up for the MSC course because they wanted to learn how to be kinder to themselves, happier, less anxious or perfectionistic, and ultimately, more self-compassionate. The benefits of becoming more self-compassionate are increasingly being touted in the public sphere. Messages adopted by the media, pop psychology, and the increasingly popular mindfulness movement, tend to promote the importance of self-love and self-compassion. That said, while it is clear to many that being kind to oneself is important – and perhaps even necessary for sound mental health – many people also report feeling frustrated and self-critical at not knowing *how* to have compassion for themselves, or where to even begin. As Neff and Germer (2013) say, the MSC course is intended to take self-compassion from an abstract concept to an embodied, lived, experience. Central to this process and to this thesis is the



understanding of *how* women experience learning to become self-compassionate – in feeling, thought, and action, as well as what this means for them. In the following section I will discuss the women’s experiences of learning self-compassion throughout the duration of and following the MSC course. I will include what was important to them, key moments of transformation or poignancy, and what that experience felt and continues to feel like for them.

#### **4.2.1. Letting go of expectations**

All but one of the women interviewed reported that the changes they experienced as a result of taking MSC were different from what they expected. For some, the MSC course was less ‘revolutionary’ than they thought it would be. The results they saw and impact they felt were more subtly and slowly integrated into their everyday activities, mindsets, and emotional responding than they initially expected, rather than being announced dramatically through quick external shifts. That said, many women described that, ultimately, the inner change process of learning self-compassion was a powerful transformation that they felt was sustainable in the long-term. The changes they acquired and cultivated did not so much depend on external actions (though that too played a big role, which I will discuss in greater depth throughout this chapter) but rather a shift in how they were able to treat themselves, moment-to-moment.

Other participants said that although they knew that MSC would be hard, found it much more challenging than they expected. Conversely, others were expecting to experience more emotional resistance and suffering in the process, and said that in the end, the process was easier than they had imagined it to be. Regardless of where participants stood on this experience, what became clear was that women eventually softened their initial expectations of what their experience would be like in order to be present with what their actual experience was. Although this appeared to be part of the learning process itself, it was also an outcome of learning self-compassion: the more people were able to look at themselves objectively, re-examine their true aspirations and values, and engage with what was most salient and meaningful for them in the moment, the more they were able to shift away from expectations they may have clung to at the

outset of beginning their self-compassion journey in order to embrace what was alive in the moment.

Eva shared that she experienced this phenomena in several ways. For her, the impacts of learning self-compassion were not felt immediately. She described how she was expecting a revolutionary change to her meditation practice and to her life, but that did not happen like she expected. Rather than seeing big external markers of change, she noticed subtle but powerful shifts in her experience in the moments where she needed self-compassion, such as when anxiety, self-judgment, or shame arose. The biggest shift, she said, was not in any formal practices but in the way that she treats herself, moment-to-moment.

Her experience illustrates a trend that I observed in many participants. Many people enter into the self-compassion learning process expecting or hoping to have strong changes in a meditation practice or in other measureable outcomes. Indeed, some people do succeed in developing and maintaining a stable meditation practice in tandem with learning self-compassion, such as Louise did, and report that this brings them great support. However, as Eva shares, this is not necessary for participants to feel the impact of self-compassion. The biggest changes seem to be experienced in how self-compassion is applied to every day details of life, beginning with how one treats oneself in times of stress.

Eva shared that one of her initial goals in taking MSC was to begin meditating regularly, which did not happen as a result of taking this course. Instead, she shared that the changes she experienced related more to her *whole* relationship to herself. She said her days do not externally look very different, if at all, from before taking MSC. Rather, she reports that becoming more self-compassionate is felt in her “philosophy of day-to-day life.” When I asked her to describe further how her philosophy of day-to-day life has shifted, Eva responded that it becomes apparent to her in difficult situations. When difficulty arises, there is now another option than being hard on herself. She can treat herself differently than she is used to. Rather than responding from habitual patterns of stress and anxiety, self-compassion training has supported her to see new ways of

responding to difficulty. She now says to herself, “Oh, I can treat myself differently. Remember, there’s another way of doing these things.”

She said that self-compassion still does not come out every day, and describes this as a process of continued learning and discovery. However, she says that in days when she feels more vulnerable, she can connect to that sense of self-compassion more clearly. It is there for when it’s needed. Eva’s experience is a reflection of a much larger pattern that I observed in the data. The greatest changes women reported arose from learning different ways of being with themselves in struggle, which laid the groundwork for a new way of relating with and understanding themselves and their lives in general.

#### **4.2.2. The journey will probably never end**

On the first day of the MSC course participants are typically encouraged to approach learning self-compassion as a journey and adventure, rather than as a destination or fixed goal point. Indeed, many people embraced and internalized the attitude and language of being on a journey while describing their own self-compassion learning process. The women interviewed each described learning self-compassion as a multi-layered process that spread across many different facets of life, continued beyond the 8-week course, and that they anticipated lasting them a lifetime.

Although all women spoke to the impact that self-compassion has already had on their lives, many also spoke to the concept of still being in the learning process. Given that self-compassion allows people to better respond to their experience in the present moment – which is continually shifting – it is fitting that one’s application, understanding, and evoking of self-compassion is also something that is continually shifting. Participants described self-compassion as supporting them to be more accepting and aware of themselves as they are in the present moment. As such, being self-compassionate, and how this is expressed and understood, continues to shift as women become aware of different aspects of and changes within themselves over time.

Jackie described taking the MSC program as the beginning of a much larger journey of self-care and acceptance. Following the MSC program, she began

psychotherapy for the first time, enrolled in another compassion training program called Compassion Cultivation Training (Jinpa, 2010), and continued to actively integrate and practice what she learned in the MSC course. When I asked her to share what learning self-compassion had been like for her, Jackie responded, “I won’t say I’ve learned it yet. The journey will probably never end. It’s been really important to do this work, and learn to be more compassionate to myself.”

Many people initially come to the practice of self-compassion with the hope of ameliorating ongoing experiences of suffering, however subtle they may be. As Louise hinted at earlier, I observed that oftentimes people can become aware of a lifetime worth of self-criticism – and it’s ensuing harm – when they first begin the process of becoming more self-compassionate and aware. Given that many self-critical behaviour patterns are long-standing and multifaceted, learning self-compassion can often initiate or become a part of a much larger healing and self-discovery journey. Not only are people responding in the moment to everyday stressors and challenges with self-compassion, but are often working with complex histories and longstanding patterns of behaviour that require patience and compassion over time. Jackie gives voice to this process in her own words.

I have not been very self-compassionate most my life. I started to realize the ways that holds me back and makes me unhappy. So, the process of learning self-compassion has really been about trying to live a better life for myself. Um, and to have more happiness and more peace. I think I’m starting to catch glimpses of it. I’m still working up towards it a lot.

Jackie speaks to the evolving and multifaceted nature of learning self-compassion. It is not simply a process of learning something new, but also of becoming aware of and undoing habitual ways of relating to the self that are not supportive to one’s wellbeing, and may well be causing or perpetuating harm. She also speaks to the *journeying* aspect of learning self-compassion. Jackie begins glimpsing the positive impacts of becoming more self-compassionate in her life, and yet still describes feeling like she is in the midst of learning and integrating what this means, even three months after completing MSC.

### 4.2.3. Cultivating non-judgmental awareness

Having a non-judgmental awareness of the present moment is a key aspect of mindfulness (Neff, 2003a). In MSC, participants are encouraged to cultivate self-awareness through mindfulness meditations and exercises, as well as through paying closer attention to thoughts, feelings, sensations, and behaviours as they arise.

Many participants described that developing greater self-awareness was crucial in recognizing, and then interrupting, previously automatic and unconscious ways of being hard on themselves. Even after practicing self-compassion for some time, participants shared that self-criticism was so engrained in their habitual ways of thinking that the only way they could change was by first noticing their inner cognitions and responses through non-judgmental self-awareness. That said, having *non-judgment* is key to the benefits of self-awareness, and is emphasized continually throughout the self-compassion training. Without non-judgment present, having an increased awareness of self-criticism or suffering can often simply lead to even more self-criticism. Paradoxically, people can become critical of themselves for being critical of themselves! Thus, developing a balanced, non-judgmental, awareness as much as one is able to is a transformative element to learning self-compassion.

Again, Jackie spoke to this process in a way that I observed reflects many others' experiences as well. Jackie described her non-compassionate side as being well practiced by the time she came to the MSC course. She shared that she would automatically slip into negative self-talk as a habit. The first step in changing this was bringing awareness and mindfulness to her thoughts. "As soon as I can just be aware of the negative self-talk then it takes the sting out of it. It's almost like I don't need to believe it."

Increased self-awareness, fostered through the mindfulness practices and self-reflection exercises presented throughout the course, supported her capacity to notice and remove herself from her 'mental monologue', which she described was often a painful downward spiral once it gained momentum. However, when she was able to take a step back she could observe her thoughts and see them for what they are, rather than be caught up in experiencing them as the ultimate truth. Like many others also experienced, Jackie

described how self-awareness helped her to notice her thoughts without needing to believe them or allow them to take over. She said,

I'm at that phase right now where I'm still trying to develop a lot of awareness. Sometimes I think that the awareness itself is 90% of the work – at least for me – because as soon as I notice something it takes the sting away from it, it doesn't make it seem so big and scary. So, that's sort of what it's felt like... a lot of self-examination.

Awareness also emerged as a first step in accepting oneself. In times of self-criticism and suffering, many people described being so focused on wanting their experience or who they are to be different than what it was that they were no longer aware of what was going well within themselves and their lives. By widening their awareness to where they were in the present moment, rather than focusing on where they wanted to be but were not, participants described feeling better positioned to begin acknowledging and embracing themselves just as they are. Participants did not just describe this as a psychological shift of attention away from the negative and towards the positive. Rather, they recounted that cultivating non-judgmental awareness was a profoundly meaningful process that helped them connect with real and sometimes previously shut off dimensions of themselves and their lives.

Jackie said,

If I can accept who I am, and trust myself in a way, then it's so much easier to be kind. Because otherwise I'm just always saying, 'you should be more like this, or more like that, or less like this, or less like that.' Yeah. But compassion...or the *awareness* is where it all starts. Because if I can just acknowledge me and where I am in my life right now, then that sort of prevents that negative cycle. ... It's so transformational. Sorry, I might get emotional.

Louise also described recognizing awareness as the first step in developing self-compassion. When I asked her what self-compassion meant for her, she said, "First it is awareness, and awareness of suffering. But also just how things are. I think that's the first point." However, self-compassion extends beyond awareness, too. Louise said that having awareness is where she thinks most people stop. Referring to common humanity, she said, "and then it's recognizing this is not just me. I think that helps to make it

easier.” Awareness of her suffering gave way to the realization that she does not need to be alone, nor *is* she alone.

#### **4.2.4. A compassionate friend**

All of the participants interviewed reflected that self-compassion helped them evoke a sense of inner friendship and that, in turn, this inner friendship became an important aspect of further internalizing and integrating self-compassion. Friendship with oneself emerged as an important theme in cultivating self-compassion as it helped people undo feelings of aloneness, garner a sense of support and friendship that is not dependent on external circumstances, and begin to know and appreciate oneself more deeply.

There is a meditation in the MSC program called the “Compassionate Friend” meditation, which is designed to support people in evoking this sense of inner friendship. This meditation asks participants to visualize or sense a friend who loves, cares for, and accepts them unconditionally. This could be a person that they know, such as a teacher or grandparent, or it could be someone that they imagine. Both Louise and Jackie said that they imagined their deceased grandparent supporting them, and received immense comfort from this. Eva described evoking a sense of having a friend alongside her for difficult times. Each woman talked about receiving comfort from this ‘friend’ or compassionate person alongside them, and discussed being able to evoke the sense of a caring presence whenever they needed it.

This finding is significant insofar as it displays the importance of being able to access a sense of being cared for, mattering, and being soothed. Although the exercise asks people to imagine this ‘friend’ as a being outside of them, participants are also reminded that this person exists within them, and that they are able to return to this place of connection whenever they wish. This is especially important for people who feel like they are alone or do not have a lot of experience of being cared for by others. Beginning with themselves, they can experience love and compassion that is both healing and soothing. Participants discussed this ‘inner friend’ in metaphorical terms, but also gave voice to the very literal experience of having a caring person alongside them.

Eva described feeling greater trust in herself, companionship, and support as a result of having this inner friend. She expressed a new confidence in knowing she can and will be there for herself, and yet this confidence also extends beyond her present need to future unknown challenges as well. She said,

It's kind of like, in the pocket there. I can grab that. I can grab that friend that's there...I know I have the tools for making it easier and less worrying. It's like, 'OK! There's going to be someone with me. It's a relief.

In exploring how this looks in real life, Eva gave the example of having just discovered that her roommate, with whom she has a tumultuous relationship, cancelled her vacation. They were now going to be in the same home for longer than she had expected, which caused her feelings of stress and anxiety. And yet, her inner friend was evoked, along with a new sense of confidence in her ability to navigate a difficult situation such as this with greater ease. She shared,

I feel it's hard to change the plans in your head. But it's like, I'm going to be there. Whatever happens I know I'm going to do the best for myself. And in each moment I'm going to face whatever challenge comes up. I know me – and I know that friend is going to be with me. And I'm going to do whatever is best for me in the moment. So I can relax. I let my future self deal with that and I don't have to do anything. I know when I get there I'll deal with it correctly.

Eva is demonstrating kindness to herself, "I'm going to do whatever is best for me in that moment," but is also describing an important facet of mindfulness: allowing her attention to remain in the present moment rather than trying to fix or guess at a future situation. By trusting her inner friend and future self in the midst of what she described as a distressing situation, Eva is better able to keep her attention in the present moment. "There's nothing I can do now to change anything, you know? It's comforting to know that she's going to be there with me. That friend."

In fact, many participants describe that evoking and developing an inner friendship helps them deepen their overall experience of mindfulness and trust. When people are able to trust that their own inner friendship will be alongside them for future difficulties they are better able to relax in the present moment, rather than worry about what may or may not come to pass.



I asked Eva to tell me what it feels like for her to connect with and draw on her ‘friend’ for support.

Simply, very vulnerable to connect. And not in a negative way, just very humbling. It softens you a lot. It’s really warm when I connect. Maybe I give a touch to myself, like, ‘I’m here with you’. It becomes not as harsh or tough. It softens you.

In our interview I reflected on the softening and companionship that Eva receives from connecting with her inner friend, and also the vulnerability that can arise in doing so. She said very simply, “It’s a lot of love when you connect to that.”

Louise and Jackie also voiced an experience of calming, softening, and support from their ‘inner friend’, although both of them experienced this in the form of a grandparent. Many people in the wider MSC course also discussed experiencing a grandparent, a spiritual figure (such as Buddha or Jesus), or a pet as representing this compassionate friend. Although this inner friendship is represented in the imagination as someone outside of themselves, qualities of inner warmth, affection, and security were expressed as coming from within themselves.

Louise shared,

I actually had a sense of a grandparent, really, really strongly. Like it actually makes me choke up thinking about it. And just the sense of being able to summon that up. And kind of being able to draw on those experiences. It was just really powerful. Physically sensing somebody being there to comfort you was really powerful. But also knowing that I can do that for myself. Even just by kind of imagining, or by going back to that visualization, and just kind of recognizing what it was about. That was comforting to me. It’s been very profound. In a nice way—not sad. Just very comforting.

...I’ve had a sense of a person sitting beside me, shoulder to shoulder. And me putting my head on their shoulder. It’s something that I used to do with my granddad and that physical presence being really strong and steady and warm and comforting. So now, sometimes I find myself feeling that. And that’s what I can envision when I have one of those moments of needing. It’s in this. And it’s not accessible anywhere else. So it’s interesting. Because the compassion, doing self-compassion, comes with a physical element, and the visualization was really powerful. Like a sensing.

Louise is describing the power of visualizing a compassionate friend in detail – which in this case she experienced as her grandfather – which evoked a somatic and emotional experience of another being’s presence. Louise describes having a powerful experience that many others also gave voice to throughout the MSC program. Evoking inner friendship was often accompanied by visceral, physical, feelings. This tended to be experienced both in sensing a compassionate presence with them, and/or more generally through physical sensations such as warmth, tingling, spaciousness, relaxed breathing, and calmness. Louise also expressed that although it felt like it was her grandfather who was offering her warmth and compassion, she recognized that she could also do this for herself. She voiced that this is an experience that she has the power to return to whenever she wishes, thus expanding her own inner resources for cultivating self-compassion and fostering support when she needs it.

Evoking an inner friendship also emerged as being helpful in mentally orienting people towards how they can speak to themselves more kindly or take good care of themselves. When they get stuck, they can ask – what would that friend say to me right now? Jackie gave voice to this very experience, when she imagined her compassionate friend as her grandmother. She said, “with the compassionate friend, there’s an idea of the grandmother being a wise person. Or sort of a wise archetype. What they would say to you is, ‘you’re doing fine. You just need to accept and love yourself right now.’”

#### **4.2.5. Hard but Good**

Although learning self-compassion is an experience that participants expressed gratitude, relief, and support from, the process of learning itself is not always straightforward or easy, especially in the beginning. There is great vulnerability involved in opening oneself up to acknowledging, tolerating, and caring for difficult inner experiences and emotions. As Louise said,

[Learning self-compassion] has been harder than I thought it was going to be. I had a sense it would be difficult, because I think self-compassion is not something that we typically think about. It’s kind of something that I think is going to provoke feelings, and I think it did...It’s been good. Hard, but good. It feels like worthy work.

Participants described that becoming aware of how critical their internal dialogue is – in both tone and words used – was an initial turning point in their motivation to become more self-compassion and recognize the importance of it. However, participants also expressed that this new awareness of how harsh they were towards themselves could also bring feelings of guilt, remorse, and grief to the foreground.

Following an exercise in MSC that prompts participants to examine how they speak to themselves when they are struggling and then how they would speak to a loved one if they were struggling with the very same issue, Louise said she was shocked to notice how stark the contrast was between the two. Although she was taken aback, this in turn helped her recognize the need and importance of engaging with self-compassion. Louise said,

If a friend was saying something that they were struggling with, then I wouldn't ever dream of speaking to them in the way that I speak to myself. So, seeing that, when we wrote it down, it was kind of like, 'wow, that's harsh.' Right? And when I kind of looked at that it was interesting because it kind of connected, it was really kind of was like, 'ohhh, okay.'

In gaining greater awareness of their self-criticism, some participants also expressed distress at not knowing *why* they were so self-critical. Through dialogue and psycho-education in the wider group about how self-criticism can come from internalized criticism from caregivers, abuse, neglect, high expectations, and messages in society and media, people were better able to gain greater perspective and compassion for where their difficult states of mind and internal responses originated. As Louise said,

Everybody has a different attachment story, a different connection to their family and with their parents. So for me, I knew there was something in those influences, those things that have happened to me, that affect my attitude towards myself. And influence the self-criticism, and the self-compassion.

Louise described understanding her present struggles with self-criticism as being influenced by her early experiences and interactions with her caregivers. I will discuss the link between self-criticism and attachment trauma in greater detail later this chapter.

#### **4.2.6. Backdraft**

Backdraft is a natural and expected part of the difficulties that can arise in learning self-compassion and has been hinted at already. It is a term used in MSC to describe the point at which learning self-compassion paradoxically increases people's suffering, rather than quells it. Just as a fire deprived of oxygen behind shut doors will burst into flames when those doors are opened, so too can the red hot suffering of our hearts flare up when the 'oxygen of self-compassion' is introduced.

Tara said that she appreciated when I identified and described the concept of backdraft in the course. She said that often, allowing herself to love and support herself where she needed it most meant getting in touch with the parts of herself that held a lot of pain and need for deeper healing. In other words, offering tender support and attention to these emotional wounds could give rise to feeling their pain more acutely. Explicitly putting context and vocabulary to this experience it was very helpful for Tara, as well as other participants, in navigating the potentially confusing and tricky waters of learning self-compassion, especially in connection to shame that arose. Many other participants, including each of those interviewed for this research, expressed similar feelings.

#### **4.2.7. A more compassionate inner dialogue**

There is a phrase shared in the MSC course that cautions: be careful what you say to yourself, because you're listening (Neff & Germer, 2016). In its simplicity, this highlights the significance of moving from a critical inner voice to a more compassionate one. Implicit in many of the exercises and practices offered in MSC is the development of a new way of speaking to oneself. Developing a new self-compassionate inner dialogue is specifically related to the words that people say to themselves. Participants often shared examples of what they say to themselves when they needed support of any kind, and were very clearly aware of which words they use for this. The result of developing more intentional and positive self-talk was a more compassionate dialogical self. Within the context of this research, practicing positive self-talk emerged as one of the simplest and yet most powerful agents in transforming negative mindsets, difficult emotional states, and ultimately in developing a new personal voice of self-compassion.

#### **4.2.8. How would I treat a friend?**

As part of the self-compassion training process, participants in the MSC program are continually invited to ask themselves how they would treat a friend if that friend were struggling with the very same situation as them. This serves as a template for how they can then respond and offer compassionate words and actions to themselves. This appears to be an especially helpful part of the self-compassion learning process for people who are new to or unpractised with self-compassion, or are simply very hard on themselves and resistant to receiving their own kindness.

At the outset, many people are reticent to offer themselves compassion for many different reasons: they may think they are being selfish and that giving to themselves will somehow take away from others, they may feel shame and unworthiness and therefore believe they do not deserve their own compassion, or perhaps because they are simply not practiced in giving themselves kindness and do not know how to begin. Verily, the reasons for why people may be resistant to or even fearful of self-compassion are varied and complex. They can often be rooted in attachment trauma and early, internalized, dynamics with caregivers. Although the nature of this thesis does not allow for a detailed exploration of this, I will address the concept of fear and resistance to compassion briefly in the discussion section of this thesis.

Given the challenges that many people face in shifting from self-critical inner dialogue to offering themselves kind and supportive words, it can be helpful for people to think of offering their kindness to a loved one, instead of themselves, as an imagined intermediary in them giving and receiving compassion to and from themselves. In times of emotional suffering, asking the question, “How would I treat a friend if they were in this same situation and feeling the same way as me?” provides people with concrete and tangible ideas as to how they can then treat themselves in their current circumstances. This quick exercise has the potential added benefit of evoking a sense of goodwill and warmth that people often feel towards those they care deeply for.

Ultimately, as the interviews with these women have hinted at, this exercise also plants and waters the seeds for the concept of befriending oneself. Through treating

oneself the way one would a close friend or loved one, people are better able to internalize a more friendly, caring, and forgiving relationship with their own selves. As an example, Louise shared that for her, self-compassion became in part the ability to do for herself what she would readily do for others. Until the point of attending MSC, however, she said that she rarely, if ever, treated herself with the same kindness and care that she extended to many others in her personal and professional life. This signified an important shift in how she was able to relate differently with herself.

[Self-compassion is] just an ability to connect with yourself, and be gentle, and kind, and do for myself what I would do for other people. Like how I would be with my friends. And to do that for myself. I think that's kind of how I think about it. And what I've learned over this is just how different they were at the beginning. And be okay with that. It's not selfish. It's a necessity. You know, for me to be who I am, for me to offer the supports that I do...um, I need to be able to do that for myself.

At once, Louise is describing the process of offering herself compassion, at the same time as honouring how much she gives to others. For her to extend the kindness and caring that she does across various capacities, and then continue to feel nurtured, healthy, and sustainable in this role, learning how to care for herself is not just a 'pleasant' thing to do but an essential one.

#### **4.2.9. What do I need?**

Each of the women interviewed shared that speaking to themselves with words of reassurance and questions that convey care and concern is something they practice regularly, as part of integrating self-compassion. One of the exercises introduced in MSC is asking oneself the question, "what do I need?" in times of suffering. Each woman reported that they have continued to ask themselves what they need when they find themselves in difficult situations. Asking this simple question, and then listening to their own response, allowed women to more directly access their inner wisdom, understand the nature of their experience more fully, connect to themselves more authentically, and express kindness to themselves. Ultimately, asking "what do I need?" is not just a direct question but forms the basis of a new way of relating and speaking to oneself with kindness, concern, and care, and compassionate action.

Louise shared,

The final thing [about self-compassion], which I think is the bit that's been missing, is asking: 'What do you need? What do you need right now?' So I kind of have this self-talk that's evolved over the time I've been doing the program. I think it comes from connection, awareness, but more than that. Just really tapping into feelings that are behind some of this talk. It makes sense.

Women talked about how this process also often revealed deeper, potentially hidden emotions. In an experience of stress or anxiety, asking, "what do I need?" could reveal a desire for companionship, kindness, intimacy, touch, or love, which may bring up its own set of complex emotions. Therefore, participants also spoke to cultivating a willingness to listen to whatever the response would be to this question.

Although a powerful catalyst for self-care, Eva shared that she does not always know the answer to this simple yet, at times, provocative question. She said,

Sometimes it's hard. Well, I don't know? I don't know what I feel. But it's kind of little by little learning about yourself and getting to know what that emotion is, or whatever you think. 'What do I need right now?' And in those moments...like, 'Oh, I want company. I'm lonely.'

Jackie spoke to the depth that this question can hold. She shared that she asks herself this question both mentally and, unlike other participants interviewed here, in writing through journaling. She said,

It's just kind of like a little reminder I can use in hard times. Just say, 'what do I need to hear right now?' It's a great writing exercise too, I find. Just write it out. I've written letters to myself and I find that really wonderful. That idea of removing from your monologue and thinking about it, discussing your own mental monologue. And also acknowledging your deeper needs and saying, 'you know, what is it that I'm actually feeling? And what is it that I actually need to hear?'

#### **4.2.10. Group dynamics and common humanity**

As Kristin Neff has defined it, the notion of 'common humanity' is a key ingredient in self-compassion (Neff, 2003a). To briefly revisit this concept, common humanity refers to the understanding that one is not alone in experiencing hardship,

feelings of alienation, shame, or disappointment. In fact, making mistakes and experiencing difficult emotions is a part of the human experience. Rather than separating us from others, our suffering is something that can foster a greater sense of connection to our own humanity and to our belonging within the wider human family – thus alleviating the additional suffering of shame and isolation that can typically accompany hardship. Common humanity is a theme that was often discussed throughout the 8-week MSC course and was something that each one of the women interviewed described as an essential part of their experience in learning and living self-compassion.

Common humanity emerged most strongly from women’s experiences of taking the MSC course within a group context. Each woman, to some degree, expressed a feeling of relief in knowing that they were not alone in experiencing internal challenges. Witnessing other women acknowledge themselves and one another appeared to foster a sense of permission for them to then feel and acknowledge their own difficult experiences. This created a collective culture within the MSC groups of acceptance of self and of other – which appeared to have a deeper, internalized, impact on how women were then able to treat themselves. As Eva said,

It’s much easier to deal with yourself when you encounter these [shared] experiences. It makes it more valid. You forget that other people suffer as well – so it’s very powerful to connect with people at that level. It helps yourself a lot.

Tara spoke specifically to the positive impact of having others to share a path of self-discovery with. She shared that she appreciated having her own personal journey throughout the MSC course, while also wanted to share with others who are discovering and exploring self-compassion. She shared that as the oldest woman in the group, she appreciated being with younger women, as well as women of all ages and stages of life.

Conversely, Eva reported that she appreciated being the youngest woman in that same group. Eva shared that witnessing all the women in the group share their struggle gave her permission to be *more* human, and not *super* human. “I’ve always thought that once I get to this certain stage it’s going to be bliss,” she said. However when other women in the group, all of whom were older than Eva, shared their stories of struggle and



humanity, she recognized that there would still be suffering when she gets older, that she does not need to fight it as hard, and that there is always time for personal growth. This helped to foster a greater sense of ease and patience in her regarding the unfolding of her own process and life.

Both Tara and Eva said it was powerful to have women of difference ages reflecting with one another, and gave them a window into seeing how life can be at different stages. Eva shared that witnessing other women's experiences allowed her to touch a deeper aspect of her own experience that may have otherwise remained hidden or unexplored. It also gave her a greater sense of understanding for people's personal experiences that are outside of her own life experience. She gave the example of hearing other women talk about their struggles with their professional work, while she herself has yet to begin her career.

Eva said,

I'm usually with people my age. So this was a very opening experience to be with people of other ages. Struggling with jobs, which, you know, I've never struggled with that. I've never had a job, really. [Relating with] different types of women and whatever they're going through – it was very powerful.

An experience that a couple women spoke to was how it was much more powerful for them to be in the group experience rather than learning self-compassion online or from a book. Being able to relate to others in person and dialogue about self-compassion and personal experience brought these concepts to life and helped ground common humanity right into the learning process itself. In Eva's words,

It's definitely not the same reading just a book. Because there's so many books and there's so many things. But actually going through with the course and learning with other people gives a lot of strength and meaning to these concepts, like [for example], "listen to yourself."

Although all women acknowledged the powerful role that common humanity and group sharing played for them, Eva uniquely spoke about this experience using *we* language. She said, "this is something *we* do. Like it's a new belief system. It has value. And it's strong." She speaks to a new identity, community, and belief system having

emerged from within herself and within the group, that further creates a space where people feel supported and no longer alone in bearing personal challenges.

Ultimately, Eva spoke powerfully to the importance of common humanity and to connecting deeply and honestly with others. “You feel like you’re walking with an army behind you. We’re all in this together.”

#### **4.2.11. There’s more permission in common humanity**

Connecting with others around experiences of suffering can at once enhance feelings of closeness and warmth, as well as feelings of vulnerability. Although not every participant spoke about or experienced tension from sharing in the group, Louise described the challenges of entering such a deeply personal process in a group of strangers. Sometimes it felt difficult to connect with the experiences of others while going through her own emotional journey. She did not always feel safe to enter into her full experience, nor was she always sure how much to share and how much to hold back. It was also challenging for her not knowing the people she was sharing such an intimate experience with.

Despite this, Louise also reported that common humanity played an important and positive role in her group experience and overall learning. When I asked her what it was like to learn self-compassion in the group context, Louise opened up about the element of connection that she felt.

I think it’s that common humanity that we talked about. I think it’s when there’s more of you doing it, there’s more permission. And I think hearing other people’s experiences also helps you to reflect upon your own. You can see people’s progress. I think the idea is to have a community of people that have been through this. It’s a fairly unique experience, I think. So I see there’s connections.

Like Eva and many other participants, Louise spoke about gaining a sense of permission to examine and acknowledge her personal experience, in light of seeing other women open up about their own real, authentic experiences. Suddenly, through the

process of sharing, women were no longer alone with difficult experiences that may have previously been kept hidden and ‘off limits’ for shared or even personal exposure.

#### **4.2.12. Compassionate listening**

As part of creating a culture of safety in the MSC group and encouraging a new way of relating with self and others, participants are encouraged to actively listen to one another during periods of sharing without offering advice or a formulating a response while listening. This gives people permission to listen without needing to jump into action, and more importantly, offers everyone the opportunity to experience others holding space for them in a kind and caring way. Through providing an experience of what it is like to listen and be listened to in this way, participants are further invited into a deeper listening relationship with their own selves.

Louise described the process of active listening as placing all her energy on just listening and being present. She noticed that people appreciate being listened to without a response, which she first noticed in the MSC group and later when she practiced this with family, friends, colleagues, and patients. Louise said she thought that she was a good listener before, however recognizes that it’s hard not to go into therapist mode when others around her are struggling, as she is so often ready with something to say. She said,

It was interesting being there when I’m so used to being the one that is listening, and being the person that’s caring for others. Being there to care for myself was...I had to really, kind of, keep checking myself about that.

Having had several months to practiced compassionate listening since first beginning MSC, she now finds that she does not feel as much need to make the pain of others go away. Rather, she shared that she is better able to simply *be* with others and by extension, be with her own experience, too. Louise continued talking about the power of learning to listen differently, saying,

Compassionate listening is very helpful. Recognizing how powerful it is to just listen and to say, ‘oh, that sounds really hard,’ instead of going into action mode. And kind of, ‘well...have you tried this? Or what about this?’ And I saw a couple of times in conversations with friends or my husband, I found myself sort of going, ‘what do they need me to do right now? What

do they need? Do they need advice? Do they need me to say anything in response? Or do they just need to feel heard?

Louise also spoke about the impact of being the one listened to, as well. “Being the person who’s talking about *their* stuff. I go to therapy, I have supervision, but it was a very different experience. It was interesting.” In listening carefully to Louise, I got the impression that she was moved by the experience of having peers, strangers even, listen to her story without agenda or expectation. Unlike being listened to within a professional therapeutic relationship, active listening in the context of the MSC group was done for its own sake, freely, for no other purpose than simply being present to one another.

Although active listening is often described as listening carefully with the ears, compassionate listening suggests a deeper type of embodied presence. This type of communication was not simply hearing and being heard through words, but being witnessed as a person on a much deeper level. Louise describes this process in speaking about a partner exercise in MSC called “Awakening the Heart.”

We had one exercise where we had to think of ourselves as a child, and, um, then kind of have the experience of comforting that child, and we had to sit opposite one another. And we had this lovely... one closes their eyes and the other person has their eyes open, and you inter-change. And that was really powerful, because I was crying. I was crying and I was with someone that I didn’t know very well. Um, and I went through all sorts of emotions, and there was a sense of shame at crying. But then I kind of broke through that. Yeah, it’s actually okay. So it was really powerful. I’ve had lots of experiences like that. Through the program it’s been...some of the most powerful things are kind of that sense of imagining, or physically being comforted. Yeah, it’s been really powerful.

Louise points to how compassionate listening – both with others and with oneself – involves being present to whatever experiences and emotions arise in the moment, with acceptance and non-judgment. She describes this process as being powerful both emotionally and viscerally, and suggests a *physical* comfort that comes from such an attentive, spacious, and caring quality of listening.

#### **4.2.13.A thick web of self-compassion**

There are many interconnected layers of compassion that together weave a thick web of compassion and support the learning and integration process of self-compassion. In the first layer, compassion is present and felt in the group. This is where participants experience giving and receiving compassion from other group members, as well as a direct experience of common humanity. In most cases, this involves opening up through authentic connection and sharing with others – and then experiencing the practice of listening and being listened to.

In the second layer, participants experience compassion and a therapeutic alliance with the group facilitator, which in this case was me. Although the MSC course is fairly standardized in terms of content and structure, how it is offered and the qualities of the facilitator greatly impact the learning process (Bai, personal communication, June 22, 2017). Participants reflected that having a guide who is able to model self-compassion and offer compassion and warmth throughout the course brought more authenticity and direct experience of receiving kindness into the learning process. In their interviews, participants made reference to my role as the facilitator and acknowledged its impact on them. One woman referred to the helpful pacing and tone of guided meditations, another said that she continues to access an online ‘Affectionate Breathing’ meditation that I recorded and uploaded on my website, and another said that she received great benefit from me on occasion sharing my own struggles and personal experiences with the self-compassion learning process.

In the third layer, people experience compassion with themselves. This is where participants begin to offer themselves compassion, love, warmth, and support, as well as begin to open up to receive their own affection.

Finally, the fourth layer of compassion is with the practices themselves. This often begins by participants becoming familiar with explicit exercises that introduce and reinforce habits of mindfulness, acceptance, self-regulation, soothing, and care. However, with time, this compassionate relationship with self becomes more implicit and embodied

as a way of being. Although they can be accessed when needed, the practices become internalized into a felt and known sense of self-compassion.

This thick and multilayered experience of self-compassion underlines the non-linear and multifaceted approach that people can take to learning and becoming self-compassionate. People have expressed more affinity and connection with certain layers at certain moments of their journey; however ultimately, these layers of learning intersect and overlap to knit together closer understanding of self-compassion.

### **4.3. Transformation of self through self-compassion**

Each woman interviewed expressed that she experienced profound inner changes as a result of learning and integrating self-compassion. The building blocks of learning self-compassion, as was discussed above, form the basis for transformation in how well women were able to cope with difficult situations or suffering. At the beginning, women noticed shifts in their everyday activities, found themselves gravitating towards and using self-compassion in moments of suffering, and had new insights and realizations. But each woman also hinted to a deeper experience of integrating self-compassion, whereby the finite changes they noticed in how they act, think, or felt ultimately translated into a deeper transformation of self.

In the following section, I will outline how the women interviewed put language and description to key transformative experiences in their journeys of becoming more self-compassionate. This includes cultivating and putting into practice the ability to witness difficult emotions, develop and strengthen their capacity for emotion regulation, be in the midst of stressful situations with greater awareness and calm, feel empowered as people and specifically as women, give and receive compassion with equanimity, and orient to a new relationship with themselves.

As Jackie said in our interview,

What's the process been like? It's been difficult. Sometimes it's felt very draining. But it's also been really exciting, because I feel like I'm on the

verge of changing the way that I relate to myself and the way that I relate to others. I can almost grasp what that really means for me, and it's exciting.

#### **4.3.1. Witnessing the inner shadow**

Every woman interviewed described, in her own way, that to experience the fruits of self-compassion she needed to learn to tolerate emotional discomfort. This included noticing and tolerating difficult feelings that arose spontaneously, and also being willing to look at darker, wounded, and very vulnerable parts of themselves that perhaps they had not ventured into before. In the passage below, Tara describes the impact of allowing herself to connect to her difficult feelings. She shared that this sometimes brought up painful associations and memories of her childhood for her that she would not always anticipate encountering at the outset of connecting to her inner experience. And yet, she described that witnessing her more uncomfortable feelings also evoked a deeper sense of compassion and warmth for her experience and her self. She said,

Somehow I connected to this process where I embraced the feelings, and it wasn't easy. Because they weren't easy feelings to have. To the point where it would get me to some key sort of sense of my childhood...and it usually involved some aspect of my mum or dad. And then I would really feel this kind of relief, and come out of it with this real compassion for myself. And what I call my 'lovely sense of self place.'

By witnessing and embracing her painful – and sometimes previously hidden – thoughts and feelings, Tara described experiencing a naturally arising sense of relief and compassion. This process also brought her to a 'lovely sense of self place,' which indicates a deeper authenticity and intimacy within her own sense of self.

Each woman's story demonstrated elements of incredible courage. Women described evoking an inner strength that was needed to face the more difficult recesses of their psyches and emotional lives. Through engaging with difficult experiences with greater compassion and awareness, women described coming to better know and experience feelings such as grief, guilt, shame, unworthiness, anger, fear, and loathing. Like intrepid explorers, the women I interviewed openly spoke to the risks, challenges, and ultimately, rewards of taking steps towards being so honest and open with themselves. This was such a strong theme that each woman I spoke to described this

process as not just a part of learning self-compassion, but necessary to make any real progress at all.

Jackie highlighted this in talking about the intensity and ‘bigness’ of her challenging thoughts and emotions. Sometimes she felt overwhelmed by the prospect of learning how to navigate them, and yet allowing herself simply to be *with* those experiences in a state of process allowed for an experience of healing. She shared,

It feels like a little string and the more I pull on it, the more there is to pull. Sometimes it just feels overwhelming. It’s like there’s so much work that needs to be done. Or sometimes when I really start thinking about my own critical patterns, I have moments of feeling sort of hopeless. Like, ‘Oh, it’s so big, and I’m so broken, and I just don’t know how to put it back together from this.’ But you know, that’s okay too, because I’ve found the more I can sit with my negative feelings, it’s actually a good thing to do. So those days have actually felt kind of healing in a way. Like I said, I was really just sort of repressing a lot for a while. So, yeah...I think those were some big challenges.

Jackie demonstrates the potentially daunting and overwhelming nature of becoming aware of difficult behaviours, thoughts, and emotions. It is not just the feelings themselves that can be overwhelming, but the process of engaging with and desire to change them. However, rather than continuing to repress her awareness of this, she showed tremendous courage in choosing to witness, engage, and be with her experience. Ultimately, this supported her in developing greater acceptance, and an experience of healing within that.

Although each woman spoke to the tremendous value of learning to be with their difficult experiences with greater compassion and awareness, their depth and willingness of feeling was often armed with a learned titration of which experiences they were able to wade into without becoming overwhelmed at any given time. This process is called ‘opening and closing’ within the MSC program. Louise described her process of learning to open and close in relation to her difficult emotions, which in turn, helped her to honour her own natural rhythm of exploring and processing her experience. She said,

I’m just more gentle with myself [now] and recognize there’s certain times where it’s okay to resist, it’s okay to avoid, that it’s there for a reason if I



do that. So I've experienced at times a sense of opening and closing. I think one of the best things that you said at the beginning is, 'allow yourself to be a slow learner.' That really helped me to go at my own pace and allow...instead of thinking of it intellectually, to really sort of go at the pace of my emotions.

Within her description opening and closing, Louise speaks to building self-acceptance and self-trust. The same qualities of allowing, acceptance, and awareness that she offers to her experience of resistance is also cultivated for when she feels ready and safe to explore her more difficult experiences as well.

#### **4.3.2. Bringing feelings to light**

Self-compassion appeared to be significant in motivating and enabling people to be more authentic with their true selves; however, the gateway to this authenticity was often through first acknowledging and being with their suffering. A couple participants talked about learning to open up to their suffering with honesty – first privately to themselves and then expressing themselves more openly with others. Part of this new self-honesty was described as being willing to notice and care for difficult feelings, rather than distract and push them away.

I observed a cyclical nature between self-compassion and people's willingness to engage with difficult feelings. Women's budding practices of self-compassion and self-kindness equip them with the emotional resources to more closely examine difficult and potentially scary emotions. Subsequently, a deeper and perhaps newfound awareness of those challenging emotions opens up greater room for understanding, acceptance, healing, and caring for oneself, which can then further give rise to a self-compassionate response. Over time, tending to one's inner experience in this way can support cultivating not just instances of self-compassion, but a more embodied self-compassionate way of being.

Participants also described that having compassionate awareness of difficult feelings dismantled the power they held over them. This highlights an important process that I have observed not just in participants in this study, but within other participants in MSC, clients in psychotherapy, and in my own personal experience as well. Challenging

feelings can often be largely ignored not only because they are uncomfortable, but also because of a fear that they may overwhelm and swallow a person up, should they be given room to breathe and be felt. In the MSC course itself, many participants expressed a fear that they would get ‘stuck’ in their messy and uncomfortable emotions if they were to really allow themselves to be present with them. As such, many people can keep the door tightly closed on those experiences for a long time, not allowing themselves to feel or even acknowledge their presence.

However, no one described themselves as becoming stuck or wallowing in their difficult emotions once they were explored with compassion. Rather, a willingness to look at and be with one’s emotions with honesty often revealed that they were not, in fact, so scary or all-powerful after all. Having the courage to examine them at a closer viewpoint gave people a certain freedom and distance from those same feelings. In this way, people experienced themselves outside of those emotions, rather than firmly in the dense fog of their resonance.

Jackie spoke powerfully to this process. She says,

I guess all of this work that I’m doing right now really centers around noticing the ways that I’ve been pushing down my feelings in a lot of areas of my life. And trying to distract myself from them, or trying to shift the blame to something else. The more that I can bring awareness to my feelings and bring them to the light, the more I can work with them. And then you realize that they’re not so scary, and they’re not so all powerful. That actually, it’s like you’re connecting with who you authentically are. And then that lets you have more integrity to yourself. And have more care for yourself to set up boundaries in your life that serve you, rather than ignoring what you’re really feeling and trying to serve everybody else all the time, which is sort of how I was before.

Tara also put words to experiencing self-compassion arising from first being able to get in touch with her pain. She shared,

Self-compassion was something I was always striving for. In an intellectual way I understood that self-compassion was the place of serenity. But I couldn’t get there until I started feeling my feelings. I could understand it intellectually; I couldn’t feel it in my body and in my heart. It was kind of... self-compassion arises when we feel the heat of the pain. For me it was the

pinpoint of the pain. That's where I found self-compassion in my heart and physically.

It was not until Tara connected with her pain that self-compassion could flourish as an emotional and embodied experience.

### **4.3.3. The specifics of shame in learning self-compassion**

Shame is an intense negative emotion generally characterized by the perception of low global self-worth (Velotti et al., 2017). It tends to be an enduring emotion that is challenging to work through both individually and with the help of psychotherapy, based on its pervasive nature. Ultimately, shame gives rise to deep emotional suffering and can significantly impact a person's wellbeing across many areas of their lives. The experience of shame can greatly be alleviated through genuine encounters with compassion (Gilbert, 2011), and yet at the same time shame often gives way to further feelings of resistance to accessing and accepting compassion –from both others and oneself.

Given the emotional power that shame can hold and the pain it can cause, learning how to skilfully navigate and regulate emotions in the face of shame holds tremendous value. Self-compassion can help people decrease and heal from their experiences of shame, which participants described in various ways during their interviews and throughout the course itself. I will outline how shame is approached in the MSC program, its pertinence to learning and integrating self-compassion, and then highlight some of the women's direct descriptions of their own experiences of how self-compassion both highlighted and evoked hidden shame *and* supported it's healing and easing.

#### ***Psycho-education of shame in MSC***

Although I have observed that learning self-compassion can naturally extend itself to improving women's challenges with shame, the MSC program dedicates a couple of hours to psycho-education, group discussion, an exercise, and a meditation directly geared to dealing with shame. An important point that is first introduced in this conversation is that shame is a very normal emotion, denoting our desire to belong, be cared for, and ultimately, be loved. Shame is the experience of being "bad" or

“unloveable” – which feels so awful in part because of our fundamental human need for connection, belonging, and knowing we can love and be loved.

Neff and Germer (2013) point out that, from an evolutionary standpoint, shame is designed in part to keep us acting in ways that will help us stay accepted by our caregivers and tribe, and therefore ensure our survival. When we feel that our actions or behaviour threaten our belonging, shame can be a powerful motivator to keep us acting in accord with what will help us maintain our place in the relative safety and belonging of ‘village life’. That is, to be accepted and cared for by others. In this lens, shame simply becomes a well-intentioned but unhelpful emotion that is trying to ensure our safety. I will discuss more about the theoretical and researched underpinnings of shame in the Discussion Chapter.

The psycho-education of shame is an important step in learning about self-compassion in MSC, as the emotion of shame – as well as actions and circumstances that are shrouded in shame – tend to be the most difficult for people to have compassion for. In fact, people may also increase in their perception of shame when they do begin to give themselves compassion. Considering the complexity of shame and both its need for self-compassion as well as its potential for contributing to resistance of self-compassion, it is an important and multi-dimensional issue to discuss in the learning process of becoming more self-compassionate.

In beginning with psycho-education and understanding the basis of why shame is experienced – that is, learning about shame from a non-blaming evolutionary understanding – and framing it as a normal human experience, participants can take the first step in acknowledging its role in their own inner lives. This lays the groundwork for self-recognition and awareness within participants. From here, further steps to heal, soften, and soothe shame can be taken.

Jackie described receiving further insight into the nature of her shame, why it appears, and its direct link to her struggles with self-criticism. She reflected very similar language that is used in teaching the MSC course while voicing her personal experience.

It's almost like shame is the thing that's policing your behaviour. I do get shame in social situations if I feel like I've been too obnoxious, or annoying. You know, I feel a lot of shame. Um, and that's...it's a tough thing to work with. But I do see that it's part of that same critical mindset.

### *Shame and relational history*

Although many scholars and psychologists acknowledge the normal evolutionary role and presence of shame (Gilbert & Procter, 2006), it is also true that people who experience higher levels of early attachment trauma and/or grow up in very critical households tend to be prone to experiencing higher levels of shame as both children and adults. People who are more self-critical and easily disposed to experiencing shame can quickly go from experiencing a situation that is difficult to the belief, "I am bad". Given the opportunity for self-compassion to not only support people in present-day situations, but also with pervasive memories, reconciling difficult pasts, and shifting long-established negative patterns, it is important to recognize shame that initiated from or is exacerbated by one's past relational experiences.

Paul Gilbert (2013) talks about the complex relationship between attachment trauma, shame, and self-compassion, and points out that people with trauma history can experience what he calls, "fear of self-compassion," which I will touch on more in the following chapter. When people have experienced early rupture in relationships with primary caregivers, whether through abuse, neglect, or accident, people can experience an increased presence of negative emotions, such as fear, anger, mistrust, and shame (Gilbert & Procter, 2006). As an extension of this, when people experience the warmth of self-compassion, they may become mistrustful of this new experience. In these situations, self-compassion may open people up to past experiences of deep hurt and pain that they were not expecting or wanting to re-experience; may trigger feelings of unworthiness or being undeserving of compassion; may evoke a deeper sadness at not having received this kind of kindness from their caregivers as children; or may be mistrustful that the feelings of safety generated by being self-compassionate will not last in a meaningful way, or could even set them up for further betrayal.

People are especially prone to developing mistrust of self-compassion if they experienced abuse or harsh criticism from a caregiver who also gave them praise and support. These experiences can leave people wary of feelings of safety and emotional intimacy, whether in relationship with others or with themselves, as is the case with self-compassion. As such, having an understanding of how to work with shame compassionately when it arises can be instrumental in the successful learning and integration of self-compassion for people with relational trauma history. This can help a person to understand how to cultivate understanding and safety for themselves while attending to their emotions in a new way.

Louise briefly shared that many of her struggles with self-criticism and self-worth originated from early dynamics with caregivers in her family of origin. She described how this heavy criticism was internalized as her own voice over time, and created larger issues of self-worth down the line for her. In the process of learning self-compassion, she had the opportunity to look more closely at her experience of shame and self-criticism to understand where it came from. At the same time, she talked about this experience triggering deeper painful emotional memories, which she sought individual support for with her psychotherapist at a few points during the MSC course. She said, “I really made connections with [self-criticism] and really connected that to [my] history. You know, my parents, because we internalize all of those voices, right? So I think for me it was a breakthrough point.”

Similar to Louise, at many times throughout the interview Tara referred back to her present-day pain being connected to difficult memories from her childhood. Several times Tara referred to self-criticism and shame as a ‘child part’ of herself. She described a vulnerability and tenderness, but also suggested that that part of her was very young in terms of knowing how to understand and manage distressing emotions and situations.

In our interview, Tara described that the first layer of healing and accessing her ‘child part’ involved learning to trust herself. After this trust was secured, Tara said what she was dealing with felt closer to fear. Then, she sensed anger, and then rage. She said that initially, offering herself compassion and opening up to deeper emotions in this way

triggered her ‘child feelings.’ To her, the initial steps of cultivating self-compassion took her to ‘the intense child place,’ as she described it. In recounting the pain that can be revealed through emotional honesty and self-compassion, she said, “to me, that’s the intense child place. It can be so scary, so I was so glad that the [MSC] workshop identified [how to work with] that. I kind of found my way there, but it wasn’t easy.”

Although Tara said that it was important for her to understand and access those difficult and ‘scary’ feelings, it was also very helpful for her to have a roadmap through this difficult terrain. This included learning how to put language around recognizing what was happening (as I will discuss shortly in the section on ‘backdraft’), developing further tools to be with her difficult emotions through mindfulness and grounding, and offering herself care.

Through my observations, describing the depth of emotional pain as ‘the intense child place’ feels apt in capturing an experience that many people share and give voice to in the MSC workshops I have been a part of. This term refers to difficult emotions that often grasp onto roots from early childhood, as well as hold patterns of reactivity and maturity related to a much younger stage of emotional development. Understanding these emotions as a ‘child part’ can also invite a person to re-orient towards themselves as they would to a small child: with tenderness, care, and concern with alleviating their pain.

Framing deeply rooted shame as a ‘child place’ also invites people into a new relationship with themselves in the face of pain: that of child and parent. When shame is present, it can feel like it encompasses *all* of who we are; when in fact, it is in fact only a part of our experience. Just as we all have the capacity to experience weakness, we also all have great capacity to experience strength. Recognizing younger ‘child parts’ of ourselves therefore also opens up a space to access the parent within ourselves. Offering self-compassion requires accessing and acknowledging the very hurt places in us that are in need of care and affection, while also compelling us to draw on and evoke an inner strength and wisdom – like that of a kind parent – to care for those parts. Therefore, self-compassion has the added experience of allowing people to begin learning how to re-parent themselves in a way, thus offering themselves what they may have wished for or

needed at an earlier age. Finally, people are able to receive the emotional care that they have always wanted, at their own hands.

### ***The progress of shame & Negative Core Beliefs***

In the MSC course, the typical progression of experiencing something difficult externally to experiencing shame internally is outlined to participants as such: “I don’t like this feeling,” then, “this feeling is bad,” then, “I am bad.” Naming and understanding this progression was important to participants in forming a more complex understanding of how they get to a place of shame, which at the outset was perhaps seemingly out of nowhere.

During the MSC course Tara in particular voiced that understanding the progression of shame from “I don’t like this” to “I am bad” resonated with her experience, and helped her recognize how quickly and automatically she can slip into shame and its accompanying self-criticism without meaning to. Tara said that having this frame of reference helped her gain better self-awareness of the quick and often automatic ways that shame can take hold. She also expressed using this framework to look at her experience in the reverse manner – that is, from noticing shame to then asking herself what had really happened to trigger that emotion – was immensely valuable. Many other people echoed Tara’s experience of this.

In building on this, exploring negative core beliefs appeared to play a significant role in how women were able to detect, contextualize, understand, and therefore care for their experiences of shame, rather than perpetuating them. Part of this exploration is explicitly giving space in the MSC course to examine at what negative core beliefs people hold for themselves. These are beliefs about who one is that stem from shame, such as “I am unloveable,” “I am stupid,” “I am defective,” or “I am wrong,” to name a few. By naming these core beliefs, people can then gain a better awareness of them as existing *outside* of themselves, rather than holding implicit truths about who they really are. When such beliefs can be observed as just that – beliefs – then they can be looked at with curiosity rather than bound up with the truth of who a whole person is.



Behind negative core beliefs is the concept of core needs. By identifying negative core beliefs when they arise, people become better positioned to re-orient themselves to then asking, what is it that I need to do or hear right now? For example, the negative core belief of “I am unloveable” may give way to needing to hear, “may I know myself as loveable,” or “may I know how loved I am.” In this way, people learn how to pause an experience of shame by noticing the thoughts that are habitually associated with it, shift their attention to what it is that they need, and then offer that to themselves.

This process outlines self-compassion in action, and further strengthens a person’s sense of empowerment in being able to take care of themselves. Shame is not something that people are doomed to experience for the rest of their lives or wait around for someone to save them from, though there certainly is a place and role for including supportive healing professionals and loved ones in this process of healing shame. That said, each of the women hinted at experiencing a sense of empowerment that arose from feeling enabled to care for themselves amidst some of their most difficult emotional and mental experiences.

### ***Sharing lessens the shame: common humanity***

I found that the element of common humanity plays one of the most important roles in the healing and regulation of shame. In large part, this is because, as Brené Brown (2010) puts it, shame thrives in secrecy. When people experience shame they can feel fundamentally alone and isolated from others, rather than connected. Although human connection and knowing one is not alone is usually an antidote to shame, people are generally impeded from seeking out this very thing because of their shame causing them feelings of unworthiness or dread at doing so. Participants described that common thoughts expressed in the face of shame are along the lines of, “I do not feel worthy of attention, love, affection, or care from myself or others,” or, “if people knew that I was feeling this way they would lose respect for me, therefore I must hide my true experience,” or, “there is something wrong with me.”

However, as the women interviewed expressed, when we are able to relate to others not just from what brings us joy and happiness but also what brings us pain, we

can also know that in those moments of darkness we are not so alone. To hear another person's story of challenge or to simply remember that suffering is a normal part of the human experience can be enough in and of itself to help people soften to their shame. From here, people can begin to question how they may best care for themselves, rather than battling and belittling themselves and their feelings.

As I mentioned earlier, common humanity and group discussion played an important role in undoing the power of shame. Many women reported that learning and integrating a stronger sense that they were not alone in experiencing difficulty lessened their experiences of shame. Although I observed this phenomenon in many participants, Jackie illustrates this point well through her own words. She said,

An aspect of self-compassion that I like is sort of remembering that everybody goes through a lot of these things. Like, maybe that's another thing that's great about a group setting, is just hearing that lots of people deal with these kinds of mindsets. And lots of people struggle with this kind of stuff. And that kind of takes away the shame. Like, what I was speaking to earlier is sometimes feeling really awful about myself for being the kind of person that I am. There's shame in that. Like, I don't want to be me. But when I remember that a lot of people are that way and a lot of people are other ways, and it doesn't mean that you're the only broken, messed up, stressed out person in the world. Then it takes that shame away.

Jackie describes the impact of knowing she is not alone and normalizing her experience, which in turn allows her to be more accepting and embracing of herself.

Louise echoes this experience in her own words, saying,

I think that shared experience is really important. And then there was the shame exercise. That was like, 'Oh....yeah.' You know, knowing that everyone is having a similar experience at that time, and when you really boil down people's thoughts around shame they all come down to some really common themes. I mean, that was, in the way that that was done, it's pretty amazing – pretty brilliant, really.

One exercise in MSC asks participants to consider a behaviour that they are challenged by and would like to change, and write down how they typically speak to themselves about this behaviour. Then participants are asked to write to themselves from the perspective of wanting change not because they are *bad* for having that behaviour, but

from a place of care and love for themselves. Eva describes partnering with someone after this exercise to discuss their experiences and being struck how impactful it was to recognize that she had a very similar experience to her partner, despite their surface stories being very different. She said,

I remember talking to my [my partner] and we didn't know what we each had in mind of what we wrote in our letters of what we were ashamed of, but it was as if we were talking about the same things. It was amazing to find that common humanity aspect. I don't know what she's going through. She doesn't know what I'm going through. But somehow the experience is the same. The same pain, the same suffering. So that was really powerful. Yeah. Sharing with the people.

### ***Vulnerability of Sharing***

As I have already referenced in this chapter, just because connecting with others is an important part of healing shame, supporting wellbeing, and helping people's overall integration of self-compassion, does not mean that it is easy or straightforward. People can experience many defenses and resistance to sharing with others. This can manifest as fear that others will judge them, not feeling safe enough in a larger group of people they do not yet know well, and also because of their own judgment towards whatever challenging experience they are having. Being honest with others first requires honesty with oneself; in fact, this is where the most important sharing must first take place – within oneself. Being faced with an opportunity to share in an open and authentic way with others can bring up barriers to seeing and acknowledging certain aspects of oneself or one's experience that require attention.

In discussing opening up to difficult feelings with honesty, Eva said,

You're really accessing the vulnerable. And you're really in there. And of course there's this part of you that's making fun of the moment, or, 'ah, don't connect with her so much' or, 'don't cry in front of them.' And sometimes I kind of accept that voice in that moment. I guess because maybe people in my life minimize these types of things – that connection and therapies and things. Then, understanding that voice that wants to fight that vulnerability. And actually just going in it, finding the power of that moment, and connecting.

Eva acknowledges that in her case, the inner shaming she experienced regarding opening up with others is in part internalized voices of her family, who she perceived would not be approving (or would make fun) of her opening up in this way. However, she also clearly expressed that it was helpful for her to acknowledge and understand that voice, and then find the courage and power within her to continue and connect anyway.

Like Eva, many other participants talked about recognizing more and more the words and tone that their internal criticism came from, and then making conscious decisions to engage with their direct emotional experience anyway. Not pushing their fear aside with contempt or cowering away from it, but moving forward with kindness and awareness. Although this is not always a straightforward process, it illustrates an important breakthrough in learning to shift away from chronic self-criticism and self-doubt to trusting oneself and gaining strength in examining important inner experiences.

#### **4.3.4. Motivation through self-compassion**

Many participants describe that they used self-criticism both consciously and unconsciously as a means to motivate themselves. People commonly reported fearing that becoming more self-compassionate and less critical would mean that they accomplish less. Being critical of oneself for not doing enough or not doing things well enough may help people accomplish more in the short run; however, not only does this come at a high cost, but its effectiveness is not good in the long run. In fact, all participants talked about paying a high price for motivating themselves with self-criticism. Increased stress and anxiety, general unhappiness, feeling like one is never good enough, and feelings of low self-worth are some of the harmful side effects experienced from this kind of motivation. Although people described that a helpful component of self-compassion was actually acknowledging and recognizing how their self-criticism was trying to help them, participants were unanimous in reporting that self-criticism was not, in fact, the best way of helping them achieve their goals.

As Jackie said, “it’s like you use shame and self-loathing because you think it’s going to motivate you to change your behaviour. But it’s not. It’s probably keeping you trapped in your behaviour.” Each participant in her own way spoke about how using self-

criticism to motivate creates a negative cycle, whereby one is always trying to achieve more and using the thought that one is not good enough as a means to get there.

Offering a similar experience, Louise said, “when we talk to ourselves sometimes with the critical voice, sometimes we are doing it a bit because we think it’s going to be motivating, kind of like a tough love. And it actually has the opposite effect.”

MSC introduces the concept of motivating oneself through kindness and compassion, rather than criticism. Rather than being a slippery slope to self-indulgence, self-compassion can instead become the bedrock for acknowledging one’s true goals and values, and supporting people to take steps towards making choices that support their aspirations. Additionally, this means that potential disappointments can be met with compassionate understanding, rather than with harsh criticism or blame. Participants reported that understanding is often enough to give them courage necessary take meaningful risks towards achieving their goals, while not burning themselves out or putting themselves down in an effort to get there.

Eva described that shifting her motivation from criticism to compassion asked her to accept and embrace herself as she is *now*, instead of continually striving for an ideal that she has not yet achieved. As she said, “I’m well and good enough *now*. Not, ‘oh, I’m going to be *this*,’ or ‘it’s going to be *that*,’ caught in a fantasy fiction of future-self.” Being able to make a shift to embracing herself allowed to be more open to herself and the gifts of her own character and life as they presented themselves in the moment.

#### **4.3.5. Giving and receiving compassion**

All of the women interviewed shared that they identify as a caregiver in some capacity. Allowing for fluctuation in personal details, each participant discussed spending a great deal of time, attention, and effort caring for others either professionally and/or personally. Although most of the women described receiving great joy, satisfaction, and sense of purpose from caring for others, they also acknowledged ways in which it detracted and distracted from their own self-care and emotional wellbeing.

The importance for giving *and* receiving compassion, especially for women who more typically find themselves in caregiving roles, is paramount in creating emotional balance, wellbeing, and sustainability. What women also described is that they are able to be more relaxed and present when they take care of others, rather than feel like they are pressured to do so out of duty or obligation. Allowing themselves to simultaneously care for themselves and place boundaries around their ability to show up for others ultimately supported women to bring more authenticity and satisfaction to relationships where a caregiving dynamic was present.

There is a specific class dedicated to relationships within the MSC course, and meditations and exercises on giving and receiving compassion with equanimity. In this context, this means being able to be present to others, especially in difficult or demanding circumstances, while maintaining self-awareness and care for oneself. Often this care was achieved through mindfulness and the process of opening and closing to the others' as well as one's own pain. Many women reported that bringing self-compassion into how they give to others has categorically shifted how they are able to engage and relate within those relationships, and with themselves in the midst of them.

Louise said the self-compassion has helped her to have more balance in giving and receiving. She also said that she had been seeking equanimity for a long time before coming to MSC, and felt she had finally felt it in the wake of becoming more self-compassionate and mindful. Louise said she now feels calmer, more stable, and has a greater sense of who she is as a person. Not getting so carried away with what is going on for everyone else has made it easier to feel and understand herself, too.

Louise, like many women, described herself as a caring and giving person. She said that self-compassion has allowed her to be that way but while maintaining her own wellbeing and needs. Louise said she still cares about people, but no longer feels like she has to do something about it, which is different from before when she often felt responsible to carry other people's pain for them. She described shifting her approach to being with people when they are suffering; now she said she can *simply be* with people

when they are suffering, without needing to actively respond to or change their experience.

In her own words, she said,

[Self-compassion] is allowing me to be [caring], but also to have some ability to protect myself too – not wearing myself out. And I think that's kind of essential. I still care. I still care about people. I just don't feel like I always have to do something about [their suffering]. I think that's the difference. I can be with them when they're suffering and yes, I'd like it to change, but that's not always my responsibility.

Going further in describing this process of opening up to the suffering of others while maintaining compassion for herself, she said, "It's okay to call it love. I think that's essentially what this has been about. It's probably why it's so big."

#### **4.3.6. Perfectionism**

Many women who come to MSC talk about setting unrealistically high and even unattainable standards for themselves as a habit. They describe struggling with perfectionism, whereby they are critical and even loathing towards themselves when they do not meet their hoped for goals or ideals. Although perfectionistic attitudes may on the surface appear like helpful aids to higher levels of achievement, it can often leave people struggling to feel like they are good enough and avoiding of goals in which they may not be able to attain 'perfection'. Perfectionism can indeed rob people of a lot of present moment enjoyment, as it is focused on attaining an ideal in the future, rather than paying attention to what is happening right now. In this context, when people do not attain their perfectionistic ideals they can again focus on where they are falling short, rather than on what is going well for them. Self-compassion is supportive in allowing people to re-orient their attention to the present moment, focus on what is going well, and bring greater clarity into their true values that they feel are worth pursuing.

Eva described how MSC has helped her ease off on her perfectionism. She described herself as always having been motivated by self-growth, self-actualization, and personal development. However she described herself as constantly needing to measure

her growth and achievement, rather than embracing the *process* of change by allowing flexibility and compassion to be present. Although Eva said that she still holds self-growth and personal development as a broad, albeit committed, goal, she described shifting the locus of her motivation from perfection to self-love. She said that in this way she is still reaching for many of the same goals, but in a ‘softer’ way, by achieving growth with humanity rather than with striving. As such, she said she no longer feels the need to be perfect, like she used to.

In contrast to describing herself as formerly being very perfectionistic, in our interview Eva said,

Forget about being perfect. I was reading the notes that I wrote during the session where we write our own loving kindness phrases. I wrote, ‘may I find self-growth but with humanity.’ Like, not with perfectionism. And in a way it’s like I don’t need that anymore. I’ve kind of integrated it to a certain level. Like it’s funny that I wrote it, it was that important for me.

Through self-compassion Eva was able to loosen the grips of perfectionism and open up to a new way of relating with herself with regards to her ambitions. Additionally, she speaks to integrating this new understanding in a way that speaks to a more profound inner shift. She describes no longer needing her loving kindness phrase to remind her to pursue her goals regarding self-growth with humanity, as it is now a part of her new, integrated, understanding of self.

Jackie also spoke directly about her ambition to be ‘the best’ and her continual striving for perfection. However, she also put words to what it has been like to shift that process for herself on an ongoing basis. As with many other people, Jackie’s perfectionism began to fade in the face of self-acceptance. She said,

It’s almost like I entered [the MSC course] thinking: I want to become more compassionate because then I’ll save my relationship, or I’ll have better ties with my family, and I’ll be able to run more, and eat a perfect diet, and be the best scientist ever. That’s why I want to do this. And those impulses run so deep in me. I’m usually not aware that I’m thinking that way. So it’s shifting from that to saying, you know what? It doesn’t matter at all. Two years from now if I’m still feeling like an anxious, crazy person sometimes, it doesn’t matter. Because that’s just my journey. That’s the only thing that counts. And, you know...ugh, it’s hard not to be like...even just sitting here,



I'm like, ' oh I should really start journaling more, like I need to commit to this, I need to be more dedicated. And I have to stop those thoughts, and just remember however it appears is fine, everything is fine.

#### **4.3.7. Self-empowerment**

A significant theme that emerged from the data was the experience of being empowered by gaining greater self-compassion. In the process of learning to care for themselves and gaining greater self-knowledge, women reported feeling stronger, more fearless, and empowered. They described feeling empowered in their capacity for managing difficult emotions and experiences more adeptly, and also at enacting change they wanted to see in their lives.

While talking about learning to stand up for herself more in relationships, Jackie said that becoming self-compassionate has been a fluctuating but empowering and eye-opening process. "I keep coming back to the word *power*." Jackie continued to talk about the empowering impact of having learned self-compassion and said,

I'm sort of at a place now where I'm looking at things in my life that I haven't really ever looked at before. Deeper, you know. You scratch, and the deeper you go. There's just so much. It does feel empowering. That's just the best word I can think of to describe it. Because the more you notice your own self-destructive patterns, I mean as soon as you're aware of it, then that means that you can change it.

Eva described feeling empowered as a result of sensing a new, emerging, sense of stability and strength coming from within herself. Perhaps most importantly, because this strength comes from a place deep within her, it cannot be taken away from her by the winds of changing circumstance. "You know [self-compassion] is going to be with you where you go. Because it's with you, and it's very empowering to know it's not like other things – it's not like something that's going to leave you."

Eva also hinted at the relationship between mindfulness, relating to herself in a healthy way, and feeling empowered as a result. This emerged in part from learning and practicing non-judgment to herself. By learning to accept herself as she is in the moment, rather than continually striving for ideals that lie just beyond her reach, she described

being able to feel more present, centered, and therefore empowered in what she does. She said,

Mindfulness, connecting to the moment and to the present, and accepting yourself for who you are, is a very big part of how I see self-compassion. It's kind of like feeling empowered in whatever you're doing. I do it with strength, and do it with passion, and without judgment. Like, whatever it is, do it with strength. It's a way healthier way of relating to oneself than we usually learn in our culture and you don't see it in a lot of people sometimes, in the way they relate to themselves.

#### **4.4. Using Self-Compassion in Daily Life**

Thus far I have discussed participants' process of learning self-compassion, including some strategies and practices that they found significant from the MSC course, as well as how participants' more general sense of self has been transformed through the process of becoming more self-compassionate. Although the women I interviewed spoke openly and clearly about what this learning process and inner transformation has been like for them, they also shared many details about how self-compassion has and continues to show up in their daily lives. Women spoke primarily about changes that took place in their work, fostering healthier interpersonal relationships, and body image. I will discuss some of the ways that these aspects of women's lives have been impacted through learning and integrating self-compassion.

##### **4.4.1. Work**

Participants often shared that they notice the benefits of self-compassion in their work lives. Women reported experiencing several positive impacts of self-compassion, which became apparent in how well they are able to manage stress, get along with co-workers and/or clients, feel confident and satisfied in their work roles and careers, ease off perfectionism, and be more authentic in voicing their opinions to colleagues and supervisors.

Louise shared that she is now taking greater risks in sharing her genuine opinions and perceptions more with both patients and colleagues, especially with regards to her

empathic and intuitive perceptions. She said she was hesitant about sharing this side of her personality with others, given that she works within a medical mental health model. She felt reticent to share any personal views that she perceived might not be well received by others. However, she shared that she is now taking greater risks. She recounted, “I’m almost using the experience of what we’ve done [in MSC] to really tap into that intuition. And I’m surprised because that’s been okay. It’s not been rejected, I’m not being criticized.”

Jackie also shared that she began to be more open in sharing her authentic opinions with others at work – something that she said is completely new for her. She said this resulted from an increased level of confidence, feeling more of a personal commitment and value in being her authentic self with others, and feeling like she had the inner tools to deal with potential discomfort that could arise in sharing more of herself. She said,

In work, for example, if someone says something that I don’t agree with, normally I would just keep that opinion to myself. And I want to learn how to voice my opinions and voice my disagreement, and be able to put myself out there. And put my authentic self out there. So, being someone who’s not afraid of whether what I believe in is going to make other people uncomfortable, or make them unhappy, or make them... You know, normally I would hold that stuff back if I thought it would have a negative impact on anyone. And then I would just try to become a really nice, accommodating person who never rubs anyone the wrong way. But that’s not who I really am. That’s just the version of myself that I’m creating for other people. So, I’m trying to be okay with creating a bit of friction with other people if that means being more of the version of myself that I...that I am, inside. And that’s hugely uncomfortable for me, right now. But, um, I think it’s going to get easier.

Work can also be an environment that causes people a great deal of stress. Self-compassion appeared to play a significant role in helping people cope more effectively with stress, potential burnout symptoms, and overwhelm. Being able to cope well in one’s working environment can be critical not only to job success and enjoyment, but to achieving balance where one does not take daily work stressors into other areas of their personal lives at the end of the day.

Louise described that when she became overwhelmed when working with her patients –either because of the strenuous workload or because of her high degree of empathic attunement their distress –she intentionally brought out her self-compassion practices. This most often led with the Self-Compassion Break and asking herself, “what do I need right now?”

In feeling more and more capable of caring for their own wellbeing and discomfort as it may arise in the present moment, as well as building examples of themselves doing so successfully, women conveyed experiencing a greater sense of agency and empowerment. In the case of such shifts, women no longer have to passively wait for uncomfortable feelings to eventually (and perhaps mysteriously) subside on their own, be a victim of circumstance, or avoid tasks or other people simply because of the discomfort they stir up within them. Rather, armed with greater self-compassion, people are better equipped to make quick, yet profound shifts in their wellbeing, and better attend to themselves when they do struggle.

#### **4.4.2. Relationships**

Self-compassion also appeared to play a salient role in ameliorating family and partner relationships. Themes that emerged through participant discussion included recognizing, setting, and asserting healthy boundaries with others, letting go of people-pleasing, embodying a presence of self-compassion for others, and allowing others to be as they are without trying to change them.

Learning to say ‘no’ was something that emerged as a significant milestone in learning how to assert one’s boundaries. Jackie shared a personal experience of learning to set boundaries within relationships and recognizing the personal importance of doing so. In my observations, her personal experience is reflective of a general theme in learning self-compassion.

Jackie shared,

I think I’m learning how to set up strong boundaries with people. Well, they’re not strong yet, but I’m learning how to say ‘no’, which really comes

from a place of self-compassion. Because, rather than saying, ‘if I can possibly do something that I’m asked to do, I will do it,’ um, instead, [saying]: is this going to be best for me to do or to say yes to this thing? I mean, it just frees up a lot of time and a lot of my energy and it feels really really great, also. What I’m really working on now is letting go of the feeling that everyone needs to like me all the time. And really just trying to become more authentic with myself and become more honest with other people.

Louise described her self-compassion practice and integration as having a ripple effect. She noticed that by becoming more compassionate to herself she was able to model a way of being for others by simply taking care of herself with kindness and warmth. “People sense that with me,” she said. Over the program duration, she said that other people in her life started to pick up on things and notice changes in her. She remarked how, without even trying, she was impacting others through shifting her own personal way of being.

Many people also shared that learning self-compassion helped them to navigate difficult family situations with greater ease and grace. This did not mean that tensions within their families were no longer there or even less hurtful than before. However, through attending to their own hurt, needs, or desires, many participants expressed that they did not feel they were exacerbating that pain or intensifying relational tension any more than it already was.

Eva specifically discussed how engaging in telling herself, “I’m here for you,” during an argument with a family member allowed her to not engage in a fight or become entangled in the personal issues they were debating. She acknowledged her own inner response and hurt at what was said to her in this argument, and yet expressed that she felt strong in offering herself the kind of validation that she wanted and needed in that moment. In turn, this helped her to cool down and gain a more balanced perspective on the disagreement, without first engaging in what she described as previously habitual ways of emotionally sparring with this person.

### **4.4.3. Body Image**

Many women are often confronted with critical thoughts about their body shape and self-image. Through media, health trends, and standardized visions of beauty, many women feel pressured to look a certain way. When women do not achieve ideal weight or image that they have set for themselves, anxiety, low self-esteem, and self-criticism can often ensue. As such, it relevant and even pertinent to explore the impact of self-compassion on women's body acceptance.

Three of the women interviewed discussed how self-compassion impacted their perceptions of their weight and/or physical appearance. Self-acceptance, which was fostered through learning self-compassion, emerged as a key component in women making positive changes to how they relate to their bodies. As women became more accepting of themselves in general, this was directly applied to how they viewed their physical selves. Consciously shifting self-talk to be more positive and affirming of their image also appeared to play a significant role. Many women reported catching themselves when they said unkind or critical things about their appearance, and were then able to correct themselves to instead offer support or greater perspective on their current situation.

Louise discussed gaining greater insight into what healthy weight loss means to her, and her relationship with her weight and body shape. She said that she has never achieved the ideals we see propagated in the media with regards to what is beautiful. Louise reported that for most of her life she gave herself 'a hard time' for this, as well as internalized a lot of criticism from her family and society for not conforming to standard body image and ideals of thinness. This often brought her into a negative cycle of critical thoughts and low affect.

Louise shared that practicing loving-kindness supported her to change her perceptions of body image more generally, as well as more easefully make positive changes in her eating patterns. She formed the loving-kindness vow, "may I be nourished." This allowed her focus to shift away from berating herself about what she eats and instead focus more on nourishment more generally and holistically. When she

nourishes herself as opposed to eating ‘healthily’ by external standards, she feels like she is truly taking care of herself.

Practicing her loving kindness vows supported Louise in shifting her relationship with her body as a whole. Building on this she added, “may I be strong – emotionally, mentally, and physically.” She said that “healthy” has too many negative connotations of criticism from her parents regarding her body image. Yet for her the word *strength* encompassed a more empowering perspective on body care. Finally, she added the vow, “may I be loved,” which Louise remarked is everybody’s ultimate wish and need. “If I’m having a moment, I say those to myself.”

Jackie talked about fearing that if she were too self-compassionate that she would become a “lazy blob of a person” and eat ice cream all the time. Indeed, she did share that she allowed herself to eat more ice cream since learning self-compassion, and that there was even some waiting for her in the freezer once she got home from our interview! She said that her initial hope was that self-compassion would actually help her achieve near-perfection in her diet and exercise habits. However, what actually transpired was allowing her fears of gaining weight and not keeping a ‘squeaky clean diet’ to relax. She was able to bring her ideas of diet and exercise into a greater sense of perspective. She began asking herself more what would feel good to her as a whole person, while still being supportive of her overall health and fitness goals.

Although Eva did not talk about body image, she did discuss comparing her physical appearance to other women as a way of asserting her self-esteem and dominance in potentially tense interactions. She spoke that she was aware that this came from insecurity and needing to compare herself with others, often through external standards. If she felt uncertain around someone, she would say to herself, “Oh, that’s okay, you’re prettier than she is.” Through becoming more self-compassionate, however, Eva shared that she lessened the need to compare herself with others, which subsequently allowed her to relax about assessing her own physical appearance. When she was able to see, feel, and know herself as worthy *just because she is*, and not because of how she rates in

comparison to others, she could be more embracing of both herself and others, in appearance and otherwise.



## **Chapter 5.**

### **Discussion**

In following chapter, I will revisit central themes that emerged regarding women's experiences of learning and integrating self-compassion, their resulting personal transformations, and the impact on their everyday lives, in light of the wider body of self-compassion literature. Specifically, this chapter will discuss compassionate imagery and positive self-talk, common humanity and the group experience, experiences of shame in learning self-compassion, giving and receiving compassion, perfectionism, increases in empowerment, body image, the impact of participating in this research, and this study's limitations. I will discuss the implications of this work for the broader fields of self-compassion research and counselling practice.

#### **5.1. The Compassionate Friend: compassionate imagery and positive self-talk**

Developing and evoking an internal sense of friendship was a key component of learning self-compassion. Women described sensing and internalizing the presence of a compassionate friend, whether this was felt as being outside of themselves, such as a grandparent, or as another part of themselves, such as being a friend to oneself. Participants described this process as significant in a number of ways. It supported them to undo feelings of aloneness, experience closeness and connection both physically and emotionally, experience greater trust in themselves and their ability to care for themselves amidst challenges, access a sense that they matter and are loved, and remain in the present moment during times of uncertainty. This inner friendship was characterized by qualities of warmth and love, which remained with women even when their visualization of the friend was no longer held in mind. Evoking a sense of friendship with oneself through visualizing a compassionate friend was experienced as both a powerful catalyst for and outcome of learning self-compassion. This quality of inner friendship was something that remained months after the MSC course ended.

Integral to the experience of evoking a ‘compassionate friend’ was positive self-talk and compassionate imagery. The Compassionate Friend guided meditation in the MSC course asked participants to visualize an unconditionally loving presence in a beautiful, safe, setting. Eventually, people were invited to imagine what this compassionate being would say to them – thus evoking positive self-talk.

Cultivating positive self-talk was yet another key part of learning and integrating self-compassion. Each woman spoke at length about the importance of learning to speak kindly to themselves, in both tone and words. Each woman described experiencing a shift of becoming more aware of their ‘self-critical voice’ and the impact this was having on them. With this awareness, they were then better able to consciously shift to using words that a) validated their present experience rather than minimized or blew it out of proportion, b) expressed care and concern for their wellbeing (for example, asking, “what do I need right now?” “How am I doing?”), and c) offered reassurance of their innate wellness (for example, saying, “I’m here for you.” “I care about you.” “You matter.”) The result of this shift in self-talk was immediate; women voiced experiencing stress relief, change in perspective, a slowing or lessening of anxiety symptoms, and feeling more supported and confident. With time and practice, participants were able to internalize an attitude of giving and receiving self-care, as facilitated and supported by positive self-talk. Ultimately, this aspect of self-compassion seemed to pave the way for a whole new way of self-to-self relating, which in turn, fed back into people regarding themselves more positively.

In Paul Gilbert’s Compassionate Mind Training (CMT) (Gilbert & Irons, 2005), a program designed to teach self-compassion to people with high levels of shame and self-criticism, Gilbert suggests that one of the main mechanisms of action in compassionate imagery and positive self-talk lies in it’s propensity to create new neuronal pathways (Gilbert & Procter, 2006; Gilbert, 2015a). Gilbert bases this off the understanding that people’s brains respond to externally and internally generated stimulation as if they are largely the same (Brewin, 2006; Whelton & Greenberg, 2005). Therefore, imagining an interaction with a compassionate, caring, and supportive other (such as with the compassionate friend meditation), or offering these qualities to oneself directly, can

stimulate areas of the brain in the same way as if someone were receiving kindness and care from an external other in actuality. Positive self-talk and compassionate visualization can consequently generate the experience of positive emotions such as connectivity, warmth, care, and compassion, which are characteristic of intimate and compassionate interpersonal relationships.

Gilbert also describes that many people often learn self-soothing and compassion by internalizing warmth and care received through positive attachment with early caregivers. When this care and attachment is incomplete, interrupted, or absent in infancy or childhood, there can often be a lack of development and stimulation in areas of the brain associated with activating self-soothing and self-compassion (Gilbert & Proctor, 2006; Gilbert & Irons, 2005; Gilbert, 2011). In other words, many people who lacked proper compassionate care as infants and children may not have not learned, practiced, or integrated the inner language and felt sensation of being kind and caring to themselves, and consequently may have not developed the corresponding neural pathways that support a compassionate way of being. In such cases, people can often become highly sensitized to detecting and responding to threats, thus creating vulnerability to experiencing shame and self-criticism, and the mental health issues that often follow therefrom. When the threat-focused system is habitually overactive, it becomes difficult to access self-soothing and compassionate responses (Gilbert, 2011). The present study adds to this discourse through sharing women's first-person accounts of this phenomenon. Each participant, at some point during their interview, referenced how challenging experiences within their families of origin during childhood impacted their present-day challenges with self-criticism and their initial difficulties in relating to themselves compassionately. Some women also expressed how a self-critical and threat-focused pattern had been firmly established in them for many years – if not for their lifetime – at the time of beginning MSC.

Engaging with compassionate imagery and positive self-talk, such as participants described learning in MSC, appears to allow people to experience the kindness and support that may have been missing from their caregivers early on in life. Typically, therapies aiming to support people in recovering from shame, self-criticism, and

attachment issues will rely on the therapist as a source of relational warmth and self-soothing that can be gradually internalized by the client (Kelly et al., 2009). Although all participants in some way expressed their appreciation for me as their MSC facilitator, in self-compassion training the emphasis is placed on clients generating their own images of warmth, love, and support from a compassionate other, whether imagined or real (Germer & Neff, 2013). Gilbert and Proctor (2006) found that following 12 2-hour sessions of CMT, which places considerable emphasis on compassionate imagery and positive self-talk, clients decreased in their levels of anxiety, shame, inferiority, and submissive behaviours, and increased in self-soothing and feelings of warmth and reassurance. Compassionate imagery and self-talk was found to be instrumental in developing what Gilbert calls a “compassionate reframe,” (Gilbert & Proctor, 2006). This allows people to become aware of threat-stimulation and/or self-criticism, and then reframe their inner response to be self-compassionate. The present study observed this process, when participants described noticing self-criticism, self-deprecation, or over-identification with difficult emotions, paused, and then consciously spoke kind and supportive words to themselves or asked themselves what they needed in that moment.

Kelly et al. (2009) further describe compassionate, nurturing, and reassuring imagery and self-talk as encapsulating the quality of self-soothing. The authors proposed that improving the ability to self-soothe through those mechanisms is integral to reducing self-criticism and depression. They suggested that learning positive self-talk and engaging with compassionate imagery increases people’s positive feelings of being cared for, important, and safe. This also boosts people’s ability to resist and defend against self-attacks when they arise, rather than responding to self-criticism with shame, sadness, and submission. In one study, these authors found that compassionate imagery and positive self-talk decreased levels of shame and depression in people suffering from chronic acne, as well as decreased the amount of skin complaints they had (Kelly et al., 2009). Furthermore, they found that exploring self-critical and self-compassionate splits through 2-chair interventions helped people to further internalize and increase their positive self-talk. The authors suggest that the 2-chair intervention allowed participants an opportunity to refute their self-critical thoughts, at the same time as actively engage in positive self-talk and form clearer mental imagery about themselves as compassionate beings.

Although this study offers valuable insight into the power of these practices, it was conducted primarily with undergraduate students and used self-report questionnaires. This may limit the generalizability of their findings and still leaves a gap in our understanding of *how* people engage with and personally experience compassionate imagery and positive self-talk, as well as its perceived impact on the self-compassion learning and integration process.

The current study contributes women's personal voices to what the self-compassion research has already ascertained regarding the benefits of compassionate imagery and positive self-talk. Further to Gilbert's (2009b, 2010) research on the evolutionary and neurophysiological basis of self-compassion and self-criticism, participants in this study confirmed that they did, in fact, experience a shift in not just specific beliefs or schemas, but in their whole orientation to self. The more women practiced positive self-talk and compassionate imagery, the easier and more natural it became for them to respond with compassion, self-soothing, and dismissal of self-criticism. Although this study is phenomenological in nature and did not allow for measuring neural coordinates, participants' personal accounts of self-compassion align with Gilbert's theories and add rich description to how this is personally experienced.

Participants also discussed the self-soothing nature of evoking positive self-talk and compassionate imagery. To my knowledge, the majority of self-compassion research thus far has examined the impact of self-talk and compassionate imagery through measuring brief self-compassion manipulations or else trait self-compassion. The findings in this thesis add a new dimension to the literature, as they speak to the lasting and evolving nature of practicing compassionate imagery and positive self-talk. These are key aspects that women drew on when evoking self-compassion in moments of suffering, and influenced an emergent compassionate way of being – both throughout the MSC course and in the months following. To my knowledge, the longest follow-up study to date found that positive gains made following MSC training were maintained up to 1 year afterward (Germer & Neff, 2013). As far as I am aware, however, the current study is the first within the self-compassion literature to observe participants' detailed first-person experiences at a 3-4 month follow-up period, as well as the first that speaks specifically

to gains maintained via learning and practicing compassionate imagery and positive self-talk – whether learned through group self-compassion training or individual CFT. Indeed, these practices emerged as key processes of change by which self-compassion was learned and enacted. Future research is needed, however, to more fully understand the role of explicitly learning compassionate imagery and positive self-talk as a means of cultivating greater self-compassion. Exploring various ways that compassionate imagery and positive self-talk can be learned and incorporated, in both therapeutic and psycho-educational settings, would also be of great value.

This research also has important implications and applications to counselling practice. Shame, self-criticism, and low self-worth underlie many issues people seek counselling for. Self-compassion – specifically compassionate self-talk and imagery – is known to target these challenges directly (Gilbert, 2014; Rockcliff et al., 2011; Kelly et al., 2009; Gilbert & Proctor, 2006). The current study re-emphasizes the positive impact of cultivating positive inner dialogue across various settings, as well as using positive imagery and evoking an inner sense of friendship as a way to help clients learn to support themselves through action, as well as *feel* supported, cared for, and loved.

Many therapeutic modalities already employ the use of positive self-talk and compassionate imagery, such as the emphasis on positive self-to-self relating in DBT (Shearin & Linehan, 1994), gaining awareness of and questioning automatic thoughts in CBT (Gilbert, 2010), exploring hostile and helpful voices in Gestalt 2-chair therapy (Kelly et al., 2009), working with internal voices to make room for greater self-awareness and self-care in Internal Family Systems Therapy (Schwartz, 2013), and working with self-compassion explicitly in Compassion Focused Therapy (Gilbert, 2014). The present study shines a light on the importance of self-talk and imagery in therapy and how this can work to support clients in and out of therapy. Through sharing their first-hand experiences, the women in this study give us a better understanding of specific words and phrases that people can say to themselves in order to engage in positive self-talk, how this serves to interrupt negative thought cycles and reinforce positive self-to-self relating, how compassionate imagery is evoked as well as it's experienced impact, and how both

compassionate imagery and positive self-talk contribute to the maintenance and integration of self-compassion and positive wellbeing throughout time.

## **5.2. Common Humanity and Group Experience**

Understanding and internalizing a sense of common humanity (Neff, 2003a) emerged as a significant catalyst for and derivative of learning self-compassion, for the women in this study. Women described that connecting with others physically through the MSC course, hearing other women's first-hand stories of struggle and vulnerability, connecting with a more global sense of unity and belonging, and remembering that they are not alone in their suffering, played a significant role in learning self-compassion. Although common humanity is encapsulated in the very definition of self-compassion according to Kristin Neff (2003a), it also emerged as something distinct that helped people deepen an overall experience of self-compassion *and* perceived compassion from others. Women reported that their experiences of common humanity allowed them to open up more to their experiences of suffering with transparency, feel connected to others, and decrease experiences of shame and isolation.

Common humanity is recognizing one's experiences as part of the larger human experience, versus seeing them as separating and isolating (Neff, 2003a; Hoffart et al., 2015). Within the current research, common humanity has largely been established and acknowledged as a key component in the construct of self-compassion (Neff, 2003a, 2011; Breins & Chen, 2013; Hall et al., 2013; Gilbert, 2014). Common humanity is seen to counter a pervasive sense of isolation that people tend to have in relation to their suffering, which can lead to and exacerbate feelings of shame, stress, and aloneness. Neff (2011) states that instead of emphasizing 'poor me' in the face of suffering, common humanity recognizes that life can be difficult for everyone. As an extension of this, Neff says that common humanity encourages people to remember that others are suffering in similar and perhaps even worse ways, which allows people to gain balanced perspective regarding their own struggles.

Stevenson and Allen (2016) found common humanity to be closely related to empowerment in women, specifically. When women know they are not alone in their experience, they find it comforting and encouraging. Br n  Brown’s (2010) research on shame also found that when people had the chance to share their experiences with others, and in turn hear others’ experiences, they were better able to accept themselves and their challenges. Likewise, the psychologist and Buddhist dharma teacher, Tara Brach (2003), shares that when we understand that others suffer too, we know we are not alone in our suffering. This is closely related to the Buddhist concept on ‘inter-being’—the understanding that all beings within the cosmos are intimately connected, and that we, as humans, belong to something much greater than the individual self. This sense of unity, in turn, can bring great psychological relief to people (Brach, 2003).

Although the current literature and research on self-compassion acknowledges common humanity as a core component of self-compassion, in my research I have not come across literature that explicitly examines the theme of common humanity as it relates to self-compassion training in more descriptive detail than is described in Neff’s (2003b) Self-Compassion Scale. There appears to be a significant gap in the literature in observing how people experience common humanity beyond its brief definition, as well as its nuanced significance in the learning process of self-compassion.

Furthermore, the literature displays mixed results regarding the role and significance of common humanity within brief self-compassion interventions. Gilbert (2014) describes that common humanity supports people to depersonalize difficulties and find greater equanimity in suffering; Kirby and Laczko (2017) found common humanity to be linked with feelings of connectedness within relationships; and Compas et al. (2016) found it to be a predictor of happiness. On the other hand, Van Dam et al. (2011) found that, unlike mindfulness and self-kindness, common humanity was not a significant predictor of mental health outcomes following a brief mindfulness and acceptance intervention. Similarly, Hoffart et al. (2015) found that people’s understanding of common humanity did not change following 10 sessions of psychotherapy that emphasized self-compassionate imagery for clients with PTSD, whereas increases in both mindfulness and self-kindness were noted. These mixed results demonstrate a greater



need for detailed understanding of how people understand and engage with the construct and concept of common humanity while learning self-compassion. The latter two studies also delivered self-compassion interventions in formats other than group environments, which raises the issue of better understanding the relationship between experiencing common humanity and learning self-compassion in a group format. Furthermore, as Pauley and McPherson (2010) point out, common humanity has largely been explored as a correlational construct to date, and warrants deeper exploration in its own right.

This thesis study confirms the large body of research highlighting common humanity as a central aspect of self-compassion. The current research also adds another layer of understanding to the complexity and breadth of how common humanity is experienced across contexts. Building on the current literature, the present study also found that common humanity did not simply exist as a mental construct, but was a *lived experience* for women. Central to internalizing a sense of common humanity was having the experience of relating to others in the group, and experiencing first hand that they are not alone in their experiences of shame, suffering, and stress. All women described the comfort and relief they felt when they heard others talking about similar issues that they experienced, which helped them feel more connected to others and less ashamed about their own struggles. These experiences allowed people to further take risks in being vulnerable, understand their own difficulties as worthy of attention, and gave women the courage to be more honest with themselves and with others.

This said, many women also described that the path to common humanity was not as straightforward as remembering that they are not alone in their suffering. Many spoke to feeling great vulnerability and sometimes fear in sharing with others and opening up to their own experiences of suffering, even in light of recognizing shared aspects with others. That said, once they were able to share, they were also able to deepen a sense of connectedness with others. As Menahem and Love (2013) said, “reality is really our connectedness to each other.”

When considered alongside the broader body of self-compassion literature, this study highlights the benefits of offering self-compassion training in a group format, such

as with the 8-week MSC course. Built into the very structure of the course is the opportunity to connect with others and experience common humanity first hand. Further research to explore various ways that people learn and experience common humanity is also merited, and could have significance to the development of future trainings. Moreover, these findings confirm the important role that common humanity could have in healing shame, in particular. It is worth examining how common humanity can be best cultivated and explored within both group and individual counselling settings, as a way of supporting people to soften experiences of shame. These results also affirm the importance of normalizing difficult experiences and emotions, and fostering a sense of unity and connectedness over division and isolation.

### **5.3. Shame**

The relationship between self-compassion and caring for one's shameful emotions and memories emerged as a significant theme in this study. Learning basic self-compassion practices (as were outlined in the previous chapter) helped women cultivate the courage and responsibility to care for painful emotions and states of being when they arose. In turn, compassionate exploration of difficult feeling states appeared to cultivate deeper integration of self-compassion, by creating more openness, understanding, and transparency in women's self-to-self relating. Ultimately, having the courage to look at shame with self-awareness, compassion, and openness allowed for women to tolerate, accept, and in some cases, transform their shame. This, in turn, helped people feel more confident, take on more meaningful risks, and more skilfully self-soothe in the face of distress.

Many participants made reference to the psycho-educational component of the MSC course, where they were able to begin cognitively understanding and re-conceptualizing what it means to experience shame. Common humanity, as was mentioned earlier, also played a significant role in people understanding their shame differently. Seen in a different light, the experience of shame did not need to be so shameful but rather a normal part of being human, and something to explore with curiosity, tenderness, and compassion.

This is not to say that this process was not met with challenges or struggle. As could be expected, exploring shame brought up many intense emotions and resistance in people, as was described in the section on *backdraft* in the previous chapter. Participants named this process as bringing important issues to the surface that need to be addressed, but also spoke to the tender vulnerability this evoked. However, participants named that when they were able to speak to these harsher inner voices with kindness, too, then transformation truly began to take hold.

A key part of relating with shame in a new and healthier way was exploring the roots of shame within the context of childhood, family of origin, and culture. Additionally, recognizing and naming negative core beliefs allowed participants to become clearer and more aware of when they were responding from a place of shame, which could then become a conscious moment of reorienting their attention to a more compassionate response.

There is overwhelming agreement within the self-compassion literature that self-compassion has a valuable role to play in mitigating and alleviating shame (Gilbert 2011; Gilbert & Proctor, 2006; Velotti et al., 2017; Webb et al., 2016; Whelton & Greenberg, 2005; Boersma et al., 2015; Engel, 2015; Ferreira et al., 2014; Holden, 2015). Self-compassion is known to help protect against critical self-attacks and the shame that ensues (Kelly et al., 2009); can help to activate self-soothing systems, which helps reduce feelings of anxiety and isolation when people are faced with shame and personal inadequacies (Gilbert & Irons, 2005); helps people to treat themselves in a more balanced way (Arimitsu, 2015); and can help counteract social inhibition as a result of shame, by helping people feel more confident expressing themselves and taking meaningful risks (Holden, 2015; Neff, 2012).

Germer and Neff (2013) assert that self-compassion directly targets shame, which is why it is addressed in detail in the MSC course. They outline the importance of locating negative beliefs associated with shame, such as “I’m a failure,” “I’m stupid,” or “there’s something wrong with me.” The next part in addressing shame is locating it as a physical sensation in the body, and then offering self-kindness. This allows the

experience of shame to be processed and soothed on a mental, physical, and emotional level. The present study found that MSC's approach to working with shame achieved just that. Participants each used language to describe how they were able to be with shame and other difficult emotions in new ways, by becoming aware of cognitions, body sensations, and what words they needed to hear, such as "there's nothing wrong with you," "I'm proud of you for doing your best," or "I'm here for you." As such, they were able to experience a more integrated ability to be with shame compassionately, whenever it arose and across a variety of settings.

People who lack self-compassion are more likely to have critical parents, come from dysfunctional families, and display insecure attachment patterns than self-compassionate people do (Neff & McGehee, 2010; Kelly et al., 2009). For this reason, many scholars suggest that people who have psychological problems related to family background issues may especially benefit from developing greater self-compassion (Baer, 2010; Gilbert, 2011). Although participants were not asked to go into family background issues, it became clear that self-compassion helped people to revisit critical styles of relating and attachment issues within their families of origin, regardless of how healthy or dysfunctional they may have been. As was discussed earlier, Gilbert and Proctor's (2006) research highlights that people's early attachment issues can create internal conditions where people are more prone to shame responses and 'threat-focused' activation. The women interviewed in the present study voiced that learning self-compassion helped them revisit old attachment wounds that were precursors to shame and negative self-beliefs. They shared that doing so helped them cognitively understand how they had internalized critical ways of relating to self, and acknowledge their desire for love, belonging, and safety. If shame stems from the belief or fear that one is unlovable and does not belong (Germer & Neff, 2013; Gilbert, 2011), then self-compassion offers people the opportunity to extend a longed for sense of belonging, love, and acceptance to one's own self. As was discussed earlier, one of the ways that self-compassion is understood to work is by activating caregiving systems related to feelings of secure attachment and safety (Gilbert & Proctor, 2006). This boosts emotional resilience and also creates the felt experience and capacity of being able to care for oneself.

Although there is ample research touting the potential benefits of learning self-compassion for people who are high in shame, there is still a lack of phenomenological research that examine how people experience the transformation of shame as a result of learning self-compassion, as well as more detailed insight into what this process may entail for people, both internally and structurally. The present study reveals a more nuanced understanding to this theme and lends personal voice to already established research in the field, which thus far has been primarily correlational in nature (Pauley & McPherson, 2010). For example, participants spoke uniquely to ways that resistance and shame arose – and even appeared to increase at times – in the process of learning and practicing self-compassion. At the same time, however, they also spoke to the importance of self-compassion in learning how to begin tolerating and accepting intense shameful emotions and experiences, as well as how to apply practical tools to regulate and potentially dissipate such challenging feelings. Participants gave voice to the importance of recognizing and acknowledging relationships between early family dynamics and their present day experiences of shame. This helped to conceptualize and normalize their experiences of shame, thus making it easier to engage with it compassionately. Participants also spoke powerfully to not just the importance of common humanity, but *how* it impacted them and supported them in beginning to open up to and heal from their experiences of shame.

Given that shame is a prevalent concern in psychotherapy and often underlies mental health concerns (Velotti et al., 2017), learning self-compassion can play a significant role in supporting people to heal and transform within therapy. Teaching basic self-compassion skills of self-soothing, mindfulness, self-kindness, and common humanity, can potentially further support clients in exploring difficult and traumatic past experiences or emotions. For example, Acceptance and Commitment Therapy (Hayes, 2004) captures this through its focus on embracing one's history with non-judgment and acceptance. Lastly, as Germer and Neff (2013) recommend, MSC and other group self-compassion programs can be an excellent adjunct to psychotherapy, for their ability to help clients gain skills to navigate difficult and shameful emotions with a greater sense of inner support.

## 5.4. Giving and Receiving Compassion

Learning to balance the giving and receiving of compassion for oneself and others emerged as a key outcome of learning self-compassion. This is especially significant to women's processes of learning self-compassion, given that many women find themselves in caregiving roles, both personally and professionally (Moen, Robison, Dempster-McClain, 1995).

Indeed, many of the women in this study described themselves as giving a lot of energy and attention to caring for others' wellbeing above their own, and even felt selfish at times when they gave to themselves instead of others. That said, part of learning self-compassion was acknowledging the cost of giving to others at the expense of one's own wellbeing, giving oneself permission to receive care from both self and others, and learning how to care for oneself in the midst of supporting others. As a result of this, women expressed feeling more energized within their caregiving relationships, setting better boundaries in personal and professional relationships, developing equanimity in the face of challenges, and feeling more authentic and sustainable in their care for others.

A substantial body of research shows that self-compassion is especially effective for caregivers, as a means of protecting them against burnout and compassion fatigue (Ringebach, 2009; Steveston & Allen, 2016; Karris & Caldwell, 2015; Jazaieri et al., 2014; Patsiopoulos & Buchanan, 2011). In a study investigating the impact of self-compassion for therapists – a role that traditionally involves giving compassion to others – Patsiopoulos & Buchanan (2011) found that having self-compassion increased therapists' ability to skilfully manage the impact of stress, address signs of depletion, strengthen their boundaries, lower unrealistic expectations, and engage in self-care when needed. In other words, self-compassion opened up opportunities for them to better care for themselves in a variety of ways, which then supported them to continue offering compassion to others in sustainable and meaningful ways.

Yarnell and Neff (2013) found that women tend to demonstrate less self-compassion than men do. Taken in conjunction with the understanding that women typically take on more caregiving roles than men as well, it appears that learning self-

compassion could be of unique and significant benefit to women. Indeed, there were significant steps that women took throughout the process of learning self-compassion that supported them in balancing the giving and receiving of compassion. To my knowledge, these processes have not been clearly outlined in the literature to date. As I said earlier, one of the most salient precursors to giving and receiving compassion was acknowledging one's worthiness to receive, rather than to simply giving continuously and then becoming depleted as a result. This was in part facilitated by women recognizing the heavy cost to their emotional, physical, and mental health by doing so. More general increases in women's self-worth and valuing of their own wellbeing also played a role in their ability to give compassion to themselves. And finally, learning to both give and receive compassion was also facilitated by gaining specific knowledge of and tools for *how* to care for oneself while also caring for others. For example, women learned to mentally and emotionally direct compassion towards themselves through awareness of breathing when they noticed that they too needed compassion, as well as asking themselves, "what do I need right now?" when they felt the balance of giving and receiving compassion needed adjustment.

Given the limited size and scope of the present study, it is worth further examining the process by which women can learn to give and receive compassion through targeted training programs. This is especially true for women who are also in caregiving professions, as women in this current study who were also in explicit caregiving roles expressed how impactful this learning was for them.

These findings are also significant within counselling practice, and highlight self-compassion's potential to support both clients and therapists to give and receive compassion with equanimity. As was previously mentioned, this particular dimension of self-compassion can be of particular benefit for women in caregiving roles (Raab, 2014); further exploration of how this can be applied in therapeutic and/or educational training so as to reach people in these positions would be worthwhile. Furthermore, being able to give and receive compassion is indicative of healthy interpersonal relationships (Yarnell & Neff, 2013). Given that many people seek counselling for interpersonal issues,

intentionally teaching clients self-compassion skills could play a significant role in fostering greater relationship health, happiness, and resilience.

## **5.5. Perfectionism**

Learning self-compassion supported people in becoming less concerned with meeting perfectionistic ideals for themselves and their lives. Women reported that since learning self-compassion, they were able to be more present to the moment-to-moment unfolding of their lives, rather than getting caught up in comparing their present reality to their idealized one. Several women talked about experiencing less drive for *being the best*. They shifted away from wanting to excel in comparison to others to valuing more their own intrinsic worth, regardless of external achievements.

This does not mean that participants lost track of their goals or became lazy. As was discussed in the previous chapter, many women shared how easing off on pressure to be perfect through as a result of learning to accept themselves more as they are actually opened up space, time, and energy to work on their goals in a more focused and balanced way. Moreover participants were able to take more meaningful risks in acting authentically with others, trying new things outside of their comfort zone, engaging new relationships, and admitting to themselves what it is that they truly desire. In the absence, or at least decrease, of self-criticism and fear of failure, people experienced greater freedom in pursuing what was important to them.

As an extension of this, becoming more self-compassion helped people shift from motivating themselves with criticism and shame to motivating with kindness. Many people expressed fears that they would lose motivation if they were not hard on themselves to get things done or to ‘be better’. One woman shared how that fear still came up every now and then. However, through developing kinder self-talk and the desire to be kind to oneself, people were still able to encourage themselves to meet their desired goals – but with compassion. Again, the impact of this is that people felt safer and more secure in pursuing change and growth, with the understanding that regardless of the outcome, they would be able to support and care for themselves. This speaks to Gilbert’s



(Gilbert & Proctor, 2006) description of how self-compassion supports people to shift from an overactive drive-focused system –characterized by continually seeking one’s desired outcomes – to gaining greater access to the affiliative-focused system – characterized by qualities of peace, equanimity, mindfulness, and contentment.

The present study’s findings also confirm the self-compassion literature’s present discourse on perfectionism. Neff (2011) found that trait self-compassion was negatively correlated with maladaptive perfectionism, which she defined as when one’s best is never good enough. Self-compassionate people were found to set goals just as high as ‘perfectionists’, but were less likely to become devastated when they did not meet their expectations. Additionally, students higher in self-compassion were more likely to reach mastery in their academic goals over those who lacked self-compassion. She proposes that this is because they were motivated by curiosity of learning and desire to develop new skills, rather than fear of failure or a need to impress (Neff, 2003a).

Gilbert and Proctor (2006) distinguish between two types of perfectionism: 1) striving to meet one’s personal standards, and 2) striving to avoid perceived criticism and rejection from others. They suggest the latter is linked with mental health issues and high self-criticism. Joeng and Turner (2015) found that the relationship between socially prescribed perfectionism and depression is mediated by self-compassion. Smeets et al. (2014) also found that teaching college women to embrace their imperfections with compassion not only led to gains in self-compassion, but also in mindfulness, life satisfaction, connectedness, optimism, self-efficacy, and reduced rumination.

The current study further adds to the growing demonstration that self-compassion has a crucial role to play in mitigating and transforming the harmful impacts of perfectionistic striving. That said, what also emerged from this study is the importance of acknowledging the motivation behind perfectionism. Rather than bullying themselves for being perfectionistic and not self-compassionate enough (which, though paradoxical, is not uncommon), what participants found helpful was recognizing how their perfectionism was actually trying to serve them. Women named that their perfectionism drove them to excel in order to achieve a deeper longing for acceptance and belonging. From the

perspective of viewing one's perfectionism as well intentioned but nonetheless damaging, it became easier to shift to other ways of relating with self and personal ambition (Neely et al., 2009). As was mentioned in Chapter 3, one woman said she was thankful for all that her perfectionism and 'type A personality' had helped her to achieve, even though she now preferred a kinder approach to pursuing her goals. Holding a healthy respect for her tendency to strive for excellence with perfectionistic attitudes then allowed her to more clearly recognize ways in which this was no longer serving her, and instead seek alternative compassionate approaches.

To further understand the role that self-compassion plays in mitigating perfectionism, it is worth more closely exploring the links between self-compassion (especially self-acceptance) and maladaptive perfectionism. Building on this, it is of interest to better understand ways that shifting from a perfectionistic to a compassionate pursuit of one's goals can be learned, taught, and sustained by people. It is also worth considering in greater details how or if people's goals and ambitions change as they become more self-compassionate and less perfectionistic.

Several women in this study also addressed perfectionism as a type of double-edged sword: on the outside it appears to help people to get things done and can motivate to a certain extent, and yet it is also often fuelled by and creates even more insecurity and fear of failure in people (Mills & Blankstein, 2000). Given self-compassion's apparent impact on alleviating the harmful impacts of perfectionism, offering more opportunities in academic and workplace settings on how to set and work towards goals with self-acceptance and not self-criticism – whether through psycho-education or therapeutic means – may also be of benefit.

## **5.6. Empowerment**

Learning to care for their emotional, mental, and physical wellbeing, especially in times of stress and difficulty, was directly linked to women feeling more empowered. All participants reported feeling stronger, more fearless, and confident as a result of developing greater self-compassion. Many women directly used the terms "empowered"

and “powerful” in describing how they felt. Women reported that, in large part, gains in confidence were rooted in the knowledge and experience that should future difficulties arise – whether through disappointments, failures, embarrassment, or hardship – that they felt confident they would be able to care for themselves with compassion and competence. Mindfulness also appeared to play a key role in women’s increases in empowerment. By being in the moment and learning to accept themselves and their experience as it is, they were able to let go of judgment more easily. Therefore, rather than being held back by fear of judgment (both their own and perceived others’) more energy and attention could be focused on what they were truly interested in, as it unfolded in the present moment. Furthermore, learning to pay attention to, accept, and be with negative emotions in a state of equanimity when they appeared allowed women to navigate difficult experiences with more confidence, rather than fear, hide, reject, or blow those emotions out of proportion.

Learning self-compassion has been previously linked with increases to empowerment (Steveston & Allen, 2016; Germer & Neff, 2013). In their study examining the link between self-compassion and empowerment, Steveston and Allen (2016) defined empowerment as “enabling women to access skills and resources to cope more effectively with current, as well as, future stress and trauma” (Johnson, Worell, and Chandler, 2005, p.11). They found measures of empowerment to be closely connected to Neff’s (2003a) three components of self-compassion. Common humanity was related to feeling part of a group; self-kindness was related with positive self-image; and mindfulness was related with the ability to be aware of negative emotions with acceptance, as well as expressing strong emotions without losing control. Steveston and Allen (2016) found that empowerment was positively correlated with self-compassion; however, following a brief self-compassion manipulation for women, they did not find significant increases in their empowerment levels. Given these mixed findings, these authors called for further research examining the relationship between self-compassion and empowerment. Another study also found that increases in empowerment were linked to increases in self-compassion, following an intervention for people recovering from psychosis (Waite et al., 2015). As clients developed self-compassion they also increased

their sense of empowerment, hope, and belief in their capacity to cope with psychological challenges.

The present study confirms and expands on the above findings. As women progressed in learning self-compassion they also described feeling more empowered. In part, this seemed to be as a result of increasing their belief in their capacity to cope with challenges, as well as gaining more and more personal examples of having done just that, and successfully. Also, these results confirm and expand on Steveston and Allen's (2016) study calling for greater exploration of links between self-compassion and empowerment. As women practiced self-compassion and integrated it into more areas of their lives, they experienced an expanding sense of empowerment.

However, it also appeared to take time for women to see and *feel* the benefits of self-compassion in their lives before it had a significant impact on their confidence and sense of empowerment. More research exploring the relationship between empowerment and self-compassion training would be of benefit to the self-compassion research and therapeutic community. In terms of counselling practice, self-compassion may especially help women who struggle with assertiveness and self-worth. It also has important implications for counselling within a feminist and social justice framework, and may be of added benefit for women who feel marginalized and/or oppressed (Steveston & Allen, 2016). Further research as to the impact of self-compassion and empowerment within these populations is also an area for further investigation.

## **5.7. Body Image**

Self-compassion appeared to play a significant role in shifting women's harmful beliefs and perceptions about their body image. In the process of becoming more self-compassionate, women experienced decreases in self-critical thoughts about their bodies, physical appearance, weight, and eating habits. This appeared to be largely due to increases in self-acceptance. Women expressed consciously engaging in positive self-talk with regards to their bodies, and were able to recognize, stand up against, and correct harmful self-criticism and body shaming when it did arise.

Closely related, another significant factor in decreasing preoccupation and concerns with body and physical appearance was experienced through increases in self-worth. As women shifted away from comparing themselves with others they were able to feel more confident in their own self-worth – not contingent on their achievement or positional hierarchy but *just because*. Then, they were better able to accept and even celebrate themselves as they were, rather than elevate or disparage themselves in comparison with others.

Loving kindness meditation and vows also appeared to be of particular benefit to supporting a more compassionate relationship with body preoccupation. Saying a mantra, such as, “may I be strong,” or “may I be loved,” seemed to help women reorient the relationship and focus they had with their physical bodies and image. This appeared to be especially helpful when women had experienced intense and/or ongoing shame for their physical appearance or weight for long periods of time, as it helped interrupt habitual patterns of thinking and responding to body preoccupation, and serve as a reminder of their intention to relate to themselves compassionately.

These findings are of particular significance, as body dissatisfaction is found to be prevalent for women of all ages (Albertson et al., 2015). To date, there is a small body of research that has explored the impact of self-compassion on body image (Albertson et al., 2015; Wasylikiw et al., 2012; Ferreira et al., 2014; Hofmann et al., 2012; Hemanth & Fisher, 2015; Smeets et al., 2014). Albertson and colleagues (2015) found that following just 3 weeks of self-compassion meditation that women experienced decreases in body dissatisfaction, shame, and contingent self-worth based on appearance. They also increased in body appreciation, and maintained these benefits over time. Wasylikiw et al. (2012) similarly found that increases in self-compassion predict fewer body concerns, and was uniquely associated with decreases in self-judgment. They also found that self-compassion partially mediated body preoccupation and depression symptoms.

In light of the above findings, perhaps it is increased self-acceptance – closely related to decreased self-judgment – which plays such a significant role in the relationship between self-compassion and body image. Furthermore, the present study

confirms that self-compassion does indeed have a mediating role between body preoccupation and depression symptoms, in its ability to interrupt rumination and habitual negative self-talk cycles associated with body shame.

There is emerging research that suggests self-compassion increases mind-body awareness, too (Hofmann et al., 2011). By learning to attend to the body's signals more closely, people are better able to notice signs of distress and respond in self-reassuring ways (Longe et al., 2010; Gilbert, 2014). In this light, the body becomes a source of great wisdom and information that can tell one about feelings, needs, or desires that require tending (Hemath & Fisher, 2015; Hoffman et al., 2011). As such, increased mind-body connection may play a significant role in reorienting people's perception of and respect for their bodies. Rather than the body being something to embrace versus reject, or regard with pride versus disgust, self-compassion may help people feel more whole and integrated with their physical selves. More involved research exploring the role between mind-body connection and body acceptance, as mediated by self-compassion, would be of great benefit to research and counselling practice communities alike.

Understanding the impact of self-compassion on decreasing body shame and complaints presents important information for counselling practitioners in particular, given the prevalence of body shame amongst women seeking counselling (Albertson et al., 2015). Self-compassion is a cost effective and useful way to address body concerns and weight issues, and to help facilitate overall self-acceptance. Furthermore, it may be especially helpful for clients seeking psychotherapy and weight loss support simultaneously – so as to better facilitate healthy and compassionate pursuit of weight loss goals.

## **5.8. The Impact of Research**

Women expressed that taking part in the research interview process itself was also conducive to learning and integrating self-compassion. Reflecting and speaking about their experiences of learning self-compassion and how it has and continues to impact them helped women conceptualize their own journey of *becoming* self-compassionate, as

well as having deeper appreciation for the continued impact this has on their lives. It also gave people an opportunity celebrate their successes, transformations, and be witnessed by the interviewer and facilitator (myself) in this process.

Given that MSC was offered in a group format, women also expressed that they enjoyed the opportunity to talk one-on-one with me about their experiences in greater depth. These findings speak to the relational nature that phenomenological research can have (Smith & Osborne, 2008) as well as offers potential suggestions for practice. Scheduling individual meetings with participants 1-3 months after MSC or another self-compassion training program ends may help people with the integration process and serve as a reminder for all they learned in the course. If this is not feasible, another consideration is for participants to arrange a time to meet one-on-one with another person from the group to co-reflect on the learning and integration process – so as still to have the benefits of sharing and being witnessed in a personal way.

My own understanding and conceptualization of self-compassion – and the many ways it can trickle into, infuse, and guide life – was deepened and nuanced by engaging with this research. During the interviews themselves I experienced a deep sense of empathic attunement to participants, as they described their inner processes of learning, becoming, and being self-compassionate. Rather than being detached clinical research interviews, those meetings felt like deeper exchanges of the personal and sacred. The quality of compassion felt alive in the room during my interview with each woman. I also related personally to many of the experiences the women shared with me. Although this required me to be keenly aware of my own biases, I often felt a sense of connection and unity that is characteristic of common humanity throughout the process of meeting with participants, analyzing the interview data, and engaging with the wider field of self-compassion research. When I struggled with delineating themes, articulating findings, or simply focusing on writing, I felt inspired by the courage and meaning infused in the women's sharing, as well as privileged to have the challenge of weaving together a coherent narrative from their personal experiences. Ultimately, I believe that these women's experiences point to deeper truths that are worth sharing and exploring as a wider community of researchers, practitioners, and thinking, feeling, human beings. I also

felt revitalized by hearing participants reflect the value of learning self-compassion, and was consequently affirmed in my continued desire to more deeply embody this quality in myself and to share this work with others through continuing to teach MSC courses to the public.

This research also strengthened my understanding of self-compassion as being a process and a way of being, rather than a destination or fixed attribute. A self-compassionate response in one situation can look entirely different in another situation; the guidance in knowing what is called for seems to come from learning to listen to oneself carefully and compassionately. I now more fully understand a key aspect of self-compassion as being empathically attuned to oneself, and sensitive to the fine fluctuations in mind, body, and spirit that may need acknowledgement, tending to, and love. I am also aware that self-compassion is not a silver bullet. If self-compassion is about developing a healthy and thriving relationship with oneself, then just like any other significant relationship in our lives, it requires and is worthy of continual nurturing, care, and support, and understanding for fumbles encountered along the way.

## **5.9. Limitations**

Although the present study offers a unique window of insight into the nature and depth of women's experiences of learning and integrating self-compassion, there are several limitations to this study. First is the small sample size. Although IPA is designed to work with small samples (Smith, 2006), further research is required to better understand and reflect on the present findings here. Second, although the study aims to speak to the process of learning self-compassion more generally, it does so within the context of examining women's experiences of attending MSC. More research exploring how women experience learning self-compassion as facilitated by other therapeutic and psycho-educational modalities would be of value. Third, I played many roles in this study, as group facilitator, interviewer, and researcher. Although this was helpful in gaining unique insight into participants' experiences and fits well within the IPA methodology, my having multiple roles also introduced greater risks for bias in both collecting the data and interpreting the results. Replicating this study with separate and



defined roles between facilitator, interviewer, and researcher, may allow for a more unbiased and objective view of how women learn and integrate self-compassion. Finally, this study also did not include member-checking the findings with participants, which is often considered a valuable part of trustworthiness in qualitative research (Hadi & Closs, 2016). Although I did engage in reflexivity throughout the research process as well as debriefed and consulted with my supervisors to ensure credibility, member-checking is an additional way of ensuring that the findings presented are trustworthy and dependable. Member-checking with participants will be done before this manuscript is prepared for publication with a journal.

## Chapter 6.

### Conclusion

This study sought to better understand women's lived experiences and meaning-making of learning and integrating self-compassion, and was guided by women's direct, first-person, voices. This study observed that learning self-compassion involved several markers of change and action, many of which then served to further reinforce women's integration of self-compassion. The process of learning self-compassion appeared to be influenced and supported by cultivating non-judgmental awareness, internalizing a sense of friendship with oneself, forming new habits of positive self-talk and self-to-self relating, connecting with the concept and felt experience of common humanity, developing a willingness to tolerate and explore difficult feelings and experiences, and learning to listen compassionately to oneself and others. Learning self-compassion was found to not just be something that women did as a practice, but rather helped to transform key aspects of their very selves. Women expressed that through learning and engaging with self-compassion, they developed greater self-awareness and emotion regulation, learned to navigate shame and other difficult emotions with greater skill and ease, were better able to motivate themselves with compassion rather than with criticism or blame, learned to both give and receive compassion, eased off on perfectionistic striving, and experienced greater self-empowerment. The impacts of self-compassion in women's daily lives were especially noted in their work, relationships, and body image.

Becoming more self-compassionate helped women relate to themselves differently at mental, emotional, physical, and spiritual levels. This reflected a more general shift in women's entire way of relating with life and with others, too. As Christopher Germer (2009) says, "a moment of self-compassion can change your entire day. A string of such moments can change the course of your life." Although women often described the impacts of learning self-compassion as being subtle in nature, they also reported that it was profoundly impactful in reorienting them to a new way of being.

This study confirms and expands on the current body of research investigating self-compassion and mindfulness practices, and offers commentary on the role of self-compassion as an embodied trait, a construct that can be learned and evolved over time, and a support that can be applied therapeutically. This speaks to the important role that self-compassion holds in mental health and wellbeing. It offers important considerations for counselling practice, which can be applied to psycho-education, group counselling, and individual therapy. Overall, this study speaks to the profound capacity that learning self-compassion has to help initiate meaningful change in women's lives and sustain wellbeing across many dimensions.

Witnessing and story-telling people's intimate journeys of self-compassion has been an honour and a privilege. I feel humbled by the deeply personal experiences of healing, acceptance, growth, struggle, self-knowledge, and empowerment that women shared with me throughout this process. This project has been far from an academic endeavour alone, and has illumined my heart and mind in ways that have transformed my own embodied understanding and appreciation of what it is to be self-compassionate. Learning to be kind to oneself can appear simple from the outside, and in some ways, perhaps it is. Yet above all else, this research on self-compassion has shown me how powerful, far-reaching, and profound it is to learn how to treat oneself with compassion, respect, and love. Sharon Salzberg (2002) captures a poetic truth of self-compassion when she says, "through loving-kindness, everyone and everything can flower again from within." Although the women's journeys captured within this thesis are far from over, their experiences reflect the power of self-compassion to help renew our sense of confidence, truth, and beauty in our selves and in life, no matter what our past or current circumstances may be.

## References

- Au, T. M., Sauer-Zavala, S., King, M. W., Petrocchi, N., Barlow, D. H., & Litz, B. T. (2017). Compassion-based therapy for trauma-related shame and posttraumatic stress: Initial evaluation using a multiple baseline design. *Behavior Therapy, 48*(2), 207-221.
- Albertson, E. R., Neff, K. D., & Dill-Shackleford, K. E. (2015). Self-compassion and body dissatisfaction in women: A randomized controlled trial of a brief meditation intervention. *Mindfulness, 6*(3), 444-454.
- Arimitsu, K., & Hofmann, S. (2015). Effects of compassionate thinking on negative emotions. *Cognition and Emotion, 1*-8.
- Asle Ehoffart, Tuva Eøktedalen, & Tomas Formo Langkaas. (2015). Self-compassion influences PTSD symptoms in the process of change in trauma-focused cognitive-behavioral therapies: A study of within-person processes. *Frontiers in Psychology, 6*, *Frontiers in Psychology*, 01 August 2015, Vol.6.
- Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical psychology: Science and practice, 10*(2), 125-143.
- Bai, Heesoon. (June 22, 2017). Personal Communication. Baker, L., McNulty, J., & Simpson, Jeffrey. (2011). Self-Compassion and Relationship Maintenance: The Moderating Roles of Conscientiousness and Gender. *Journal of Personality and Social Psychology, 100*(5), 853-873.
- Barnard, L., Curry, J., & Candland, Douglas K. (2011). Self-Compassion: Conceptualizations, Correlates, & Interventions. *Review of General Psychology, 15*(4), 289-303.
- Barnett, Michael D., and Kendall J. Sharp. Maladaptive Perfectionism, Body Image Satisfaction, and Disordered Eating Behaviors among U.S. College Women: The Mediating Role of Self-compassion. *Personality and Individual Differences 99* (2016): 225-34.
- Bayir, A., & Lomas, T. (2016). Difficulties generating self-compassion: An interpretative phenomenological analysis. *Journal of Happiness and Well-Being*. Bayir, Aydan and Lomas, Tim (2016) 'Difficulties generating self-compassion: An interpretative phenomenological analysis', *The Journal of Happiness and Well-Being, 4*(1), pp. 15-33.
- Beck, A. T. (2002). Cognitive models of depression. *Clinical advances in cognitive psychotherapy: Theory and application, 14*(1), 29-61.

- Bensimon, M. (2017). Victimization in light of self-compassion: Development towards communal compassion. *Aggression and Violent Behavior, 35*, 44-51.
- Bentz, V. M., & Shapiro, J. J. (1998). *Mindful inquiry in social research*. Sage Publications.
- Biggerstaff, D., & Thompson, A. R. (2008). Interpretative phenomenological analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative research in psychology, 5*(3), 214-224.
- Boellinghaus, I., Jones, F. W., & Hutton, J. (2013). Cultivating self-care and compassion in psychological therapists in training: The experience of practicing loving-kindness meditation. *Training and Education in Professional Psychology, 7*(4), 267.
- Boersma, K., Håkanson, A., Salomonsson, E., & Johansson, I. (2015). Compassion Focused Therapy to Counteract Shame, Self-Criticism and Isolation. A Replicated Single Case Experimental Study for Individuals With Social Anxiety. *Journal of Contemporary Psychotherapy, 45*(2), 89-98.
- Bohlmeijer, E., Prenger, R., Taal, E., & Cuijpers, P. (2010). The effects of mindfulness-based stress reduction therapy on mental health of adults with a chronic medical disease: a meta-analysis. *Journal of psychosomatic research, 68*(6), 539-544.
- Brach, T. (2003). *Radical Acceptance: Embracing Your Life With the Heart of a Buddha*. Bantem Publishing.
- Breines, & Chen. (2013). Activating the inner caregiver: The role of support-giving schemas in increasing state self-compassion. *Journal of Experimental Social Psychology, 49*(1), 58-64.
- Brewin, C.R. (2006). Understanding cognitive behaviour therapy: A retrieval competition account. *Behaviour Research and Therapy, 44*, 765–784.
- Brown, B. (2010). *The gifts of imperfection: Let go of who you think you're supposed to be and embrace who you are*. Hazelden Publishing.
- Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: mindfulness and its role in psychological well-being. *Journal of personality and social psychology, 84*(4), 822.
- Brown, Lydia, Christina Bryant, Valerie Brown, Bei Bei, and Fiona Judd. "Self-compassion, Attitudes to Ageing and Indicators of Health and Well-being among Midlife Women." *Aging & Mental Health 20.10* (2016): 1035-043.

- Campos, Cebolla, Quero, Bretón-López, Botella, Soler, . . . Baños. (2016). Meditation and happiness: Mindfulness and self-compassion may mediate the meditation–happiness relationship. *Personality and Individual Differences*, 93, 80-85.
- Chödrön, P. (1997). *When things fall apart: Heart advice for difficult times*, New York, NY: Shambhala.
- Dalai Lama (1995). *The Power of Compassion*, New York, NY: Harper Collins.
- Davidson, R. (2010). Empirical explorations of mindfulness: Conceptual and methodological conundrums. *Emotion (Washington, D.C.)*, 10(1), 8-11.
- Diedrich, A., Hofmann, S. G., Cuijpers, P., & Berking, M. (2016). Self-compassion enhances the efficacy of explicit cognitive reappraisal as an emotion regulation strategy in individuals with major depressive disorder. *Behaviour research and therapy*, 82, 1-10.
- Dunkley, Zuroff, & Blankstein (2003). Self-critical perfectionism and daily affect: Dispositional and situational influences on stress and coping. *Journal of Personality and Social Psychology*, 84, 234–252.
- Elices, M., Carmona, C., Pascual, J. C., Feliu-Soler, A., Martin-Blanco, A., & Soler, J. (2017). Compassion and self-compassion: Construct and measurement. *Mindfulness & Compassion*.
- Engel, B. (2015). *It wasn't your fault: Freeing yourself from the shame of childhood abuse with the power of self-compassion*, Beverly Engel.
- Fade, S. (2004). Using interpretative phenomenological analysis for public health nutrition and dietetic research: a practical guide. *Proceedings of the Nutrition Society*, 67(4), 647-653,
- Falconer, Slater, Rovira, King, Gilbert, Antley, & Brewin. (n.d.). Embodying compassion: A virtual reality paradigm for overcoming excessive self-criticism. *PLoS ONE*, 9(11), E111933.
- Ferreira, C., Matos, M., Duarte, C., & Pinto-Gouveia, J. (2014). Shame Memories and Eating Psychopathology: The Buffering Effect of Self-Compassion. *European Eating Disorders Review*, 22(6), 487-494.
- Flett, G. L., Besser, A., Davis, R. A., & Hewitt, P. (2003). Dimensions of perfectionism, unconditional self-acceptance, and depression. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 21 (2), 119–138.

- Friis, A. M., Johnson, M. H., Cutfield, R. G., & Consedine, N. S. (2016). Kindness matters: a randomized controlled trial of a mindful self-compassion intervention improves depression, distress, and HbA1c among patients with diabetes. *Diabetes care*, 39(11), 1963-1971.
- Gale, C., Schröder, T., & Gilbert, P. (2017). 'Do You Practice What You Preach?' A Qualitative Exploration of Therapists' Personal Practice of Compassion Focused Therapy. *Clinical Psychology & Psychotherapy*, 24(1), 171-185.
- Gallace, & Spence. (2010). The science of interpersonal touch: An overview. *Neuroscience and Biobehavioral Reviews*, 34(2), 246-259.
- Germer, C. K. (2009). *The mindful path to self-compassion: Freeing yourself from destructive thoughts and emotions*. Guilford Press.
- Germer, C., & Barnhofer, T. (2017). Mindfulness and compassion. *Compassion: Concepts, Research and Applications*, 69.
- Germer, C. K., & Neff, K. D. (2013). Self-compassion in clinical practice. *Journal of clinical psychology*, 69(8), 856-867.
- Giddens, A. (1982). Hermeneutics and social theory. In *Profiles and critiques in social theory* (pp. 1-17). Macmillan Education UK.
- Giddens, A. (1976). *New rules of sociological method*. New York: Basic Books.
- Gilbert, P. (2005). *Compassion: Conceptualizations, research and use in psychotherapy*. Routledge.
- Gilbert, P. (1989). *Human nature and suffering*. Psychology Press.
- Gilbert, P. (2009a). Introducing compassion-focused therapy. *Advances in psychiatric treatment*, 15(3), 199-208.
- Gilbert, P. (2009b). Evolved minds and compassion focused imagery in depression. *Imagery and the threatened self: Perspectives on mental imagery in cognitive therapy*, 206-231. London: Routledge
- Gilbert, P. (2010). An introduction to compassion focused therapy in cognitive behavior therapy. *International Journal of Cognitive Therapy*, 3(2), 97-112.
- Gilbert, P. (2015a). An Evolutionary Approach to Emotion in Mental Health With a Focus on Affiliative Emotions. *Emotion Review*, 7(3), 230-237.

- Gilbert, P. (2015b). The Evolution and Social Dynamics of Compassion. *Social and Personality Psychology Compass*, 9(6), 239-254.
- Gilbert, P. (2011). Shame in psychotherapy and the role of compassion focused therapy. *American Psychological Association*.
- Gilbert, P. (2014). The origins and nature of compassion focused therapy. *British Journal of Clinical Psychology*, 53(1), 6-41.
- Gilbert, P & Choden (2013). *Mindful Compassion*. London, UK: New Harbinger Publication
- Gilbert, P., & Irons, C. (2005). Focused therapies for shame and self-attacking, using cognitive, behavioural, emotional, imagery and compassionate mind training. In P. Gilbert (Ed.), *Compassion: Conceptualisations, research and use in psychotherapy* (pp. 263-325). London: Brunner-Routledge.
- Gilbert, P., McEwan, K., Gibbons, L., Chotai, S., Duarte, J., & Matos, M. (2012). Fears of compassion and happiness in relation to alexithymia, mindfulness, and self-criticism. *Psychology and Psychotherapy: Theory, Research and Practice*, 85(4), 374-390.
- Gilbert, P., McEwan, K., Matos, M., & Rivis, A. (2011). Fears of compassion: Development of three self-report measures. *Psychology and Psychotherapy: Theory, Research and Practice*, 84(3), 239-255.
- Gilbert, P., & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology & Psychotherapy*, 13(6), 353-379.
- Giorgi, A. (2010). Phenomenology and the practice of science. *Existential Analysis*, 21(1), 3-22
- Giorgi, A. (2011). IPA and science: a response to Jonathan Smith. *Journal of Phenomenological Psychology*, 42(2), 195-216.
- Hadi, M. A., & Closs, S. J. (2016). Ensuring rigour and trustworthiness of qualitative research in clinical pharmacy. *International journal of clinical pharmacy*, 38(3), 641-646.
- Hall, C., Row, K., Wuensch, K., & Godley, K. (2013). The Role of Self-Compassion in Physical and Psychological Well-Being. *The Journal of Psychology*, 147(4), 311-323.



- Hanh, Thich Naht (1997) True Love: A practice for awakening the heart. Shambhala Publications
- Hayes, S. C. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior therapy*, 35(4), 639-665.
- Hemant, P., & Fisher, P. (2015). Clinical Psychology Trainees' Experiences of Mindfulness: An Interpretive Phenomenological Analysis. *Mindfulness*, 6(5), 1143-1152.
- Hermanto, Zuroff, Kopala-Sibley, Kelly, Matos, Gilbert, & Koestner. (2016). Ability to receive compassion from others buffers the depressogenic effect of self-criticism: A cross-cultural multi-study analysis. *Personality and Individual Differences*, 98, 324-332.
- Hofmann, S. G., Grossman, P., & Hinton, D. E. (2011). Loving-kindness and compassion meditation: Potential for psychological interventions. *Clinical psychology review*, 31(7), 1126-1132.
- Holden, A. (2015). A Comparison of Virtual Reality and Mental Imagery Scenarios to Promote Self-Compassion and Reduce Shame and Self-Criticism. Doctoral Thesis, UCL (University College London).
- Hollis-Walker, & Colosimo. (2011). Mindfulness, self-compassion, and happiness in non-meditators: A theoretical and empirical examination. *Personality and Individual Differences*, 50(2), 222-227.
- Jazaieri, H., Jinpa, G. T., McGonigal, K., Rosenberg, E. L., Finkelstein, J., Simon-Thomas, E., ... & Goldin, P. R. (2013). Enhancing compassion: a randomized controlled trial of a compassion cultivation training program. *Journal of Happiness Studies*, 14(4), 1113-1126.
- Jinpa, T. (2010). Compassion cultivation training (CCT): Instructor's manual. Unpublished, Stanford, CA.
- Joeng, J. R., & Turner, S. L. (2015). Mediators between self-criticism and depression: Fear of compassion, self-compassion, and importance to others. *Journal of counselling psychology*, 62(3), 453.
- Johnson, D. M., J. Worell, and R. K. Chandler. 2005. Assessing psychological health and empowerment in women: The personal progress scale revised. *Women & Health*, 41 (1):109–29.
- Kabat-Zinn, J. (1990). Full catastrophe living. New York: Delta Publishing.

- Kabat-Zinn, J. (2003). Mindfulness-Based Interventions in Context: Past, Present, and Future. *Clinical Psychology: Science and Practice*, 10 (2), 144–156.
- Kelly, A. C., & Carter, J. C. (2015). Self-compassion training for binge eating disorder: A pilot randomized controlled trial. *Psychology and psychotherapy: Theory, research and practice*, 88(3), 285-303.
- Kelly, A., Zuroff, D., Foa, C., & Gilbert, P. (2010). Who Benefits from Training in Self-Compassionate Self-Regulation? A Study of Smoking Reduction. *Journal of Social and Clinical Psychology*, 29(7), 727-755.
- Kelly, A., Zuroff, C., & Shapira, D. (2009). Soothing Oneself and Resisting Self-Attacks: The Treatment of Two Intrapersonal Deficits in Depression Vulnerability. *Cognitive Therapy and Research*, 33(3), 301-313.
- Kirby, J. N. (2016). Compassion interventions: the programmes, the evidence, and implications for research and practice. *Psychology and Psychotherapy: Theory, Research and Practice*.
- Kirby, J., & Laczko, D. (2017). A Randomized Micro-Trial of a Loving-Kindness Meditation for Young Adults Living at Home with their Parents. *Journal of Child and Family Studies*, 26(7), 1888-1899.
- Kirby, Tellegen, & Steindl. (2017). A Meta-Analysis of Compassion-Based Interventions: Current State of Knowledge and Future Directions. *Behavior Therapy*.
- Krieger, Berger, & Holtforth. (2016). The relationship of self-compassion and depression: Cross-lagged panel analyses in depressed patients after outpatient therapy. *Journal of Affective Disorders*, 202, 39-45
- Khoury, B., Lecomte, T., Fortin, G., Masse, M., Therien, P., Bouchard, V., ... & Hofmann, S. G. (2013). Mindfulness-based therapy: A comprehensive meta-analysis. *Clinical Psychology Review*, 33(6), 763-771.
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative research in psychology*, 3(2), 102-120
- Lawrence, V. A., & Lee, D. (2014). An Exploration of People's Experiences of Compassion-focused Therapy for Trauma, Using Interpretative Phenomenological Analysis. *Clinical psychology & psychotherapy*, 21(6), 495-507.

- Longe, Maratos, Gilbert, Evans, Volker, Rockliff, & Rippon. (2010). Having a word with yourself: Neural correlates of self-criticism and self-reassurance. *NeuroImage*, 49(2), 1849-1856.
- MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review*, 32(6), 545-552.
- Makransky, J., Germer, C. K., & Siegel, R. D. (2012). Compassion in Buddhist psychology. *Wisdom and compassion in psychotherapy: Deepening mindfulness in clinical practice*, 61-74.
- Menahem, S., & Love, M. (2013). Forgiveness in psychotherapy: the key to healing. *Journal of clinical psychology*, 69(8), 829-835.
- Marlatt, G., & Kristeller, J. (1999). *Mindfulness and meditation*. American Psychological Association.
- Marshall, E. J., & Brockman, R. N. (2016). The Relationships Between Psychological Flexibility, Self-Compassion, and Emotional Well-Being. *Journal of Cognitive Psychotherapy*, 30(1), 60-72.
- Martin, M. (2010). Review of 'Mindfulness– and acceptance-based behavioral therapies in practice'. *British Journal of Guidance & Counselling*, 38(1), 133-135.
- Mills, J. S., & Blankstein, K. R. (2000). Perfectionism, intrinsic vs extrinsic motivation, and motivated strategies for learning: A multidimensional analysis of university students. *Personality and Individual Differences*, 29(6), 1191-1204.
- Moen, P., Robison, J., & Dempster-McClain, D. (1995). Caregiving and women's well-being: A life course approach. *Journal of health and social behavior*, 259-273.
- Murphy, H., & Lahtinen, M. (2015). 'To me, it's like a little box of tricks': Breaking the depressive interlock as a programme participant in mindfulness-based cognitive therapy. *Psychology and Psychotherapy: Theory, Research and Practice*, 88(2), 210-226.
- Neff, K. (2003a). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and identity*, 2(2), 85-101.
- Neff, K. D. (2003b). The development and validation of a scale to measure self-compassion. *Self and identity*, 2(3), 223-250.
- Neff, Kristin, *Self-Compassion: The Proven Power of Being Kind to Yourself*. New York, NY: Harper Collins, 2011

- Neff, K. (2011). Self-Compassion, Self-Esteem, and Well-Being: Self-Compassion, Self-Esteem, and Well-Being. *Social and Personality Psychology Compass*, 5(1), 1-12
- Neff, K. D. (2012). The science of self-compassion. *Compassion and wisdom in psychotherapy*, 79-92.
- Neff, K., & Germer, C. (2013). A Pilot Study and Randomized Controlled Trial of the Mindful Self-Compassion Program. *Journal of Clinical Psychology*, 69(1), 28-44.
- Neff, K., & Germer, C. (2016). The Mindful Self-Compassion Teacher's Guide, 2016 Ed. *The Center for Mindful Self-Compassion*.
- Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of research in personality*, 41(1), 139-154.
- Neff, K. D., & McGehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and identity*, 9(3), 225-240.
- Neff, K., Pisitsungkagarn, K., & Hsieh, Y. P. (2008). Self-compassion and self-construal in the United States, Thailand, and Taiwan. *Journal of Cross-Cultural Psychology*, 39(3), 267-285.
- Neff, K. & Pommier, E. (2013). The relationship between self-compassion and other-focused concern among college undergraduates, community adults, and practicing meditators. *Self and Identity*, 12(2), 160-176.
- Ostafin, B., Robinson, M., Meier, B., & SpringerLink. (2015). *Handbook of Mindfulness and Self-Regulation* (1st ed. 2015. ed.).
- Pauley, G., & McPherson, S. (2010). The experience and meaning of compassion and self-compassion for individuals with depression or anxiety. *Psychology and Psychotherapy*, 83(Pt 2), 129-143. doi:10.1348/147608309X471000
- Raab, K., Sogge, K., Parker, N., & Flament, M. (2015). Mindfulness-based stress reduction and self-compassion among mental healthcare professionals: A pilot study. *Mental Health, Religion & Culture*, 1-10.
- Reis, Nathan A., Kent C. Kowalski, Leah J. Ferguson, Catherine M. Sabiston, Whitney A. Sedgwick, and Peter R. E. Crocker. "Self-compassion and Women Athletes' Responses to Emotionally Difficult Sport Situations: An Evaluation of a Brief Induction." *Psychology of Sport and Exercise* 16 (2015): 18-25.
- Rickers, S. (2012). The Lived Experience of Self-Compassion in Social Workers. University of Minnesota.

- Ringenbach, R. (2009). A comparison between counselors who practice meditation and those who do not on compassion fatigue, compassion satisfaction, burnout and self-compassion (Doctoral dissertation, The University of Akron).
- Robinson, K., Mayer, S., Allen, A., Terry, M., Chilton, A., & Leary, M. (2016). Resisting self-compassion: Why are some people opposed to being kind to themselves? *Self and Identity*, 1-20.
- Rockliff, Helen, Karl, Anke, Mcewan, Kirsten, Gilbert, Jean, Matos, Marcela, Gilbert, Paul, & Phelps, Elizabeth A. (2011). Effects of Intranasal Oxytocin on 'Compassion Focused Imagery'. *Emotion*, 11(6), 1388-1396.
- Salzberg, S. (2002). *Lovingkindness: The revolutionary art of happiness*. Shambhala Publications.
- Salzberg, S. (2006). *The Force of Kindness: Change Your Life with Love and Compassion*. *Sounds True*.
- Shearin, E. N., & Linehan, M. M. (1994). Dialectical behavior therapy for borderline personality disorder: theoretical and empirical foundations. *Acta Psychiatrica Scandinavica*, 89(s379), 61-68.
- Shonin, E., Gordon, W., Compare, A., Zangeneh, M., & Griffiths, M. (2015). Buddhist-Derived Loving-Kindness and Compassion Meditation for the Treatment of Psychopathology: A Systematic Review. *Mindfulness*, 6(5), 1161-1180.
- Schwartz, R. C. (2013). Moving from acceptance toward transformation with internal family systems therapy (IFS). *Journal of clinical psychology*, 69(8), 805-816.
- Sirois, F. M., Kitner, R., & Hirsch, J. K. (2015). Self-compassion, affect, and health-promoting behaviors. *Health Psychology*, 34(6), 661.
- Smith, J. A. (Ed.). (2007). *Qualitative psychology: A practical guide to research methods*. Sage.
- Smith, J.A., Jarman, M., and Osborne, M. 1999: Doing interpretative phenomenological analysis. In Murray, M. and Chamberlain, K., editors, *Qualitative health psychology: Theories and methods*. London: Sage.
- Smith, J.A. and Osborn, M. 2008 [2nd edition]: *Interpretative phenomenological analysis*. In Smith, J. A., editor, *Qualitative psychology: A practical guide to methods*. London: Sage

- Sündermann, O., Wheatley, J., & Veale, D. (2016). 'If you have good skin, you are god. If you have bad skin, you are a piece of rubbish'. Mastery of shame and anger in treatment-resistant body dysmorphic disorder: a single case study. *the Cognitive Behaviour Therapist*, 9.
- Teasdale, J. D., Segal, Z. V., Williams, J. M. G., Ridgeway, V. A., Soulsby, J. M., & Lau, M. A. (2000). Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. *Journal of Consulting and Clinical Psychology*, 68, 615–625.
- Terry, M. L., & Leary, M. R. (2011). Self-compassion, self-regulation, and health. *Self and Identity*, 10(3), 352-362.
- Thera, N. (2014). *The Heart of Buddhist Meditation: The Buddha's Way of Mindfulness*. Weiser Books.
- Vaish, Grossman, & Woodward. (2008). Not All Emotions Are Created Equal: The Negativity Bias in Social-Emotional Development. *Psychological Bulletin*, 134(3), 383-403.
- Van Dam, N. T., Sheppard, S. C., Forsyth, J. P., & Earleywine, M. (2011). Self-compassion is a better predictor than mindfulness of symptom severity and quality of life in mixed anxiety and depression. *Journal of anxiety disorders*, 25(1), 123-130.
- Velotti, P., Garofalo, C., Bottazzi, F., & Caretti, V. (2017). Faces of Shame: Implications for Self-Esteem, Emotion Regulation, Aggression, and Well-Being. *The Journal of Psychology*, 151(2), 171-184.
- Waite, F., Knight, M. T., & Lee, D. (2015). Self-Compassion and Self-Criticism in Recovery in Psychosis: An Interpretative Phenomenological Analysis Study. *Journal of clinical psychology*, 71(12), 1201-1217.
- Wasyliw, L., MacKinnon, A. L., & MacLellan, A. M. (2012). Exploring the link between self-compassion and body image in university women. *Body image*, 9(2), 236-245.
- Webb, Fiery, & Jafari. "'You Better Not Leave Me Shaming!': Conditional Indirect Effect Analyses of Anti-fat Attitudes, Body Shame, and Fat Talk as a Function of Self-compassion in College Women." *Body Image* 18 (2016): 5-13.
- Whelton, W.J., & Greenberg, L.S. (2005). Emotion in self- criticism. *Personality and Individual Differences*, 38, 1583–1595.

Yadavaia, J. E., Hayes, S. C., & Vilaradaga, R. (2014). Using acceptance and commitment therapy to increase self-compassion: a randomized controlled trial. *Journal of Contextual Behavioral Science*, 3(4), 248-257.

Zessin, U., Dickhäuser, O., & Garbade, S. (2015). The Relationship Between Self-Compassion and Well-Being: A Meta-Analysis. *Applied Psychology: Health and Well-Being*, 7(3), 340-364.

## **Appendix A.**

### **Recruitment E-mail**

Hello,

I hope this email finds you well. I am currently doing a study on women's experiences of learning and integrating self-compassion after taking a Mindful Self-Compassion (MSC) course. I am contacting you because you recently indicated on your MSC course feedback form that you are interested in being contacted about future self-compassion research. I am currently seeking women who have completed a MSC course with me within the last year to volunteer as participants in this study and would like to know if this is something you are interested in participating in.

Participation involves coming to one of SFU's three campuses (locations are downtown Vancouver, Burnaby, and Surrey, which you can choose for your convenience) and participating in a confidential interview that will last roughly 2 hours. During the interview I will ask you to speak about your personal experience of learning self-compassion and integrating self-compassion into your life. 1-2 months after our interview I will e-mail you to set up a time for a follow-up phone call that will last roughly 30-45 minutes. This will be an opportunity for us to discuss some of the study's findings and to check that they accurately reflect your experience. Once the study is complete you will have an opportunity to receive a copy of the study findings, if you would like one.

Interviews can be scheduled throughout the next month at a time convenient for you. The final decision about participation is completely yours, and your decision to participate or not in no way affects your ability to participate in further self-compassion workshops or events that I lead.

If you are interested in participating or receiving more information, please contact me at [...]@sfu.ca or by phone at 778-[...] with your phone number and the best time to be in touch with you. Your confidentiality will be respected, however please be advised that e-mail and telephone are not considered confidential means of communication.

Sincerely,

Sarah Jarvis



## **Appendix B.**

### **MSC Course Feedback Form**

#### **Your Experience**

Please describe any moments in your MSC practice that you found particularly noteworthy – surprising, challenging, uplifting, confusing, or deepening.

#### **The Practices**

What formal or informal practices do you think you're most likely to keep practicing? (feel free to list several)

#### **The Course**

Did you find that this course met your expectations? Is there anything you would like to have seen more of or less of? Are there any particular components that you enjoyed?

#### **The Facilitators**

Any feedback, sharing, or areas of improvement for your course facilitator (Sarah)?

Would you like to be put on a mailing list to receive future information about upcoming courses, retreats, or practice groups? (if so, please include your name and email address).

**Would you like to be contacted about future opportunities for research on Mindful Self-Compassion?**

Yes   No

*Thank you so much for your feedback!*

## Appendix C.

### Consent Form

#### Consent Form

#### **A Journey to Self-Compassion: A phenomenological exploration of women's lived experience of learning self-compassion**

##### **Who is conducting this study?**

**Principal Investigator:** Sarah Jarvis; SFU Department of Education; Counselling Psychology

Email: [...]@sfu.ca; Phone: 778-[...]

**Faculty Supervisor:** Dr. Sharalyn Jordan; SFU Department of Education

Email: [...]@sfu.ca; Phone: 778-[...]

This research is part of the Master's Thesis project for Sarah Jarvis.

##### **Interview Location Options:**

SFU Harbour Center Campus: 555 W Hastings St., Vancouver

SFU Burnaby Campus: 8888 University Dr., Burnaby

SFU Surrey Campus: Central City Shopping Centre, 250 - 13450 – 102nd Avenue, Surrey

##### **Why are we doing this study?**

We are conducting this study because we want to learn more about how women (ages 19 years of age and older) learn, understand, and experience self-compassion after taking a self-compassion training program. This study will help us learn more about how women learn self-compassion and how they are integrating it into their lives. We are inviting people like you who have recently completed a Mindful Self-Compassion 8-week course to take part in interviews, in order to help us with this study.

No permission has been obtained from an organization/institution to conduct this study.

##### **Your participation is voluntary**

Your participation is voluntary. You have the right to refuse to participate in this study. Your decision to participate or not will not affect your ability to participate in future groups. If you decide to participate, you may still choose to withdraw from the study at any time without any negative consequences to accessing future programs or trainings offered by the principal investigator, Sarah Jarvis. Please note that you are under no obligation or expectation to participate in this study because of previously taking part in the MSC course. Refusal to participate or withdrawal/dropout after agreeing to

participate will not have an adverse effect or consequences on the participants, their education, employment or services.

### **How is the study done?**

If you decide to take part in this research study, here is what will happen:

The interviewer will ask you to speak openly about your personal experiences regarding learning self-compassion and how this has impacted you. Throughout the interview, the interviewer will ask brief questions to help clarify and deepen her understanding of what you are saying. The interview will continue for approximately 2 hours and will be audio-recorded. After the interview, the principal investigator will transcribe all interview content as part of analyzing data. During the data analysis process of this study, the principal investigator may engage in ‘peer debriefing’, which includes informal conversation with other student researchers at SFU regarding themes and ideas that emerge from the interview data analysis; this process will exclude all personal and identifying participant information. Approximately 2 months after the initial interview the principal investigator will e-mail you to arrange a time to discuss the study’s basic findings over the phone. This is to ask for feedback and to make sure that the researcher’s interpretations align with your personal experiences that you will have shared. This phone call will take approximately 30-45 minutes and will not be audio-recorded.

### **Is there any way being in this study could be bad for you?**

We do not think there is anything in this study that could harm you or be bad for you. Some of the questions may seem sensitive or personal. You do not have to answer any question if you do not want to. Please let the principal investigator know if you have any concerns. Your confidentiality will be respected; however please be advised that e-mail and telephone are not considered confidential means of communication. Should you require psychological support following your participation in this study, please refer to the free counselling resources handout that the principal investigator has given you.

### **What are the benefits of being in this study?**

You may personally find it helpful to have an opportunity to discuss and debrief your own experiences of learning self-compassion after taking Mindful Self-Compassion.

By participating in this study you are also helping us better understand how self-compassion is learned, understood, and applied in the daily lives of women. This may play a role in the future development of self-compassion trainings and it’s therapeutic use in both individual and group counselling.

### **Will I be paid for my time?**

We will not pay you for the time you take to be in this study.

### **How will your identity be protected?**

Your confidentiality will be respected. Information that discloses your identity will not be released without your consent unless required by law. You will choose a pseudonym for use in written reports. All documents will be identified only by a unique code number and kept in a locked filing cabinet. You will not be identified by name in any reports of the completed study.

The interview will be audio-recorded using a handheld audio-recorder. After the interview finishes, the audio-recordings will be transferred to a password-protected USB cable, and will be transcribed. All transcriptions and audio files will be stored on a password-protected USB in a locked filing cabinet and will be kept completely confidential. Only the principal investigator and her faculty supervisor will have access to this material. All references to your name in the transcript will use a pseudonym of your choosing in order to protect your confidentiality. All audio-files will be stored on a password protected USB in a locked filing cabinet, and will be destroyed as soon as the interview data has been analyzed by being deleted by the principal investigator. All transcripts will also be stored in a password protected USB, in a locked filing cabinet, in the principal investigators home office and later the SFU Department of Education offices at the SFU Surrey Campus, once the study is complete. Any material with personally identifying information (such as this consent form, your contact information, or personal links to your pseudonym) will be stored in a separate locked filing cabinet from the audio recordings and interview transcripts, in order to keep protect your anonymity. All transcripts, consent forms, and personal information will be stored securely within a locked research office at Simon Fraser University for a total of 7 years before being destroyed. The data will be stored with written instructions, “destroy in September 2024”, which the supervisor/co-investigator will ensure.

### **What if I decide to withdraw my consent to participate?**

You may withdraw from this study at any time without giving reasons and with no future consequences. If you choose to enter the study and then decide to withdraw at a later time, all audio-data collected about you during your enrolment in the study will be kept for a maximum of 6 months, and all transcripts will be kept for 7 years before being destroyed.

### **Study results**

The results of this study will be reported in a graduate thesis and may also be published in journal articles and books. If you would like to receive a copy of the study results once they're finished, please include indicate this at the bottom of the consent form.

### **Who can you contact if you have questions about the study?**

If you have any questions or concerns regarding any part of this study, please contact the principal investigator, Sarah Jarvis and/or her faculty supervisor, Dr. Sharalyn Jordan, at the email addresses or phone numbers provided above.

**Who can you contact if you have any complaints about the study?**

If you have any concerns about your rights as a research participant and/or your experiences while participating in this study, you may contact Dr. Jeffrey Toward, Director, Office of Research Ethics, at [...]@sfu.ca or 778- [...]

**Future use of participant data**

Your interview transcript data will be kept for a maximum of 7 years in accordance with the Canadian Psychological Association research guidelines and will be destroyed in September 2024. Although there is no known use of the study data being used beyond the conclusion of this research project, your data may be used for future studies on self-compassion.

**Future contact**

If researchers wish to contact you later for follow-up purposes or to participate in other studies, may they contact you?

Yes       No