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The Practice of Self-Compassion in Counseling: A Narrative Inquiry

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As counselors we often offer compassion to our clients and support them in cultivating it for themselves; however, this aspect of counselor development may be absent in our own self-care practices. How do counselors cultivate self-compassion given the myriad of challenges that arise in their practice? Although there is a wealth of research on counselor self-care, very little of this research addresses the construct of self-compassion as a means of enhancing counselors' well-being and mitigating the effects of job-related stress. A narrative research design was used to investigate how 15 experienced counselors practice self-compassion in counseling. Themes that emerged in this study, based on the experiences of the participants, provide important information for training and educating practitioners in the areas of self-care and burnout prevention, and enhance our understanding of the role of self-compassion in the practice of counseling and psychotherapy.

Keywords: self-compassion, self-care, counselors, professional development, counselor well-being

There is a large body of literature that supports the claim that the counseling profession can have deleterious effects on its practitioners across the career span (Orlinsky & Ronnestad, 2005). Constructs such as burnout (Skovholt, 2001), work-related stress (Varma, 1996), vicarious trauma (Pearlman & Saakvitne, 1995), and secondary traumatic stress (Arvay, 2001) have been researched extensively resulting in a plethora of literature on the importance of therapist self-care. One aspect of therapist self-care that is beginning to emerge in this literature is the construct of self-compassion.

Although recommendations have been made regarding the utility of practicing self-compassion to promote therapist wellness and to alleviate work-related stress (Barnett, Baker, Elman, & Schoener, 2007; Mahoney, 2005), there remain few research studies that have investigated how psychotherapists employ self-compassion in their practice. As Sapienza and Bugental (2000) state,

> Many of us have never really learned how to take the time to care and to nourish ourselves having been trained to believe this would be selfish or that there is no time for this when there is much else to handle. Nor have most psychologists taken the time to develop compassion for themselves, and compassion for their own wounds (p. 459).

Understanding how self-compassion is utilized in practice is of importance to the body of knowledge on therapist self-care and has the potential to contribute new information on practices that may be beneficial to the profession.

A Brief Overview on Self-Compassion: Definitions and Research

Compassion is of importance to an array of schools of psychotherapy and wisdom traditions, viewed by many throughout time to be a profound agent of healing (Armstrong, 2011; Gilbert, 2007). However, as a budding focus of research in Western psychology, compassion is predominantly rooted in Buddhist psychology (Davidson & Harrington, 2002). It may be defined as a basic kindness, with a deep awareness of the suffering of oneself and others and with the desire to relieve it (Gilbert, 2009). Its nature and therapeutic applications to counseling and psychotherapy process and outcome have yet to be studied with the rigor that empathy has received over the past decades (Duan & Hill, 1996). Empathy, another diversely conceptualized construct, may be understood as involving "the capacity to think and feel oneself into the inner life of another person" (Clark, 2007, p. 123). Its emphasis is on perspective taking and, unlike compassion, does not involve a motivational drive toward prosocial behavior (Bierhoff, 2005). Furthermore, although both compassion and empathy can be present in therapeutic relationships, empathy is recognized as a necessary component to the therapeutic alliance (Duan & Hill, 1996), whereas presently compassion is not. While both compassion and empathy may be directed toward others and also toward oneself, our interest in this study was to explore counselors' experiences of self-directed compassion.

Self-compassion as a psychological construct is a nascent focus of inquiry that is garnering evidence of benefits that promote

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well-being and buffer emotional distress (Gilbert, 2005; Neff, 2003b). Neff (2003a), a pioneer in the area of self-compassion research, offers a definition of self-compassion from a Buddhist framework:

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

The majority of research on self-compassion has been conducted using the Self-Compassion Scale, developed by Neff (2003b), and continues to build evidence of a strong connection between self-compassion and greater psychological health. Studies suggest that a capacity for self-compassion may help to protect against anxiety and depression (Neff, 2003a; Neff, Kirkpatrick & Rude, 2007) and may facilitate resilience and healthier coping with stress (Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, 2003a; Neff, Hseih, & Dejitthirat, 2005). Further, higher levels of self-compassion were found to be positively associated with life satisfaction and social connectedness (Neff, 2003a; Neff et al., 2007), and psychological strengths such as happiness, optimism, wisdom, personal initiative, and curiosity (Neff, Rude, & Kirkpatrick, 2007). Gilbert (2009) and others have observed how self-compassion may function as an "antidote" to self-criticism and serve as an adaptive way of self-relating when approaching one's perceived inadequacies and limitations (Germer, 2009; Neff, 2003a).

Given that research provides evidence to support the practice of self-compassion in addressing psychological and health issues and there is a dearth of literature on our focus of inquiry, we wondered how this practice assisted counselors on a daily basis and whether they used it to buffer the effects of work-related stress. The purpose of this article is to report the findings of a recent narrative research study that investigated how experienced counselors utilized self-compassion in their practice. Our research question was as follows: How do experienced counselors practice self-compassion?

A Narrative Inquiry

Narrative research, in its multiplicity of approaches, falls under the epistemological umbrella of social constructionism, which is guided by the philosophical assumptions of an interpretive-constructivist paradigm. The central ontological assumption is that of relativism, that the world is comprised of a multiplicity of realities (Polkinghorne, 2005). Knowledge and meaning are constructed relationally, situated in a specific time and place, and can only be understood through interpretation. This emphasis on subjectivity, relativism, and pluralism (Lieblich, Tuval-Mashiach, & Zilber, 1998) is woven through the narrative research process. The structure, content, and function of our stories (Murray, 2003) and the ways we use language to construct them are of central interest. The final narrative account is but one possible representation of a multitude, storied through a joint collaborative process between researcher and participant.

Why Stories? A Rationale for a Narrative Approach

In studying the practice of self-compassion among counselors, we deemed qualitative inquiry most appropriate to the study of the construct of self-compassion as qualitative methods provide in-depth understanding of human experience. Additionally, the construct has been almost exclusively examined to date through quantitative lenses in published studies. A narrative research design provides complementary knowledge: in-depth description, understanding, and clarification of lived experience, with attention to specifics and complexity (Polkinghorne, 2005). Narrative research is a lens into how humans understand their lives within particular cultures and time. The process of telling, recording, and interpreting personal life stories can be a poignant vehicle in understanding how we create meaning of our existence and is well-suited to research professional practices (Hoshmand, 2005). Our participants' narratives provide important information useful to gaining some understanding of the systemic underpinnings of counseling practice (Lieblich, Tuval-Mashiach, & Zilber, 1998; Murray, 2003).

Participants

Participants were 15 White counselors who practice in Canada. There were no volunteers for the study from other ethnic or racial groups. The sample included 12 women and three men, ranging in age from 29 to 66 ($M = 52$ years) and ranging in work experience from six to 34 years ($M = 14$ years). Three participants worked in independent practice, eight in community counseling agencies, two in both private and community agencies, and two in higher educational settings. Fourteen participants practiced from integrative or eclectic orientations, including cognitive-behavioral, psychodynamic, humanistic, transpersonal, mindfulness-based and body psychotherapies; one participant practiced using Satir Transformational Systemic therapy. Participants assumed various roles such as counselor trainee, supervisor, therapist, and educator.

Upon approval of our university behavioral ethics board, recruitment posters were circulated to community mental health agencies, counselor training institutes, and university programs. An e-mail invitation to participate in the study was sent through the Canadian Counseling and Psychotherapy Association list server. Snowball sampling was also used. Potential participants contacted both authors by telephone or by e-mail to express interest in participating in the study. Criteria for selection included the following: (a) minimum of six years of counseling experience, (b) identification that self-compassion was an important aspect of their professional growth, and (c) engagement in a form of counseling that involved a therapeutic process.

The Research Process

The research process involved a screening interview and two further interviews. The screening process was conducted by the first author and served to briefly clarify the purpose of the study, to gauge what had led potential participants to respond to the call to participate, and to verify that they met the eligibility criteria. Participants received a prompt before the research interview to reflect on how self-compassion had come to play a significant role in their lives.

The first research interview was held either in person or by telephone, conducted mostly by the first author, and was on average one hour in length. The participants were invited to speak about their lived experience by responding to an orienting ques-

tion: "Could you tell me how you practice self-compassion in the context of your work as a counselor?" An interview protocol with 10 probes was used to deepen the interview process when deemed useful (e.g., "Tell me about a recent challenging counseling-related situation when you approached yourself with self-compassion." "What is important to you as a counselor about being self-compassionate?") All interviews were audio-taped and later transcribed verbatim.

A follow-up interview conducted by the first author served as a member check conversation to assess the validity of the findings and to provide the opportunity for participants to further elaborate upon the first interview. Prior to this interview, draft narratives and transcripts were sent by e-mail to all participants with a request for a pseudonym, modifications to the narrative, and feedback on the interpretation of the text. Modifications ranged from no changes ($n = 4$) to an edit to clarify or to elaborate ($n = 7$) to a significant expansion of the narrative text ($n = 4$). Within one month's time on average, the first author reconnected with all participants to discuss changes to the narratives, and the final versions were sent to the participants for approval.

Narrative Analysis Process

The data were read, interpreted, and analyzed by the authors using holistic-content and content-categorical narrative approaches described by Lieblich, Tuval-Mashiach, and Zilber (1998). A holistic-content approach allowed a holistic view of participants' experience that included aspects of their life stories. First, the transcripts were carefully read a number of times to elucidate patterns and core concepts. This involved a process of dialogical listening for "the voice of the narrator, the theoretical framework, and a reflexive monitoring of the act of reading and interpretation" (p. 10). Next, the first author wrote first-person accounts, ranging from seven to 15 pages in length. The extent to which the transcript texts were condensed, reshaped, and edited varied. All content that addressed the research question was included and participants' ideas and wording were rephrased at a minimum. Repeated ideas and speech habits were edited, and whenever possible, the narratives began and ended as did the interviews. Observational data that were noted in the researcher's notes at the conclusion of each interview (such as body language, gestures, tone of voice, and other signifiers) were also considered in our interpretive process.

A cross-narrative thematic analysis of each story was also conducted, during which each of the member-checked narratives was reread numerous times, searching for patterns and themes across the 15 narratives. Significant elements across every story were identified using a color-coded system to track parts of the transcripts that addressed the research question, as well as additional data indirectly related to the research question such as conceptualizations of self-compassion and reported benefits of practicing self-compassion. Data for each participant and the various conceptualizations of self-compassion were summarized, charted, and discussed by the authors. Over the course of the research process, the first author kept a reflective journal to facilitate reflexivity, to examine her personal assumptions, beliefs and experiences, and to track her rationale in her decision-making processes.

Validation Process

In order to verify the trustworthiness of the narrative analysis, several approaches were used. First, the participants engaged in a member-checking process (as described above) to assess the "adequacy" of the narratives. Then, the cross-narrative thematic findings were e-mailed to the participants with the option to provide feedback as a further validation process. Finally, a peer review (or consensual validation) process was used to assess the quality of the results. An experienced registered psychologist and two Masters-level reviewers read a set of four randomly selected narratives and the themes from the cross-narrative analyses. All three found that the data substantiated the themes. The reviewers considered the findings' persuasiveness (i.e., How reasonable and convincing are the findings?), coherence (i.e., To what extent do they represent rich, thick description and are they understandable?), and pragmatic usefulness (i.e., To what extent might this study become the basis for others' work? In what ways do the findings have the possibility of changing practices?) (Riessman, 1993).

Findings on Practicing Self-Compassion in the Workplace

Three main themes emerged in this study: (a) Counselors' Stances in Session, (b) Workplace Relational Ways of Being, and (c) Finding that Balance through Self-Care Strategies. (See Table 1 for the list of narrative themes and categories with participant response rates.)

Theme 1: Counselors' Stances in Session

In working with clients, participants reported practicing self-compassion in six different ways as described as follows: (a) taking a stance of acceptance, (b) taking a stance of not knowing, (c) compassionately attending to inner dialogue, (d) being mindful of present experience, (e) making time for self, and (f) being genuine about one's fallibility.

Stance of acceptance. Participants addressed the important role that acceptance played in relation to their capacity to counsel with self-compassion. Accepting their humanness in all of its strengths and limitations, as well as accepting others and difficult

Table 1
Participant Response Rates on Narrative Themes and Categories

Themes	n
Counselors' Stances in Session	
Stance of acceptance	10/15
Stance of not knowing	8/15
Compassionately attending to inner dialogue	10/15
Being mindful of present experience	5/15
Making time for self	7/15
Being genuine about one's fallibility	7/15
Workplace Relational Ways of Being	
Participating on a compassionate and caring work team	9/11*
Speaking the truth to self and others	7/11*
Finding that Balance Through Self-Care Strategies	13/15

* 11 participants counseled as part of an organization and 4 in private practice.

situations enabled participants to recognize the limits of helping, to let go of high expectations of themselves in their practice, and to make appropriate self-corrections. As one participant explained,

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

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

Stance of not knowing. Participants addressed how counseling from a place of "not knowing," "being with the question," "curiosity," and with "beginner's mind" had been a significant aspect of their practice of self-compassion. Sophia described this process in the following excerpt:

> . . . I *don't* have to have all the answers. I just need to help the client to become aware, to *see* what they already know within themselves. So this revelation *really* helped me and created a shift from an intellectual to an emotional—or we can also say to a heart—level in my practice. As I became more self-reflective, compassion for the "other" was born. The next step in this process was that I became included, and then self-compassion was born.

Many participants described a shift away from counseling from an expert stance to an honoring of the client's own inner wisdom and capacity to find her or his own answers. Participants used various ways to facilitate a "stance of not knowing," including use of breath, mindfulness, prayer, and an attitude of openness and trust in the "flow of energy and information" during the process of therapy.

Compassionately attending to inner dialogue. Participants spoke about ways they compassionately managed thoughts that arose from inner dialogue including self-criticism, self-doubt, and reactions to clients such as countertransference. Various approaches used included being mindful, using cognitive-behavioral and containment strategies to manage self-talk, using the breath, affirmations, imagery, bracketing, perspective-taking, and the savoring of successes. Jean explained her process:

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

While the self-compassionate approaches used varied, they were central to the participants' counseling practices.

Being mindful of present experience. Participants referred to the use of mindfulness as a way of being in counseling and in life. Mindfulness was also described as an invaluable approach in difficult circumstances during sessions. For example, when triggered by a client, Jack explained that it began for him "with mindfulness of my own emotions, and then just making wise choices based on what I notice from whatever emotions I'm experiencing." Another participant described mindfulness as helping her to step back and to track her thoughts nonjudgmentally in the moment.

Making time for self. Participants discussed the importance of making time for themselves as a way of showing themselves self-compassion, and also extending that compassion and ethical care to their clients. Making time was described as helpful to performing a task or making a decision in an effective way. For example, one participant described practicing self-compassion as "learning to be generous enough toward myself . . . like taking enough time for an assessment without feeling pressured." Making time by scheduling breaks between sessions, managing or easing up on caseloads, and ending appointments punctually were also discussed. Making time enabled some participants to self-reflect between or after sessions about various aspects of counseling such as their internal processes, client challenges, and decision-making processes and outcomes. It also served the purpose of providing time for self-care.

Being genuine about one's fallibility. In the final category of this theme, over half of the narratives addressed how facing mistakes without judgment, with self-forgiveness, accountability, and an openness to learning from them was part of their practice of self-compassion with clients. JP explained:

The other day, I booked clients on Monday's holiday. I realized that was a big mistake so I made big notes in my book to say: DON′T FORGET I HAVE TO CHANGE . . . and later when they both turned up, I said, "Guess who screwed up?"

Three participants also described how this theme of being genuine about one's fallibility represented aspects of therapist self-disclosure or compassionate, respectful ways of talking about their own humanness in therapy, thereby highlighting their connection with clients.

Theme 2: Workplace Relational Ways of Being

Two categories fell under this theme: (a) participating on a compassionate and caring work team, and (b) speaking the truth to self and others.

Participating on a compassionate and caring work team. As one participant remarked, "Practicing self-compassion at my work goes beyond my person. I would say that the whole agency, by being sensitive to each other and what's going on in our personal lives, is practicing self-compassion." Almost all 11 participants who worked in agency or educational settings referred to supportive work teams as contributing to how they practiced self-compassion. To varying degrees, seven participants reported connection, caring, and compassion as important characteristics of their workplace, as well as the quality of supervision and/or leadership available to them. Several others practiced self-compassion despite limited support and compassionate leadership. Most participants spoke about how they contributed to a culture of caring and compassion in the roles of employee, supervisor, mentor, and manager.

Speaking the truth to self and others. This theme was described by some as a quality of genuineness in the counselor,

and by others as a self-empowered and ethical way of being at work. It included being accountable for one's actions and mistakes, asking others to be accountable for theirs, being attuned to one's needs and concerns, and communicating them assertively. Speaking the truth was also often illustrated as developing and asserting boundaries, using nonjudgmental language, and taking action on behalf of self and others (or discerning to take no action and letting go of a concern) in difficult work situations. Overtly communicating about self-compassion "so everybody knows it's important" and being willing to reveal one's fallibility to colleagues at work was also discussed.

Theme 3: Finding Balance Through Self-Care Strategies

Most participants referred to their self-care plans as a means of maintaining balance, which were described as holistic practices that contributed to their well-being and capacity for self-compassion in the workplace. One of the most common aspects of self-care was ensuring leisure time. As one participant stated,

> So when you spend seven hours a day giving of yourself in that way, you better have a balance somewhere. One of my favorite things to do in the summer is to sit in my inflatable boat . . . and watch the seals come up and say "Hi." I make an excuse by having a fishing rod in my hand, but I don't even care if there's a hook on the end of it sometimes. I just want to sit out there and float.

A need for solitary time, as well as time with spouses, family members, friends, and community members were mentioned. Other strategies included getting enough sleep, eating nutritionally, exercising regularly, doing yoga, meditating, and getting massages. Some participants spoke about the importance of spending time in nature and engaging in creative projects like photography and painting. Others described helpful attitudes to life such as enjoying successes, allowing themselves to cry when they needed to, taking action as nonjudgmentally as possible, and using humor. Personal therapy, complementary healing practices, and spiritual/religious study and practices were also discussed.

Discussion

Self-Compassion and Self-Care: Distinctions and Overlaps

Although participants discovered self-compassion in various ways, only two had been introduced to the construct professionally through practices in the workplace and at a workshop on compassion-focused therapy by Dr. Gilbert. Self-compassion was revealed to be multifaceted, conceptualized in rich and diverse ways through the narratives. However, six overlapping dimensions were identified, which were being gentle with yourself ($n = 15$), being mindfully aware ($n = 13$), having a sense that we are all in this together ($n = 10$), the importance of speaking the truth to yourself and others ($n = 12$), the development of spiritual awareness ($n = 11$), and having an ethic of professionalism ($n = 12$). As described in the findings, a diversity of attitudes and approaches were used to practice self-compassion. Contextual factors served to impact the degree to which participants were able to operate from a place of self-compassion, and self-compassion was never discussed in either-or terms of "having it" or not "having it." The impact that self-compassion had on participants' personal growth seemed profound, playing a significant role in recoveries from family of origin wounding and abuse. Thus, the practice of self-compassion over time was shown through the narratives to be a powerful way of emotionally transforming lives: an "inside-out" process of healing (Germer, 2009; Gilbert, 2009).

Self-care tended to be a more familiar construct, usually mentioned as one of numerous aspects of self-compassion. One participant explained: ". . . (self-care) means that I deserve to take care of myself and that I want to do something good for myself. The focus is on my well-being, which is the outcome of self-compassion." Some participants viewed the two constructs as "dovetailing onto each other," and blurred in distinction. A noteworthy finding was that while self-care strategies were sometimes described as performable without particular attention to self-compassion, self-compassion was characterized as a foundational way of being and, as practiced, enabled one to "take in nourishment," to practice self-care regularly, and to develop work-life balance. As Celine explained,

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

Many participants underscored the notion that the cultivation of self-compassion over time can be accompanied by an increased desire to promote one's health and well-being, and initiative to take action and to instigate changes in one's life (Neff, 2003a).

Counselor Well-Being and Enhanced Counseling Practice

Through the narrative accounts of this study, we gained an understanding of how a self-compassionate approach to their therapy practices supported participants to more skillfully manage the impact of occupational stress and challenges, for example, by recognizing and addressing signs of depletion, working through ethical dilemmas, and processing decisions and their consequences. A range of benefits in relation to a longer-term practice of self-compassion was reported. Among these were improved overall sense of well-being, including physical, psychological and emotional health, and a deepened existential and/or spiritual sense of connectedness. The cultivation of self-compassion was associated with the development of "balance," "clarity," "groundedness," "openness," "wisdom," "joy," "creativity," "freedom," and with experiences of job satisfaction and burnout prevention. As put by one participant: "What's so important about having self-compassion? Three words: Avoidance of burnout."

Additionally, all counselors described how practicing self-compassion had positively impacted their ability to work effectively with clients. It helped them to lower unrealistic self-expectations; to develop more effective boundaries and a finer balance between client needs and counselor needs; to self-correct when necessary; and to engage in more proactive, preventative

self-care. Three participants developed an ability to attune to their clients in a variety of ways. For example, Celine observed: "I am able to connect from more of a heart space instead of only from my head." Interestingly, most participants raised the point that the degree of self-directed judgment seemed related to the degree of judgment directed toward others, including their clients. The practice of self-compassion seemed to assist in managing and transforming self-critical tendencies.

Compassion as a relational process was highlighted. For example, Jean viewed compassion as a "willingness to be open to the experience of the flow of energy between (her)self and another person: the flow of energy and also the flow of information, be that verbal or facial features." To her, this experience was "almost like a circular flow of compassion" with no definite starting point. Mike described the process as being "between us": "It's not something that happens just with me. I hear another's story and so I feel compassion. I learn self-compassion by more or less disclosing to someone else, and then it's this ongoing feedback of compassion." It was noted that participants' capacities to practice self-compassion were deepened both through their contact with and openness to compassionate presences or role models in their professional and personal lives, and also by role modeling or embodying compassion for others.

In summary, the overall resounding message was that practicing self-compassion served to enhance counselor well-being, counselor effectiveness in the workplace, and therapeutic relationships with clients. Almost every participant indicated that "it is up to us to develop it for ourselves" as part of our responsibility as counselors.

Limitations

It is important to note several limitations to our study. One limitation is the lack of generalizability of the findings. Like other qualitative studies, the results represent participants' lived experiences, and may or may not be representative of other counselors or therapists' practices of self-compassion. Further, our sample neither represented ethnic and racially diverse perspectives nor an equal balance of gender perspectives. This study was intended to be an exploratory inquiry into counselor self-compassion and warrants future empirical research. Second, there may have been limitations using telephone interviews. While interviewing typically yielded rich information in this study, one interview was rescheduled to allow for face-to-face contact and an expansion on the interview.

Further Exploration: Implications for Counseling and Research

A number of questions were generated over the course of the study to be addressed in future research. What is the importance of cultivating a self-compassionate orientation as a counselor? How is it fostered in work settings and training centers? To what extent is a self-compassionate counselor an important variable to therapeutic processes and outcomes? Future empirical studies incorporating Neff's Self-Compassion Scale could yield important data about counselors' self-perceptions about self-compassion and clients' perceptions about the importance of counselor self-compassion. Further, such studies could help to identify training, educational, and workplace needs with respect to counselor self-compassion. Indeed, the value of counselors' and psychotherapists' practice of self-compassion was reflected in many participants' expressed hopes that self-compassion both be further explored and encouraged in practice.

A number of suggestions to counselor educators were made, which we offer as practical ways of promoting the cultivation of self-compassion. Prioritizing the inclusion of courses or modules on self-compassion and self-care into the curriculum of training programs could significantly enhance new counselors' development and preparedness as they enter the profession. Among a diversity of possible approaches, such courses might include the incorporation of mindfulness practice, meditation or other contemplative practices (i.e., Christopher & Maris, 2010), and the sharing of seasoned practitioners' experiences of practicing self-compassion in the workplace. The creation of opportunities for public professional dialogue around self-compassion could serve to connect therapists in normalizing and addressing processes and work challenges compassionately, and to promote therapist well-being. The authors of this paper imagine a future for our professional and our academic communities in which self-compassion could be experientially explored, practiced, and modeled. Our hopes are that the practice of self-compassion by counselors will facilitate compassionate and healing workplace environments, in which counselors care for themselves and each other, while providing quality client care.

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