

ORIGINAL ARTICLE

Measuring relationships between self-compassion, compassion fatigue, burnout and well-being in student counsellors and student cognitive behavioural psychotherapists: a quantitative survey

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Abstract

Background: Prolonged deficiency in self-care strategies puts counsellors and psychotherapists at risk of burnout and compassion fatigue. *Aim:* To measure associations between self-compassion, compassion fatigue, well-being and burnout in student counsellors and student cognitive behavioural psychotherapists. *Method:* A quantitative survey using four validated data collection instruments: (1) Professional Quality of Life Scale; (2) Self-Compassion Scale; (3) short Warwick and Edinburgh Mental Well-being Scale; (4) Compassion For Others scale, was used to measure relationships between self-compassion, compassion fatigue, well-being and burnout. *Participants:* A mixed sample of student counsellors and student cognitive behavioural psychotherapists ($n = 54$) in their final year of study. *Results:* This preliminary study shows that student counsellors and student cognitive behavioural psychotherapists who reported high on measures of self-compassion and well-being also reported less compassion fatigue and burnout. *Implications for practice:* Compassion fatigue and burnout are found in many modern-day, highly stressful healthcare professions. The practice of self-compassion could help student practitioners manage these symptoms and subsequently improve their professional quality of life.

Keywords: burnout, compassion fatigue, counsellors, cognitive behavioural psychotherapists, self-compassion, well-being

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Introduction

Compassion and empathy are necessary tools for therapists and healthcare professionals to effectively treat their clients (Figley, 2002a). However, working with these psychological tools can bring costs for counselling practitioners (Figley, 1995). Whilst compassionate care is essential for clients, it also plays a significant role in the development of counsellor and psychotherapist self-care (Raab, 2014). If

healthcare professionals have the ability to offer care and compassion to themselves in times of suffering, they will also be better prepared to show compassion towards the individuals they care for (Heffernan et al. 2010).

Self-compassion

The psychological sciences view compassion as recognising one's own or another's distress and

making an attempt to alleviate it (Gilbert, 2009). Developing self-compassion has been shown, in the literature, to have many benefits (Boellinghaus, Jones & Hutton, 2012). Recent research suggests that there is a link between self-compassion and psychological well-being (Germer & Siegel, 2012; Gilbert, 2000, 2009, 2010; Hutcherson, Seppala & Gross, 2008; Lutz, Brefczynski-Lewis, Johnstone & Davidson, 2008; Neff, 2003; Neff, Hsieh & Dejitterat, 2005; Neff & Vonk, 2009). For example, individuals that possess self-compassionate qualities and do not judge themselves too harshly are less likely to suffer with mental health issues (Neff, Kirkpatrick & Rude, 2007), are more likely to cope with symptoms of stress (Leary, Tate, Adams, Allen & Hancock, 2007), have greater emotional resilience (Gilbert & Procter, 2006), are less afraid of failure, employ effective coping strategies when distressed (Neely, Schallert, Mohammed, Roberts & Chen, 2009) and are at less risk of compassion fatigue and burnout (Thompson, Amatea & Thompson, 2014).

A literature review by Raab (2014) identified mindfulness, empathy and loving kindness as factors that cultivate self-compassion. Developing a compassionate mind may thwart compassion fatigue (Figley, 2002a,b; Gilbert, 2005) and help to reduce mental health problems (Gilbert & Procter, 2006; Judge, Cleghorn, McEwan & Gilbert, 2012), psychosis (Braehler et al., 2012; Laithwaite et al., 2009; Mayhew & Gilbert, 2008), symptoms of trauma (Ashworth, Gracey & Gilbert, 2012; Beaumont, Galpin & Jenkins, 2012; Beaumont & Hollins Martin, 2013; Bowyer, Wallis & Lee, 2014), eating disorders (Gale, Gilbert, Read & Goss, 2012) and personality disorders (Lucre & Corten, 2013).

Compassion fatigue and burnout

Personal and professional factors can cause compassion fatigue in counsellors and psychotherapists (Zeidner et al., 2013), with mental health workers most at risk (Moore & Cooper, 1996) and higher prevalence in therapists working closely with trauma (Sodeke-Gregson, Holttum & Billings, 2013).

Stamm (2009) suggests that three factors contribute to the health of the practitioner: compassion satisfaction, secondary traumatic stress/compassion fatigue and burnout. When compassion satisfaction is high and both burnout and compassion fatigue low, it is considered the optimal balance for professionals. Adams and Riggs (2008) found, in a sample of trainee

therapists, that trauma symptoms were associated with a personal history of trauma, defence style and level of experience. Burnout in practitioners has been associated with patient dissatisfaction and longer recovery times (Vahey, Aiken, Sloane, Clarke & Vargas, 2004).

Figley (1995) introduced the notion of compassion fatigue suggesting that it occurs as a result of knowing about a traumatising event that a person has suffered. Figley (1995) claims that compassion fatigue is the 'cost of caring' (p. 7) and psychotherapists' prolonged deficiency in self-care strategies puts them at risk of burnout and compassion fatigue (Jackson, Schwab & Schuler, 1986). Burnout and compassion fatigue have been shown to reduce attention and concentration, affect communication, and can lead to heart and/or mental health problems (Miller, Stiff & Ellis, 1988; Spickard, Gabbe & Christensen, 2002). Consequently, it may be important for counsellors and psychotherapists to develop techniques that desensitise and educate them about compassion fatigue (Figley, 2002b).

Self-care strategies such as Compassionate Mind Training (CMT) (Gilbert, 2009) and Mindfulness-Based Stress Reduction (MBSR) (Christopher & Maris, 2010) can be taught and may prevent burnout and compassion fatigue. Thieleman and Cacciatore (2014) found a positive association between mindfulness and compassion satisfaction, and an inverse correlation between mindfulness and compassion fatigue amongst bereavement specialists.

Given that it is possible to develop self-compassion (Gilbert, Baldwin, Irons, Baccus & Palmer, 2006; Harman & Lee, 2010; Neff et al., 2007), by challenging self-criticism and self-judgement and teaching self-soothing techniques (Gilbert, 1997; Gilbert, Clarke, Hemel, Miles & Irons, 2004; Gilbert & Irons, 2004; Harman & Lee, 2010; Neff et al., 2007), lecturers can improve care offered to student counsellors and student psychotherapists which may in turn reduce levels of counsellor burnout (Brewin, 2006).

Rationale

Acknowledging the need emphasised within the literature to teach self-care strategies to student counsellors and psychotherapists, we wanted to augment the literature by taking a different approach: that is, to support the need for self-care strategies through exploring relationships between self-compassion, well-being, compassion fatigue and burnout, using validated scales.

The research question asked was as follows: What are the relationships between self-compassion, well-being, compassion fatigue and burnout in student counsellors and student cognitive behavioural psychotherapists?

Method

A quantitative survey using four validated data collection instruments was implemented to measure relationships between (1) self-compassion, (2) compassion fatigue, (3) well-being and (4) burnout.

Participants

Participants were a mixed sample of student cognitive behavioural psychotherapists (CBP) and person-centred counsellors ($n = 54$) in their final year of study. No inclusion or exclusion criteria were applied.

Data collection instruments

Four data collection instruments were used to measure participants' self-compassion, compassion fatigue, well-being and levels of burnout.

The Professional Quality of Life (ProQOL) scale

The *Professional Quality of Life* (ProQOL) scale (Stamm, 2009) consists of 30 items divided into three subscales: (1) compassion satisfaction, (2) compassion fatigue and (3) secondary traumatic stress and burnout, and has been validated by Stamm (2009). Item responses relate to thoughts about statements over the last 30 days, which are recorded on a Likert scale ranging from 1 to 5 (1 = never; 2 = rarely; 3 = sometimes; 4 = often, 5 = very often). Sample items include 'I feel connected to others' and 'I feel overwhelmed because my workload seems endless'.

The Self-Compassion Scale

The *Self-Compassion Scale* (long version) (Neff, 2003) consists of 26 items divided into six subscales: (1) self-kindness, (2) self-judgement, (3) mindfulness, (4) common humanity, (5) isolation and (6) over identification, and has been validated by Neff (2003). Items are scored using a Likert scale ranging from 1 (almost never) to 5 (almost always). Sample items include 'I'm disapproving and judgemental about my own flaws and inadequacies' and 'I try to be loving towards myself when I feel emotional pain'.

The short Warwick and Edinburgh Mental Well-being Scale (sWEMWBS)

The *short Warwick and Edinburgh Mental Well-being Scale* (sWEMWBS) is a shorter version of the 14-item *Warwick and Edinburgh Mental Well-being Scale* (Tennant et al., 2009), and has been validated by Tennant et al. (2009). The short version consists of seven positively worded items that enquire about well-being over the prior two weeks. Items are scored using a Likert scale ranging from 1 to 5 (none of the time = 1, rarely = 2, some of the time = 3, often = 4 and all of the time = 5). A sample item is 'I've been feeling optimistic about the future'.

Compassion For Others (CFO) scale

The *Compassion For Others* (CFO) scale (Pommier, 2011) consists of 24 items divided into six subscales: (1) kindness, (2) indifference, (3) common humanity, (4) separation, (5) mindfulness and (6) disengagement, and has been validated by Pommier (2011). Item responses are recorded on a Likert scale ranging from 1 (almost never) to 5 (almost always), with reverse scoring applied to the indifference, separation and disengagement subscales. A sample item is 'when people cry in front of me I usually don't feel anything at all'.

Procedure

The four scales, an information sheet and a consent form were placed in packs and issued at commencement of university-based teaching sessions. Student counsellors and student cognitive behavioural psychotherapists were asked to participate in the research, with assurance of no consequences in terms of course progression. Descriptive statistics were calculated, and the data were analysed using the statistical package SPSS 20.

Ethical considerations

Ethical approval was obtained from the University Ethics Committee. The first author (EB) was aware of her dual role with some of the participants as both a researcher and lecturer on counselling and psychotherapy programmes. To minimise any potential negative implications, data were therefore collected by the second author (MD) who also gave an overview of the project as he did not lecture on counselling or psychotherapy courses.

Informed consent was obtained from all participants, and anonymity and confidentiality were assured. Students were informed that they had the right to withdraw their data at any stage. The whole process of administration and data collection took around 30 minutes.

Table I: Mean and standard deviation scores for compassion for others, self-compassion, compassion satisfaction, compassion fatigue, burnout and well-being

Questionnaire	<i>n</i>	Mean	S.D.
CFOS	54	4.2	0.5
SCS	54	3.1	0.6
CS	54	41.0	4.5
CF/STS	54	21.0	5.2
BO	54	21.6	5.7
sWEMWBS	54	25.4	4.3

CFOS, compassion for others scale; SCS, self-compassion scale; CS, compassion satisfaction; CF/STS, compassion fatigue/secondary traumatic stress; BO, burnout; sWEMWBS, the short Warwick and Edinburgh mental well-being scale.

Results

Mean and standard deviation scores for all measures are shown in Table I.

Results show a mean score of 4.2 for compassion for others, which is considered high by Pommier (2011). However, self-compassion was 3.1, indicating a moderate score (Neff, 2003). Compassion satisfaction was high with a mean score of 41, and results also reveal low scores for compassion fatigue (21.0) and burnout (21.6) (Stamm, 2009) (see Table I). Well-being was in line with the UK national average.

Pearson's correlations between self-compassion, burnout, compassion fatigue, compassion satisfaction, well-being and compassion for others are shown in Table II.

The correlation analysis reveals a significant negative relationship between self-compassion and burnout ($r = -.486$), and self-compassion and compassion fatigue ($r = -.350$). Also, self-compassion correlates positively with well-being ($r = .439$). No significant relationship between self-compassion and compassion for others was found. Students who

Table II: Pearson's correlations between self-compassion, burnout, compassion fatigue, compassion satisfaction, well-being and compassion for others

	Self-compassion	Burnout	Compassion fatigue	Compassion satisfaction	Well-being	Compassion for others
Self-compassion	1	-.486**	-.350*	.055	.439**	.061
Burnout	-.486**	1	.580**	-.376**	-.555**	-.289*
Compassion fatigue	-.350*	.580**	1	-.418**	-.415**	-.319*
Compassion satisfaction	.055	-.376**	-.418**	1	.336*	.341*
Well-being	.439**	-.555**	-.415**	.336*	1	.318*
Compassion for others	.061	-.289*	-.319*	.341*	.318*	1

* $p < 0.05$ level (2-tailed).

** $p < 0.01$ level (2-tailed).

Table III: Pearson's correlations for associations between self-kindness, self-judgement, compassion for others, compassion satisfaction, compassion fatigue, burnout and well-being

	Compassion for others	Compassion satisfaction	Burnout	Compassion fatigue	Well-being	Self-kindness	Self-judgement
Compassion for others	1	.341*	-.289*	-.319*	.318*	.142	-.059
Compassion satisfaction	.341*	1	-.376**	-.418**	.336*	.051	-.045
Burnout	-.289*	-.376**	1	.580**	-.555**	-.442**	.545**
Compassion fatigue	-.319*	-.418*	.580**	1	-.415**	-.221	.511*
Well-being	.318*	.336*	-.555**	-.415**	1	.352*	-.364**
Self-kindness	.142	.051	-.442**	-.221	.352*	1	-.592**
Self-judgement	-.059	-.045	.545**	.511*	-.364**	-.592**	1

* $p < 0.05$ level (2-tailed).

** $p < 0.01$ level (2-tailed).

Table IV: The mean difference on all measures for students categorised as having low/high levels of self-compassion

Scale	Low self-compassion	High self-compassion	<i>t</i>	<i>p</i> -value
Compassion for others	4.3 (0.4)	4.3 (.51)	0.039	ns
Compassion satisfaction	42.1 (2.9)	42.0 (4.8)	-0.082	ns
Compassion fatigue	21.8 (4.1)	17.4 (4.0)	2.48	<.05
Burnout	26.8 (8.0)	18.3 (4.0)	3.41	<.001
Well-being	22.1 (4.5)	27.8 (1.8)	-4.37	<.001

reported greater compassion for others scored less on burnout ($r = -.289$) and compassion fatigue ($r = -.319$). In addition, those with high compassion for others reported higher well-being ($r = .318$) and compassion satisfaction ($r = .341$).

Pearson correlations between self-kindness, self-judgement, compassion for others, compassion satisfaction, compassion fatigue, burnout and well-being are shown in Table III.

No significant association was found between self-kindness and self-judgement and compassion for others or compassion satisfaction. In contrast, both positive and negative associations on measures of compassion fatigue, burnout and well-being were found. Self-kindness correlated positively with well-being ($r = .352$) and was inversely related to burnout ($r = -.442$). Self-judgement correlated negatively with well-being ($r = -.364$) and more positively with compassion fatigue ($r = .511$) and burnout ($r = .545$). These findings indicate a significant relationship between student therapists who are kinder to themselves and increased well-being, with fewer reporting burnout. Conversely, self-judgement was associated with increased compassion fatigue and burnout, and low levels of well-being.

Further analysis was conducted using independent samples *t*-test, with split scores (high versus low) for self-compassion (see Table IV).

Results show that having greater self-compassion is associated with reduced compassion fatigue ($M = 17.4$, $S.D. = 4.0$) $t(21) = 2.48$, $p \leq .05$; burnout ($M = 18.3$, $S.D. = 4.0$) $t(21) = 3.41$, $p \leq .001$; and higher well-being ($M = 27.8$, $S.D. = 1.8$) $t(21) = -4.37$, $p \leq .001$. These results support data from the correlation analysis, with those higher on self-compassion experiencing less burnout, compassion fatigue and greater well-being.

Discussion

Results indicate that student counsellors and student psychotherapists who score high on measures of self-compassion experience improved well-being and compassion satisfaction, and report lower compassion fatigue and burnout. We also found that positive scores of self-kindness corresponded with increased well-being and less burnout. Scores on the measure of self-judgement were inversely correlated with well-being and positively with compassion fatigue and burnout. Furthermore, those in the high self-compassion group showed less compassion fatigue and burnout, as well as greater well-being than those in the low cohort.

The results inform us that student counsellors and student cognitive behavioural psychotherapists with higher levels of self-compassion experience greater well-being and reduced burnout, in keeping with literature that reports on the benefits of cultivating a compassionate self (see Beaumont & Hollins Martin, 2015 and Leaviss & Uttley, 2014).

The literature also reports the negating effects of the internal self-critic on general well-being (Gilbert, 2006; Neff et al., 2007), with participants in our sample scoring high on the self-judgement subscale also experiencing more compassion fatigue and burnout. Classically, compassion fatigue occurs in counsellors when levels of compassion in the workplace become eroded due to secondary trauma and/or discovering that the imagined role differs from reality (Blomberg & Sahlberg-Blom, 2007; Figley, 1995). Compassion satisfaction and self-care have been shown to impact positively on counsellors working with trauma (Sodeke-Gregson et al., 2013), with these concepts further extended to explore whether enjoying a therapeutic alliance with clients, and being kinder to the self, initiates greater compassion, reduced burnout and/or compassion fatigue.

Contribution and advantages

To our knowledge, this is the first study to examine the relationship between self-compassion, compassion fatigue, burnout and well-being amongst student counsellors and cognitive behavioural psychotherapists. This preliminary study shows students who report higher levels of self-compassion and well-being also report fewer symptoms of compassion fatigue and burnout.

This first small study has initiated important discussions about the potential implications for improving counselling students' ability to gain better

outcomes for themselves. Compassion fatigue and burnout are authentic experiences for individuals, with learning self-compassion strategies important for protecting students from symptoms, and by doing so improving the quality of their professional lives.

Limitations of study

The small sample size in our study is a limitation, and replication of our study using larger numbers of students is recommended. In addition, a longitudinal component, extending data collection to the start, middle and end of courses, and possibly beyond, may have yielded more fruitful data. A qualitative component would also have complemented the current data through explaining cause, effect and the lived experience of students undergoing counselling training.

Further research

Healthcare professionals such as counsellors and psychotherapists enter into their profession with a desire to help other people manage the difficulties of life. However, for some the trauma and stressors of life as a therapist along with the pressures of everyday life and education can lead to burnout and compassion fatigue. Further research examining this process of change for students and practitioners is recommended.

Exploring strategies to help student counsellors and psychotherapists develop compassion for one's own suffering could also be explored further. Developing compassion for oneself may promote self-care, reduce self-criticism, compassion fatigue, and burnout and equip students wanting a career within the counselling and psychotherapy professions with the necessary tools needed to face the rigours of education and patient care.

Conclusion and recommendations

Self-care is recognised as a preventive factor for work-related stress (Figley, 2002a). There are many recommendations for developing self-care, for instance Mindfulness-Based Stress Reduction (MBSR) (Christopher & Maris, 2010) and Compassionate Mind Training (Gilbert, 2009). The current study alludes to self-compassion as having the potential to be of benefit to students' own health and general well-being.

This preliminary study shows that students who score high on measures of self-compassion and well-being report less compassion fatigue and burnout.

This could have implications for developing new approaches in counselling and psychotherapy training. When entering into a course of study where students bear witness to the devastating effects of trauma, there is a need for intervention strategies for the student. For example, students could be taught strategies to help them increase self-compassion. Following a course of MBSR training, Shapiro, Brown and Biegel (2007) found that therapists reflected greater self-kindness and acceptance towards their patients. We therefore recommend that further research examine intervention strategies that help student counsellors and psychotherapists develop self-compassion.

Compassionate Mind Training (CMT) is one such approach that could guide further research. Compassion fatigue is also referred to as secondary traumatic stress, as therapists can absorb the client's traumatic experiences (Figley, 2002b). CMT has been shown to be effective when treating primary trauma (Beaumont & Hollins Martin, 2013; Beaumont et al., 2012) and is especially useful for reducing self-judgement (Gilbert, 2006); therefore, its potential to benefit practitioners warrants further investigation. Taking this into consideration, self-care strategies could reduce symptoms of fatigue, burnout and self-criticism and increase well-being. This in turn could help students manage the stresses of education and practice, which may make them more effective counsellors and psychotherapists in the future.

References

- Adams, S. A., & Riggs, S. A. (2008). An exploratory study of vicarious trauma among therapist trainees. *Training and Education in Professional Psychology*, *2*, 26–34. doi:10.0137/1931-3918.2.1.26
- Ashworth, F. M., Gracey, F., & Gilbert, P. (2012). Compassion focused therapy after traumatic brain injury: Theoretical foundations and a case illustration. *Brain Impairment*, *12*, 128–139. doi:10.1375/brim.12.2.128
- Beaumont, E., Galpin, A., & Jenkins, P. (2012). Being kinder to myself: A prospective comparative study, exploring post-trauma therapy outcome measures, for two groups of clients, receiving either Cognitive Behaviour Therapy or Cognitive Behaviour Therapy and Compassionate Mind Training. *Counselling Psychology Review*, *27*, 31–43.
- Beaumont, E., & Hollins Martin, C. J. (2013). Using compassionate mind training as a resource in EMDR: A case study. *Journal of EMDR Practice and Research*, *7*, 186–199. doi:10.1891/1933-3196.7.4.186

- Beaumont, E., & Hollins Martin, C. J. (2015). A narrative review exploring the effectiveness of Compassion-Focused Therapy. *Counselling Psychology Review*, **30**, 21–32.
- Blomberg, K., & Sahlberg-Blom, E. (2007). Closeness and distance: A way of handling difficult situations in daily care. *Journal of Clinical Nursing*, **16**, 244–255. doi:10.1111/j.1365-2702.2005.01503.x
- Boellinghaus, I., Jones, F. W., & Hutton, J. (2012). The role of mindfulness and loving-kindness meditation in cultivating self-compassion and other-focused concern in health care professionals. *Mindfulness*, **5**, 129–138. doi:10.1007/s12671-012-0158-6
- Bowyer, L., Wallis, J., & Lee, D. (2014). Developing a compassionate mind to enhance Trauma-Focused CBT with an adolescent female: A case study. *Behavioural and Cognitive Psychotherapy*, **42**, 248–254. doi:10.1017/S1352465813000362
- Braehler, C., Gumley, A., Harper, J., Wallace, S., Norrie, J., & Gilbert, P. (2012). Exploring change processes in compassion focused therapy in psychosis: Results of a feasibility randomized controlled trial. *British Journal of Clinical Psychology*, **52**, 199–214. doi:10.1111/bjc.12009
- Brewin, C. R. (2006). Understanding cognitive behaviour therapy: Retrieval competition account. *Behaviour Research and Therapy*, **44**, 765–784. doi:10.1080/17522439.2014.925485
- Christopher, J. C., & Maris, J. A. (2010). Integrating mindfulness as self-care into counselling and psychotherapy training. *Counselling and Psychotherapy Research*, **10**, 114–125. doi:10.1080/14733141003750285
- Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Mazel.
- Figley, C. R. (2002a). *Treating compassion fatigue*. New York: Brunner/Mazel.
- Figley, C. R. (2002b). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Psychotherapy in Practice*, **58**, 1433–1441. doi:10.1002/jclp.10090
- Gale, C., Gilbert, P., Read, N., & Goss, K. (2012). An evaluation of the impact of introducing compassion focused therapy to a standard treatment programme for people with eating disorders. *Clinical Psychology and Psychotherapy*, **21**, 1–12. doi:10.1002/cpp.1806.
- Germer, C. K., & Siegel, R. D. (Eds.) (2012). *Wisdom and compassion in psychotherapy: Deepening mindfulness in clinical practice*. Guilford: Guilford Press.
- Gilbert, P. (1997). The evolution of social attractiveness and its role in shame, humiliation, guilt and therapy. *British Journal of Medical Psychology*, **70**, 113–147. doi:10.1111/j.2044-8341.1997.tb01893.x
- Gilbert, P. (2000). Social mentalities: Internal “social” conflicts and the role of inner warmth and compassion in cognitive therapy. In P. Gilbert & K. G. Bailey (Eds.), *Genes on the couch: Explorations in evolutionary psychotherapy*, (pp. 118–150). Hove: Brunner-Routledge.
- Gilbert, P. (Ed.). (2005). *Compassion: Conceptualisation, research and use in psychotherapy*. London: Routledge.
- Gilbert, P. (2006). Evolution and depression: Issues and implications. *Psychological Medicine*, **36**, 287–297. doi:10.1017/S0033291705006112
- Gilbert, P. (2009). *The compassionate mind*. London: Constable.
- Gilbert, P. (2010). *Compassion focused therapy: The CBT distinctive features series*. London: Routledge.
- Gilbert, P., Baldwin, M. W., Irons, C., Baccus, J. R., & Palmer, M. (2006). Self-criticism and self-warmth: An imagery study exploring their relation to depression. *Journal of Cognitive Psychotherapy*, **20**, 183–200. doi:10.1891/jcop.20.2.183
- Gilbert, P., Clarke, M., Hemel, S., Miles, J. N. V., & Irons, C. (2004). Criticizing and reassuring oneself: And exploration of forms, style and reasons in female students. *British Journal of Clinical Psychology*, **43**, 31–35. doi:10.1348/014466504772812959
- Gilbert, P., & Irons, C. (2004). A pilot exploration of the use of compassionate imagery in a group of self-critical people. *Memory*, **12**, 507–516. doi:10.1080/09658210444000115
- 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 and Psychotherapy*, **13**, 353–379. doi:10.1002/cpp.507
- Harman, R., & Lee, D. (2010). The role of shame and self-critical thinking in the development and maintenance of current threat in post-traumatic stress disorder. *Clinical Psychology and Psychotherapy*, **17**, 13–24. doi:10.1002/cpp.636
- Heffernan, M., Quinn Griffin, M. T., McNulty, S. R., & Fitzpatrick, J. J. (2010). Self-compassion and emotional intelligence in nurses. *International Journal of Nursing Practice*, **16**, 366–373. doi:10.1111/j.1440-172X.2010.01853.x
- Hutcherson, C. A., Seppala, E. M., & Gross, J. J. (2008). Loving kindness meditation increases social connectedness. *Emotion*, **8**, 720–724. doi:10.1037/a0013237.
- Jackson, S. E., Schwab, R. L., & Schuler, R. S. (1986). Toward an understanding of the burnout phenomenon. *Journal of Applied Psychology*, **71**, 630–640. doi:10.1037/0021-9010.71.4.630
- Judge, L., Cleghorn, A., McEwan, K., & Gilbert, P. (2012). An exploration of group-based compassion focused therapy for a heterogeneous range of clients presenting

- to a community mental health team. *International Journal of Cognitive Therapy*, **5**, 420–429. doi:10.1521/ijct.2012.5.4.420
- Laithwaite, H., O'Hanlon, M., Collins, P., Doyle, P., Abraham, L., & Porter, S. (2009). Recovery after psychosis (rap): A compassion focused programme for individuals residing in high security settings. *Behavioural and Cognitive Psychotherapy*, **37**, 512–526. doi:10.1017/S1352465809990233
- Leary, M. R., Tate, E. B., Adams, C. E., Allen, A. B., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant Events: The implications of treating oneself kindly. *Journal of Personality and Social Psychology*, **92**, 887–904. doi:10.1037/0022-3514.92.5.887
- Leaviss, J., & Uttley L. (2014). Psychotherapeutic benefits of compassion-focused therapy: An early systematic review. *Psychological Medicine*, **45**:927–945. doi:10.1017/S0033291714002141
- Lucre, K., & Corten, N. (2013). An exploration of group compassion-focused therapy for personality disorder. *Psychology and Psychotherapy: Theory, Research, and Practice*, **86**, 387–400. doi:10.1111/j.2044-8341.2012.02068.x
- Lutz, A., Brefczynski-Lewis, J., Johnstone, T., & Davidson, R. J. (2008). Regulation of the neural circuitry of emotion by compassion meditation: Effects of meditative expertise. *PLoS ONE*, **3**, e1897. doi:10.1371/journal.pone.0001897.
- Mayhew, S., & Gilbert, P. (2008). Compassionate mind training with people who hear malevolent voices. A case series report. *Clinical Psychology and Psychotherapy*, **15**, 113–138. doi:10.1002/cpp.566
- Miller, K. I., Stiff, J. B., & Ellis, B. H. (1988). Communication and empathy as precursors to burnout among human service workers. *Communication Monographs*, **55**, 250–265. doi:10.1177/009365095022002001
- Moore, K., & Cooper, C. (1996). Stress in mental health professionals: A theoretical overview. *International Journal of Social Psychiatry*, **42**, 82–89. doi:10.1177/002076409604200202
- Neely, M. E., Schallert, D. L., Mohammed, S. S., Roberts, R. M., & Chen, Y. J. (2009). Self-kindness when facing stress: The role of self-compassion, goal regulation, and support in college students' well-being. *Motivation and Emotion*, **33**, 88–97. doi:10.1007/s11031-008-9119-8
- Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. *Self and Identity*, **2**, 223–250. doi:10.1080/15298860309027
- Neff, K. D., Hsieh, Y., & Dejitterat, K. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and Identity*, **4**, 263–287. doi:10.1080/13576500444000317
- Neff, K. D., Kirkpatrick, K. L., & Rude, S. (2007). Accepting the human condition: Self-compassion and its links to adaptive psychological functioning. *Journal of Personality*, **41**, 139–154. doi:10.1016/j.jrp.2006.08.002
- Neff, K. D., & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of Personality*, **77**, 23. doi:10.1111/j.1467-6494.2008.00537.x
- Pommier, E. A. (2011). The compassion scale. Dissertation Abstracts International Section A: Humanities and Social Sciences, **72**, 1174.
- Raab, K. (2014). Mindfulness, self-compassion, and empathy among health care professionals: A review of the literature. *Journal of Health Care Chaplaincy*, **20**, 95–108. doi:10.1080/08854726.2014.913876
- Shapiro, S. L., Brown, K., & Biegel, G. (2007). Self-care for health care professionals: Effects of MBSR on mental well-being of counselling psychology students. *Training and Education in Professional Psychology*, **1**, 105–115. doi:10.1037/1931-3918.1.2.105
- Sodeke-Gregson, E., Holtum, S., & Billings, J. (2013). Compassion satisfaction, burnout, and secondary traumatic stress in UK therapists who work with adult trauma clients. *European Journal Of Psychotraumatology*, **4**, doi:10.3402/ejpt.v4i0.21869.
- Spickard, A., Gabbe, S. G., & Christensen, J. F. (2002). Mid-career burnout in generalist and specialist physicians. *Journal of the American Medical Association*, **288**, 1447–1450. doi:10.1001/jama.288.12.1447
- Stamm, B. H. (2009). Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). www.proqol.org or http://www.proqol.org/ProQol_Test.html.
- Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J., & Stewart-Brown, S. (2009). The Warwick and Edinburgh Mental Well-Being Scale (WEMWBS): Development and UK validation. *Health and Quality of Life Outcomes*, **5**, 1–13. doi:10.1186/1477-7525-5-63
- Thielemann, K., & Cacciatore, J. (2014). Witness to suffering: Mindfulness and compassion fatigue among traumatic bereavement volunteers and professionals. *Social Work*, **19**, 34–41. doi:10.1093/sw/swt044
- Thompson, I. A., Amatea, E. S., & Thompson, E. S. (2014). Personal and contextual predictors of mental health counselors' compassion fatigue and burnout. *Journal of Mental Health Counselling*, **36**, 58–77.
- Vahey, D. C., Aiken, L. H., Sloane, D. M., Clarke, S. P., & Vargas, D. (2004). Nurse burnout and patient satisfaction. *Medical Care*, **42**, 57–66. doi:10.1097/01.mlr.0000109126.50398.5a
- Zeidner, M., Hadar, D., Matthews, G., & Roberts, R. D. (2013). Personal factors related to compassion fatigue in

health professionals. *Anxiety, Stress & Coping*, **26**, 595–609. doi:10.1080/10615806.2013.777045

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