Self-Compassion: A Mentorship Framework for Counselor Educator Mothers

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Counselor educators experience high levels of stress. Mothers in academia face an additional set of emotional stressors. The authors offer a self-compassion framework for mentors to increase emotional resilience of mothers in counselor education.

Keywords: mentoring, counselor education, self-compassion, mothers

Researchers (e.g., Isgro & Castaneda, 2015; Mason & Goulden, 2004; Sallee, 2013) have suggested that mothers in academia face hostile institutional and departmental environments; lack of social and mentoring support; and restrictive, sexist tenure and promotion policies. Without the appropriate support, mothers’ career advancement may suffer as they negotiate the family role versus the academic role (Bailyn, 2003; Probert, 2005). In an organizational culture that supports gender stereotyping, mothers often find themselves positioned as caretakers (Aiston & Jung, 2015; Schein, 2007; Turner, 2002) or academic moms (Ropers-Huilman, 2000).

Thus, having children has a disparate effect on women's academic careers. According to Williams (2005), mothers in academia experience a maternal wall, or a perceived stereotype bias that results from becoming pregnant, requesting parental leave, extending the tenure clock as a result of having children, or seeking a flexible schedule. Mason, Wolfinger, and Goulden (2013) conducted a decade of research assessing the impact of children on academic careers for both men and women in the social and hard sciences. Results indicated that, with children younger than age 6 years in the household, men were 38% more likely than women to achieve tenure. Mason and Goulden (2004) analyzed data from the Survey of Doctorate Recipients and the University of California Faculty Work and Family Survey and followed active faculty (N = 8,500) of nine universities in California. They found that women and men with children spent the same amount of time at work; however, women spent 66% more time on child-care duties than did men (30 hours per week for women vs. 20 hours per week for men). Survey responses also indicated that women in academia were more likely than men to delay marriage; women were also less likely to have younger children in the home. Furthermore, mothers face relational judgments suggesting negative social
consequences (Okimoto & Heilman, 2012). Okimoto and Heilman (2012) highlighted the importance of recognizing the negative stressors working mothers experience that extend beyond time constraints.

One of the negative stressors working mothers experience is related to the perception of a maternal wall in academia. Sutherland (2010) stated that a maternal wall might be exacerbated when a sense of guilt is also present as individual mothers try balancing family and academic career expectations. In addition, Sutherland indicated that maternal guilt is recognized as an intrinsic part of motherhood in society. Furthermore, mothers who feel guilty as a result of a high sense of responsibility may also experience emotional depletion and feelings of inadequacy when those feelings are combined with high career expectations. Such emotional strain is significant because it has been associated with decreased productivity and less engagement in the workplace (Holmes, Erickson, & Hill, 2012; Sorcinelli, 1994).

In the past 10 years, many universities have begun offering family-friendly work policies, but they are primarily centered on structural changes, including decreasing academic duties after childbirth and extending the tenure clock (Sallee, 2013). However, these same policies might have unintended negative effects. For example, according to Young and Wright (2001), some of the structural family-friendly policies may actually hinder the perception of professional advancement. Participants in their study reported a lack of support and mentoring from their peers in academia, exhaustion, and guilt around their parenting and professional duties. One participant said, “The biggest struggle is an inner feeling that colleagues don’t really understand how difficult it is to be a mother on a tenure track” (Young & Wright, 2001, p. 561). Similarly, Mason et al. (2013) argued that family-friendly policies, such as stopping the clock for tenure and modified duties for mothers after childbirth, often worked against faculty mothers because of a lack of support from their colleagues. As a result, mothers in academia can feel isolated, stressed, and at risk of career disruption.

Isgro and Castaneda (2015) analyzed narrative examples from their Mothers in Academia (Castaneda & Isgro, 2013) anthology. They found that, despite some progress with the implementation of family-friendly policies, women struggled emotionally to find their voice while navigating the paths of motherhood and tenure. They suggested that academic institutions take a more holistic approach by creating a culture of care in which faculty members could feel safe integrating their professional and personal lives in relevant and gratifying ways. In summary, researchers have suggested a need for more specific organizational changes supporting the emotional well-being and professional aspirations of individual mothers in academia (Isgro & Castaneda, 2015; Mason et al., 2013).

Two studies have highlighted the inequalities facing women and mothers in counselor education and have pointed to a need for mentoring support. First, Hill, Leinbaugh, and Bradley (2005) found that participants reported the environment in academia as a significant factor for job satisfaction, with negative influences attributed to toxic faculty members and perceptions of
invisible and visible walls in the career development of female counselor educators. Faced with such a toxic environment, women can potentially exclude themselves intellectually and socially from the academic context. These researchers suggested taking a closer look at how counseling programs could incorporate mentoring committees that include three or more senior faculty members from inside and outside of departments to provide a wider variety of social support and potentially ameliorate environmental stressors.

Second, in a phenomenological investigation, Trepal and Stinchfield (2012) found that mothers face little colleague support (especially with help defining the motherhood role), covert and overt discrimination, roadblocks to promotion, and lack of proper mentoring. Accordingly, their participants indicated the importance of finding healthy boundaries to manage work and family stressors. Finally, an emergent theme from the study was a call for informal and formal mentoring by professional colleagues as pivotal in dealing with the environmental stressors inherent in academia. Thus, the researchers highlighted the need for counselor education programs to foster a healthy academic environment in which mothers can thrive, noting the importance of defining their role in academia as a mother and creating a proper work–life balance.

In summary, although academic institutions are slowly evolving to adjust to the needs of mothers, they still do not directly address the individual psychological stressors that mothers face. The implementation of mentoring was a common recommendation in the studies we have reviewed. Researchers (e.g., Hill et al., 2005; Isgro & Castaneda, 2015; Mason et al., 2013; Sallee, 2013; Trepal & Stinchfield, 2012; Trepal, Stinchfield, & Haiyasoso, 2014; Wester, Trepal, & Myers, 2009; Young & Wright, 2001), however, have recommended few practical approaches related to mentorship.

Mentoring for Psychological Well-Being in Counselor Education

Among university faculty, counselor educators have a somewhat unique role because they are expected to be role models of wellness for their students. Researchers have suggested that counselor educators may face additional difficulties because of the nature of their discipline (Wester et al., 2009). Wester et al. (2009), in their quantitative study on wellness for counselor educators (N = 180), found that life events related to family (e.g., children) could impair counselor educators’ and counselor trainees’ level of wellness. Thus, Isgro and Castaneda’s (2015) recommendation that academic organizations offer a supportive and caring environment that includes compassionate communication along with resources such as mentoring to foster a culture of caring among faculty is especially relevant for counselor education programs.

Effective mentoring provides guidance, inspiration, reassurance, acknowledgment, and proper advice (Fuller, Maniscalco-Feichtl, & Droege, 2008). Bova and Phillips (1984) defined the following roles for effective mentorship: (a) Understand and explore the goals and struggles of the mentee, (b) provide encouragement based on the mentee’s goals, (c) offer opportunities
to work as a team, and (d) assist the mentee to navigate the political challenges of academia. Scholars have suggested that the invisible barriers facing women in academia, such as gender bias, maternal wall, maternal guilt, pretenure tensions, and social isolation, could be alleviated with individual mentoring. Unfortunately, specific recommendations and descriptions of practical applications of mentorship for women in academia—mothers in particular—facing psychological and social stressors are lacking (Briggs & Pehrsson, 2008; Isgro & Castaneda, 2015).

Borders et al. (2011) described a psychosocial approach to addressing social, environmental, and personal adaptation in relation to dealing with professional challenges in counselor education. They suggested that mentors address psychosocial stressors through a supportive role in which trust and confidentiality are fortified by using positive modeling, acceptance, and confirmation (e.g., encouraging nonjudgment). Furthermore, they indicated that an important principle in mentoring women who are in the early stages of their careers is to foster a balance between professional and personal life. Life outside work ought not be neglected; faculty must take care of family needs, including sick family members and their children’s school activities, and maintain a healthy balance with work responsibilities. In addition, Borders et al. noted that many of the guidelines for mentoring established by the Association for Counselor Educators and Supervision do not address a psychosocial mentoring approach.

Self-Compassion: A Brief Overview

Self-compassion holds promise, we believe, as a mentoring framework addressing the psychosocial needs of individual mothers. Self-compassion is grounded in the concept of basic compassion, which involves feeling for the suffering of others and staying connected with the individual in pain to alleviate his or her discomfort (P. Gilbert, 2009; Wispe, 1991). Self-compassion, similarly, involves staying connected with the self and accepting one’s own pain without harsh judgment, recognizing that inadequacies and challenges are normal and part of being human (Neff, 2003). Self-compassion is closely related to the practice of mindfulness (Germer, 2009), which originates from the Eastern philosophy of Buddhism and encompasses the practice of being in the moment with a sense of curiosity, but detached from judgment (Hollis-Walker & Colosimo, 2011).

Mindfulness has been recognized as an important factor in effective counseling and emotional healing because it facilitates individuals’ acceptance of their emotions, whether they are positive or negative (Germer, 2009). Kabat-Zinn (1990), founder of the widely recognized mindfulness-based stress reduction program, recognized that self-compassion was one of the essential components of the practice of mindfulness. In addition, Shapiro, Astin, Bishop, and Cardova (2005) indicated the benefits of mindfulness practice for reducing stress and increasing self-compassion. Finally, the practice of self-compassion may be related to emotional intelligence, which encompasses the skills to recognize and be aware of one’s own emotions and
to use this knowledge productively (Salovey & Mayer, 1990). Neff (2003) has been credited with defining the construct of self-compassion as a skill to help individuals deal with life difficulties. Self-compassion has been conceptualized as three main tensions that can overlap and interweave throughout one’s experience: (a) self-kindness versus self-judgment, (b) common humanity versus isolation, and (c) mindfulness versus overidentification.

In the first tension, self-kindness is the tendency to be gentle to the self, especially during difficult times. Personal imperfections and mistakes are seen and treated with an accepting and understanding approach, avoiding negative criticism. In contrast, self-judgment implies individuals’ harsh criticism of their mistakes or actions. Individuals who tend to be highly judgmental ignore their own feelings by rejecting the self.

In the second tension, common humanity implies that everyone makes mistakes and has difficult times in life. This experience of humanity reminds individuals that they are not alone in the world, and this thought can bring hope in challenging situations. The idea is to feel connected to others during a stressful time. In contrast, feelings of isolation that result from a focus on personal inadequacies disrupt the possibility of connecting with others. Neff (2011) described how isolation is frequently irrational and that the “why-me” effect is what makes things worse for the individual.

In the third tension, mindfulness involves self-awareness and a sense of gentle curiosity within that awareness (Kabat-Zinn, 2003). During this process, feelings and thoughts are being observed, free of judgment, thus decreasing emotional reaction (Kabat-Zinn, 2003). Decreasing the emotional reaction is helpful in learning from the experience through just the facts, free of judgment, thereby allowing the experience to be what it is in the present without the contamination of thoughts from the past or future (Neff, 2003). Mindfulness prevents people from getting caught up in their own emotions, when they tend to overidentify with their problems and as a result invite confusion into their experience.

Self-Compassion and Wellness

Research on self-compassion has demonstrated benefits for practitioners in mental health, including contentment, conscientiousness, positive thinking, decreased anxiety, and decreased depression (Neff, 2011; Neff, Kirkpatrick, & Rude, 2007; Raes, 2010). In general, self-compassion may be a useful life skill to help people navigate difficult situations. Thus, the literature has supported the inference that applying self-compassion during difficult times could contribute to promoting mental well-being for female faculty who are mothers facing unique stressors in a counselor education program. The practice of self-compassion may allow mothers to feel less isolated and decrease their stress and feelings of inadequacy. Finally, developing the skill of self-compassion could enhance behavioral motivation, which is related to a healthier sense of self-worth. Hence, mothers in academia with a high level of self-compassion may have a more positive self-attitude regardless of negative stressors, which may help decrease harsh self-judgments when making a mistake or feeling
the pressures from family and work. Furthermore, self-compassion may help mothers in academia be more successful in goal development and taking on difficult tasks.

In summary, the literature has suggested that integration of self-compassion practices may be beneficial for faculty mothers, especially for those who are counselor educators. To our knowledge, no structured mentoring program exists that incorporates the practice of self-compassion to address challenges such as guilt, isolation, and gender bias tensions, which are some of the greatest stressors for mothers in academia. In the following section, we provide a case illustration, a mentorship framework based on self-compassion, and self-compassion interventions for mentors to consider when addressing psychological stressors for faculty member mothers in counselor education.

**Case Illustration**

Diana (pseudonym) is a tenure-track assistant professor in counselor education at a research-intensive university. She is a 28-year-old, married Caucasian woman with a young child. Diana has been feeling the pressure of tenure and promotion, trying to focus more on writing and attending to her research projects. As a result, quality time with her husband and child have suffered. In addition, the stress from juggling writing, teaching, attending departmental meetings, and finding family time has taken a toll on Diana’s immune system, and she has been feeling sick more often. Although Diana loves being in academia, at times she feels frustrated and hopeless about the high expectations of her job and has wondered whether she would be better off in a non-tenure-track position. She also struggles with feelings of guilt about not spending enough time with her young child and feels isolated about her situation at work because she is the only mother with a young child in the department.

Diana has developed a strong relationship with her mentor over the past 2 years and feels comfortable enough to meet with her to talk about her recent emotional struggles, sharing her feelings of guilt and self-criticism. The mentor recognizes the harsh critical statements that Diana is using about herself, such as “I feel like a terrible mother and that nothing I do is good enough.” Diana is emotionally aroused and is tearing up as her mentor is listening.

Diana’s mentor hears her emotional struggles and recognizes them as having qualities unique to mothers who are counselor educators. The mentor recognizes the harsh critical statements that Diana is using about herself, such as “I feel like a terrible mother and that nothing I do is good enough.” The mentor coaches her through the following self-compassion interventions.

**Application of Case Illustration**

We propose a series of exercises adapted from Neff’s (2011) book *Self-Compassion: The Proven Power of Being Kind to Yourself*. The practices stem from the theoretical
foundation of compassion-focused therapy (P. Gilbert, 2009) and mindfulness-based cognitive therapy (Dimidjian, Kleiber, & Segal, 2010). The objective is to keep the interventions brief, easy to grasp, and practical to use in academic situations. The selected interventions, although brief, have been shown to specifically lower the levels of the stress hormone cortisol and increase individuals’ ability to self-soothe when challenged emotionally (Germer, 2009; Neff, 2011).

We would encourage Diana’s mentor to engage in self-practice of mindfulness and self-compassion before implementing it in his or her mentoring approach. Self-compassion interventions can be integrated into regular weekly mentoring meetings with the goal of relating with distress rather than the details of a personal narrative (Neff, 2011). Diana’s mentor will want to make it clear from the outset that these interventions are not counseling, but alternatives to support the development of inner strength and resilience in the face of psychosocial stressors.

Initially, Diana’s mentor can introduce her to the concept of self-compassion and talk about its psychological benefits and how it can enhance her work productivity and lead to increases in life satisfaction. In addition, Diana’s mentor could administer an assessment on self-compassion and use the results as a baseline to monitor progress during the process of interventions. Next, we describe five self-compassion interventions that Diana’s mentor could use with her.

Intervention 1:
Discovering Self-Compassion Through Dialogue

Part 1
Open dialogue is an essential step to discovering self-compassion. As highlighted in the case of Diana, life can present situations that can cause guilt or shame. Diana expressed feeling guilty for neglecting her quality time with her child as a result of the pressures of academic deadlines. In this instance, Diana’s mentor could use open dialogue and invite her to elaborate more on how this situation makes her feel. Diana can be encouraged to explore and talk about the emotions that come up and to be as honest as possible.

Part 2
Another form of dialogue includes externalizing the problem. Diana’s mentor could suggest that Diana imagine the same situation happening to someone for whom she really cares. What could Diana say to alleviate her friend’s pain? Through externalization, Diana’s critical words would likely become less judgmental and more understanding of the situation. Diana realizes that she does not have to be perfect as a human being. As a result, Diana recognizes that her feelings of guilt and frustration are normal and may feel more optimistic about her situation.

Intervention 2:
Recognizing the Critical Voice

The second intervention strategy we encourage mentors to use is to help individuals recognize the critical voice that increases feelings of shame.
and guilt. Neff (2011) noted how easy it is for critical self-talk to become second nature. Diana’s mentor can encourage Diana to keep track of her critical voice by keeping a journal or practicing an internal dialogue. The goal is to encourage greater awareness of the language that is used during self-critical thoughts. With this practice, Diana can learn to find similar patterns that come up over and over. For example, if Diana is upset about a recent rejection of her manuscript by a journal, how does her inner voice respond? By recognizing her internal dialogue, Diana can make an active effort to soften the self-critical voice by using self-compassion statements, such as “I know this is important to me but the harsh criticism is not going help” or “I recognize I am being judgmental, and this is only causing me unnecessary suffering.”

Finally, the mentor can help Diana change her internal dialogue by verbalizing statements such as “Dear friend, I know how many hours of work you put into this manuscript, but being critical of yourself because of the revision will make you feel even worse.” The goal of this intervention is to learn to respond to the self with human kindness during perceived failures. Although self-judgmental thoughts will always show up, they do not need to be encouraged.

Intervention 3: Developing Self-Compassion Mantras

The goal of the mantras is to be reminded of the three tenets of self-compassion: self-kindness, common humanity, and mindfulness. As stressful situations arise, the mentor can offer cue cards with mantra phrases for Diana to use when necessary. For example, within the tenet of self-kindness, mantra statements include “May I be kind to myself during this moment of suffering” or “May I have patience and understanding.” For the second tenet, common humanity, mantra statements include “I am not alone in my journey” or “Others have been through similar situations.” For the last tenet, mindfulness, mantra statements include “Right now, this is a moment of pain” or “It is difficult to think about this.” The mentor also invites Diana to create personalized mantras. In Diana’s case, she felt that the reminder that she is a good mother was important. Diana is encouraged to use the mantra cue cards as many times as needed during difficult times with family and work. The goal is to keep calm during a state of high arousal.

Intervention 4: Self-Compassion Practice for Parenting Inadequacies

This intervention is focused on assisting the mentees to recognize that, each day, people make mistakes, and they can reflect on such mistakes with compassion. As noted, a constant stressor for Diana as a working mother in academia is the balance between family quality time and productivity at work. Diana recognizes that she has experienced maternal guilt, which has interfered with her productivity at work. Her mentor coaches Diana to think at the end of the day about any mistakes she feels she made as a parent. Diana reflects on any regrets and recognizes that imperfection is inherent
in being a parent. From there, the mentor asks whether Diana could have done anything to repair that mistake. Together, the mentor and Diana explore what emotions arise, such as stress, frustration, or disappointment.

**Intervention 5:**
**Practicing Self-Appreciation and Gratitude Exercises**

An effective way to change an emotional and physical experience for the better is through the practice of gratitude (Wood, Maltby, Gillett, Linley, & Joseph, 2008). Diana is encouraged to keep a daily journal for the purpose of expressing gratitude. The mentor encourages Diana to look for the ordinary things in life as a focus of gratitude. Neff (2011) suggested adding specificity to statements of gratitude instead of making them too general. For example, instead of saying “I am grateful I was able to get published,” try “I am grateful that I was published in a high-quality journal, allowing me to contribute to the field as an educator.” The mentor and Diana can discuss Diana’s daily journal and together explore how it can be an important tool to increase happiness in life.

The practice of self-compassion is also relevant to enhance appreciation for what people like about themselves (Neff, 2011). Thus, Diana is encouraged to list 10 items that would convey self-appreciation. As Diana is writing this list, she is aware of any uncomfortable emotions that arise, such as vanity, feeling undeserving, and so on. For Diana, talking about her strengths in an open and honest way creates an opportunity for her mentor to help her acknowledge and embrace positive traits and consider how they can play a role when dealing with stressful situations in academia.

After a few weeks of consistent practice, Diana has begun to develop the skill of self-compassion. With the guidance and encouragement of her mentor, she may be able to deal with her difficult emotions with a more accepting approach. Although stress is still present in her life, she is able to recognize her negative dialogue much sooner and soothe herself with the self-compassion mantras. Diana feels encouraged about obtaining tenure next year and understands that, even with her imperfections, she can be a successful educator and a caring mother.

The interventions we suggest offer mentors tangible coping practices, based in self-compassion, for the wellness and emotional resilience of mothers in counselor education. In addition, the practice of self-compassion recognizes the intrinsic process of being a female with its own challenges. The goal is to foster safe and open conversations about emotional stressors while adding attainable, portable skills to promote the much-needed culture of female equality and of caring (Isgro & Castaneda, 2015) in academia. Thus, a mentoring approach that addresses difficult emotions opens the doors for mothers in academia to feel safe and encouraged to talk about their conflicts instead of suppressing how they feel.

We acknowledge that the suggested self-compassion interventions might appear to be counseling interactions between the mentor and mentee. We must emphasize that the goal is not to address the counseling issues of the
mentee but to provide a confidential sounding board to address personal anxieties and worries in a nonjudgmental environment in which acceptance and confirmation are provided. In addition, we recognize that the role of a compassionate mentor may not be a good fit for everyone. Accordingly, we recommend that mentors have a personal practice of self-compassion already established before undertaking these interventions. However, if approached appropriately, any tenured faculty, female or male, could be a good candidate to promote the practice of self-compassion in mentorship. Although a senior female faculty member who experienced motherhood while in a tenure-track position could be an ideal role model as a mentor, gender matches are less important than the overall quality of the relationship (Liang, Tracy, Taylor, & Williams, 2002).

**Implications for Counselor Educators**

Researchers (e.g., Hill et al., 2005; Isgro & Castaneda, 2015; Mason et al., 2013; Sallee, 2013; Trepal & Stinchfield, 2012; Trepal et al., 2014; Wester et al., 2009; Young & Wright, 2001) have reported psychological and social factors that create barriers to career formation and satisfaction for mothers. In addition, researchers have suggested establishing a diverse committee of mentors who can play different roles in the mentoring of mothers in academia to help them navigate the environmental stressors (Hill et al, 2005; Trepal & Stinchfield, 2012). Nonetheless, although the importance of mentoring has been highlighted in the literature as an avenue to increase faculty’s occupational satisfaction and well-being, little research has provided a pragmatic framework for how mentors could be of emotional support.

Self-compassion interventions could be a useful tool for mentors to assist and coach mothers in academia to deal with their emotional stressors. In addition, counselor education programs could expand the practice by establishing workshops on self-compassion for faculty and counseling students. Such interventions could also help mentors build competencies for conversations about self-compassion practices with their mentees. For example, Neff and Germer (2013) developed a mindful self-compassion program in which participants can meet once a week for up to 8 weeks to learn and develop core self-compassion skills. A randomized controlled study on the effectiveness of mindful self-compassion indicated that participants significantly increased their self-compassion for up to 1 year after follow-up, indicating that learning the skills of self-compassion can help individuals enhance their quality of life over the long term (Neff & Germer, 2013). Counselor education programs could adapt a similar program for faculty and students in general to promote emotional well-being within the program rather than expect them to find solutions on their own.

The importance of counselor education programs acknowledging the potential emotional barriers facing mothers in academia and the need to address a culture of change promoting female equality suggests the need for a delineated mentoring program that addresses their well-being in general to avoid social isolation. In addition, Harper, Baldwin, Gansneder, and
Chronister (2001) recommended forming committees of three or more senior faculty mentors to assist women with the necessary academic support during their early career years in academia. Such diverse committees could help to address the emotional aspects and alleviate the stressors that mothers in academia face. Finally, mentors may want to be knowledgeable of the benefits of self-compassion to be effective facilitators of the skills. Although it is true that faculty members could practice most of the interventions individually, the coaching offered by mentors serves as encouragement and accountability for the mentees.

A cultural feminist perspective suggests moving beyond critique to offering possibilities for change (N. Gilbert, 2014). Here we have presented a framework for mentoring. Future research is needed to explore and test the efficacy of self-compassion interventions in mentoring. Furthermore, a better understanding of the psychological needs of mothers in academia is necessary for a richer understanding of how interventions such as self-compassion might promote their mental health and well-being. Within a cultural feminist perspective, we recognize that social systems have evolved, resulting in high expectations for working mothers socially and economically, and as a result have caused working mothers to experience additional emotional stressors. Along the same lines, research focused on specific factors in individual, social, and academic contexts that both impede and facilitate occupational wellness for mothers is warranted. In summary, mothers in counselor education experience considerable stressors in academia. Thus, providing structural and psychological mentorship is critical to recruit and retain these women in academic positions.

References


