Research

Self-Compassion as a Mediator of Mindfulness and Compassion for Others

Cheryl L. Fulton

Mindfulness and self-compassion have garnered interest as tools for improving counselor wellness and performance, yet little is known about how they relate to compassion. Compassion—for oneself and others—is considered important to counselor well-being and effective counseling. In Buddhist and current models, mindfulness is theorized to increase self-compassion and, subsequently, compassion for others, but the study of these proposed relationships is limited. Using mediation analysis, the author confirmed self-compassion as a mediator of mindfulness and compassion for others among 152 master's-level counseling interns. Implications and practical application of mindfulness and self-compassion for counselor development are discussed.

Keywords: mindfulness, self-compassion, compassion for others, empathy, counselor education

Although many counselor capabilities are considered important to effective counseling, none may be as elemental as empathy (Rogers, 1957) and compassion (Siegel & Germer, 2012b). Empathy has long been considered a cornerstone of successful counseling because it is central to the effective development of the therapeutic relationship (Rogers, 1957), the working alliance (Trusty, Ng, & Watts, 2005), and positive counseling outcomes (Elliott, Bohart, Watson, & Greenberg, 2011). *Empathy* involves perspective taking, or the ability to take the perspective of another person's point of view, and empathic concern, or having genuine feelings of concern for a distressed person (Davis, 1980).

Compassion—toward oneself and others—is also considered vital to the counselor role (Beaumont & Hollins Martin, 2016; Boellinghaus, Jones, & Hutton, 2014) because it is essential to well-being and the capacity to help others (Dalai Lama, 2012; Raab, 2014; Shapiro & Izett, 2008; Siegel & Germer, 2012b). Compassion toward others has been associated with both cognitive and affective empathy (Fulton & Cashwell, 2015), the healing of emotional pain, acceptance toward self and others, decreased negative affect, and greater forgiveness (as summarized in Stuntzner, 2014). *Compassion* has been described as a special form of empathy that involves not only having feelings of concern for the suffering of others but also wanting to alleviate it (Siegel & Germer, 2012b). Although empathy may be accompanied by a desire to help, it is not explicit. By contrast, compassion inher-

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ently involves the desire to alleviate suffering (Goetz, Keltner, & Simon-Thomas, 2010). Despite the obvious nature of compassion in counseling, this concept has been relatively understudied, particularly in comparison with empathy. Siegel and Germer (2012b) suggested that, historically, the role of compassion in counseling has been obscured by empathy, perhaps because of its religious connotations. Other researchers have surmised that compassion was always present but studied under the guise of empathy and altruism (Welp & Brown, 2014).

Regardless of the reasons for its lack of prominent study, compassion may offer unique contributions to counselor training and continued development. Although there are formal methods (e.g., microskills training) for teaching observable empathy skills (e.g., reflective listening), there is relatively little attention given to systematic efforts for developing and maintaining empathy and compassion in counseling (Greason & Cashwell, 2009; Shapiro & Izett, 2008). Interest in mindfulness and compassion training has grown in recent years, in part because these methods offer a formal means for developing and maintaining empathy and compassion for oneself and others. Furthermore, developing concern for others via mindfulness and compassion practices requires self-nourishment (Siegel & Germer, 2012b) and promotes healthy concern for others (Gerber, Tolmacz, & Doron, 2015). Whereas healthy concern for others involves the ability to mutually care for others and oneself, unhealthy concern involves caring for others over oneself (Gerber et al., 2015). Siegel and Germer (2012a) noted that offering empathy without concurrently nourishing the "positive, altruistic attitude of compassion" (p. 3) for others and oneself will put counselors at risk for compassion fatigue.

The scholarly literature on mindfulness in counseling has been largely focused on counseling training variables such as empathy and the therapeutic relationship (e.g., Buser, Buser, Peterson, & Seraydarian, 2012; Fulton & Cashwell, 2015; Greason & Cashwell, 2009), whereas studies of compassion have been largely focused on self-compassion and variables such as counselor wellness (e.g., Christopher & Maris, 2010). The study of compassion for others is emerging in the scholarly literature on mindfulness, because a fundamental premise of mindfulness and compassion practices is that they will yield compassion for both oneself and others. Thus, it is important to understand, particularly for counselors, whether mindfulness yields greater self-compassion and, in turn, greater compassion toward others. Understanding these relationships may offer additional support for the value of adopting mindfulness-based interventions (MBIs) for counselors' professional development. It may also offer support for Buddhist and current models in which mindfulness is theorized to increase self-compassion and, subsequently, compassion for others (Neff & Pommier, 2013; Rodríguez-Carvajal, García-Rubio, Paniagua, García-Diex, & de Rivas, 2016). These models are used to inform the process for how mindfulness practice is learned, with the initial focus on mindfulness ability, followed by learning self-compassion, then learning to extend compassion to others. Although there is some support for the association of mindfulness and other-focused concerns such as empathy, there is limited research showing a clear linear relationship between mindfulness, self-compassion, and compassion for others (Neff & Pommier, 2013; Rodríguez-Carvajal et al., 2016).

Mindfulness meditation, rooted in the ancient Buddhist tradition, was designed as a method for gaining awareness and insight (Schmidt, 2004) toward the relief of suffering and greater happiness (Rodríguez-Carvajal et al., 2016). *Mindfulness* involves purposefully paying attention in the present moment without judgment (Kabat-Zinn, 2013) and requires an "affectionate attention" (Kabat-Zinn, 2012, p. 53), which has been characterized as bringing an attitude of compassion, kindness, openness, curiosity, and warmth to that awareness (Germer, 2006; Shapiro, Carlson, Astin, & Freedman, 2006). Mindfulness may also be understood as a set of skills that reflects how people relate to their present-moment experience, including the ability to observe, describe, act with awareness, not react, and not judge the experience (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006).

In recent decades, mindfulness has informed third-wave cognitive behavior approaches (e.g., mindfulness-based cognitive therapy; Segal, Williams, & Teasdale, 2013). Mindfulness-based approaches vary from traditional cognitive behavior approaches in that they do not involve changing the content of one's thoughts. Instead, suffering is alleviated when individuals learn to change their relationship to unwanted thoughts, feelings, and sensations, rather than changing the nature of or trying to extinguish those experiences. Furthermore, mindfulness enables individuals to be fully present with positive, negative, or neutral experiences (Neff & Germer, 2013) without overly identifying with, reacting to, or elaborating on the meaning of them. Mindfulness training has emerged as a means for achieving a wide range of salutary benefits (e.g., Greeson, 2009) and has also shown promise for improving counselor effectiveness (Buser et al., 2012; Fulton, 2016; Fulton & Cashwell, 2015; Greason & Welfare, 2013).

Self-compassion has emerged, somewhat parallel to mindfulness, as a practice that also offers a range of client benefits (Germer & Neff, 2013) and as a method to promote counselor self-care and wellness (e.g., Boellinghaus et al., 2014; Christopher & Maris, 2010). *Self-compassion* is compassion turned inward given that individuals have feelings of concern for their own suffering and a wish to alleviate it (Germer & Neff, 2013). It further involves approaching one's own shortcomings with kindness, nonjudgment, understanding, and awareness that shortcomings are part of the common human experience (Neff, 2003). In the Buddhist tradition, having compassion implies having compassion for both others and oneself (Neff & Pommier, 2013).

Most mindfulness training includes both mindfulness and compassion practices (Schmidt, 2004); therefore, it is difficult to tease apart the relationship between these constructs and their relative impact on outcome variables. In fact, it is not clear whether self-compassion is a component of mindfulness or an outcome of it (Baer et al., 2006); however, there is evidence that mindfulness and self-compassion may differentially affect outcome variables, including empathy (e.g., Fulton & Cashwell, 2015; Wachs & Cordova, 2007). In the Buddhist tradition, it is theorized that as individuals becomes more mindful, they will develop insight and self-compassion, which, in turn, will increase their compassion to all sentient beings (Neff, 2003; Rodríguez-Carvajal et al., 2016). In fact, scholars have proposed that cultivation of self-compassion through mindfulness training is

one mechanism that yields positive outcomes (Kraus & Sears, 2009; Rodríguez-Carvajal et al., 2016).

Meditative practices cultivate not only mindfulness and compassion but also positive states of mind, called the *Four Immeasurables* in Buddhist teachings; these include loving-kindness, compassion, joy, and equanimity (Bibeau, Dionne, & Leblanc, 2016). The Four Immeasurables are often first cultivated within the self and then extended to friends, neutral individuals, difficult people, and all sentient beings (Kraus & Sears, 2009). They are considered closely related to mindfulness given that they are applied to relationships, and they have been used in the empirical study of mindfulness to represent the compassion wing of mindfulness (Kraus & Sears, 2009).

Mindfulness, Self-Compassion, and Concern for Others

In terms of the proposed relationships between mindfulness, self-compassion, and compassion for others, there is piecemeal support for these relationships; however, this research does not include the study of the mediating role of self-compassion. For example, counselor mindfulness has been positively associated with greater client-perceived empathy (Fulton, 2016), client-perceived positive regard (Greason & Welfare, 2013), counselor self-reported empathy (Fulton & Cashwell, 2015; Greason & Cashwell, 2009), and the development of the therapeutic relationship (Buser et al., 2012). On the basis of these studies, it seems that mindfulness is associated with empathy, but it is not clear whether self-compassion played a role in this association.

Self-compassion has primarily been studied as it relates to one's own health and wellness; however, there is some evidence that it is associated with social connection and empathy (Birnie, Speca, & Carlson, 2010; Neff, 2003; Shapiro, Brown, & Biegel, 2007), perspective taking, compassion for humanity, empathic concern, forgiveness, and altruism (Neff & Pommier, 2013). Furthermore, Boellinghaus et al. (2014) reviewed the literature on mindfulness and loving-kindness meditation (LKM) and their correlation with other-focused concerns among health care professionals and found mixed results for mindfulness and preliminary support for LKM. Although there is some support for self-compassion and other-focused concerns, it is unclear whether these relationships were contingent on the preliminary development of mindfulness.

One study was found in which the linear sequential relationship between mindfulness, self-compassion, and positive states toward others was studied (Rodríguez-Carvajal et al., 2016). In their Mindfulness Integrative Model (MIM), Rodríguez-Carvajal et al. (2016) hypothesized that increased mindfulness would lead to greater self-compassion, which would, in turn, lead to positive mental states toward others (including compassion). The researchers found support for their proposed model; however, they measured self-compassion using the Self-Compassion Scale (SCS; Neff, 2003), which includes a Mindfulness subscale, as well as the Five Facet Mindfulness Questionnaire (FFMQ; Baer et al., 2006), which also measures mindfulness, thus potentially confounding the assessed relationships. Although Neff and Germer (2013) argued that mindfulness in the SCS is somewhat distinct from that measured by the FFMQ, most SCS subscales have been found to have a significant positive relationship with components of mindfulness as assessed by the FFMQ (Baer, Lykins, & Peters, 2012). Rodríguez-Carvajal et al.

recognized this overlap in constructs as a potential limitation of their study. In addition, this study appears to be based on a community sample; the study of these relationships, using conceptually distinct assessments of mindfulness and self-compassion, has not been conducted with counselors.

Therefore, the study of the mediating role of self-compassion to better understand the potential utility of mindfulness for promoting compassion toward others is warranted. Although scholars have suggested that mindfulness and self-compassion are important to the well-being of counselors (e.g., Christopher & Maris, 2010; Raab, 2014), to date, there has been limited research on how these variables relate to positive and compassionate feelings toward others. Understanding whether developing self-compassion through mindfulness training will also engender compassion for others is potentially relevant to those investing in mindfulness training to improve helping relationships. Thus, the following research question was addressed in this study: Does self-compassion mediate the relationship between mindfulness and compassion toward others among counselors-in-training? I hypothesized that self-compassion would fully mediate the relationship between mindfulness and compassion toward others among counselor trainees.

Method

Participants and Procedure

Data for this study were obtained from a broader study of mindfulness and self-compassion. Master's counseling interns were recruited via convenience sampling from 12 counseling programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). I contacted professional colleagues who were counselor educators at CACREP-accredited counseling programs. Purposive sampling was used to obtain participation from geographically diverse programs representing different U.S. regions (e.g., West, Mid-Atlantic, Midwest, South). A total of 15 instructors/programs were contacted to achieve the desired sample size, and 12 agreed to participate. Participating instructors distributed and collected informed consent forms and paper-and-pencil questionnaires during class or supervision and were given written instructions regarding data collection procedures. Of the 218 packets sent by postal mail, 152 usable packets were returned, for a response rate of 70%. Data collection best practices governed the collection procedures for this study (Heppner, Wampold, Owen, Wang, & Thompson, 2016).

The sample was composed of 129 (84.9%) women and 23 (15.1%) men, with a mean age of 28.13 years (SD = 7.30, range = 23–50). Participants identified as Caucasian (n = 123, 80.9%), African American (n = 14, 9.2%), multiracial (n = 5, 3.3%), Hispanic or Latina/o (n = 5, 3.3%), Asian American (n = 4, 2.6%), and other (n = 1, 0.7%). The majority of participants were in the clinical mental health track (n = 76, 50.0%), followed by school counseling (n = 56, 36.8%), couples and family (n = 8, 5.3%), college counseling (n = 6, 3.9%), and dual track (n = 4, 2.6%); two participants (1.3%) did not identify a track. (Percentages do not total 100 because of rounding.) The overall sample had completed a mean of 53.1 (SD = 11.3) graduate credit hours. Although nearly 37.5% of interns reported that they currently engaged in a mindfulness practice, it was primarily described as occasional yoga.

Instruments

FFMQ. The FFMQ (Baer et al., 2006) is a 39-item self-report questionnaire designed to measure mindfulness in daily life. The FFMQ measures five facets of mindfulness: observing, describing, acting with awareness, nonjudging of inner experience, and nonreactivity to inner experience. Items are rated on a Likert-type scale ranging from 1 (*never or rarely true*) to 5 (*very often or always true*). Subscales are scored independently but may also be combined for an overall measure of mindfulness, with higher scores representing greater mindfulness. The alpha coefficient in the current sample was .88 for the total score and ranged from .75 to .90 for the subscales.

Self–Other Four Immeasurables (SOFI). Kraus and Sears (2009) developed the SOFI to measure compassion toward self and others based on the qualities of the Four Immeasurables (loving-kindness, compassion, joy, and equanimity) from Buddhist teaching. It was the most theoretically consistent measure found for assessing compassion for self and others within the context of mindfulness. The SOFI is a 16-item (eight pairs) self-report instrument in which participants rank words (e.g., *friendly, compassionate, joyful*) that describe different thoughts, feelings, and behaviors that participants have directed toward themselves and others during the past month. Words are ranked on a 5-point Likert-type scale ranging from 1 (*very slightly or not at all*) to 5 (*extremely*). The SOFI consists of four subscales: Positive Qualities Toward Self, Positive Qualities Toward Others, Negative Qualities Toward Self, and Negative Qualities Toward Others. Only the positive subscales were used in this study as a measure of compassion (toward self and others). Internal consistency for the four subscales was previously reported as strong (range = .80 to .86; Kraus & Sears, 2009); however, in the current sample, alphas were .77 for Compassion-Self (SOFI-S) and .67 for Compassion-Other (SOFI-O). Because the internal consistency estimate for the SOFI-O was lower than desired, potentially because of the few items (four), it was further assessed using interitem correlations (DeVellis, 2003). The interitem correlations ranged from .30 to .44 (*M* = .35) and were thus deemed acceptable (Clark & Watson, 1995).

Demographic questionnaire. Participants provided demographic information, including age, gender, race/ethnicity, hours completed in their program, current meditation practice, and mindfulness training in their educational program.

Results

Preliminary Analyses

According to G*Power (Version 3.1; Faul, Erdfelder, Buchner, & Lang, 2009), a sample size of 152 counseling interns was ample for conducting all multiple regression and mediation analyses to identify a medium effect size (power = .80) at the .05 level. Preliminary analysis of the data indicated that there were no outliers, and data were normally distributed for all instruments. Because there were only four items missing completely at random across the total data set, I used single imputation mean item replacement. In addition, Pearson product–moment correlations between pairwise mean scores for the FFMQ, SOFI-S, and SOFI-O were all statistically significant at *p* = .001 (see Table 1).

Main Analyses

To test the hypothesis that self-compassion would mediate the relationship between mindfulness and compassion toward others, I calculated the point

TABLE 1

**Pearson Product–Moment Correlations and
Reliability Coefficients for the Study Variables**

Variable	1	2	3
1. Mindfulness	.88	.48*	.33*
2. Compassion for self		.77	.44*
3. Compassion for others			.67

Note. Test reliabilities are on the diagonal.
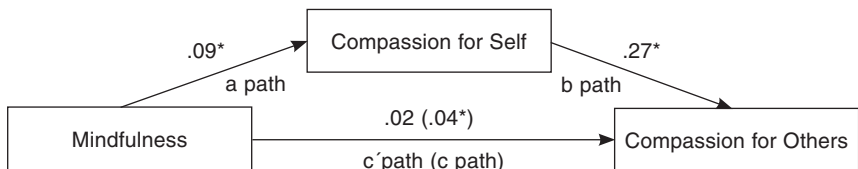*p < .001.

estimates of the indirect effects based on a 95% confidence interval (CI) using a macro created by Preacher and Hayes (2008), which was installed in SPSS (Version 21.0). On the basis of this method, multiple regression analyses were used to assess each component of the proposed mediation model (see Figure 1). Mindfulness was positively associated with compassion for others (c path), $B = .04$, $t(150) = 4.22$, $p = .001$, and compassion for self (a path), $B = .09$, $t(150) = 6.65$, $p = .001$. The mediator, compassion for self, was positively associated with compassion for others (b path), $B = .27$, $t(150) = 4.50$, $p = .001$.

   Because both the a path and b path were significant, I tested mediation analyses using the bootstrapping method with bias-corrected confidence estimates (MacKinnon, Lockwood, & Williams, 2004; Preacher & Hayes, 2004). Bootstrapping was chosen because it does not violate assumptions of normality and is recommended for smaller samples. The 95% CI of the indirect effect was obtained with 5,000 bootstrap resamples (Preacher & Hayes, 2008). Results of the mediation analysis confirmed the mediating role of self-compassion in the relationship between mindfulness and compassion for others (c' path), $B = .02$, 95% CI [.01, .04]. In addition, the direct effect of mindfulness on compassion for others became nonsignificant, $B = .02$, $t(150) = 1.80$, $p = .08$, when controlling for compassion for self, thus suggesting full mediation.

Discussion

The emergence of mindfulness and compassion in counseling has sparked interest in mindfulness training for counselors, particularly related to empathy and the development of the therapeutic relationship (e.g., Buser et al., 2012; Fulton & Cashwell, 2015). Scholarship related to self-compassion among counselors has

FIGURE 1

**Indirect Effect of Mindfulness on Compassion for Others
Through Compassion for Self**

*p < .001.

been focused on issues of wellness and burnout (e.g., Boellinghaus et al., 2014). Therefore, there has been limited study of whether the development of mindfulness and self-compassion translates to positive states, such as compassion toward others. The linear relationship between mindfulness, self-compassion, and compassion for others, as theorized in Buddhism and among current scholars (e.g., Neff, 2003; Rodríguez-Carvajal et al., 2016), has not been explored among counselors and is limited overall. On the basis of the results of this study, the hypothesis that self-compassion would fully mediate the relationship between mindfulness and compassion for others was supported. Although mindfulness was directly related to compassion for others, the direct effect became nonsignificant when controlling for compassion for self. This finding is not surprising given that self-compassion is one of the proposed mechanisms of mindfulness that yields positive outcomes (Kraus & Sears, 2009; Rodríguez-Carvajal et al., 2016). Results of the current study, however, are correlational, and randomized controlled study of the mediating role of self-compassion is needed to prove causation.

Mindfulness has been related to other-focused concerns, such as empathy (Hölzel et al., 2011; Lutz, Brefczynski-Lewis, Johnstone, & Davidson, 2008) and compassion (Lazar et al., 2005) in previous neuroscientific studies. Mindfulness has also been found to be related to self-reported empathy (Fulton & Cashwell, 2015; Greason & Cashwell, 2009) and client-rated empathy (Fulton, 2016) among counselors. The mediating role of self-compassion, however, was not explored in these studies. Results of the current study, therefore, extend this research by further explaining the relationship between mindfulness and other-focused concerns. Furthermore, the mediating role of self-compassion found in this study is consistent with the theoretical assertion that a counselor must nourish compassion for him- or herself to effectively offer compassion to others without risk of burnout (Siegel & Germer, 2012b). Studies that directly examine whether mindfulness increases self–other compassion without increased risk for burnout are needed to support this assertion and extend the results of this study.

Results of the current study are also in alignment with the positive results of a test of the MIM, in which Rodríguez-Carvajal et al. (2016) found that increased mindfulness led to increased self-compassion, which, in turn, led to greater positive mental states toward others (using the SOFI). In the current study, these theorized relationships were also supported among counselors. In addition, Rodríguez-Carvajal et al. pointed out that their study may have involved the confounding of constructs by using both a mindfulness measure (the FFMQ) and a self-compassion measure (the SCS), which included a Mindfulness subscale. Most SCS subscales were found to have a significant positive relationship with components of mindfulness as assessed by the FFMQ (Baer et al., 2012). The current study did not involve such confounding of constructs, which may have helped to further clarify and support the proposed relationships.

Implications and Practical Applications for Counselors

There are several potential implications and practical applications for counselors and educators based on the results of the study. First, the mediating role of self-compassion found in this study may offer support that developing greater mindfulness—and, in turn, self-compassion—will yield greater compassion for others. This finding may be important to both counselor trainees and practicing

counselors. For example, third-wave cognitive behavior approaches are based on the premise that suffering is alleviated by changing one's relationship to difficult experiences rather than avoiding or attempting to extinguish them. Counselor training can evoke anxiety, self-judgment, and experiential avoidance, which can adversely affect the ability to have concern for others and be effective in counseling (Fulton, 2016; Fulton & Cashwell, 2015). Furthermore, both counselor trainees and practicing counselors must be present for and empathize with clients' painful emotions on an ongoing basis without personal distress, overidentification, or avoidance (Bien, 2004; Rogers, 1957). Research has shown that mindfulness and self-compassion are negatively associated with anxiety (Fulton & Cashwell, 2015), experiential avoidance (Fulton, 2016; Germer & Neff, 2013), and self-judgment (Germer & Neff, 2013) and positively associated with empathy (Birnie et al., 2010; Fulton & Cashwell, 2015). Therefore, mindfulness and compassion training may help trainees and counselors mitigate some of the internal experiences that interfere with having compassion for others; however, the current study should be repeated with practicing counselors to ensure that this finding applies to them.

Second, understanding how mindfulness and self-compassion are related to compassion for others may inform how mindfulness training is approached by counselors and educators. Although controlled studies are needed to determine causation, on the basis of the current study and the overall body of literature on MBIs, it seems reasonable that counselors interested in incorporating a mindfulness practice to enhance their self–other compassion should optimally adopt both mindfulness and compassion practices. Germer (2006) emphasized that learning to be mindful to the present moment when it is painful, without also learning to bring kindness and compassion to that awareness, may be counterproductive. Furthermore, the current study offers support for a sequential ordered approach to MBIs. MBIs are often designed such that participants first learn mindfulness, then self-compassion, and then compassion for others (Jazaieri et al., 2014; Mascaro, Darcher, Negi, & Raison, 2015). It is believed that mindfulness skills are a necessary foundation to be able to engage in a self-compassionate attitude toward suffering (Germer & Neff, 2013; Rodríguez-Carvajal et al., 2016). The mediating role of self-compassion in the current study is congruent with these proposed models of teaching mindfulness and compassion. Understanding how to approach training is important given that this ordered approach is not necessarily ubiquitous in mindfulness training as it may currently exist in counseling and counselor education.

Third, because self-compassion was found to mediate the relationship between mindfulness and compassion for others, research related to mindfulness, particularly as it relates to the therapeutic relationship, should include the study of compassion for self and others. Compassion has been relatively understudied as compared with empathy, yet it may uniquely contribute to a counselor's development and personal and professional effectiveness. The limited research on compassion may be particularly important given that a lack of counselor self-compassion has been associated with poorer client outcomes (Shapiro & Izett, 2008).

As a practical note, for counselors interested in learning mindfulness, the mindfulness-based stress reduction program (Kabat-Zinn, 2013), an 8-week mindfulness curriculum, is available at many universities, online, and via the proliferation of books currently available. Counselors interested in more directly

integrating mindfulness into their therapeutic work can learn more via the growing number of clinician-authored sources on ways to approach it (e.g., Baer, 2014; Geller & Greenberg, 2012; Germer, Siegel, & Fulton, 2013; Labbé, 2011; Pollak, Pedulla, & Siegel, 2014); these sources include chapters outlining ways to use mindfulness with specific populations and client concerns.

Limitations and Future Research

Although the current study offers some support for the theorized relationships between mindfulness and self–other compassion, there are some notable limitations in the study design and sample. First, results were based on a survey design, and nonresponders may have differed systematically from those who responded, although a response rate of 70% somewhat mitigated this limitation. Second, the sample comprised interns from CACREP-accredited programs who were mostly Caucasian women; therefore, results may not generalize to racial/ethnic minorities, practicing counselors, or non-accredited programs. Third, all instruments were self-report measures, which can be influenced by degree of self-knowledge and social desirability. Finally, although the reliability for the SOFI-O may be sufficient, a greater alpha would bolster confidence in the results. Despite these limitations, the results of this study may provide insight into the relative relationships between mindfulness and self–other compassion among counselors and help inform future research and practice.

Conclusion

The current study offers support that self-compassion fully mediates the relationship between mindfulness and compassion for others. This finding may inform future research as well as how mindfulness and compassion are learned and practiced. Further research is needed to corroborate these results and build on them with controlled empirical studies that test the efficacy of mindfulness training for increasing counselors' self–other compassion. In addition, if mindfulness is to be confidently adopted by counselors and educators, researchers must demonstrate that such training will improve not only counselor performances (e.g., enhanced therapeutic relationship, empathy, compassion for clients) but also, and perhaps more important, client outcomes.

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