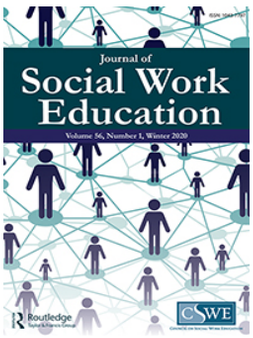

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The Impact of Self-Compassion on Cultural Competence: Results From a Quantitative Study of MSW Students

Mara Gottlieb and Tazuko Shibusawa

ABSTRACT

Compassion and cultural competence have long been concepts fundamental to social work education. Students are taught that having compassion deepens their understanding of clients and strengthens the therapeutic bond. However, little attention has been paid to self-compassion on the part of the student and its role in working with clients of different cultures from their own. This study examined the relationship between self-compassion and cultural competence among MSW students (*N*=257) enrolled in a private school of social work in the northeastern United States. The measures used were the Self-Compassion Scale and the Multicultural Counseling Inventory. Results suggest that higher self-compassion predicts higher cultural competence. Implications for teaching cultural competence and directions for future research are discussed.

ARTICLE HISTORY
Accepted: May 2018

From the inception of the social work profession, the mission of working competently and respectfully with others who are culturally different has been at the forefront, and as social work practice grows increasingly global, this imperative becomes only more vital. The priority of cultural competence— a term that describes this ability—is incorporated into the National Association of Social Workers (NASW, 2017) *Code of Ethics* and the Council on Social Work Education's (CSWE, 2015) *Educational Policy and Accreditation Standards*.

Despite the widely-acknowledged importance of cultural competence to the field, questions regarding what it means and how best to engender it in social work students and practitioners is the subject of continued debate (Basham, 2004; Clarke & Wan, 2011; Garcia & Van Soest, 2000; Lee, Blythe, & Goforth, 2009; Ridley, Mendoza, Kanitz, Angermeier, & Zenk, 1994; Sue, Arredondo, & McDavis, 1992; Sue & Sue, 2003). Many articles on the pedagogy of cultural competence in social work concur that this material is highly sensitive and challenging to teach (Abrams & Gibson, 2007; Cundiff, Nadler, & Swan, 2009; Garcia & Van Soest, 2000; Lee & Greene, 2003; Miller, Hyde, & Ruth, 2004), and there is little agreement on how to teach it or even whether it is a realistic objective. This article addresses cultural competence as it relates to the professional relationship between social work practitioner and client, using the NASW's (2017) definition of *clients*: "'Clients is used inclusively to refer to individuals, families, groups, organizations, and communities" (p. 1).

The challenges of teaching and practicing cultural competence are several, and this article addresses two of them. One challenge is the ongoing debate with regard to the term's definition. For the purpose of this article, the term *culture* is defined here in broadest form, which includes belonging to any group that holds a common set of values, beliefs, or practices (Miller & Garran, 2017), transcending the NASW's (2017) definition, which is, "race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability" (p. 10). Because of postmodern notions of intersectionality, social identity, and social constructivism, we argue that all therapeutic dyads are cross-cultural in some way and would benefit from being seen as such.

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A second challenge to the concept of cultural competence is whether it can be taught to social work students, and if so, how one determines what abilities are most likely to result in the successful engagement of a client whose culture is different from that of the practitioner. The present study hypothesized that self-compassion, or the ability to examine one's own attitudes, beliefs, and behaviors with nonjudgment and kindness, could significantly improve a student's ability to work with clients who are culturally different. This is an unexplored correlation in the literature on cultural competence, even though a connection between compassion for others and cultural competence has long been surmised (Brown, 2013; Cui & Van Den Berg, 1991; Mock, 2008). The premise of this connection is that if we can regard our own identity and behaviors without judgment, with kindness and a sense of belonging to a common and fallible humanity, we are more apt to have the capacity for nonjudgment toward others, encouraging a range of more culturally-responsive practices, including lessening the chance of imposing our own worldview on our clients, and being more open to their experience.

Background

Cultural competence

The notion of being a culturally competent practitioner has never been more salient to the social work field than today. As social work practice continues to become increasingly global and cultural identities are more understood as vital and fundamental aspects of clients' identities, the efforts to further one's cultural competence only grow more necessary. As previously mentioned, this obligation to strive toward cultural competence is incorporated into the NASW (2017) *Code of Ethics* and the CSWE's (2015) *Educational Policy and Accreditation Standards*. Over past decades, a rising number of voices in the field have asserted that social workers who are not making deliberate efforts to gain skills and knowledge in this area might be considered incompetent, unethical, or impaired (Arredondo, 1992; Green et al., 2005; Hancock, Waites, & Kledaras, 2012; McMahon & Allen-Meares, 1992; Mishne, 2002; Perez-Foster, 1998; Roysircar, Arredondo, Fuertes, Ponterotto, & Toporek, 2003; Sue et al., 1992; Whaley & Davis, 2007). However we may define cultural competence, there is little argument among present-day conceptions of social work that our duty to be where the client is must include some awareness of our client's cultural landscape and how it differs from or parallels our own.

One of the challenges of teaching and practicing cultural competence is defining what one means by the term. Sodowsky, Kuo-Jackson, Richardson, and Corey (1998), whose Multicultural Counseling Inventory (MCI) was the measure chosen to examine cultural competence for this study, use the term *multicultural counseling competence* and define it as a commitment to awareness of race, ethnicity, culture, language, and power status in themselves and in their clients, and how these cultural variables affect therapeutic treatment. According to them,

> The emphasis is not on any specific minority group differences, but rather on dealing with differences that exist among people in the United States owing to national origins, acculturation, sociopolitical conditions, socioeconomic status, minority identity, worldview orientations, language, and so on. (p. 258)

This definition asks the practitioner to conceptualize culture as a construct broader than race, religion, class, and other more commonly associated identities. It incorporates culture writ large, permitting our clients (and ourselves) to self-define the groups with which we most identify and the resulting lens through which we see the world. As others have asserted, teaching students to encourage their clients to be the authors of their own story, determining for themselves the cultural identities that have had the greatest impact on shaping their self-perceptions and worldview, is more likely to produce optimal therapeutic outcomes (Fellin, 2000; Miller & Garran, 2017).

One critique regarding cultural competence asserts that the notion of competence is not only unrealistic but jingoistic in its Western notions of mastery: the hubristic assertion that we can one day reach some "finish line" in our knowledge of others' cultures (Clarke & Wan, 2011; Dean, 2001). The NASW (2015) takes a more nuanced and self-reflective approach, stating that cultural competence

"requires social workers to acknowledge their own position of power vis-à-vis the populations they serve and to practice cultural humility" (p. 10). The relatively new term of cultural humility is further discussed later as a suggested direction for the conceptualization of cultural competence. It incorporates a more bidirectional and iterative process that necessitates awareness of one's own cultural identities and how they grant us privilege and power or render us targets of oppression and marginalization through their assigned value in present-day society. Cultural responsiveness that includes this kind of self-exploration requires the courage and willingness to self-reflect, which is likely more achievable with some degree of compassion for what we discover.

Self-compassion

Although the notion of compassion for one's client is relatively common in counseling literature (Dyche & Zayas, 2001; Lundblad, 1995; Neff, 2003), the concept of self-compassion has received far less attention. Compared to cultural competence, self-compassion is a nascent concept in the mental health field, and its significance as an area of research appears to be growing (Adams & Leary, 2007; Allen & Leary, 2010; Becker-Phelps, 2010; Brown, 2010; Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, 2015; Parker-Pope, 2011). It has been demonstrated to be a teachable skill (Germer & Neff, 2015; Leary et al., 2007), indicating its potential relevance and utility in a social work curriculum.

Western thought has a long history of conceptualizing compassion or empathy in terms of focus on the other, but much less commonly with regard to oneself (Neff, 2003). Notions of compassion or empathy for one's client are as long-standing as the field of social work and were mentioned in Jane Addams's original mission (Lundblad, 1995).

Buddhist psychology asserts that it is just as essential to feel compassion for oneself as it is to feel it for others (Heffernan, Griffin, McNulty, & Fitzpatrick, 2010; Neff, 2003). Just as compassion involves "being open to and moved by the suffering of others so that one desires to ease their suffering" (Neff, 2003, p. 224), self-compassion is the same concept but turned inward. It involves a nonjudgmental stance, particularly with regard to situations in which we perceive ourselves as having made a mistake or failed, and acknowledges that such imperfection is a necessary part of being human and of the evolution of thought and action. In Zen Buddhism, the phrase, "turning the stream of compassion within" (Roshi, & Jiyu-Kennett, 1999, p. 172) denotes applying the core characteristic of Buddha—compassion—to the self. Without the inclusion of ourselves in this stream of compassion, it is alleged that we cannot truly have compassion for others (Bassis, 2012).

Components of self-compassion that are frequently mentioned in its conceptualization are self-kindness, pertaining to acceptance of ourselves, particularly during times of suffering; common humanity, referring to the notion of a shared human experience; and mindfulness, or the ability to observe feelings and events in a neutral manner that neither exaggerates nor denies them (Heffernan et al., 2010; Leary et al., 2007; Neff, 2003). According to Neff (2003), author of the Self-Compassion Scale used for this study, self-compassion includes three specific components:

> 1) extending kindness and understanding to oneself rather than harsh self-criticism and judgment; 2) seeing one's experiences as part of the larger human experience rather than as separating and isolating; and 3) holding one's painful thoughts and feelings in balanced awareness rather than over-identifying with them. (p. 224)

Neff and other theorists differentiate self-compassion from self-pity, which can lead to a sense of greater disconnection from others and being more ruminative and self-absorbed, rather than experiencing oneself as part of a common humanity (Leary et al., 2007; Neff, 2015). Self-compassion has been associated with realistic self-appraisal (Germer & Neff, 2015; Leary et al., 2007) and may help individuals take greater responsibility for negative or difficult situations, relying less on avoidance or escape (Adams & Leary, 2007; Allen & Leary, 2010; Leary et al., 2007). This, in turn, might ease and encourage a process of moving toward cultural competence, as one may be less avoidant of culturally-unfamiliar situations and more willing to make mistakes. Higher self-compassion appears to help people forgive themselves for actions they were uncomfortable with or ashamed of without abdicating responsibility for those actions (Adams & Leary, 2007). Prior to the execution of this study, a correlation between self-

compassion and cultural competence had not been empirically tested; however, the present study hypothesized that a construct that assists students in being more forgiving of themselves, more aware of themselves as belonging to a common humanity, and more able to see events in an objective and nonjudgmental light could be highly instrumental in the development of cultural competence. If students can find compassion for their own identities, their own areas of strength or weakness, privilege and marginalization, they may also become more open to others' identities, and how those identities shape their clients' perspectives and lived experiences.

Neff's Self-Compassion Scale (SCS) is the only published measure designed to assess this construct (Heffernan et al., 2010). Her scale has been used in the nursing field as well as in psychology; the present study represents its inaugural use in social work as of this article's submission for publication.

Current study

The purpose of this study was to examine the relationship between self-compassion and levels of cultural competence among graduate students in an MSW program. We hypothesized that as students' self-compassion increases, so does their cultural competence. Data on four covariates were collected: age, gender, ethnicity or race, and sexual identity. The study was granted institutional review board approval and did not pose any ethical concerns as defined by the University Committee on Activities Involving Human Subjects.

Method

Sample and procedures

Data were collected in the fall of 2013. Participants were recruited through an e-mail sent to students (N=1,150) enrolled in an accredited MSW program at a private northeastern university. Being a current matriculating student was the only criterion for inclusion, meaning that the individual had been admitted to and was registered for the MSW program at the time of the survey dissemination. Following each attempt to obtain a response, if recipients had not yet filled out the questionnaire, they were sent a total of three additional reminders requesting their participation, one every 2 weeks for a total of 6 weeks. In-person requests were also made in four social work classes, and letters of request were sent to three student organizations that specifically supported either LGBTQ students or students of color.

Responses to the measures were anonymous and voluntary. Recipients of the questionnaire were contacted through their university e-mail addresses and offered voluntary entry of their names for a raffle, whether or not they chose to complete the survey. The raffle was used to increase the likelihood of participation and reduce participant selection bias, ideally broadening the segment of the MSW student population willing to fill out the survey. A total of 479 students responded; however, of this total, 222 respondents started the survey and either did not answer any questions, solely answered demographic questions and no survey questions, or answered the survey questions incompletely. Participants with any missing data were excluded from the analysis, resulting in a sample of 257.

Measures

Dependent variable

The MCI (Sodowsky, Taffe, Gutkin & Wise, 1994), used to measure cultural competence, was chosen among available cultural competence measures for a few reasons. It is among the strongest psychometrically (Boyle & Springer, 2001; Green et al., 2005; Krentzman & Townsend, 2008; Ponterotto, Rieger, Barrett & Sparks, 1994; Pope-Davis, Coleman, Liu & Toporek, 2003), it had previously been used with a social work population (Green et al., 2005; Krentzman & Townsend, 2008; Walters & Wheeler, 2000), and its items reflected the more postmodern, bidirectional approach to cultural competence described

earlier, inquiring about the respondents' awareness of their own cultural identities, beliefs, and values, as well as of their clients' cultural identities. The MCI is a Likert-type scale of 40 questions, each with five possible responses (1=*very inaccurate* to 4=*very accurate*); 5 signifies that the statement is not applicable to the participant. The maximum score is 160, the minimum 40, with higher scores denoting higher levels of self-reported cultural competence. Seven items on the survey are intended to be reverse-scored. Scale items included, "When working with minority clients I examine my own cultural biases," and "In order to be able to work with minority clients, I frequently seek consultation with multicultural experts and attend multicultural workshops or training sessions" (Krentzman & Townsend, 2008, p. 17). A reported Cronbach's alpha for the MCI suggested strong reliability (Sodowsky, Taffe, Gutkin, & Wise, 1994), and the present study resulted in a similar statistic of .89 for the full scale.

Independent variable

The SCS (Neff, 2003), used to measure self-compassion, has been used in more than 90 studies since its publication; however, at the time of this article's submission for publication, this was its inaugural use in the field of social work. Neff's SCS is a Likert-type scale consisting of 26 items (e.g., "I'm kind to myself when I'm experiencing suffering") (Neff, 2003, p. 231), half of which are reverse-scored (i.e., "I'm intolerant and impatient toward those aspects of my personality I don't like") (Neff, 2003, p. 231), divided into six subscales. A higher score on the SCS denotes a higher level of reported self-compassion. Results from this measure are quantitative, resulting in a range of scores from 26 to 130. Cronbach's alpha for the SCS was reported as .93 for the entire scale (Neff, 2003). The computed alpha from this study for the overall scale was .58.

Demographic variables

Data were collected on four demographic variables: the participant's current age, gender identity, race or ethnicity, and sexual identity. The respective choices for each category were as follows: under 25 years old, 25–34, 35–44, and 45 or older; male, female, transgender, or none of these; Asian, Pacific Islander, South Asian, Asian American, Black, African, Caribbean, African American, Caribbean American, Hispanic, Latino, Latina, Latinx, Hispanic American, Latino American, Native American, Indigenous, White European, or none of these; and bisexual, gay, heterosexual, lesbian, queer, or none of these.

Sampling strategy

An intentional effort was made on two levels to amass data that would result in a greater representation of participants of minority or marginalized cultural status than those reported by the institution to the CSWE Annual Survey of Social Work Programs (2012). First, the categories of gender, race or ethnicity, and sexual identity were each defined as inclusively as possible for the purposes of the present study in the hope of receiving more participant responses. Second, a personal letter of request for participation was sent to the organizers of any student groups supporting students with minority or marginalized identities. Without this additional promotion, there was a concern that the sample would have closely reflected the school's demographics, which, akin to the national student population, is largely White-European, heterosexual, and female (Arredondo, 1992; NASW, 2003; National Science Foundation, 2010). We intended that a study on cultural competence should be of broader relevance with a more diverse data set than a convenience sample would provide.

Data analyses

A hierarchical linear regression analysis was conducted to predict how self-compassion influenced levels of cultural competency and to determine if demographic variables influenced the relationship between self-compassion and cultural competence.

Table 1. Summary of regression analysis for variables predicting cultural competence (*N*=257).

	Model 1			Model 2		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Self-Compassion	0.30	0.07	.25***	0.30	0.07	.25***
Age				0.08	0.03	.15*
Gender (Female as reference)						
Transgender				.21	.39	.03
Male				-.12	0.08	-.09
Race or ethnicity (Person of color as reference)						
White-European				-.05	0.05	-.06
Sexual identity (LGBQ as reference)						
Heterosexual				-.09	.07	-.09
R^2		.063			.098	
F for change in R^2		17.04**			1.65	

*p<.05. **p<.01. ***p<.001.

Results

Sample description

The sample population included 39% participants who identified as people of color; the percentage reported to a CSWE Annual Survey (2012) of students of color attending the program was 29%. All participants responded to this question. With regard to sexual identity, 82.7% self-identified as heterosexual, 17.3% as bisexual, gay, lesbian, or queer. The LGBQ breakdown of the group was as follows: 5.9% bisexual, 4.5% gay, 3.5% lesbian, and 5.3% identifying as queer, with no missing responses to this question. The CSWE annual survey did not include any questions related to sexual identity, preventing any comparisons to the present study's data, however the LGBQ population percentage in the present study was nearly six times higher than reported national estimates at that time (3.4% of U.S. citizens identify as being LGBQ according to latest Gallup poll; Gates & Newport, 2012). There were no missing responses to this question. The data for the age ratios of participants were as follows: 18% under 25 years old, 53% between the ages of 25 and 34, 10.9% between the ages of 35 and 44, and 8.9% over 45 years of age. Of the study population, 31.6% did not answer the question on age. The gender breakdown for the sample was 88% female, 12% male, one individual identified both as male and transgender, and two participants chose not to disclose their gender identity. These percentages were consistent with the program's reported Annual Survey data on gender.

As shown in Table 1, the results of the linear regression indicate a significant and positive relationship between self-compassion and cultural competence, $F(1, 255)=17.04$, $p<001$, $R^2= .06$, with an r of .25. A participant's predicted mean score on the MCI was equal to 2.19+.30 (SCSMean), where SCSMean is measured in scale score units. The participant's mean MCI score increased .30 units for every scale unit increase in the SCSMean score. A higher score on self-compassion resulted in a higher score on cultural competence. The study hypothesis that self-compassion predicts levels of cultural competence was thereby confirmed. Covariates were then added in the second model to see if those demographics influenced the relationship between the SCS and the MCI, but there was not a significant addition to the model, $F(6, 249)=1.65$, $p=.14$, $R^2=10$, with an r of .32. The only covariate that produced a significant relationship was that of age: As participants' age increased, so did their mean MCI score by .08 units. Gender, race or ethnicity, and sexual identity were not significant predictors of the MCI score.

Discussion

In a vocation dedicated to empathically engaging clients and to working competently across cultural differences, a study demonstrating that higher self-compassion predicts an increase in cultural competence is particularly worthy of further discussion. Prior research has demonstrated

self-compassion to be a teachable skill (Germer & Neff, 2015; Leary et al., 2007; Neff, 2013): if empirically tested methods of increasing self-compassion can be taught in social work curricula, this has the potential to better prepare students for working with the vastly diverse clientele most of them will encounter in their present-day practice.

An increased volume of social work theory focuses on the bidirectional, two-person nature of practitioner-client interactions and the inevitability of cultural countertransference (Goldstein, 2007; Mishne, 2002; Noonan, 1998; Perez Foster, 1998). This perspective underscores the necessity of ongoing self-reflection with regard to one's own cultural landscape and the way our identities shape ideas of what is normal, healthy, successful, and so on. Although the rewards are inestimable, there is a great degree of vulnerability in the act of looking inward, and self-compassion allows that exploration to be embarked upon with greater kindness. To be effective practitioners and to minimize the imposition of our own value system on our clients, practitioners must explore our own identity landscape and acknowledge its resulting endowment of privilege or oppression. If we can undertake this exploration with self-compassion, we may be more able to see clients in a similarly nonjudgmental light.

Another term for cultural competence that is gaining traction is "cultural humility," coined by Tervalon and Murray-Garcia (1998, p. 117). The concept has been defined as "having an interpersonal stance that is other-oriented rather than self-focused, characterized by respect and lack of superiority toward an individual's cultural background and experience" (Hook, Davis, Owen, Worthington, & Utsey, 2013, p. 353) and has been explored in social work (Rosen, McCall, & Goodkind, 2017) and in other health professions (Chang, Simon, & Dong, 2012; Cruess, Cruess, & Steinert, 2010; Foronda, Baptiste, Reinholdt, & Ousman, 2016; Hook et al., 2013; Kutob et al., 2013; Tervalon & Murray-García, 1998). The NASW (2015) states that "cultural competence requires self-awareness, cultural humility, and the commitment to understanding and embracing culture as central to effective practice" (p. 4). Future research will determine whether cultural humility's manifest focus on self-reflection and social location correlates more strongly with self-compassion, as cultural competence has historically been more externally focused on one's awareness of the "other". By replacing competence with humility, the focus of one's effort is shifted to becoming more teachable, being a student of the client, suggesting a "mutually-beneficial and nonpaternalistic" (Tervalon & Murray-Garcia, 1998, p. 117) approach to the therapeutic dyad. The benefits to the therapeutic relationship of this more curious and less judgmental stance seem worthy of exploration.

For self-compassion to be a skill that instructors teach and students learn effectively, self-compassion must be distinguished from abnegating ourselves of responsibility or avoiding self-critical exploration. Further study of the construct will lend support to the notion that self-compassion permits students and practitioners to more courageously examine their own identity landscape or worldview and its attendant experiences, values, and biases. Every social work classroom develops its own unique gestalt, created and reinforced by both the instructor and the students. In any class that fosters self-reflection, a professor's manifest encouragement of a more self-compassionate stance, wherein students are asked to examine their biases from a place of common humanity and self-forgiveness, may have a significant impact on students' willingness to self-reflect, which may contribute to their ability to work successfully with clients of varying cultures.

Although a detailed description of how to teach self-compassion goes beyond the scope of this article, Neff and her colleagues have written a multitude of resources on the subject (Germer & Neff, 2015; Neff, 2018; Neff & Germer, 2013). Neff describes learning self-compassion as a repetitive practice that one strengthens over time and which incorporates mindfulness, writing, and developing a "compassionate observer" (Neff, 2015, p. 36) within us that can more objectively see the criticizing and the criticized aspects of oneself (Neff & Germer, 2013). Specific skills that can be taught in the classroom include developing awareness of physical sensations that accompany reactions to negative events, using guided meditation, asking students to keep a self-compassion journal, practicing ways to recognize and change critical self-talk, and

encouraging students to engage in self-care and care of others (Germer, 2009; Neff, 2015). Shibusawa used Germer's (2009) book as a required text in a practice class, devoted 15 minutes of each class to teaching self-compassion skills, and also incorporated a self-compassion journal assignment in another practice class.

Limitations

This study has several limitations. First, the cross-sectional nature of the study limits the determination of causality. Second, a self-report survey elicits students' self-perception, which may not be consistent with how others would evaluate them. Cultural competence and self-compassion are skills on which most students would likely wish to be rated highly, suggesting that social desirability could be a factor affecting participant survey responses. Third, although each of these scales was the strongest in measuring its respective construct, there may still have been questions whose face validity was not optimal or would have different meanings to respondents with varying cultural identities. Fourth, the MCI is nearly 20 years old and, as such, cannot possess as nuanced a conception of cultural competence as would be utilized today. Fifth, a number of variables were not measured in this study but may be worthy of future consideration. For instance, it is possible that the cultural identities represented by the demographic covariates are less relevant to one's cultural competence than whether an individual has been raised in a multicultural environment embodying the respectful representation of varied cultures, or with positive parental messages regarding people of diverse races and cultures. Finally, a qualitative or an observational component might have offered insight into additional study limitations. By only using a self-report quantitative measure and not incorporating either an interview or an observational component, several opportunities are not capitalized on, for example, asking participants what they felt were the limitations of the study or any additional variables they might have felt should be included, or determining whether a participant's self-evaluation was supported by someone else's observation of their behavior.

Future directions

In terms of future directions for research, theory, and pedagogy that this study might initiate, a number of promising possibilities exist. The concept of self-compassion needs to be further concretized to become the practical, teachable skill it has the potential to be. Asking students to inquire more honestly into their own cultural identities and the impact those identities have had on their self-perception requires a level of self-reflection that can feel risky and vulnerable in an academic environment. If we are to encourage students to better understand themselves, we must approach that process with an emphasis on experiencing compassion for whatever they find. In addition, the concepts of cultural competence and cultural humility must continue to be clarified and developed in keeping with our growing understanding of power, privilege, and intersectionality.

Conclusion

The results of this cross-sectional, quantitative study give empirical credence to and make a case for continued research on the relationship between self-compassion and cultural competence. With so few methods empirically studied to help students learn to work successfully in cross-cultural dyads, it is promising to consider that an ability that appears to have multiple benefits for the student may also be effective in working toward culturally competent social work practice. Thus, this study can serve as a springboard toward several objectives: further investigation of self-compassion's operationalization, its implementation in pedagogy and practice, and a move toward the development of alternative postmodern approaches to and measures of cultural competence that incorporate increased self-reflection, humility, and openness to our clients' experiences.

Notes on contributors

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