The Experience of Mindful Self-Compassion

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THE EXPERIENCE OF MINDFUL SELF-COMPASSION

by

Erika Ristok

Master of Social Work, Wilfrid Laurier University, 2019

THESIS

Submitted to the Faculty of Social Work

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Master of Social Work

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Abstract

Given the benefits seen in the literature with regards to mindful self-compassion, embodiment of positive emotion, and the efficacy of brief interventions, this study sought to advance an understanding of the experience of mindful self compassion. Eight participants were taught a brief self-compassion exercise along with a step that embodies a feeling of comfort. The participants were drawn from a wait-list for counselling services at a Family Health Team site. They were interviewed using a semi-structured interview format following training and practice with the self-compassion exercise. Qualitative phenomenological analysis was used in order to gain an understanding of the essence of their experience. Analysis of the transcribed interviews identified five themes and seven sub-themes. The five major themes are as follows: (a) qualities of self-compassion; (b) experiences of self-compassion (“agency,” “awareness,” “positive emotions,” and “interpersonal improvement”); (c) blocks to self-compassion (“internal,” “external,” and “assumptions”); (d) helpful factors; and (e) prompts for using the exercise. This study contributes to knowledge about the experience of mindful self-compassion. The results are discussed in light of the related literature.
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Introduction and Overview

One area of potential for research relevant to social work is the fostering of mindful self-compassion and embodiment of positive emotion for addressing negative experiences. Issues that create stress in our daily human lives can be exacerbated by internal coping mechanisms that inadvertently create more suffering, and a culture that sets us up to avoid discomfort through distraction and consumption (Doehring, 2017). The practice of mindful self-compassion addresses one’s suffering by “embracing it with feelings of kind, connected presence” (Neff & Davidson, 2016, p. 38). This study asks “what is the experience of a short mindful self-compassion and embodiment exercise for individuals affected by stress?” The objective in asking this research question is to understand the experience of lay people, i.e. individuals who do not necessarily have specific knowledge or experience with mindfulness, using this technique with regards to stressors arising in the course of their daily lives. It is an exploratory study, examining the experience of individuals using a mindful self-compassion exercise. The purpose is to develop and advance an understanding of the experience of mindful self-compassion together with specifically embodying a sense of comfort.

Researcher Identity

I am a White female of German and English ancestry. My first (and current) career is in naturopathic medicine; I have twenty years of clinical experience working mainly in private practice in Halton region as well as having worked in Toronto-area college-affiliated teaching clinics serving socioeconomically, culturally and (dis)ably diverse clients. My interest in naturopathic medicine was inspired by a belief in holism: that many factors besides the physical functioning of our discrete parts affect our health, that we have an innate ability to heal, and that this innate ability can be supported through natural means. Although I had initially spent a year
studying nursing because I knew I wanted to be in a “helping profession”, I soon realized this was the wrong fit for me and while earning a degree in psychology instead, elective courses in anthropology provided much wider perspectives on healing than are found in the Western allopathic model, thus leading me into my studies and career as a naturopath. I also have a strong environmental orientation and history of involvement in environmental activism. I understood from a young age that our health and the health of the environment are inextricably related. I remember being struck as a child by an Indigenous-derived quote about the interconnectedness of all things: “This we know – the Earth does not belong to man; man belongs to the Earth. This we know. All things are connected. Whatever befalls the Earth, befalls the sons of the Earth. Man did not weave the web of life; he is merely a strand in it. Whatever he does to the web, he does to himself” (controversially attributed to Chief Seattle; see Black, 2012). The idea of interconnectedness made sense to me on both a logical and intuitive level.

I was initially inspired to pursue further education through this current Master of Social Work degree because of my wish to advance my skills in helping individuals connect to resources to alleviate suffering and promote healing. By the time I applied to the program, I had spent several years studying mindfulness and spiritually-oriented healing strategies and had a better understanding of the connection between mental, emotion, physical and spiritual health. Social work studies have further expanded my lens to encompass an understanding of the impact of systemic factors on health.

My interest in this thesis focus of mindful self-compassion came about because I had encountered and used it as a strategy both personally and with individuals I served in practice, and had experienced its elements as holistic tools that together can promote healing by enabling connection to feelings; a sense of something greater than oneself (“common humanity” in this
I was curious as to how the practice of mindful self-compassion “works”, i.e. what is the experience of people who engage with this practice in their everyday lives? Through what mechanisms does practice evoke change? What might be some implications of growth in the use of this holistic tool?

**Concepts and Literature Review**

Neff and Germer (2013) describe that self-compassion has three components: “self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification” (p. 28). Elsewhere, these authors state, while describing Neff as a developmental psychologist and student of Buddhist meditation, that “self-compassion is a relatively new psychological construct derived from ancient Buddhist contemplative psychology” (Germer & Neff, 2015, p. 44). Broadening into conceptualizations of compassion in general, MacBeth and Gumley (2012) include an evolutionary lens in describing understandings of compassion, for example that it is an evolutionarily advantageous caregiving response or motivates attunement to others to regulate negative affect (p. 546). Self-compassion is also connected to Indigenous knowledges although this connection is rarely acknowledged. Reaching into Indigenous understandings of compassion, Indigenous “wholistic” theory includes the concept of compassion, termed in the forthcoming reference as “Kindness”. Absolon (2010) notes that teachings might vary “depending on the context, teacher and Nation (p. 77). Kennedy-Kish (Bell) (as cited in Kennedy-Kish (Bell), Sinclair, Carniol and Baines, 2017) names “Kindness” as one of four foundational principles of Indigenous traditional practice, together with “Honesty”, “Sharing” and “Strength”, with each of these concepts being “essential and inseparable” and flowing into the others (pp. 4-5). She quotes Elder Onaubinisay James Dumont as stating that “[t]he most desired and appropriate behaviour for the human being is a kind,
caring acceptance that embraces a co-operative, sharing co-existence” (p. 5). Further, Absolon (2010) describes concentric levels of being, with self at the centre, then family, community, nation, society and creation, with all of these levels being reciprocally interconnected and related to the whole (p. 76).

Self-compassion is relevant to social work because it has been shown to be an important factor in mental health and psychopathology. In particular, higher levels of compassion have been shown to be associated with lower levels of depression, anxiety and stress (MacBeth & Gumley, 2012; Neff & Germer, 2013) and greater life satisfaction (Neff & Germer, 2013); as well, it has been shown to “[enhance] wellbeing, resilience, and coping with difficult thoughts and emotions” (Neff & Davidson, 2016, p. 38). In terms of physical health, findings include that self-compassion increases immunocompetence as shown through salivary IgA levels (Bellosta-Batalla et al., 2017), may be helpful in weight loss (Rahimi-Ardabili, Reynolds, Vartanian, McLeod, & Zwar, 2017), and is beneficial to heart-rate variability, which is a predictor of healthy heart function (Svendsen et al., 2016). Further, it predicts dietary adherence and quality of life among adults with celiac disease (Dowd & Jung, 2017). Thus, practices that serve to increase self-compassion can benefit physical health in a variety of ways.

While not directly addressing structural systemic problems such as racism and oppression, mindful self-compassion may help to correct individuals’ negative self-beliefs resulting from these issues. Doehring (2017) notes that family, organizational, or cultural systems, intersecting such factors as racism, sexism, or rigid religious systems can create beliefs that we are bad because of some aspect of our identity. Self-compassion may help to foster awareness that can help us to see our position within these systems more objectively, thus helping to shift beliefs of inherent wrong-doing. Self-compassion also improves relationship
functioning, with individuals scoring higher in self-compassion being more likely to resolve conflicts with compromise, in other words, “[balancing] the needs of self and others” (Yarnell & Neff, 2013, p. 154). This is particularly relevant to social work practice, with its focus on individuals within their social contexts.

Self-compassion literature often refers to a feeling of comfort evoked through its practice. Neff & Germer (2013) note that “self-compassion emphasizes soothing and comforting the “self” when distressing experiences arise, remembering that such experiences are part of being human” (p. 29). Beaumont & Hollins Martin (2016) refer to a “soothing/affiliative” emotional regulation system which compassion cultivates, and which may increase feelings of “safeness, connection, bonding, and trust [by helping to] regulate the threat and protection system” (p. 114). This holds relevance for populations such as those who have experienced trauma; for example, mindfulness and self-compassion were each uniquely negatively associated with functional disability in veterans with post-traumatic stress disorder (Dahm et al., 2015).

There are benefits to experiencing the positive feelings generated by self-compassion on a body-based level. Falconer et al. (2014) used an immersive virtual reality to help study participants’ experience of an embodied perspective of self-compassion. They found that the additional experience of embodiment (as compared to observing and practicing compassionate responses) increased self-compassion as well as feelings of being safe. Tangenberg & Kemp (2002) argue for “an invigorated, more complex understanding of the body in social work theory, practice, and research” (p. 9), and state that “a particular challenge is how to gain access to, value, and validate the lived experience of the body” (p. 13). Through providing a means by which to increase participants' body-based awareness, this research aims to contribute to understanding in this area.
Positive emotions have been described as the mechanism of change for compassion-based mindfulness practices; over time the daily experience of these positive emotions increases personal resources such as life purpose and social support, and result in higher life satisfaction and lower depressive symptoms (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008). Further, individual reports of greater positive emotions have been linked with resilience (Ong, Zautra, & Reid, 2010).

One barrier to incorporating mindfulness practices into daily life can be the perception that they take too much time (Hevezi, 2016). For example, a full course in the Mindful Self-Compassion Program or the Mindfulness-Based Stress Reduction program is an eight-week commitment. Engaging in therapy can be another means by which people can gain support and develop self-care strategies including a more self-compassionate attitude, but there can be barriers such as time and expense to be able to engage with this type of work on an ongoing basis, if at all (Beaumont & Hollins Martin, 2016). Shorter practices, for example, with a total of just over ten minutes five times weekly in one study, showed benefit in electrophysiological markers of cognitive and affective processing in older adults (Malinowski, Moore, Mead, & Gruber, 2017). Brief mindfulness interventions have also shown promise in increasing compassionate responses in medical students (Fernando, Skinner, & Consedine, 2017), reducing unhealthy eating when hungry (Marchiori & Papies, 2014), and reducing levels of distress during a pain-inducing intervention (Liu, Wang, Chang, Chen, & Si, 2013).

Given the benefits seen in the literature with regards to mindful self-compassion, embodiment of positive emotion, and the efficacy of brief interventions, this study proposes to teach participants a brief self-compassion exercise along with a step that embodies a feeling of comfort. Participants will be drawn from a population rostered at Halton Hills Family Health
Team, which operates in the community of Halton Hills, Ontario. Using a qualitative phenomenological approach, the study asks “what is the experience of a short mindful self-compassion and embodiment exercise for individuals affected by stress?” The objective in asking this research question is to understand the experience of using this technique for lay people with regards to typical stressors that arise in daily life. A phenomenological methodology, in which “it is the participants’ perceptions, feelings, and lived experiences that are paramount and that are the object of study” (Guest, MacQueen & Namey, 2012, p. 13), is used in order to gain an understanding of the essence of their experience.

**Epistemological and Theoretical Perspective**

Epistemologically, this study comes from a perspective of constructivism, where “truth and meaning...are created by the subject’s interactions with the world” (Gray, 2004, p. 20). Through constructivism, we come to know the individual’s understanding of their experience. The theory that will be employed is interpretivist, taking an individual and qualitative look at the social world. Interpretivist researchers “believe that reality is constructed by social actors and people’s perceptions of it” (Wahyuni, 2012, p. 71), and seek to understand these inside perspectives. Indigenous perspectives, which are “holistic, circular, and relational”, and from which knowledge comes from “being, living, and doing” (Absolon, 2004, p. 10) also inform this study.

Much of the research in self-compassion employs a quantitative approach, for example demonstrating that self compassion-training raises participants’ levels of self-compassion according to the mindful self-compassion scale (Neff & Germer, 2013), and affects a variety of mental, physical and social health factors (as previously discussed). This project uses a general qualitative inquiry in order to more deeply understand the meaning of the experience for the
participants, since qualitative studies can help us to connect to and find the meaning in the quantitative findings of the research on self-compassion. Hjeltnes, Binder, Moltu, & Dundas (2015) note in their qualitative study on a mindfulness program for students experiencing anxiety that “a continued examination of the first-person perspective and potential process variables is needed to understand how mindfulness-based interventions work for clients in specific contexts” (p. 2). This study aims to provide critical knowledge about self-compassion and an embodied feeling of comfort for social workers, other professionals, and lay people living in a stressful world.
Methods

Participants

Participants were recruited from a population rostered at Halton Hills Family Health Team through the use of informational flyers posted in the waiting areas (see Appendix A) and handed out by clinicians. As well, clients who were on the waitlist for mental health services (i.e. counselling) were contacted by phone by the researcher. A total of eight adult participants completed the study; a ninth participant enrolled but dropped out following a change in her employment status.

Procedure

Each potential participant was given a brief overview of the study by phone before deciding to participate. Further, each participant was offered a copy of the consent form either by email or to be picked up at the reception desk of the clinic to read over beforehand, and invited to contact the researcher by phone or email with any questions they might have. The participants attended a one-hour session with the researcher, in small groups. Informed consent (see Appendix B) was reviewed and questions or concerns were addressed at the start of the session, following which forms were signed and a copy was provided to each participant. It was made clear verbally and in the form that participants could withdraw their consent to participate at any time. A confidentiality agreement (see Appendix C) was also reviewed verbally and signed by participants, requesting that they respect the confidentiality of the other participants in the training session.

During the session, the researcher provided an overview of self-compassion and showed a six-minute video (Greater Good Science Center, 2014) on the three components of self-compassion by Dr. Kristen Neff, one of the founders of a Mindful Self-Compassion training
program. The participants were then guided by the researcher through a mindful self-compassion exercise. The self-compassion exercise and embodied experience was the “Self-Compassion Break”, a three-part practice described by Neff (2015), along with evoking a felt sense of comfort, for example through an affirmation, or connecting with a place in nature, a sense of goodness, a loved one, etc. (see Appendix D). Time and attention was provided to ensure that each participant felt confident in completing the exercise, and any additional questions or concerns the participants had were addressed.

The participants were instructed to practice the mindful self-compassion exercise in their daily lives for two weeks. They were asked to briefly journal about their experiences in journals provided by the researcher. Permission to obtain the journals from participants afterwards was requested in the consent form (Appendix B). The researcher scheduled a one-hour interview with each individual participant approximately two weeks following the training session in regards to their experience with the exercise. Journals were collected as data by the researcher at that time, with the consent of each participant.

**Researcher Bias**

As cited in Chenail (2011), it is important to acknowledge that “the researcher as instrument can be the greatest threat to trustworthiness in qualitative research if time is not spent on preparation of the field, reflexivity of the researcher, [and] the researcher staying humble” (p. 256). He further cites that “the degree of affinity researchers have with the population under study including researchers being a member of the group themselves can introduce a question of bias in the study” (p. 257). Given this researcher’s history of positive experiences with the intervention for addressing life stressors, the potential for bias (e.g. holding positive expectations of participants’ experience) was considerable. Accordingly, in order to ensure that this study
enabled discovery of not only “what [the researcher thought she didn’t] know...[but also] what [she didn’t know she didn’t] know” (p. 257), two measures were undertaken. The first was an interview of the researcher using the interview questions.

Chenail (2011) discusses that conducting an interview of the researcher can help to “make overt perspectives that might bias the researcher in the study” and foster an “[appreciation of] the vulnerability of the participant” (p. 260). He suggests a process of the researcher reviewing and signing the consent form, and then reading and audio-recording an answer to each interview question. Notes are then made on “what seemed to work and not work well in the interview” (p. 259), and the questions are then modified accordingly.

The second measure was the use of field notes. Friedemann, Mayorga, and Jimenez, (2011) discuss the use of field journals in “[clarifying] experiences and [enhancing] the depth of interpretation of quantitative data...and [providing] a venue for reflection [and] introspection” (p. 454). I maintained a journal throughout the research process, in order to record thoughts, ideas, questions, and insights that arose. This journaling process was expected to help to further identify and track assumptions and biases that I held with respect to the experience of self-compassion and an embodied sense of comfort.

**Pilot Test**

A pilot interview was conducted with a volunteer participant (extended family member of the researcher). This participant was trained in the intervention by the researcher. Following field practice of the intervention by the volunteer, a pilot interview was conducted by the researcher. The purpose of the pilot interview was to help to determine “flaws, limitations, or other weaknesses within the interview design” (Turner, 2010, p. 757). The interview questions were revised to make the flow of questions more concise and a decision was made to alert participants
when they were approximately halfway through the interview, along with reminding them at that time that they could provide as much or as little information as they wished, and could withdraw their consent at any time.

Interviews

Semi-structured interviews were conducted by the researcher with each individual participant in person in regards to their experience with the exercise. The interview durations were approximately one hour, with the longest interview lasting approximately one-and-a-half hours. According to principles cited by Turner (2010) to guide setting the stage for interviewing participants, the interviews took place in a setting that limited distractions (namely, a meeting room at the Halton Hills Family Health Team site), and began with an explanation of the interview purpose; outlining of confidentiality and the length and format of the interview; provision of contact information; and answering of any questions the participant had before the interview began. Informed consent was also reviewed. All interviews were audio-recorded with the verbal and signed permission of the participants (see consent form, Appendix B).

Recommendations for crafting interview questions cited by Turner (2010) include using neutral, open-ended questions that are clearly worded and are asked one at a time. The interview was opened with simple, informational questions in order to create a safe atmosphere (McCracken, 1988, p. 38). The remaining questions were crafted to elicit knowledge of participants’ experiences in relation to each of the components of the mindful self-compassion exercise, as well as their general thoughts about self-compassion. “Floating prompts” such as “[repeating] the key term of the respondent’s last remark with an interrogative tone” (McCracken, 1988, p. 35), or asking for further explanation or provision of examples, were used to encourage further testimony. The interview questions and prompts can be found in Appendix
E. As discussed above in the “Researcher Bias” section, interview questions were first tested during an interview of the researcher and during a pilot interview, and then edited accordingly.

**Ethical Considerations**

Because this study involves participants, approval was sought and received from Wilfrid Laurier University’s Research and Ethics Board (REB5677). Participants in this research project were considered a vulnerable population, since a criteria of participation in the study was identifying that they experience stress in their lives. Further, participants recruited from the wait list for mental health services might have been experiencing significant levels of stress. Also, the inherent power differential in the roles of researcher and participant could have created vulnerability for participants. On the other hand, participants could be viewed as the experts in this study, given that this was qualitative research in which their experiences were the authoritative viewpoint being sought by the researcher. Also, participants had the opportunity of this experience that may have been helpful for them and which they would not otherwise have had.

In light of the large body of research supporting the benefits of mindful self-compassion, the self-compassion exercise was presumed to create minimal risk for participants aside from the considerations noted above. However, the researcher remained alert in monitoring participants for potential problems or harm. To further ensure participant safety, contact information for local distress services was made available at the one-hour training session and during the follow-up interviews for participants who might have felt that they needed extra support.

Participants self-volunteered in response to recruitment flyers posted in the Halton Hills Family Health Team sites and handed out by clinicians. As well, clients who were on the waitlist for mental health services (i.e. counselling) were contacted by phone and given the option to
participate. Informed consent was obtained (Appendix B), and participants were made aware that consent could be withdrawn at any time. Further, since the researcher was engaged in a field placement as an intern within the Family Health Clinic, attention was paid to maintaining a strict researcher role. Accordingly, participants were not my clients, nor were they participants in any group sessions I co-facilitated. It was made clear to participants (verbally and through the consent form) that their participation in this research study would not influence their care at the clinic, nor their status on the waitlist, regardless of outcome.

Another level of screening occurred prior to participants having been placed on the Family Health Team’s waitlist, in that clients are first screened for acute mental health issues. If clients are experiencing active suicidal thoughts, paranoia, delusions, or hallucinations; or engaging in daily substance use other than marijuana, they are referred to appropriate services rather than being placed on the waitlist for counselling. Other issues that rule out clients being placed on the waitlist are traumatic death/loss, current physical/sexual abuse, or persistent flashbacks/other post-traumatic stress symptoms. Clients are instead referred for crisis care, i.e. within twenty-four hours. In addition, clients are not placed on the waitlist if they are experiencing severe obsessive thoughts/compulsive behaviour, post-partum issues (within two years), severe debilitating social anxiety, recent physical/sexual abuse or assault, frequent/debilitating panic attacks, or eating disorder. Clients are instead referred for urgent care, i.e. within three days to two weeks.

Confidentiality

Confidentiality of participants was maintained throughout the study. Identifying information was not included during analysis of the data or at any other time during or after the study. Participants were given pseudonyms for the purposes of the thesis write-up. Permission
was sought to include quotes from participants’ journals or interviews, with any identifying information removed.

In terms of data, journals, informed consent forms, audio files, and any other hard data was stored in a locked filing cabinet. Audio recordings were uploaded to a password-protected computer within 24 hours of collection, following which the original recording was destroyed. Transcribed interviews, transcribed data from journals, and any other electronic information was also stored on a password-protected computer.

Data Analysis

Analysis of qualitative data entails looking for common themes in the participants’ experiences. Their subjective experiences are of utmost relevance; description and explanation is the intent, rather than derivation of causality. Guest et al. (2012) note that “thematic analysis [requires] more involvement and interpretation from the researcher...[and focuses] on identifying and describing both implicit and explicit ideas within the data” (p. 10).

The first step in analysis was my transcribing of the interview data, which was conducted verbatim in order to capture meaning as much as possible. I next reviewed the transcribed data and noted my initial comments and ideas, then read the data closely and sought patterns. I developed a coding plan and used it to code the data content accordingly. The codes were kept as direct quotes in the hopes of reducing interpretation bias. Codes were next grouped together, in consideration of themes. The themes were reviewed, and examples that did not fit within the themes were noted. I then refined the themes. Journal data submitted by the participants was also coded and considered in the context of themes. The resulting themes were connected to the research question and the research literature to form an understanding and interpretation of the data. A search for patterns and associations informed the interpretation.
Findings

Introduction

This study sought to understand the experience of participants using a short mindful self-compassion and embodiment exercise with regards to typical stressors that arose in their daily lives. The aim was to elucidate the essence of their experience in order to deepen an understanding of mindful self-compassion, as well as the effect of an embodied sense of comfort. Discovering participants’ perceptions and perspectives through an interpretive means helped to inform this understanding. Analysis of the participant interviews identified five themes and seven sub-themes that described participants’ experiences. These themes were: (a) qualities of self-compassion; (b) experiences of self-compassion (“agency,” “awareness,” “positive emotions,” and “interpersonal improvement”); (c) blocks to self-compassion (“internal,” “external,” and “assumptions”); (d) helpful factors; and (e) prompts for using the exercise. This section will describe these themes and sub-themes.

Self-Compassion Defined

One theme that emerged from the data was a conceptualization of what being self-compassionate is. Some participants equated it with love for oneself, with Jake asking “self-compassion? You mean love myself?” and Carl noticing “I keep using the word ‘love’”. Participants described several ways in which one would show compassion for oneself. Lulu described engaging in self-care, referring to it as “self-indulgence” and a “treat”. She stated, “I’m self indulgent in the fact that I like a snooze in the afternoon. And I read and drop off and you see the cats beside me...but that’s one thing that I treat myself to.” For her, it seemed that self-compassion meant being “okay” with this indulgence. Carl explained his mental conception of self compassion, relating it to self-care and highlighting its critical importance to health with his
statement that “everything that I’ve read is, you know, you’ve gotta take care of yourself first. You have to. Because if...well, you have to take care of your health, then you’ve gotta take care of your mind, and...I think it’s core to a person’s being healthy.” Joanna referred to “taking time to...do something that’s going to lift your spirits or make you feel a bit happier”, again emphasizing the centrality of the concept of caring for or loving oneself.

Treating oneself the same as one treats others also emerged as an important concept in the definition of self-compassion. Amy was cognizant of her negative attitude towards herself, noting that “I would never talk to somebody else the way I talk to myself”, while Carl realized he was “taking care of other people more than I’m taking care of myself.” Joanna explained her struggles in asking for help in relation to her own needs, stating that

I was always kind to other people; I was a helper, right? If you needed help, I could help you, right? I wasn’t a leader but...I did that, you know, and felt good about that, if it was a need, but I think too much of that is not good either, right? But I never could ask for help, because, I just, even to this day right, I have a really hard time, saying “this is what I need”. You know? So I think you learn to ask for help and I think life is easier and you enjoy it.

She felt that helping others was desirable, but recognized that neglecting to ask others for help when she needed it created problems.

Self-forgiveness was another component that arose in defining self-compassion. Stella described her struggles in this regard, stating that

you have to be able to forgive yourself. And that’s the hard part. I made...whatever I did way back, I did thinking it was right at the time. And...based on the information I had at
hand...and now going forward I think maybe it wasn’t the best decision, but there’s not really a whole lot I can do about it now, other than try to forgive myself.

While she cannot change the past, she seems to feel that holding a forgiving attitude towards herself might ease her situation.

In terms of describing people high in self compassion, Lulu, felt that “…they’re very strong; that they can manage their, um...emotions much better than I can. I bottle it up and then I get a migraine.” In addition to this attribution that those with self-compassion are strong, Stella described someone who is self-compassionate as “somebody that would be peaceful. At peace with [themselves]; I think that’s a goal we all strive for, being at peace with [ourselves]. But somebody who has the ability to be compassionate with themselves, I think, would be peaceful.”

Being self-compassionate, then, emerged as an attribute associated with the positive qualities of strength and peace.

Experiences of Self-Compassion

A second theme that emerged from the data was “experiences of self compassion”, in other words, the outcomes or effects created by participants’ engagement with the exercise, as well as their thoughts about self-compassion. These experiences can be described under four sub-themes. The first, “agency”, refers to exerting one’s own power or choice. “Awareness” encompasses a gaining of focus or perspective. A number of pleasant emotional states were described by participants; these are captured under the sub-theme of “positive emotions”, and finally “interpersonal improvement” relates to positive impacts experienced by participants with respect to their relationships.

Agency. The experience of practicing the exercise seemed to enable participants to exert their own power or choice rather than being passive recipients of their experiences. For example,
it resulted in some participants taking action in response to difficult situations. Sylvester stated, “...I’m finding that, through the exercise, what I’m doing is dealing with everything more spontaneously when that moment happens, so I can deal with that, put it away, and if something else comes up I can deal with that too. So I don’t let it collect all together is what I’ve been doing. So I find it does help.” Or in the words of Patsy, it provides options: “it’s a good idea, because...there’s a couple of choices you have: that one, or this one.” It is as though rather than being at the mercy of life’s challenges, participants found that they had a framework for exerting their own power over how they would navigate its course.

Even when participants struggled with the exercise, it seemed to promote agency. Amy decided “I’m sort of interested in, maybe, finding a meditation teacher...; I feel that I’ve gotten as far as I can by myself. Umm, and that I maybe need a little bit of coaching. Like, I’ve heard good things about it, so, I am interested in...following up a little bit.” Joanna, who was challenged by her inability to focus in order to be able to work through the steps of the exercise, explained “I think I did...going back to taking medication...it came out of trying to do this exercise; thinking, okay, maybe I really do need medication.” The experience of attempting to practice the exercise, despite difficulties carrying it through, prompted a desire for action and recognition of possible steps to take.

Sylvester’s successful experience with the exercise also stimulated an interest in further action. He stated, “for me I think I would look further. I would even delve into it a lot deeper and see if there’s more things that I can do? It’s an eye-opener in that respect. Just letting you know that, you do feel better...by approaching it in that respect, through the exercise.” Again the exercise seemed to foster engagement with personal power and as a result, desire for additional action.
Data from participants also showed their experience of being able to take control in the moment by slowing down their automatic thoughts and reactions to stressors. Patsy described that when she practiced the exercise in response to a stressful situation “it allowed me to stop. Like to get a handle on it. Get. A. Handle;” whereas Lulu related that she would say to herself “whoa...are you getting anxious about something that will be gone tomorrow? Um. Or, like, today will be over.” Stella stated “I think just...you taking a few minutes to stop. You know...you stop yourself from...continuing on in the same frame of mind. You stop yourself and you give yourself a chance to reset.” It is as though the exercise provided space for people to step back, think, and respond with intention rather than automatically being caught up in their reactions.

Another finding that emerged under this theme of agency was the idea of “letting go” or “surrendering”. Patsy found that the exercise “gave me the opportunity to not be so...uhhh...you know; let go of some of stuff I feel about myself.” Later in the interview, she explained, “I was never, you know; I could hold myself. And now I can’t...seem to do it the same. So. And maybe it is a surrender; I don’t know. ‘Cause I’ve had to keep the tough up for so long...you’re just surrendering to...how you feel. Umm, and it is, I guess, part of the healing.” To be able to soften into an experience in the manner in which she describes is a form of exerting power; one might think that to resist or be “tough” is to be strong, however, Patsy’s experience seems to be that the action of allowing her feelings to emerge is necessary for growth or healing.

This idea of healing came up in other interviews, and has been included under “agency” because participants seemed to recognize their role in supporting their healing through a practice such as this exercise. For example, Sylvester stated, “I think there’s a strong connection between...healing those stressful thoughts, and whatever else comes along with it; I suppose high blood pressure... I’m sure there’s a drop of some kind when I sit there and think to myself that,
‘yeah, you’re okay’; or ‘why don’t you try a different way of doing things’.” He went on to specifically explain,

I personally think it’s actually a healing tool. It makes me feel like, if you can feel better about these things, that...it’s going to help you, even if you had a minor thing go wrong with you, it would help you heal those things...if you can feel better through a little bit of concentration on the problem, so to speak, through the exercises...I think that the mind is probably capable of healing a lot more.

When Carl described that the exercise was “strange but healing” and was asked to expand on this statement, he explained,

healing meaning the end result. So...it’s like if you have a broken arm? ...if you don’t go to the doctor and try to get it fixed, your arm’s going to get deformed or...not reform itself in the right position. Umm...if you don’t look at the hurt, or the broken emotion, or the broken context of what’s causing stress...you’re not going to fix it. You’re not going to be a better version of yourself. You’re not gonna be...I think your sense of purpose will always be interfered with.

It appears that the exercise was a tool for engaging the power of healing, enabled through the participants’ actions of carrying out the steps. They were able to gain a sense of self-efficacy and be active participants in their lives as opposed to being passive spectators or victims in their suffering.

**Awareness.** This second sub-theme in the category of “experiences of self-compassion” described participants’ arriving at an expanded perspective with respect to situations that were troubling them or creating stress. Sometimes this awareness related to an increase in clarity or perspective. Stella stated, “I did try the exercises you gave us. Umm...and to a certain degree it
helped in that it helped me identify and focus what it was, rather than just feeling...bad all day. I was able to say: okay, this is the cause of it”. She was able to hone in on the reason for her lack of ease. Participant Amy described, in terms of relief from her over-arching sense of anxiety, sometimes when I’m driving by work, and I’m thinking about how stressed out everybody is, but then I’m driving by the building, it looks like every other building. And that’s just, like, there’s probably another “me” somewhere, who’s super-stressed about that other tiny building, and I don’t know what’s going on in that one. So that can just kind of distance me from my anxieties, I guess. Like, if I’m small, then my problems can’t be that big.

She was able to gain a sense of perspective by seeing her problems within a wider scheme. In respect to thoughts of self-recreation over her ex-partner’s death, Patsy described that using the exercise, she was able to

...just be aware of what I’m doing! The awareness of this crazy...this thinking; that is very hurtful. Towards self; ...you know, you can cry about the idea that someone died. But to cry because you think you’re responsible, when in fact you’re not, is a different take on it, so that made me more aware of that. That’s what it did. It brought me to a different awareness; something I hadn’t really considered. Uh; I was busy, you know, hating myself too much to be aware that, well actually...

So engaging in the exercise helped her to be able to pull back from negative thoughts about herself and bring a wider context to her understanding of her stressful situation. Jake’s simple statement that after doing the exercise, “I can see clearly the problem, now, without being stressed out about it” describes a similar state of clarity. Again, a sense of awareness or perspective was arrived at by addressing problematic situations using the exercise.
Another area of increased awareness was with respect to participants connecting with their own emotions. When asked about her understanding of self-compassion, Joanne said that it meant, in part, “to really just stop and think of what I am feeling and connect with feelings”. She was identifying that an ability to connect with one’s emotions is an important aspect of self-compassion. One participant was cognizant of the effect of the exercise on fostering a connection to his feelings. Carl, in relating his experience during the initial training session, stated

I started tearing up at one point; I didn’t want to show that. So there was a moment where I was, like, “whoa; this really just hit me”...and I know when that happens, that’s a good sign. ...So...I was connecting with myself, my feelings, umm......and it was; it was kind of overwhelming at the moment. ‘Cause I was fighting off the appearance of tears coming out of my eyes and at the same time I was like, “how come this just happened?” And then it was...I always feel good when it happens.

He went on to articulate, “I feel good when I’m in touch with emotion. Like I always...whether I’m really happy. Or I get teared up because I’m happy. So, I...again I use the word “good”; it just, it was overwhelming and it just made me realize that there’s something here, because you can’t go through a process or an exercise, get teared up, get in touch with your emotions, and not think...it’s got to be something of benefit, of value.” For him, his experience of the exercise inducing a connection to his emotions was an indication of its utility.

Not only was there an experience of connecting to aspects of oneself, but participants also described an awareness of connection with others in relation to their experiences of self-compassion. In describing an activity that had prompted a sense of perspective and relief from her stress, Amy stated “I guess it’s the ‘everyone else feels this way’. I don’t feel like there’s so much pressure on me.” She also described, after engaging in the exercise during an anxiety-
provoking situation, that “...I was able to be, like, ‘nobody likes being at the airport’. It’s like, ‘I’m not alone feeling this. I’m sure there are a lot of other people here right now who are feeling stressed out as well.’” Carl, too, described a sense of connection with others evoked by the exercise, stating “I would say at the beginning the self-conversation, I was more concerned about my own stress in dealing with everything. And then by the end of the conversation, I was thinking, ‘families go through this. I’m not the only one’”. Participants gained a sense of perspective, but also a sense of interconnection; that they were not the only people feeling like this, but that others in the world may have been having exactly the same experience. This expanded perspective of not being alone in their suffering helped to ease their stress.

**Evokes positive emotions.** The third sub-theme in the category of “experiences of self-compassion” described an inducing of beneficial emotional states in participants. Several participants described a sense of calming. For example, Stella related feeling “a little bit more...serene. A little bit more... at peace with myself” following the exercise. Carl described that he arrived at a sense of calmness in regards to a difficult situation, stating “I felt comfort that I was coming up with an idea on how to resolve it, and in that step-by-step journey in my mind, the stress was coming down, calmness was coming up”. Sylvester reported attaining a state of calmness on a physical level, “just a general feeling of...if it seemed to be increasing, [for example] a headache...uh...or tension in neck, back...it decreased that; you can feel that tension...whether it was your head, decrease the headache...uh...of the neck, it would actually make a muscle relax. And...make you feel better.” Jake, too, captured this experience of calming on both mental and physical levels with her statement that after practicing the exercise, “I’m not stressed. I’m not tense. I have a smile on my face”. The reduction of physical tension and mental stress via the exercise created an overall feeling of calmness for these participants.
Other positive emotions described in relation to the experience of self-compassion and engaging in the exercise included contentment, wonder, optimism, feeling loved and feeling a greater sense of ease as well as less guilt. Stella, in describing the feeling created by tuning into the sense of comfort created by a good friendship, reported a feeling of “just everything right with the world.” Also in respect to a feeling of comfort, this time evoked by being in nature, Lulu stated “life is wonderful whoever created it, because I don’t know whether there’s one God or a big Spirit or whatever...but creation or nature, it’s amazing.” So the act of connecting with something that created a sense of comfort evoked, for these participants, feelings of contentment and wonder. Patsy, in regards to the sense of perspective that practising the exercise brought, reported that “it makes me feel more grounded and centred, and more loved,” whereas Sylvester found that “it increases your optimism. About...uh...getting better. About feeling better.” Stella used the practice in regards to pressure she was feeling to be involved in a decision-making process about her mother-in-law and found that afterwards “I did feel...easier with myself; easier with the process of talking to my husband...easier with my decision not to be involved; ...I found that was very helpful.” She also felt a decrease in a sense of guilt she had been carrying from when she had been through a similar decision-making process with her own mother, stating that “when I was doing [the exercise] with my mother and mother-in-law thing, all the guilt that was associated with my mother; I was able to put that at rest, for a short period of time, anyway. And then re-focus.” Carl concluded that following practice of the exercise, “I felt stronger! I felt better. I felt better about myself.” All in all, it seems that the exercise provided a number of positive emotional shifts for participants.

**Interpersonal improvement.** The final sub-theme within the category of “experiences of self-compassion” described favourable impacts on participants’ interpersonal relationships.
Some participants referred to shifts within themselves that led to positive effects on their interactions with others. For example, Sylvester volunteered that the exercise “makes you more approachable to people you’re talking to...because of the optimistic approach. And I think that’s projected to the people you talk to. And I can feel that returned back again; people are probably more attentive because I’m more positive in the way I’m talking.” The positive shift that the exercise created internally led to him showing up more agreeably in his interactions with others, and feeling better listened to as a result. Jake described her insight following use of the exercise that, not only should she treat herself better, but that

I should treat people the same as I want to be treated. You know? Because treating them badly doesn’t make you look good. It makes you look...inferior...it really brings me down; and then I try to apologize...‘you know I’m really sorry; I don’t know where that came from. It just came out of me and I’m really sorry.’

In other words, the exercise made her more reflective about herself and her interactions, which led to her approaching others with more awareness and accountability. With respect to her relationships with others, Stella also found that self-reflection triggered by the exercise was helpful. She described that instead of taking things people said the wrong way by “blowing things out of proportion...I was able to interact a little easier with [them]. Umm...it’s sometimes...difficult to admit to others that...you’re not being very kind to them...and, uh...you know, they also get upset. So you have to be...in a somewhat more apologetic frame of mind towards them.” Through her sense of perspective, she was able to acknowledge her role in negative interactions, and place herself in an empathetic and understanding stance. An increase in empathy was also described by Carl, who stated “...I’m spending more time thinking about the challenges that people are going through...than I was before. Umm...and I connect that to
kindness, I guess, or being empathetic. But I think I’m putting more time into that part. So, like, what challenges do you have? Because I’m having these challenges.” The exercise brought participants to a heightened awareness not only of themselves but also of others, which was to the benefit of their interpersonal relationships.

Carl was articulate in speaking of the positive impact of the exercise on his relationship with one of his sisters. He described “when I talk to my sister, the older one that doesn’t talk much about emotions, like her and I had the most open conversation we’ve ever had in our entire life. She’s eight years older than me. And she just laid it out there, and I was like, ‘wow! My sister is actually very open about the challenges she’s having!’ And I was like, ‘we’re not alone! Lots of families go through this!’ And I wouldn’t have said that unless, you know, I’d gone through this exercise. And by the end of the conversation, we both felt better, probably about communicating with each other, trying to figure out how to help our parents, a little less stressful.” It had broken down a communication barrier, possibly through the shifts that had taken place within himself that he then brought to this interaction. The result was a really open and positive interconnection.

Self-assertion was another shift brought by the use of the exercise. One participant, Patsy, described the resulting impact on an interaction with her daughter, stating that

I try to be...uhh...always mindful of how I talk to my kids, [who are] very sensitive. They...especially (one daughter), my youngest, so... I had to yell at her. Because she was way out of line with me and I had to stop her. And just say that you’re...the way you’re talking to me, I’m not allowing it any more. That is NOT okay for me...that’s not okay to talk to me this way. Umm. You need to, you know; if you can’t talk to me with kindness...uhh, then...nope! I won’t have it. I just won’t have it.
While she had been mindful of how she treated her children, she had not always received the same respect from them. Not only was Patsy more aware of the importance of treating herself kindly through the use of the exercise, but this also extended to her deciding not to tolerate hurtful behaviour from others.

**Blocks to Self-Compassion**

Analysis of the data revealed a third theme, of factors that seemed to interfere with participants’ ability to successfully engage with, or fully benefit from, practicing the exercise. These “blocks to self-compassion” fell under three subthemes: “internal”, “external”, and “assumptions”. “Internal” blocks were those that seemed seated within the participant (e.g. negative emotions or self-beliefs, internalized messages learned during childhood or from negative experiences, internal conflicts); or symptoms/client factors that got in the way of being able to engage with the exercise. “External” blocks came from participants’ environments, i.e. outer distractions or stressful events. “Assumptions” refers to participants’ pre-conceived negative understandings about self-compassion.

**Internal blocks.** There were several factors residing within participants that seemed to influence their ability to engage with the exercise. Several participants described negative emotions or beliefs about themselves that got in the way of their being able to extend compassion towards themselves. For example, with respect to leaving her marriage, Joanne related that

> for most of my life I did not have self compassion, no. And then going through my counselling, umm, it was very clear. Because I went there with so much guilt, right? Like that was something that I...I just had so many regrets and so much guilt. Because feeling like I’m the one that gave up; I’m the one that left; I’m the one that...and if I hadn’t... I should have done that instead of this...
Her sense of guilt and self-doubt created difficulty for her to the extent that she seemed unable to carry through the steps of the exercise. She later described, “I have a hard time...finding things to say, ‘that was good! You did good!’ You know; or ‘that was the right thing’...just to be self-compassionate, because I feel like I got what I deserved.” Stella found similar difficulty in being self-compassionate, stating “you have to be able to forgive yourself. You know? But I’m struggling with that. It’s not easy to do. I think that’s like a day-by-day thing; by the minute, sometimes. And, uh, you know, being compassionate towards other people is easy, but towards yourself it’s not so easy.” She, too, blamed herself for difficult situations and as a result had trouble extending compassion towards herself. When she was asked about successes or difficulties fitting the practice in, she stated that one obstacle was “[worry] that it’s still not going to make a difference? At least for me it’s, you know, I could stop and think about it and calm myself but it’s still not going to take the problem away. I still have to deal with the problem?” She seemed to believe that attending to her feeling of suffering and meeting it with self-compassion would not influence the issue that needed addressing.

A perceived lack of self-worth was another issue that seemed to interfere with participants’ sense of compassion for themselves. Lulu stated

I feel sometimes, [because] there are people in far worse physical shape, or [who] have diabetes or cancer or heart problems, that the issues I have are just generally old age and my joints. So that does not compare to friends who have macular degeneration or cancer or a heart problem, [which makes me think] that I am not worthy of complaining.

Arthritis doesn’t match diabetes with side effects. Or some legitimate plague of aging. It was as if she believed that there was a hierarchy of suffering, and only those whom she perceived to experience a higher degree of suffering than herself deserved compassion. Amy’s
statement that “it’d be nice to be able to be self-compassionate. I figure it probably takes a little more self-esteem to be able to be that way” also seemed to indicate that worthiness was a prerequisite for compassion. It was as though these participants believed that they did not deserve compassion unless it was earned; they lacked a sense of inherent worth.

For some participants, it appeared that some of their so-called “internal” blocks were caused by factors outside of themselves; they seemed to have been learned in response to past experiences. Amy recounted that

in high school, I remember I went to a teacher because I dropped a bunch of classes, and I said, ‘I’m really depressed and I need help’ and...I kept this class because it was a creative writing class, and, umm, I told him that I’d kept his class because I really liked it and I wanted to keep doing it, and he was like, ‘you’re not depressed. I see you in the hallway with your friends, and you’re laughing and smiling and you’re fine and you’re just manipulating people to get what you want’ and, which, I don’t really know what he thought I wanted, if I was dropping all my classes, like, how is that helping me? And so that always stuck with me, and so, I always thought, like, oh well, I am just making it up, and I am just manipulating people because I’m lazy and I don’t want to do things.

She seemed to have internalized the message given to her by this teacher; that her mood difficulties were not real and her behaviours were rather rooted in deceit and laziness. This interrupted her ability to engage with the exercise and evoke a sense of compassion for herself.

Another participant, Joanne, demonstrated the impact of past circumstances on her current struggles with showing herself compassion. In describing her state of functioning in her marriage, she described
you know, you’d be exhausted but you’d just keep pushing yourself, right? So that’s... I should have just said “no” and, you know, gone to bed or whatever, or not do stuff, I was really tired. But I was pretty... and I learned that from my mother; like I said my Dad when I was ten; she had nine kids, the oldest was eighteen the youngest was four... and it was a car accident, so it wasn’t like something you seen coming, right, it was just... so; I seen my mum work two jobs, and I seen her go, you know, to work at 4 o’clock at night, right? And come home... I don’t know what time she came home at, probably 11 or something like that; I’d already be in bed by that time. But she’d be up in the morning, doing the housework and getting the kids off to school and all that stuff too, right? So... I learned, kinda, too, from my mum, right? I see that. I just keep pushing myself, right?

Despite having acquired insight as to where her own behaviours originated, she had trouble moving out of her aforementioned feelings of regret and guilt to be able to connect with a sense of compassion towards herself.

Lulu’s difficulties with the exercise, too, seemed rooted in past experience. In respect to the idea of being self-compassionate, she stated “I’m almost too puritanical to... or my upbringing; to allow myself to... I’m such a control freak.” She went on to describe that “I have that sort of British and parental outlook you’ve got to be tough on yourself or you won’t survive. And it’s (husband’s) early death, the fact that he had no money: this toughened me up.” She attributes her stance to cultural factors and lived experiences. Interestingly, this participant also framed the idea of self-compassion as being “self-indulgent”, and seemed to feel guilty when she did engage in activities that showed care towards herself, stating “I’m self indulgent in the fact that I like a snooze in the afternoon. And I read and drop off and you see the cats beside me. And, um, but I’m embarrassed to tell friends... I still answer the phone and things... that I do
this...; but I’m awake early.” It is as though she felt that engaging in self-compassionate behaviours is wrong and must be justified; it is at odds with the messages she learned growing up that survival requires a “tough” attitude towards oneself, and that this tough attitude must be maintained at all times.

Discomfort with connecting with the emotional realm was another internal block that arose for one participant in the study. Amy, in relating her experience of attempting to acknowledge moments of suffering (step one of the exercise), stated

“umm, like, so I could identify things, but, when it’s the non-specific one that’s when it’s bad, because, like, then I just go into my mind, like, everything I hate about myself, and every bad thing I’ve ever done, or every bad thing that’s ever happened to me, or...So it’s the emotional ones that are hard to check out, rather than the physical...I can do the environmental ones; I have a really difficult time and tend to avoid the emotional ones, ‘cause, it’ll just take me weird places.

Spending any time sitting in a general state of unease and attempting to discern the source created too much discomfort for her by triggering negative thoughts and memories. She had an easier time completing the exercise when she was able to identify outside factors that were creating her distress.

Another participant described that an internal conflict blocked his ability to be compassionate with himself. Carl described how his value of “family” was at odds with the relationship difficulties he was having with his wife. He stated “I’m in conflict with the person I’m supposed to share my values with the most. So, uh, that’s interfering with being the best version of myself, or being...self-loving of myself, enough; to my satisfaction. So I’m constantly
at odds with that, and that’s creating the stress.” He was identifying that for him, living with this discrepancy was getting in the way of his ability to hold himself with compassion.

Other internal difficulties experienced by participants included mental or physical symptoms. In relating her overall experience of attempting the exercise, Joanne stated mostly I just can’t concentrate. So then, I would, you know, try to focus on these feelings or these thoughts to say, okay, not think about this; I want to think about something nicer, right? Umm. And then, I would start, but then I would just...drive off into other thoughts, and it’s like, I don’t want that; I was thinking over here, right? So that’s the kind of thing.

Her inability to concentrate, possibly a symptom of the depression she was experiencing, interfered with her ability to stay focussed on the steps. Similarly, Amy’s discomfort with sitting with her free-floating negative thoughts and feelings created difficulty for her. She described needing external sights or sounds to ground her focus, stating “I didn’t really do any of the steps. Umm, I can’t close my eyes, ‘cause I have a hard time thinking about what I; like I feel like I need external, like I need something to look at, or like I said something to listen to.” She seemed to need these external supports to narrow down her point of focus and anchor her attention.

Further, a step in the exercise (placing one’s hands over one’s heart) that, for her, caused pronounced internal sensations that were not appealing: “I don’t do the...I can feel my heart beating all the time, anyway? Like, I don’t need to put my hand on my pulse because I can always feel my heart beating, so..., umm, I don’t need to do that.” She felt that this step would contribute to an over-awareness of her heartbeat that was already uncomfortable for her.

Finally, one participant related that his sense of hurry got in the way of practicing the exercise. Despite affirming that “I knew that I was looking forward to doing it”, he described “I was always in a rush. I couldn’t...I couldn’t slow myself down except for a few times.” His
desire to engage in the practice was present, but it was often outweighed by his inability to slow down long enough to do it.

**External Blocks.** A second sub-theme of blocks that participants encountered in engaging with or fully benefitting from the exercise were “external” blocks. These derived from factors outside of the participants’ selves; rather, they were located within their environments. For example, in respect to connecting to a sense of comfort, as outlined in the fourth step of the exercise, Sylvester described his experience that “…if there’s no outside interference...uh, then you can connect to it quicker. Uh, so if you have outside factors involved...I find that’s distracting in trying to focus. You’d almost have to put on a pair of earmuffs and blinders.” Stella, too, described that environmental distractions could get in the way of engaging with the exercise, stating that “being by myself in a quiet spot in the house [it] was much easier to do than being out in a more public place.” These participants, in contrast to Amy’s description above of needing an anchor from her external environment, seemed to require quiet and privacy to be able to focus on the steps of the exercise. In other words, whereas some participants became overwhelmed by their inner worlds when attempting to do the exercise, others needed quiet space and an absence of outer distractions to be able to focus.

Stressful events were another external factor that interfered with participants’ ability to successfully engage with, or find relief from, the exercise. During the first week of the study, an act of violence had taken place in a nearby community, which some participants referred to in relating difficulties they had encountered in practicing the exercise. Jake stated that first week? It was kind of roller-coaster? It was....a battle. I was fighting, just, my anxiety. And stress that I was fighting. But I was fighting the spiritual fight too? Umm. All the wrong things were coming in my head? ...“you’re no good at this”, or “why are
you even trying?” or “you’re no good at that”;...things that were said to me when I was a kid were popping in my head.

When asked “...and why do you think that was, in that week?” she replied, “that tragedy. And plus my brother; the way my brother reacted towards me. He’s a security guard at (intersection “x”). And...I didn’t know if he was inside, outside.” She had previously described that his brushing off of her concern for his safety that day had been upsetting for her. So the personal sequelae triggered by this event got in the way of her being able to successfully practice the exercise. Stella, too, had difficulty with her attempt to use the exercise to find relief from a stressful situation in her life following the violent event, in addition to other external stressors. She reported

there was just too much in one day, happening. It just...there was a funeral, and ...that (negative event) in (city)....It was a big event, but ...wasn’t even on the radar for me, until later that night, when a friend of my daughter’s contacted me, to ask me if I heard from my daughter. And I hadn’t. And she’s not even actually in that area, but not far from it ...it kind of got me worried. And then I couldn’t reach her by cell phone...I couldn’t reach her boyfriend...so that was the... totally overwhelming, yeah. I tried [the exercise], but nothing; it was just...there was a funeral, and there [were] a couple of other things going on, and then that as well...it was just...an absolute disaster day.

For these participants, outside events appeared to trigger internal responses that overwhelmed their capacity to find relief by practicing the exercise.

Assumptions. The final sub-theme of factors that acted to block participants’ ability to engage with or fully benefit from the exercise was pre-conceptions about self-compassion. Some participants described that self-compassion would make a person behave in undesirable ways.
For example, Amy felt that a sense of compassion towards herself “would let me make excuses for my tired behaviour, and, like, not wanting to do things, and sinking into depression. Like, ‘oh I’m going to be compassionate, and this is what I want to do today, and so I’m just going to lay here’”. She seemed to feel that her “tired behaviour” was wilful rather than a symptom of her depressed mental state, and her assumption about self-compassion led her to believe that shifting to a more self-compassionate stance would result in a decrease in her mood and motivation.

It was apparent that other participants associated self-compassion with being selfish. Carl explained that he used to be concerned that “if I love myself too much...will that mean that I stop being...compassionate...or, or, umm, helping others. Like is that in conflict with that.” He seemed to feel that acting with compassion towards oneself might preclude showing compassion towards others. Similarly, Lulu described that self-compassion “seems self-indulgent, almost. And I was not brought up in a family that was like that.” Her prior learning seemed to lead her to an assumption that holding compassion towards oneself was an extravagance. Joanne likewise alluded to this idea that self-compassion could lead to self-absorption. With respect to her conception of a person high in self-compassion, she stated that “if it flows into a place where they’re so wrapped up in themselves that they can’t see someone else’s needs, then I think that’s too much, but I think it’s a necessary part of life.” Whereas a certain amount of self-compassion was vital, she seemed to feel that an excessive amount might be to the detriment of acknowledging others’ needs.

A final assumption revealed in the analysis of data was a belief that an over-inflated ego might result from excessive self-compassion. When asked her thoughts about someone very high in self-compassion, Jake declared “excuse me? Bring your nose down; ...they’re snobby. To me, that would be... ‘cause I’ve got a couple of relatives like that, and they’re kind of snobby? And I
just don’t like people who think they’re better than everyone else. When they’re high self-compassionate about themselves; nobody else.” She felt that her relative’s elevated sense of self reflected a high level of self-compassion, which led her to believe that high self-compassion might be an undesirable trait.

**Helpful Factors**

The fourth theme that I noted was that participants named several factors that had been helpful for them when engaging with the exercise. These factors included such things as particular components of the exercise that they had found especially beneficial, or additional elements that they had added, or factors within their environments that aided them. Sometimes the means by which they had incorporated the exercise in their lives was felt to be instrumental to their success in using it.

One factor that was reported as being helpful to participants was the act of focusing on the source of their discomfort. The first step of the exercise asks participants to bring to mind a situation that has been causing them stress, and to feel the emotional discomfort in their body. They are asked to mindfully acknowledge this moment of suffering. Sylvester, when reporting having noticed a change in how he was feeling after a practice session, stated that “just to focus on it...the problem...the hurt, so to speak... invariably, every time, it seemed to decrease and get better.” He was highlighting that this factor of bringing awareness to troublesome issues actually helped to improve how he was feeling. Carl, too, articulated that honouring his suffering had been a helpful element of the exercise for him. He reported that

I felt like...really saying to myself, sort of out loud in my head, what the pain was, was good? Umm. It, it...put clarity on it. Clarity on a negative thing where you normally don’t want to put clarity on a negative thing. So you’re always pushing...‘I don’t want to think
about that, I don’t want to think about that”, and...it’s...kind of a new way to think, because I’ve been focussing the last few years on... “what’s going to make me happy?” versus honouring what’s not making me happy. Right? So I kind of put everything into a drawer. Now I’m taking it out of the drawer...and I don’t know where it’s going to go, but it actually felt good.

This technique had been different from other methods he had tried which had entailed focusing on positive things and ignoring negative things, and was perhaps less intuitive for him given that his goal was to be happier. Even if he didn’t know where it would lead him, he seemed to trust this new approach after trying it out because he realized it resulted in a good feeling. He later provided further detail as to how this element of the exercise had been helpful, summarizing that

I think the big difference for me is honouring or respecting or thinking mindfully about...the cause of the stress; ...putting it in a sequence of steps, the way this is laid out, is different, because you’re thinking about what doesn’t feel good. And putting a lot of focus on it. And then it’s like a...it’s like you’re bringing water to a boiling point. And then you’re cooking a recipe, and you’re getting to the end, and you go, “wow, that tastes great!” But, you had to get really, really hot! The hotness is...the challenging parts.

Not only had he brought the cause of his stress to the forefront, but he had taken the time to sit with this feeling of discomfort. It was as though this act of fully embracing the discomfort was critical to producing the notable result.

Another element that participants expressed had been helpful for them was the use of affirmations. They named statements that they had said to themselves during part three of the exercise, in which they are directed to say a phrase to themselves that speaks to them in their particular situation, such as “may I be kind to myself”. Jake described that for her, “may I be
strong’ is really a good one. Because I know what I’ve been through? I just look at myself and go, ‘yeah, you’ve been through that and you’re still alive’”. For her, this statement seemed to connect her to something she could recognize in herself. She could see her own resilience in the face of adversity. In reference to the self-loathing and self-blame Patsy described feeling in relation to her ex-husband’s death, she, too, highlighted the positive effect of the affirmations. She stated “the most helpful was to say...‘be kind...to yourself here’. Like how would you treat someone else who was saying this to you? And that’s what really kind of went...that’s what kind of changed it.” She seemed to be saying that this affirmation had been pivotal for her in terms of being able to let go of blaming herself for her ex-husband’s death and instead see herself in a more positive light.

Sylvester mentioned another of the steps which he had found beneficial in calming stress related to physical symptoms he had been experiencing following an accident. He volunteered that “I’ve been trying the ‘hand over the heart’ type of thing, and I do find, if you can feel your heart beating, it seems to calm it; I do find that works. Um. And then [it] will settle down.”

Bringing his awareness to this physical sensation of his heartbeat was a help to him, likely prompted by an instruction in the exercise to “put your hands over your heart, feel the warmth of your hands and the gentle touch of your hands on your chest [as you] say to yourself ‘may I be kind to myself’”. Another participant likewise described a physical sensation on which it had been beneficial to focus. Jake described that she experiences palpitations, and articulated that “the breathing was really helpful; sort of calmed your body down? Calms your heart down. I have high blood pressure; you need that. And also...makes your mind clearer, when you’re breathing?” Both of these participants seemed to find a positive or grounding effect, whether on
emotional or physical symptoms, from bringing their awareness to bodily sensations via the exercise.

Connecting to a sense of comfort was the final step of the exercise. In relation to this step, several participants reported that putting themselves in a place in nature had been of help. Jake explained that connecting to a source of comfort during this step had been easy for her. She related that

I always close my eyes and think I’m in my favourite spot. Which is on a deck, probably. Watching the birds...water; and the fish jump. Umm. I find that kind of really peaceful. And it’s where I put myself; even in the middle of something? I just stand there for a few minutes; ...something I love doing, is just sitting watching water...it relaxes me. And it’s nature, you know? And I’ve been doing that since I was a little girl...the meaning of nature for me is calmness; relaxation; peaceful. Listening to the birdies. Having fostered a sense of comfort through nature since she was young made it easy for her to use this as a tool in her life and during the practice of this exercise, to induce a sense of calm and peace in response to stressful situations. Sylvester, too, described that being in nature was a positive experience for him, sharing that he would “...stand in one area and watch the clouds go by, and the blue sky, and there’s birds in the trees, and I do find that helps as well.” He had practiced the exercise while being in a peaceful spot in his backyard, and found that the combination of the exercise and this setting helped him to relax and reduce his stress level. Carl also seemed to find the use of nature imagery helpful during the last step of the exercise, relating “I love the fact that I...I put myself in nature at the end; ...I used to camp a lot at (provincial park), so I was, like, putting myself out on a point and I just was like, ‘wow’; in my mind imagining all that stuff, and I felt so clean and clear and...and I love hiking, so it all, sort of, felt
good.” All in all, these participants found the effect created by placing themselves in, or bringing to mind, nature settings to be instrumental in connecting with a sense of comfort or calm.

Participants described that being quiet, and being guided, were two other factors that facilitated their success with the exercise. Sylvester explained, in regards to “sitting quietly”, that “I find if you’re in a really busy environment, whether that be traffic-wise, or just being in, generally speaking, where there’s too much going on; I find you had to get away from that scenario and get to a quieter area, and then practice these things. To stay in the busier environment...uh, noise and busyness, I find, was confusing to the mind, and didn’t allow you as quickly to focus on the problems.” He was underlining that outside distractions can be an obstacle to turning one’s gaze inward. Amy, on the other hand, noted her preference for being guided through exercises such as this, emphasizing that “I prefer the guided ones; otherwise I forget what I’m doing. And I usually end up in bad places. So I end up being more stressed. So that’s why I like the guided ones.” Guidance helped her to be able to focus on the task at hand, rather than being drawn into uncomfortable domains. Carl mentioned his appreciation of being guided in the exercise, as well. He reported, in regards to the training session on mindful self-compassion and the exercise itself, that “…having it guided was…it’s like an orientation. Umm. And then actually experiencing it together versus you giving a sheet and then saying, ‘here’s the process; here’s what you kind of have to do’ ...the value was going through the steps...I think that the experience of it made a huge difference.” The guidance seemed to have been helpful in making it an experiential rather than a cognitive exercise, which he found to be of benefit.

Something else that several participants reported as being helpful was bringing in previous strategies, or complements, to their practice of the exercise. In regards to her attempts to engage with the exercise, Jake declared that “sometimes it wasn’t working, so I’d say okay, I’m
going to try something else. And I put the headphones on. And then I start breathing and finding my special place, and stuff like that. Putting music on? ...it’s like, okay; this is working together; this is a good idea!” Adding music to her practice seemed to have aided her success. Patsy similarly described bringing in other elements to assist her in her endeavours to find relief from stressors. She related that she would tell herself “this too will pass...I practised, uh, things that I understood from Al Anon. You know, those slogans, ‘take what you need and leave the rest behind’. And ‘easy does it’. That’s another, you know, way of being mindful.” The exercise seemed to have spurred her use of practices that complemented her attempts to be mindful. In alleviating his stress, Sylvester described that for him, the exercise “gives you a group of things, although I know it’s not a complete list of everything; there’s a lot of things I do, perhaps, that aren’t even on the list...that just help you relax.” He went on to explain “I always had a very good family life with my parents...I was always able to sit down with them, and we would logically work on figuring things out, and that’s always stayed with me over the years, so I find myself even now, I’ll talk to them, in your mind, and ask the questions, and remember some of the conversations we had in the past, and the stress level I find comes down!” For him, the exercise seemed to be an addition or complement to practices that he was already using to reduce his feelings of stress.

Finally, participants named two means by which they had been helped in incorporating the exercise in their lives, or by which they felt that they might be able to support their success in continuing to engage with it. Two participants raised the idea of making it a habit. Stella stated, with respect to fitting the practice into her life, that “…it’s like learning a new habit, you’ve got to do it over and over and over again, to...reinforce it. And…it’s just a matter of doing that. You know whenever you reach a certain point where you are feeling overwhelmed or whatever;
stressed, then you’ve gotta force yourself to stop and do it.” Her experience was telling her that like incorporating any other change, making a habit of it would help her to be able to add it to her repertoire of strategies. Amy also referenced this idea, declaring that “I feel like building a practice is helpful, because then it’s more, like, it’ll come to my mind more frequently; ...it needs to be more readily available...it needs to kind of pop in when I need it”. She seemed to be saying that regularity of practice would assist her in being able to readily bring this exercise forth as a tool when needed. Another participant added to this by postulating memorization as a factor that would help to support his ability to incorporate the exercise as a strategy. Carl shared that “I could memorize this. If I did it every day for two weeks, I know by the end of two weeks, I would just know how to do it.” In summary, it was felt that both memorizing and making a habit of doing the exercise would be helpful in supporting success using it, and also adding in music or elements learned through other practices was helpful.

**Prompts for Using the Exercise**

The final theme from the data analysis was “prompts for using the exercise”. This referred to factors that had instigated participants to engage in the practice at the times they did. The general instruction given to participants at the outset of the study was to practice this exercise in their daily lives for two weeks. This theme describes what participants identified as having prompted them to actually practice it. These prompts included feelings of emotional distress, stressful events or situations, commitment to the study, and timing.

With respect to stressful events or situations triggering use of the exercise, several participants detailed external stressors as the instigating factor in engaging with the practice. Stella explained that the decision-making process with respect to her mother-in-law’s transition to a nursing home created stress, because “…my husband was pressuring me to get involved. And
I really, truly didn’t want to. I wanted to be supportive, but I didn’t want to be involved in the decision-making. It’s not my mother; it’s his mother. So, that was, you know, how can I…what can I do; can I say something to him, so he can understand, why I can’t get involved.”

Addressing the discomfort evoked by this external pressure from her spouse to be more involved than she wanted to be was her prompt for using the exercise. Sylvester described stressors created by his difficult financial situation (arising from being unable to work) to have spurred his practice sessions. He related that “I’m constantly getting letters, and obviously, finance bills. All the things like that, they creep in every day…So. Um. I bring that exercise to mind. Just the exercise overall. And just focusing on the problem, and reasoning it out. And I find that whole stressful feeling subsides.” For him, too, stress evoked by external circumstances seemed to be the prompt for practicing the exercise. Amy, as well, speaking about the stress created by an overly stimulating environment while waiting to catch a flight, together with a disagreement with her spouse, described that these situational factors had been a prompt for using the exercise. She stated, “‘Umm, the airport; it was on my mind, and I was mad at (husband) so I didn’t want to talk to him (laughs). So, I was like, ‘this is a good time to practice this’”. It seemed as though practicing the exercise had provided another outlet through which she could defuse her stress. She might otherwise have spoken with her spouse, but in that moment of a disagreement, the exercise came to mind as an alternative means of finding relief from the environmental stressors.

Sometimes participants did not name an external stressor as being the trigger for engaging in the exercise, but instead expressed that emotional distress had been the instigating factor. The same participant, Amy, spoke of times when generalized feelings of anxiety had prompted her to use the exercise, stating “it’s usually once I start to feel…anxious, but…sometimes I try to think about it when I’m not, but it just seems…it doesn’t seem as helpful then;
it doesn’t seem as useful.” Although she had tried using the exercise during more emotionally “neutral” times, it seemed the most efficacious prompt for her was when she was actively experiencing feelings of distress. Sylvester, too, described that uncomfortable feelings had also been a prompt for him to use the exercise. With respect to bringing the practice into his life, he reported that “I’ve been trying to focus on it when it seems that things are creeping back in; when the stressful things I feel are starting to creep back and get you. The creepy crawlies.” For these participants, emerging unease or active emotional discomfort were instigating factors in using the exercise.

Another trigger for using the exercise was expressed by one participant in explaining the importance to him of engaging in the practice. Carl expressed being driven by a desire to follow through with his commitment to the study, stating that “I don’t...uh...volunteer for things unless I’m prepared to... participate, because, you know, you have things that you need to accomplish, and so if I ever agree to do anything...I basically just said, okay, what...if I was going to do something today, and I was going to go through this process, what is it that I want to think about today?” His respect for his role in the research project’s success seemed to be a motivator for his active participation.

Planning for and scheduling practice at specific times during the day was the last strategy that was described as a trigger for engaging in practice. Joanne described how she would fit the practice within the rhythm of her day, reporting that “I tried in the morning, you know, before I really got up and going. And then sometimes in the afternoon, depending on how the morning went.” Her practice seemed tied to timing. Amy, too, described that regularity was a factor in how often she used the exercise, stating that “I’d say, like, once a day or so I try to check in.” Her intention seemed to be to make a daily practice of it.
Conclusion

Overall, the description of these five themes and seven sub-themes encapsulates the participants’ experience of the mindful self-compassion and embodiment exercise following the two-week practice period. These findings elucidate qualities of self compassion; describe experiences of self-compassion including “agency,” “awareness,” “positive emotions,” and “interpersonal improvement”; outline “internal” and “external” factors as well as “assumptions” that seem to interfere with self-compassion; detail factors that participants found helpful in their practice; and clarify triggers for using the exercise.
Discussion

Introduction

The findings in the current study are in line with previous findings cited in the literature review with respect to self-compassion interventions, and contribute to understandings of these previous findings. As well, the current study contributes to new understandings of the experience of mindful self-compassion for participants either on a wait-list or receiving treatment for mental health challenges. Strengths and benefits of mindful self-compassion for personal support as well as wider-reaching implications for its practice will be discussed, in addition to blocks to self-compassion and individual variations in experience.

Definition of Self-Compassion

In terms of defining self-compassion, participants’ descriptions of self-compassion entailed loving oneself, practicing self-care, treating oneself with the same kindness as one would others, expressing one’s needs and asking for help when necessary, forgiving oneself, and being strong and feeling at peace with oneself. Being self-compassionate was also described as being “core to a person’s being healthy”. These perspectives align with some of the concepts described in the literature. For example, participant descriptors of “loving oneself”, “treating oneself with the same kindness as one would others”, “self-care”, and “forgiving oneself” align with the idea of “self-kindness versus self-judgement” described by Neff and Germer (2013). They use similar language in describing self-kindness, for example articulating that it entails “[being] caring and understanding with oneself”, “supportive” and accepting rather than treating oneself harshly (p. 28).

“Expressing one’s needs” and “being strong” are consistent with Yarnell and Neff’s (2013) finding that self-compassion and being able to balance the needs of self and others are
correlated. In their study, participants who scored higher in self-compassion were more likely to solve conflicts with compromise rather than subordinating their own needs. This topic of interpersonal functioning will be returned to later in the discussion.

While the remaining components of “sense of common humanity versus isolation” and “mindfulness versus over-identification” described by Neff and Germer (2013) did not appear in these initial descriptions of participants’ understandings of self-compassion, these themes did emerge in their experiences with the exercise, as will be discussed. Further, participants’ statements that self-compassion entails “feeling at peace with oneself” and is “core to a person’s being healthy” do not directly align with the components described by Neff and Germer (2013). The idea that self-compassion is core to one’s health does, however, make sense in light of Indigenous ways of knowing and being described by Absolon (2010). She describes that self is located at the centre, surrounded by concentric circles of family, community, nation, society and creation. Since all of these levels are seen as interconnected and related to the whole (p. 76), to cut out compassion for oneself would not only result in a negative impact on the other parts of the system, but would also interfere with one’s own state of health. Indeed, Kennedy-Kish (Bell) (as cited in Kennedy-Kish (Bell) et al., 2017) describes kindness as “essential in seeking, protecting, nurturing and sustaining life” (p. 6). “Feeling at peace with oneself”, while not considered a central precept of self-compassion in the literature review, also appeared in this study under the theme of “experiences of self-compassion”, specifically in the sub-theme of “positive emotions”, which will be discussed later.

**Mindful Self-Compassion and the Literature on Mental Health Impacts**

The outcomes of participants’ experience of the exercise, too, aligned with previous findings in many regards. Some of the experiences of participants in this study may help
understanding of possible mechanisms at play in terms of positive results found in the more quantitative findings in the literature review, for example, documentation of improvements in mental health. As stated in the literature review, these include findings that self-compassion reduces anxiety, depression and stress, and enhances life satisfaction (MacBeth & Gumley, 2012; Neff & Germer, 2013), and that people come to greater states of “wellbeing, resilience, and coping with difficult thoughts and emotions” (Neff & Davidson, 2016, p. 38). The value of qualitative research is in providing depth of experience to inform understanding of how these quantitative findings may have come to pass. There are sub-themes within participants’ “experiences of self-compassion” that may provide clarity in this regard. For example under the sub-theme of “positive emotions” is participants’ experience of such states as calmness, peacefulness, and ease through the steps of the exercise, which may provides insight into possible processes behind the findings of reductions in anxiety and stress. While the sub-theme of “positive emotions” will be discussed further later, the next sections elaborate on the sub-themes of “agency” and “awareness”, as well as the idea of “common humanity”, as they may relate to the findings of positive mental health impacts seen in the literature.

**Agency.** Further elucidation of positive impacts on mental health seen in the literature may be revealed by experiences in the sub-theme of “agency”. Participants’ descriptions of being able to “stop” themselves, which allowed for responding rather than reacting, may deepen understanding of previous findings of increases in “wellbeing, resilience and coping with difficult thoughts and emotions” (Neff & Davidson, 2016, p. 38). For example, Stella describes being able to “stop yourself from...continuing on in the same frame of mind; you stop yourself and you give yourself a chance to reset,” and Patsy states that the exercise “allowed me to stop; like to get a handle on it.” Rather than being stuck in rumination, they were able to exert control
by interrupting their negative thinking, which provided a sense of agency. This finding of a reduction in rumination is consistent with previous mindful self-compassion literature (Finlay-Jones, Xie, Huang, Ma & Guo, 2018; Galla, 2016; Smeets, Neff, Alberts & Peters, 2014).

With respect to the reduced levels of depression and increases in life satisfaction previously documented quantitatively (e.g. MacBeth & Gumley, 2012; Neff & Germer, 2013), participants in this study did not name that they specifically felt less depressed or more satisfied with their lives; however, they described positive emotional states of contentment and optimism through the exercise; these are counter to the low mood seen in depression. Further, an emotional state of “contentment” seems in-line with “life satisfaction”. Additionally, the sub-theme of “agency” might overall provide insight into a possible mechanism underlying previous findings of lower levels of depression and other mental health issues such as anxiety. For example, Muris, Meesters, Pierik and de Kock (2016) found that self-efficacy explained variance in symptom levels of anxiety and depression; as well, self-efficacy has been found to be a predictor of well-being (Soysa & Wilcomb, 2015). There are previous findings specific to self-compassion and gains in self-efficacy or self-regulation (Dundas, Binder, Hansen & Stige, 2017; Souza & Hutz, 2016; Smeets et al., 2014). The participants’ experiences in this study of having choice, feeling a sense of possibility, and taking action through their experience of the exercise provide further description of this phenomenon.

Participants’ experience of being able to “surrender” or “let go”, for example Patsy’s ability to “let go of some of stuff I feel about myself” and rather “surrendering to...how you feel”, is another expression of the theme of “agency” that may also explain improvements in mental health seen in the self-compassion literature. The idea of “surrender” or “letting go” does not appear in mindful self-compassion literature, but literature on dispositional mindfulness
shows this trait to be “negatively correlated with negative thought frequency and perceptions of the ability to let go of negative thoughts” (Frewen, Evans, Maraj, Dozois & Partridge, 2008, p. 758).

**Awareness.** The sub-theme of “awareness” as an experience of self-compassion sheds further light onto previous findings of positive impacts on mental health. Such experiences as Jake describing an ability to “see clearly the problem, now, without being stressed out about it”; or Amy gaining the perspective that “if I’m small, then my problems can’t be that big” and finding “distance…from my anxieties”; or Patsy’s gaining awareness of “thinking that is very hurtful…towards self”, open up opportunity for choice and movement towards a more positive state of mental health. This theme of “awareness” may link back to the concept of “mindfulness versus over-identification”, one of the three components of mindful self-compassion described by Neff and Germer (2013). They refer to it in this context as “being aware of one’s painful experiences in a balanced way that neither ignores nor ruminates on disliked aspects of oneself or one’s life” rather than “being carried away by the storyline driving the suffering” (p. 29). While perspective or awareness is cultivated through mindfulness practice in general, for example through foundational “attitudes” articulated by Kabat-Zinn (2013), research on mindful self-compassion in relation to awareness-building in particular, is lacking. These experiences of participants seeing their problems in perspective or becoming aware of their self-hurtful thinking help to provide understanding of the ways in which “mindfulness” or “awareness” operate in the context of mindful self-compassion and how it may impact mental health.

**Shared humanity.** Another aspect of “awareness” was participants’ experience of connecting to others. For example, Amy arrived at the perspective that “I guess it’s the ‘everyone else feels this way’; I don’t feel like there’s so much pressure on me,” and Carl realized that
“families go through this; I’m not the only one” rather than feeling alone in his distress. This sense of a connection to others ties into the third component of mindful self-compassion described by Neff and Germer (2013), of “common humanity versus isolation”, in other words “recognizing that all humans are imperfect [and connecting] one’s own flawed condition to the shared human condition” rather than feeling defective and alone (p. 29). This idea of a sense of “shared humanity” as opposed to being alone is another concept that is not new when considered in light of Indigenous ways of being. Kennedy-Kish (Bell) (as cited in Kennedy-Kish (Bell) et al., 2017) describes an embracing of “our interrelatedness, our interdependence, and our reliance on each other” (p. 3), while Absolon (2010) explains the concept in Indigenous “wholism” that “‘we are all related’...the dynamics of our realities are created because of the relationships and experiences of these interrelations and interconnections” (p. 76). The description of participants that their distress was alleviated through becoming aware of their connection to others provides knowledge of the experience of, and importance of, a sense of shared humanity as it relates to mental health.

**Interpersonal Improvement**

The fourth sub-theme of “experiences of self-compassion”, namely “interpersonal improvement”, describes particular ways in which participants reported their relationships with others as having benefitted from engagement with the exercise. Participants described that they found themselves able to interact with others in a more positive way, for example with Sylvester referring to his being “more approachable to people you’re talking to...because of the optimistic approach...[and feeling that] returned back again...people are probably more attentive because I’m more positive in the way I’m talking.” Both Jake and Stella reported finding themselves apologizing after realizing they had treated someone badly or unkindly, while Carl described his
experience of feeling more empathy towards others, as well as reporting him and his sister as having had “the most open conversation we’ve ever had in our entire life”. Research on self-compassion and interpersonal improvement is somewhat limited; however, as previously mentioned in the literature review and in the findings on definitions of self-compassion, Yarnell and Neff (2013) reported a correlation between self-compassion and being able to balance the needs of self and others in resolving conflicts. In terms of openness of communication and mindfulness (while not specifically mindful self-compassion) Schellekens, Karremans, Molema, Prins and Speckens (2017) found that mindfulness of a partner was related to more open communication in individuals with lung cancer and their partners. There is literature addressing self-compassion and empathy, for example, higher self-compassion is linked to “compassion for humanity, empathetic concern, and altruism” (Neff & Pommier, 2013, p. 160) and the self-kindness and common humanity components of self-compassion protect against compassion fatigue (Duarte, Pinto-Gouveia & Cruz, 2016). Further, the “common humanity” element of self-compassion is positively related to perspective-taking and empathetic concern (Fuochi, Veneziani & Voci, 2018).

This study found interpersonal improvement in terms of assertiveness, as well, with Patsy deciding not to allow her daughter to speak to her unkindly. Regarding assertiveness, Akin (2009) found that mindfulness factors of self-compassion were negatively related to submissive behaviour (p. 138). Overall, these current findings show further support for some of the existing research on interpersonal improvement, and perhaps processes that may be contributing to these improvements, such as an evoking of positive emotions (i.e. optimism), an increase in awareness or perspective allowing self-reflection and apology for misdoings, as well as possibly a sense of self-worth demanding kind treatment from others.
Healing

Several participants indicated that engaging with the mindful self-compassion exercise had provided a healing experience. This idea arose in relation to focusing on discomfort or connecting to emotions and was described within the theme of “agency” because participants seemed to recognize their active role in creating the change. For example, Sylvester surmised that “if you can feel better through a little bit of concentration on the problem, so to speak, through the exercises...I think that the mind is probably capable of healing a lot more...”, and Carl asserted that looking “at the hurt, or the broken emotion, or the broken context of what’s causing stress” was necessary to fixing or healing it. Patsy described surrendering to her feelings as “part of the healing”. As there is no literature specifically exploring what “healing” means in the context of mindful self-compassion, these findings are helpful in articulating processes that led to a meaningful or therapeutic experience for participants. That participants were active agents in the process seems to be a factor that ties these “healing” experiences together. Indigenous theory is extensive in addressing the topic of healing; so much so that it is beyond the scope of this paper; however, Absolon (2010) refers to healing, in part, as a “process-oriented action” and “recognizes the healing in being and doing” (p. 84). These participant conceptions of moving towards healing through their actions, in particular, through focussing on difficult situations or emotions, seem to align with this idea.

Honouring Suffering

This act of focusing on sources of discomfort or “honouring suffering” is further described in the Findings under the theme of “helpful factors”, i.e. those which participants identified as being of benefit to their experience with the exercise. In accordance with
Doehring’s (2017) assertion that a cultural tendency to avoid discomfort through distraction and consumption exacerbates stressors, the experience of some participants was that the exercise provided a means of being with discomfort, and that this experience was helpful. Carl used an analogy to explain his experience of this part of the exercise. Whereas he described that usually “you’re always pushing...‘I don’t want to think about that, I don’t want to think about that’”; and that previously he had “put everything into a drawer”, he explained that, through the exercise, “now I’m taking it out of the drawer...and I don’t know where it’s going to go, but it actually felt good”. As described in the previous paragraph on “Healing”, he felt that looking at the “broken context” was necessary to fixing or healing it. If indeed there are reciprocal interconnections between different levels of being as described in Indigenous “wholistic” theory (e.g. Absolon, 2010), such that whatever happens on one level affects the whole, this process of supporting healing at the personal level through “honouring suffering” would potentially have wider implications for systemic healing. However, while this exercise seems to have provided a means by which to recognize or acknowledge pain at an individual level, social change requires action at wider systemic levels. For example, McKinstry (2017) provides an Indigenous health provider perspective with respect to Indigenous health inequity, stating that this inequity “results from the imposition of colonialist ideology and failure to recognize, accept, and atone for the true Canadian history” (p. 223). That the aspect of this exercise that involved “honouring suffering” was identified as being helpful by the participant and “actually felt good” even in spite of the uncertainty it created in not knowing where this process “was going to go”, provides experiential understanding of a process of confronting painful circumstances. However, creating wider systemic change requires understanding of colonialist ideologies underlying oppressive structures, along with the “atonement” or social action of which McKinstry (2017) speaks.
Undertaking this process at a personal level alone has not been sufficient for creating wider systemic change.

**Blocks to Self-Compassion**

**Internal blocks.** Several factors seemed to interfere with participants’ ability to successfully engage with the exercise and connect with a sense of self-compassion; these were categorized into sub-themes of “internal” and “external” blocks, as well as “assumptions.” Internal blocks seemed seated within participants, and included feelings of guilt and negative self-beliefs. For example, Joanne felt that “I got what I deserved”; Stella stated that compassion towards herself is “not so easy...you have to be able to forgive yourself”; Lulu described that her concerns were not “legitimate” compared to others’ experiences; and Amy seemed to take on a past teacher’s stance that she was “lazy” rather than depressed. Literature shows an inverse relationship between self-compassion and guilt (e.g. Valdez & Lilly, 2018; Held, Owens, Thomas, White, & Anderson, 2018). Further, self-criticism has been shown to be a factor in the literature that interferes with self-compassion (e.g. Lawrence & Lee, 2014), with a gender difference in that women tend to be lower in self-compassion (Yarnell, Neff, Davidson & Mullarkey, 2018; Yarnell, Stafford, Neff, Reilly, Knox & Mullarkey, 2015) than men. Gender-related factors also seemed to come into play in regards to Joanne’s having adopted the stance that it was her job to assume all of the housework and child care matters in her marriage despite her exhaustion, showing the possible impact of systemic influences on blocks to self-compassion that on first glance appear “internal” in nature (i.e. feelings of guilt).

Other seemingly “internal” blocks may also have derived from systemic factors, for example cultural influences. In describing her difficulties in allowing compassion towards herself, for example, Lulu stated that she was “almost too puritanical” and stated a belief of
having to be tough to survive. She attributed these qualities to her “British and parental outlook.” Participants in Campion and Glover’s (2017) qualitative study reported a similar idea that self-kindness “[i]s not British...get on with it rather than paying attention to yourself” (p. 1104) in relation to self-compassion and British culture. This perspective in which emotions are devalued is more widely a part of Euro-Western doctrines including “survival of the fittest” that are used to justify oppression (e.g. Kennedy-Kish (Bell), 2017, pp. 56-57; Guillaumin, 1972). Differences in self-compassion in specific cultures have been studied (e.g. Montero-Marin et al., 2018; Neff, Pisitsungkagarn & Hsieh, 2008); however, research is lacking overall.

Mental health symptoms also seemed to interfere with participants’ deriving benefit from the exercise, for example Joanne’s stating that her poor concentration due to her depression got in the way of her being able to carry out the steps of the exercise; or Amy, who suffered from anxiety, describing that identifying emotional stressors caused her to “just go into...everything I hate about myself, and every bad thing I’ve ever done, or every bad thing that’s ever happened to me.” This is despite literature showing mindful self-compassion to be helpful for reducing symptoms of anxiety and depression, as previously discussed. It may be that particular participants experienced several blocks to self-compassion that combined to make it harder for them to find a self-compassionate voice.

Another factor described as having impeded practice and categorized under “internal” blocks was a sense of hurry. Carl’s description of being “always in a rush” aligned with perceptions described in the literature review that mindfulness practices take too much time (Hevezi, 2016). Campion and Glover (2017) also found perceptions that “there’s not enough time” (p. 1104) to be a barrier to being self-compassionate.
**External blocks.** Amy’s experience was that turning inward to identify emotional stressors exacerbated her anxiety. Another factor, described under the sub-theme of “external” blocks to self-compassion, was a more extreme trigger for difficulties for some of the participants, namely an act of violence in a nearby city that had taken place during the first week of the study. In raising the impact this had had on her experience, Jake described that “it was...a battle; I was fighting, just, my anxiety” and Stella stated that “there was just too much in one day, happening”, leading to her feeling overwhelmed. As with Amy’s experience of identifying emotional stressors, this outside event appeared to trigger internal responses that overwhelmed some participants’ capacity to find relief by practicing the exercise. While reaching beyond the acute effect of this phenomenon is difficult, considerations about the effect of more directly traumatizing situations arise in relation to mindful self-compassion. As cited in the literature review, Dahm et al. (2015) found self compassion to be protective in participants with posttraumatic stress disorder; specifically, mindfulness and self-compassion were found to each be uniquely negatively associated with functional disability in veterans with posttraumatic stress disorder. Further, mindfulness has been shown to be helpful for affect regulation, for example in social anxiety (Van Bockstaele & Bogels, 2014). Clues to explain participants’ difficulties in engaging with the exercise, whether temporarily after the negative event, or in general as in the case of Joanne, may be found in studies on self-compassion and trauma, for example the finding by Boykin et al. (2018) that a history of childhood maltreatment interfered with self-compassion. In the current study, Joanne had made reference to a history of abuse at the start of her interview. It is possible this played a role in her difficulty with extending compassion towards herself.

Participants described other environmental factors within the sub-theme of external blocks that got in the way of them engaging with or fully benefitting from the exercise. For
example, Sylvester referred more generally to “outside interference” being a distraction, describing that “you’d almost have to put on a pair of earmuffs and blinders” to be able to focus, whereas Stella stated the need for a quiet space as opposed to being “out in a more public place.” Regardless of degree or nature, it seemed that outside factors were a block for some participants.

Although factors such as external stressors were found to potentially act as blocks to self-compassion, they could also act to prompt practice of the self-compassion exercise. This phenomenon is described under “prompts for using the exercise”. For example, the decision-making process around her mother-in-law moving to a nursing home triggered Stella to practice the exercise, and Sylvester described that “I’m constantly getting letters, and obviously, finance bills...they creep in every day...So. Um. I bring that exercise to mind”. Emotional distress was also described as a prompt for using the exercise, with Sylvester describing practicing “when the stressful things I feel are starting to creep back and get you.” As previously discussed, whether these factors blocked or stimulated practice would depend on a variety of factors, including ability to self-regulate enough emotionally to be able to carry out the steps. In the literature, dysregulation was shown to be a prompt to children applying mindfulness (Hutchinson, Huws & Dorjee, 2018).

**Assumptions.** The third sub-theme of blocks to self-compassion was “assumptions”, i.e. pre-conceived negative understandings about self-compassion. For example, Amy believed that self-compassion “would let me make excuses for my tired behaviour”, Lulu stated that it “seems self-indulgent, almost”, and Carl believed it might conflict with “being...compassionate...or...helping others.” Jake described that someone high in self-compassion would be “snobby”, stating “I just don’t like people who think they’re better than everyone else.” In their qualitative exploration of participants’ thoughts about self-compassion, Campion and Glover (2017) also
found a theme of “Barriers to Self-Compassion” that included it being seen as “selfish” or “self-absorbed” (p. 1105). This was despite participants also feeling it would be a benefit personally and that it would create a more compassionate and safe world (p. 1103). Further, Robinson et al. (2016) found self-indulgence to be a factor in resistance to self-compassion. They further state that “people may avoid self-compassion because they believe it will undermine their motivation and interfere with success” (p. 508). Again, this perspective might be grounded in Euro-Western ideologies that promote survival of the fittest and devalue emotions.

**Individual Variation**

Even just in terms of the overall theme of “blocks” to experiencing self-compassion in this study, individual variation was apparent. For example whereas Sylvester had described outside interference as a distraction, Amy explained that she needed external sights or sounds to ground her focus, stating “I can’t close my eyes...I feel like I need external...like I need something to look at or something to listen to.” This individuality was further apparent in the theme of “helpful factors”. For example, whereas Sylvester found most success when “sitting quietly” rather than having distractions around him, Amy reported that “I prefer the guided ones; otherwise I forget what I’m doing. And I usually end up in bad places. So I end up being more stressed”. She seemed to need something to “ground” her focus; or perhaps regulate thoughts or affect that would otherwise go to a “bad place”. Literature specifically addressing grounding and guidance with respect to self-compassion interventions is lacking.

There are other factors reported in the literature that can impact individuals’ experience of self-compassion. Another described block or barrier is fear of self-compassion (e.g. Kelly, Vimalakanthan & Carter, 2014; Lawrence & Lee, 2014), while a history of parental warmth is linked to a greater capacity for self-compassion (Kelly & Dupasquier, 2016). Further, people low
in self-compassion have been shown to derive more benefit from self-compassion interventions than those high in self-compassion (e.g. Kelly & Carter, 2015). These findings speak to the myriad factors that can play a role in individuals’ engagement with mindful self-compassion interventions.

**Embodied Experience**

One of the goals of this research was to “gain access to, value, and validate the lived experience of the body” (Tangenberg & Kemp, 2002, p. 13). The phenomenon of embodiment and the experience of it can be seen in an example whereby Carl explained his preference for guidance, which he described as being helpful. Referring to his experience in the training session when he was introduced to the exercise, he elaborated that “actually experiencing it together versus you giving a sheet and then saying, ‘here’s the process; here’s what you kind of have to do’ ...the value was going through the steps...I think that the experience of it made a huge difference.” Furthermore, he described tearing up during this particular experience, wondering “how come this happened?” and then stating “I feel good when I’m in touch with emotion... it just made me realize that there’s something here, because you can’t go through a process or an exercise, get teared up, get in touch with your emotions, and not think...it’s got to be something of benefit, of value.” This example provides further understanding of the lived experience of engaging with self-compassion, through this participant’s articulation of his connection with body-based awareness at an emotional level. Body awareness appears in mindfulness but not self-compassion literature, for example as a component through which mindfulness exerts its effects (Hölzel et al., 2011).

Another example of engaging with body-based awareness arose with respect to participants finding breath and heartbeat to be helpful factors in engaging with the experience of
self-compassion. Jake articulated that “breathing was really helpful; sort of calmed your body down? Calms your heart down...and also...makes your mind clearer, when you’re breathing?” Sylvester reported that “I’ve been trying the ‘hand over the heart’ type of thing, and I do find, if you can feel your heart beating, it seems to calm it; I do find that works. Um. And then [it] will settle down.” These findings provide further understanding of the effect for participants of an embodied experience of self-compassion. Literature shows a link between self-compassion and use of breath (e.g. “soothing rhythm breathing” in Craig, Hiskey, Royan, Poz, & Spector., 2018) but not use of heartbeat. On the other hand, Indigenous “wholistic” theory, which “encompasses the spiritual, emotion, mental and physical elements of being” (Absolon, 2010, p. 74), would explain the importance of these physical and emotional factors in participants’ experience.

Conversely, another participant avoided engaging with an embodied experience, with Amy explaining “I don’t do the...I can feel my heart beating all the time, anyway? Like, I don’t need to put my hand on my pulse because I can always feel my heart beating, so..., umm, I don’t need to do that.” She chose not to do the step of the exercise in which one could place one’s hands over one’s heart. This speaks to the varying capacities individuals have with respect to engaging in body-based experiences, whether through preference or previously discussed factors such as differences in ability to regulate emotional experience through, for example, trauma history.

**Previous Strategies**

Bringing previous strategies or complements into the self-compassion practice was another helpful factor for participants. Whether adding a breathing component, music, slogans such as “easy does it” or “take what you need and leave the rest behind”, and remembering past conversations that were helpful, participants seemed to feel a sense of freedom and flexibility in
adjusting the exercise or making it more meaningful for them based on their past experiences. A strengths-based perspective acknowledges peoples’ resources and experience, and a positive association has been shown between the strengths-based attribute of curiosity/exploration, i.e. “being open to and embracing new experiences”, and self-compassion (Bluth, Mullarkey & Lathren, 2018, p. 3037).

**Affirmations**

In the theme of “helpful factors”, affirmations were also described as being beneficial to participants’ experience. For example, Jake identified that “may I be strong” is really a good one”, whereas Patsy described “the most helpful was to say...‘be kind...to yourself here’...that’s what kind of changed it.” For her, this factor seemed to have been instrumental in creating a shift towards self-compassion. This finding supports literature linking self-affirmation with greater feelings of self-compassion (Lindsay & Creswell, 2014).

**Nature**

Nature appeared as a helpful factor which several participants drew into the exercise, whether by practicing the exercise outdoors, or visualizing favourite outdoor spots. For example, Jake imagined being on a deck, “watching the birds...water; and the fish”, and stated that “the meaning of nature for me is calmness; relaxation; peaceful.” Sylvester described that he would “...stand in one area and watch the clouds go by, and the blue sky, and there’s birds in the trees, and I do find that helps as well”; whereas Carl described a favourite spot in a campground creating a “clean and clear” feeling. In respect to a feeling of comfort evoked by plants and nature, Lulu stated “...creation or nature, it’s amazing.” There is much literature on the healing effects of nature, beyond the scope of this thesis. Again, acknowledgment that these are not “new” findings, but rather echo an Indigenous perspective, which is “earth based and derived
from the teachings of the land, sun, water, sky and all of Creation” (Absolon, 2010, p. 74), and which recognizes the healing facility of Creation, is in order.

**Habit and Memorization**

Finally, habit and memorization were mentioned as helpful factors. Stella stated “you’ve got to do it over and over and over again, to...reinforce it”, whereas Amy described that “I feel like building a practice is helpful... it’ll come to my mind more frequently”. Carl shared that “I could memorize this. If I did it every day for two weeks, I know by the end of two weeks, I would just know how to do it.” These “helpful factors” seem to tie in with two of the “prompts for using the exercise” that arose in a separate theme of factors that had spurred participants’ practice sessions. These two prompts were commitment and timing. For example, Carl expressed being driven by a desire to follow through with his commitment to the study, stating that “I don’t...uh...volunteer for things unless I’m prepared to... participate”; and for her practice, Joanne described that “I tried in the morning...before I really got up and going; and then sometimes in the afternoon, depending on how the morning went.” These all seemed to be factors that guided, or were described by participants as having the potential to guide, regularity of practice. Given the benefits to self-compassion seen in the literature, these experiences provide value in delineating how individuals might engage with a self-compassion practice. Research in this area is currently lacking, although Hutchinson et al. (2018) name dysregulation as a prompt to apply mindfulness in school-aged children and discuss conditions found to “support or hinder mindfulness use” (p. 3935).

**Positive Emotions**

While participants’ articulations of “positive emotions” in their experience of the exercise have been discussed in relation to how they might deepen understanding of mental health
impacts in self-compassion literature, further discussion is warranted as to how these positive emotions came about. Participants described a number of beneficial states deriving from practice, including calming, peacefulness, contentment, wonder, optimism, ease, and feeling loved. Experiencing positive emotions in compassion-based mindfulness practices (e.g. loving-kindness meditation) has been shown as a mechanism in increasing life satisfaction and lowering depressive symptoms via building personal resources (Fredrickson et al., 2008). The current study shows possible processes at play in evoking positive emotions through the steps of the exercise. Sometimes positive emotions seemed to come about as the sum of participants’ experience, for example, Stella related feeling “a little bit more...serene; a little bit more... at peace with myself” following the exercise, whereas Stella described feeling “easier with myself” after her experience. For Patsy, it was a sense of perspective brought about by the exercise that she described as resulting in her feeling “more grounded and centred, and more loved.” Reduction of physical tension and/or mental stress were described as creating calm for Jake and Sylvester. For others, the step of connecting in with something that created a sense of comfort evoked feelings of contentment and wonder.

Conclusion

This study helps to deepen knowledge of the experience of a mindful self-compassion intervention for participants either on a wait-list or receiving treatment for mental health challenges. Some of the findings align with those of previous studies, but provide further understanding as to the processes that may have been involved, for example with respect to quantitative improvements in mental health functioning. Understanding of the components of mindful self-compassion articulated in the literature was enhanced. Wider impacts on interpersonal functioning were described, as well as experiences of healing and possibilities for
systemic change. Factors that acted as blocks to connecting with a sense of self-compassion were articulated, along with individual variations and embodied experiences. Participants named factors that had been helpful to their experience and prompts for engaging in practice. Overall, important first-person perspectives of the qualitative experience of mindful self-compassion were provided by this study.

**Limitations of the Study**

There are several limitations to this study. Because it is qualitative in nature, findings cannot be generalized to larger populations. Comparisons are made to findings in the literature, however, the validity of these comparisons may be limited due to differences in populations studied (e.g. clinical versus non-clinical populations; experienced meditators versus lay-people; people of different cultures); methods used (e.g. comparing results from compassion-based therapies to those more specifically focussed on self-compassion; comparing therapist-led interventions to those led by lay persons or via self-help; comparing mindfulness in general with mindful self-compassion, etc.); and different things being studied (e.g. studies of self-compassion interventions versus the trait of self-compassion).

This study described the experience of a clinical population with varying degrees of familiarity with mindfulness and self-compassion, with no formal guidance or support in mindful self-compassion beyond one hour of training, and no specific instructions beyond a general direction to practice the exercise in their daily lives for two weeks. It is possible that the one-hour training session was not adequate for participants inexperienced with mindfulness to be able to meaningfully engage with this exercise; the experience of mindful self-compassion might therefore change considerably under different circumstances and practice conditions.
Overall, this research project sought to understand the experience of those participating in the study, in their own words. It is hoped that this study, through a qualitative focus, captured a range of experiences, contributing to knowledge about mindful self-compassion and an embodied sense of comfort.

**Areas for Future Research**

This study opened up areas for new or additional research. These include the interplay between mental health factors, for example the ability to self-regulate, and self-compassion; as well as the importance of the role of grounding or guidance in interventions. Further research exploring what “healing” means in the context of mindful self-compassion would help to define what makes this a meaningful or therapeutic experience for people; specifically, further exploring the roles of “agency” and “honouring suffering” as process variables are possible avenues for further study. Additional research specific to mindful self-compassion and embodiment is also warranted.

Research on mindful self-compassion in relation to awareness-building in particular, is another avenue for further study; as is research on cultural differences and mindful self-compassion.

More research in relation to interpersonal improvement would be of value, beyond the limited studies on conflict resolution, openness of communication and empathy. In particular, a better understanding of how self-compassion, empathy and social action interact is warranted, given implications for supporting systemic change.

Given that themes specific to demography arose, for example with respect to gender and culture as they relate to self-compassion, further exploration of these links as well as other demographic factors such as age, socio-economic status, and religious or spiritual beliefs is
suggested. Investigation of these variables might reveal other barriers or helpful factors in terms of one’s ability to connect with a sense of self-compassion that have not yet been considered.

With respect to Indigenous populations, research further exploring the links between Indigenous “wholistic” theory and mindful self-compassion might open new avenues to support growth in the use of self-compassion as a tool to help individuals and communities. In light of current research on, for example, self-compassion and trauma, further examination of self-compassion practices with oppressed populations such as Indigenous peoples might explore its effect on lateral violence or community resiliency in addition to individual healing. Associations between wider compassion practices in supporting social action against racism and oppression would be another area for research.

Working at the individual level to support a self-compassionate perspective is important for alleviating suffering and promoting healing, however our current systemic structures continue to create suffering through socio-economic disparity and racial oppression. A change in these structures evoked through community action and policy change would disrupt the harms that continue to be perpetuated resulting in individual suffering and devaluing of self. Continued research and action towards structural change is imperative.

**Communications**

Relevant audiences for this project include Halton Hills Family Health Team members such as mental health workers, psychologists, doctors, nurses, etc., since the participant population was drawn from the Family Health clinics. With mindfulness-based interventions gaining much support in the clinical literature for mental-emotional as well as physical health issues, knowledge on brief interventions such as this mindful self-compassion exercise may help
to inform practice. An executive summary of the study will be distributed to the Family Health Team sites upon completion of the project.

Halton Hills Family Health Team may find the opportunity of being able to offer additional mindfulness training of value to their clients, given that access to counselling at this site for mental health concerns can take up to four months. This study might provide support for a brief intervention that could be offered to clients who are on the waiting list for counselling services or group sessions, or used by practitioners in individual or group sessions.

Researchers who are interested in the experience of individuals using mindfulness-based interventions in their everyday lives are another intended audience. This study, through its qualitative focus, sought to add depth to literature that has widely focused on quantitative methods.

This topic will also be of relevance to social workers looking for empirical support for interventions including mindfulness that are accessible to wide populations.
Mindfulness for
Research Study

Receive training in a mindfulness exercise

Research Participants:
Looking for individuals experiencing any level of stress who are seeking practical experience with mindfulness in a supportive environment.

NO MINDFULNESS EXPERIENCE NECESSARY.

Requirements: Attend a one-hour group training session on mindfulness, with instruction on a brief mindful self-compassion exercise. Practice this exercise at home; then attend an interview about your experience.

Location: Halton Hills Family Health/Georgetown Medical Associates (199 Princess Anne Dr., Georgetown)

Time: Thursday, April 19th at 9:30 a.m.
Contact: Erika Ristok, MSW (cand) - rist8970@mylaurier.ca; (905) 702-5119

This project been approved by the Research Ethics Board of Wilfrid Laurier University (REB5677)
APPENDIX B

WILFRID LAURIER UNIVERSITY
INFORMED CONSENT STATEMENT
Mindful Self-Compassion Training and Interviews

Title of Project: Mindful Self-Compassion and the Embodiment of Comfort

Researchers: Erika Ristok, Master of Social Work student, Lyle S. Hallman Faculty of Social Work, Wilfrid Laurier University and Dr. Cheryl-Anne Cait, Lyle S. Hallman Faculty of Social Work, Wilfrid Laurier University

You are invited to participate in a research study of a mindful self-compassion and embodiment exercise. The purpose of this study is to develop understanding of the experience of mindful self-compassion and an embodied sense of comfort. The research project is led by Erika Ristok, who is a Master of Social Work student at Wilfrid Laurier University, and this study forms part of her thesis requirement. She is under the supervision of Dr. Cheryl-Anne Cait from the Faculty of Social Work at Wilfrid Laurier University.

INFORMATION
Participation in this study is completely voluntary. You cannot be a client of the researcher, nor a participant in any of the group sessions she co-facilitates at Halton Hills Family Health Team. If you choose to take part, you will be asked to attend a one-hour training in a mindful self-compassion exercise and then practice this exercise in your daily life for two weeks. A journal will be provided in which you may record your thoughts and experiences with respect to the exercise. You will then be asked to participate in a one-to-one conversation with the researcher that will take approximately one hour of your time. There will be approximately 10 participants in this study.

The one-to-one conversation will be audio-taped with your permission. You may refuse to have the interview audio-taped if you are not comfortable, and you may also ask to have the audio recorder turned off at any point during the interview. You may stop participating in the interview at any point. You may choose to omit any questions you do not wish to answer.

Furthermore, the interview questions will be open-ended, meaning that you may choose to provide as much or as little information as you wish. You may also withdraw from the study with no repercussions and notify the researcher of this at any time.

POTENTIAL RISKS AND DISCOMFORTS
Offering your feedback may cause you to feel minor emotional discomfort or a sense of lost privacy or regret over the revelation of information to a researcher. You may feel you must answer questions asked during the interview, despite being told that you can decline to answer any questions you wish. These are not unusual responses. You may also feel that the thoughts you shared with the researcher were not accurately portrayed in the final report.
To further ensure participant safety, contact information for local services will be made available for any participants who may feel they need extra support during or after this study.

Every possible measure will be taken to remove directly identifying information from research material and maintain the anonymity of the research participants following the procedures outlined in the section of this consent form titled “Confidentiality.”

These risks will be minimized by having the researchers ensure all thoughts provided are kept in context. You can decide not to answer any questions you do not wish to answer, and you can participate only to the extent you wish to in the interview. You can choose to provide as much or as little information as you feel comfortable as the researcher will ask questions that are open-ended during the interview.

You may withdraw from the study with no repercussions and notify the researcher of this at any time. The researcher will also provide you with full information of the use of your data to make an informed decision. We will allow you to decide whether you would like your quotations from the in-person interview shared in written reports or other disseminated or publicly available materials.

**BENEFITS**

By participating in this study, you are offered the opportunity to help inform the current research study. Your feedback may also help to create supports that can help other clients of Halton Hills Family Health Team and similar organizations. Your feedback may also help improve future research studies like this one.

We hope that information collected by this project will help develop understanding about the experience of mindful self-compassion and an embodied sense of comfort. In addition, knowledge gained will be of benefit to the education and training of professionals.

**CONFIDENTIALITY**

All information provided by participants is considered completely confidential. Your name and others’ names you may mention during the interview or during other conversations with the researcher will not be included, or in any other way associated, with the data collected in the study. After the interview has been transcribed, all identifying information will be removed. Interview data will be coded so that only the researcher is able to link your comments or data to your name. You may participate in this study without being quoted.

However, with your consent, it is possible that quotations from the interview or from the journal you might use during the course of practicing the exercise will be used in the study report, presentations of the results, and articles submitted to relevant academic publications. In such cases, your identity will always be protected with a pseudonym.

**LIMITS TO CONFIDENTIALITY**

There are situations where the researchers would have to break confidentiality, including:

- If they were concerned about you harming yourself or someone else
- If the researcher learned information that a child may be at risk of abuse
• If the researcher learned that you had been sexually abused by a Regulated Health Professional
• If the researchers are compelled by the law to break confidentiality

HANDLING AND SECURITY OF DATA
Data collection can never be guaranteed to be completely secure. However, every effort will be made to ensure that your privacy and confidentiality is protected throughout the study. Journals, informed consent forms, and audio files will be stored in a locked filing cabinet by the researcher. Audio files will be uploaded to a password-protected computer within 24 hours of collection, following which the original recording will be deleted. All transcriptions and any observation notes taken during the study will be stored on a password-protected computer and only Erika Ristok and her supervisor will have access to the data. The Halton Hills Family Health Team would only have access to information that will have all identifying information removed. Data will be kept for 5 years after it has been published in academic research journals and then destroyed by Erika Ristok. Any of the data gathered from you that has been publicized to a website or in a newsletter may become public record and remain publicized for the life of the record.

CONTACT
If you have questions about the study or the procedures (or you experience adverse effects as a result of participating in the study), you may contact the researcher, Erika Ristok, by telephone at (905) 702-5119 or by email at rist8970@mylaurier.ca, her supervisor at Halton Hills Family Health Team, Benjamin Hesch, at (905) 702-5117 or by email at bhesch@haltonhillsfht, or her thesis supervisor at Wilfrid Laurier University, Dr. Cheryl-Anne Cait, at (519) 884-1970 ext. 5462 or by email at ccait@wlu.ca.
This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University, by telephone at 519-884-1970 ext. 4994 or by email at rbasso@wlu.ca. REB approval #REB5677.

PARTICIPATION
Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. Results of the study will not impact on your care at Halton Hills Family Health Team. If you withdraw from the study, every attempt will be made to remove your data from the study, and have it destroyed. You have the right to omit any question(s) you choose. Participants will have all questions about the study answered to their satisfaction before commencing the interview. You are not waiving any legal claims, rights or remedies because of your participation in this research. The researcher may contact you through phone or email to answer your questions, to provide you with requested feedback or to inform you of project-related activities (e.g., workshops).

FEEDBACK AND PUBLICATION
The data collection and analysis for this study will be complete by December 2018. The results will be submitted as a thesis to Wilfrid Laurier University. The results will be written up in a
report and may be submitted in the form of journal articles to relevant scholarly publications. The results may be shared with Halton Hills Family Health Team. Results may also be disseminated at academic conferences, professional forums and workshops with partnering organizations.

It is also possible that the results will be used in the development of additional educational materials for public distribution.

WRITTEN CONSENT OF RESEARCH PARTICIPANT

READ AND CHECK OFF:

Do you agree that:

You have read (or the researcher has read to you) and understood the information provided on this consent statement as described herein.

☐ Yes    ☐ No

You understand the potential risks and discomforts involved.

☐ Yes    ☐ No

Your questions have been answered to your satisfaction.

☐ Yes    ☐ No

You have been given a copy of this form.

☐ Yes    ☐ No

Do you agree to participate in the study?

☐ Yes    ☐ No

Do you agree to be audio-taped during the interview?

☐ Yes    ☐ No

Do you agree to submit to the researcher the journal you might use during the course of practicing the exercise?

☐ Yes    ☐ No

Do you agree to have your quotations used in publications so long as they do not identify you or other people you mention in this interview?

☐ Yes    ☐ No
APPENDIX C

Confidentiality Agreement

It is requested that you respect the confidentiality of the other participants in this training session. Please sign below to indicate that you will keep all comments or questions made during this training session confidential, as well as the identity of the other participants. If you have any questions about this confidentiality agreement, please ask the researcher before signing.

☐ I agree to maintain the confidentiality of the other participants in this training session. I will not share others’ information or identities outside of this training session.

☐ I agree to keep any comments or questions made during this training session confidential.

☐ I have reviewed this confidentiality agreement and have had any questions about it answered.

____________________________ _______________________
Name of Participant (please print) Signature of Participant

____________________________ _______________________
Name of Researcher (please print) Signature of Researcher Date
APPENDIX D

Self Compassion and Embodied Sense of Comfort Exercise

Self-Compassion Break

Think of a situation in your life that is difficult, that is causing you stress. Call the situation to mind, and see if you can actually feel the stress and emotional discomfort in your body.

Now, say to yourself:

1. This is a moment of suffering

That's mindfulness. Other options include:

- This hurts.
- Ouch.
- This is stress.

2. Suffering is a part of life

That's common humanity. Other options include:

- Other people feel this way.
- I'm not alone.
- We all struggle in our lives.

Now, put your hands over your heart, feel the warmth of your hands and the gentle touch of your hands on your chest. Say to yourself:

3. May I be kind to myself

You can also ask yourself, “What do I need to hear right now to express kindness to myself?” Is there a phrase that speaks to you in your particular situation, such as:

- May I give myself the compassion that I need
- May I be strong
- May I learn to accept myself as I am
- May I be patient
- May I forgive myself

Finally…connect to a sense of comfort

Depending on your belief system, some possibilities for connecting with a sense of comfort might arise from:

- Saying an affirmation or prayer
- Connecting with:
  - your wise/authentic/higher self
  - a place in nature
  - a benevolent being...
  - a loved one

Take a few moments to really feel this sense of comfort in your body.

APPENDIX E

SEMI-STRUCTURED INTERVIEW (1 hour)

Can you tell me a bit about what made you interested in being part of this study?

What role has stress played in your life?
  - What do you find your general stress level to be like? Is it low, medium, high, situational…?
  - What kinds of things do you find helpful for preventing or reducing stress?

Does the phrase “mind-body-spirit” have any meaning for you? Have you thought of this or heard of this before? What kinds of things does that phrase make you think of?

Were you familiar with the idea of self-compassion prior to participating in this study?
  - Had you given any thought to self-compassion before? Was this new to you? Any surprises? If so, what did you think about it? If it is new, what did you think about it since hearing about it?

Do you have any doubts as to the legitimacy of being self-compassionate? Any concerns?
  - If you think of someone who is very high in self-compassion, what do you think about?

How do you tend to treat yourself, generally speaking?
  - Are you a person who tends to be self-critical, patient, frustrated?

What was your experience of the exercise overall?

What successes or difficulties did you have in fitting this practice into your life?
  - How often did you use it?
  - How well did you feel it worked?

What sort of situations did you find yourself doing the practice in?
  - Why did you use it (or didn’t you use it)?

How did it feel to pause and pay attention to moments of suffering?

What were your experiences with the process?
  - Did you find it helpful? Not helpful?
  - Did you have any difficulties with it? If so what were they? If not, would you use this on your own?
Did you notice a change in how you were feeling after you did a practice session? If so, what was that change?

What was your experience of the "comfort" piece (the final component)?

- How easy or difficult did you find it to connect to a source of comfort?
- Do you have a belief system that made this easier? More difficult? If so, what was that belief system?
- If you were successful in connecting to a sense of comfort, how did that experience feel? What was it like for you?

What components did you find particularly helpful, if any; or particularly unhelpful?

Did you feel any changes over the two weeks as you used the practice?

- What effects did you notice, if any, in how you treated yourself?
- What effects did you notice, if any, in how you treated others?
- What effects did you notice, if any, on your interactions with others?

Did this self-compassion exercise trigger any insights for you?

Might your experience with this project change your approach to stressors that arise in your life?

- Might you incorporate a daily practice like this? Why or why not?

Are there other things I have not asked you about but which would be important to include?

Prompts:

Tell me more…

What do you mean by “ ”?

Please explain…

What were you feeling?

Please give an example?

What was important to you about that?

What was the meaning of that for you?

Transitions:

We’ve been talking about ( ) and now I’d like to move on to ( ).


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