

An examination of the association between mindfulness and compassion for others in Psychotherapists: A mediating role of self-compassion

Abstract

Objectives: Mindfulness, self-compassion, and compassion for others are often studied amongst clients seeking psychotherapy. Psychotherapists are also at risk of developing psychological difficulties given that the profession is demanding and can put psychological and emotional pressures on therapists. The aim of this study was to examine a) the relationship between mindfulness, self-compassion, and compassion for others, and b) whether self-compassion will mediate the effects of mindfulness on compassion for others.

Method: This was a cross-sectional study conducted among a sample of 152 psychotherapists registered with Irish Association for Counselling and Psychotherapy in Ireland.

Results: Our analysis found a significant relationship between mindfulness, self-compassion, and compassion for others. Mediation analysis showed that indirect effects of mindfulness on compassion for others was through self-compassion. We entered age and gender into our model, but they had no impact on the mediated relationship.

Conclusion: Findings from this study provides preliminary support for a proposed sequential model suggesting that mindfulness enhances self-compassion, which in turn can improve compassion for others. Psychotherapists and psychotherapy bodies are recommended to utilise strategies that can improve psychotherapists' mindfulness skills, such as the Mindfulness Self-Compassion programme, and Compassion Focused Therapy, and their capacity for self-compassion, which can contribute to their ability to develop compassion for the client. Given the limitations of the design of the study, future longitudinal research will enable us to document the directionality of the effects.

Key words: Mindfulness, compassion, self-compassion, compassion for others,

Implications:

- Since mindfulness ability can lead to self-compassion and subsequently to compassion for others, psychotherapists are recommended to integrate mindfulness into their self-care practices.
- As psychotherapists need to be compassionate towards themselves in order to develop compassion for others, they are recommended to use both formal (such as meditation, affectionate breathing) and informal (such as self-compassionate, expressive writings) to cultivate self-compassion and reduce qualities such as self-judgemental thinking and destructive self-criticism.
- Psychotherapy training programs are suggested to put in place, in addition to core professional skills, specific trainings (such as Mindful Self-Compassion program) aimed at improving mindfulness skills and capacity for self-compassion, which in turn can improve compassion for the client.
- Psychotherapy programs are also recommended to integrate elements of third wave CBTs, particularly Compassion Focused Therapy, into training programs so that psychotherapists learn how to cultivate self-compassion that will benefit both themselves and their clients.

1. Introduction

Mindfulness, as a psychological process, is described as one's complete attention focused on experiencing the present moment without avoidance or suppression (Linehan, 1993; Brown & Ryan, 2003). The psychotherapist's ability to be mindful and aware of moment-by-moment experiences is believed to be associated with clinically beneficial capacities (Bruce *et al.*, 2010). Since it prevents rumination and obsessive fixation on negative self-evaluations (Neff & Pommier, 2013), mindfulness may provide psychotherapists with mental space to develop more adaptive attitudes about and acceptance towards themselves commonly referred to as self-compassion (Neff, 2003). This is supported by research indicating that healthcare professionals who had undergone Mindfulness-Based Stress Reduction (MBSR) obtained increased scores in self-compassion (Shapiro *et al.*, 2005).

Self-compassion plays a crucial role in the field of psychotherapy and counselling. It is usually defined as the individual's ability to acknowledge their own pain without avoidance and resistance (Yip *et al.*, 2017). Research on self-compassion is often focused on the clients who seek psychotherapy. However, psychotherapists also need to be mindful about their compassion towards themselves given that psychotherapy is a demanding profession that can put psychological and emotional pressures on therapists, cause psychological difficulties such as vicarious trauma and burn-out, and lead to deleterious effects across the career span (Orlinsky & Ronnestad, 2005; MacBeth & Gumley, 2012). This has ethical considerations because the therapist's suffering can also negatively impact the service that the client receives. It is therefore important to study how self-compassion may help psychotherapists.

Positive effects of self-compassion are well-established (Heffernan *et al.*, 2010; Hollis-Walker & Colosimo, 2011; Neff, Rude, & Kirkpatrick, 2007). Patsiopoulos and Buchanan (2011) found that psychotherapists and counsellors attributed a range of physical, psychological, and emotional benefits to their self-compassion practises. This is consistent with the compassion literature on the positive effects of self-compassion on the therapist's continued well-being (Barnett, Baker, Elman, & Schoener, 2007; Barnard & Curry, 2011). Self-compassion practices can also positively impact psychotherapists' clinical work with clients, which is supported by evidence suggesting that self-compassion contributes not just to therapists' personal health, but also to their professional work (Patsiopoulos & Buchanan, 2011). According to Raab (2014), therapists who lack self-compassion and who are self-critical have been found to be more

critical of patients and to have poorer patient outcomes (Gustin & Wagner, 2013; Henry, Schacht, & Strupp, 1990). Germer and Neff (2015) argue that for someone to develop genuine compassion toward others, they must first have a basis upon which to cultivate compassion. That basis is the ability of the therapist to acknowledge and connect to his/her own feelings (Neff & Germer, 2022). Despite these theoretical associations, further research is required to test the relationship between self-compassion and compassion for others.

The psychotherapy and counselling literature has historically ignored compassion for others, which is one's desire to help when witnessing another's suffering (Goetz *et al.*, 2010). The literature has been predominantly focused on investigating other relational aspects of psychotherapy and counselling (Siegel & Germer, 2012). For example, the scholarly literature on mindfulness has been mainly focused on empathy and therapeutic relationship (Buser *et al.*, 2012; Fulton & Cashwell, 2015). Likewise, research on compassion has largely examined self-compassion in relation to variables such as therapists' well-being (Christopher & Maris, 2010). Thus, further research is required to study if and how mindfulness and self-compassion may be related to compassion for others among psychotherapists.

The Present Study

It is widely assumed that a higher capacity for mindfulness enables the person to mindfully respond to life experiences and this should reduce psychological suffering and increase self-compassion (Baer *et al.*, 2012). There is a body of evidence to support this premise (Latorre *et al.*, 2021; Bourgault & Dionne, 2019). There are also a few studies suggesting that self-compassion may be a possible mechanism through which mindfulness leads to positive outcomes (Baer, 2010; Holzel *et al.*, 2011). Neff and Pommier (2013), drawing from the Buddhist tradition, argue that mindfulness can bolster the person's capacity for self-compassion, which subsequently can increase compassion for others. This hypothesised sequential model has received some support from research conducted on general population (Rodríguez-Carvajal *et al.*, 2016). However, the model has yet to be examined among psychotherapists given that they repeatedly hear traumatic stories from their clients, which can cause compassion fatigue (Skovholt & Trotter-Mathison, 2016). This is of particular importance for experienced psychotherapists because, unlike trainee therapists, they have had more time for compassion fatigue to develop (Can & Watson, 2019). The aim of the current study is to examine these relationships between mindfulness, self-compassion, and compassion to others among a group of experienced psychotherapists.

Drawing from the literature and the proposed sequential model, we hypothesised that higher levels of mindfulness will be associated with higher levels of self-compassion and compassion for others, as measured by the Five Facet Mindfulness Questionnaire (FFMQ; Baer *et al.*, 2006), and the Self-Other Four Immeasurables (SOFI; Kraus & Sears, 2009). We also hypothesised that self-compassion would mediate the indirect effects of mindfulness on compassion for others.

2.Method

2.1 Design

Since the aim of this research study was to examine possible relationships between mindfulness, self-compassion, and compassion for others, a cross-sectional design was adopted. Ethical permission for the study was granted from the ethics committee in the Institute for Integrative Counselling and Psychotherapy (IICP) in Dublin.

2.2 Participants and procedure

To recruit experienced therapists, we decided to invite psychotherapists registered with IACP. One hundred and fifty-two registered psychotherapists ($n = 109$ female) accepted our invitation and voluntarily participated in this study. Their ages ranged between 25 and 82 years ($M=52.1$, $SD=11.2$); Years of clinical experience since reaching full registration ranged from 2 years to 37 years ($Mean=11.8$, $SD=8.8$); Hours of clinical work per month ranged from 5 to 105 hours for a month ($mean=47.3$, $SD= 27.3$); 50% of participants worked in the private sector; 30.81% worked in both private and public; 9.3% work in the public sectors; and 2.91% work in the voluntary / low-cost sector. Participant level of education was as follows: 21.9% undergraduate; 8% diploma; 10.4% advanced diploma; 43.93% masters; 12.14% doctorate. Finally, theoretical orientation of the participants was as follows: 49.1% Integrative; 25.4% Humanistic (e.g., gestalt, experiential, person-centred, existential); 11.5% Cognitive-Behavioural; 8.6% Psychodynamic / Psychoanalytic; 0.5% Emotion-focused. Psychotherapists and counsellors were eligible to participate in the study if they a) were registered with the IACP, b) were currently working with patients, and c) were based in Ireland. Participants were required to meet the eligibility criteria, before they could proceed with the survey. 40 individuals commenced the survey but did not complete it. The survey was constructed such that failure to meet the inclusion criteria precluded continuation.

The study was uploaded onto a survey-hosting website. A link was published in advertisements and circulated by representatives from the IACP in Ireland. On opening the link, participants were presented with detailed information about the aims of project, and a consent form; the survey could not be commenced until consent was given. No personal data (e.g., name, title) was garnered during this process. Survey link was open from February to April 2022.

2.3. Measures

2.3.1 Five Facet Mindfulness Questionnaire

The Five Facet Mindfulness Questionnaire (FFMQ) (Baer *et al.*, 2006) is a 39-item self-report questionnaire designed to measure mindfulness in daily life (i.e., trait, not state). The FFMQ assesses five facets that are theorised to comprise mindfulness: observing, describing, acting with awareness, non-judging of inner experiences, and non-reacting to inner experiences. Items are rated on a Likert scale, ranging from 1 (*never or rarely true*) to 5 (*very often or always true*). Subscales are scored independently but may also be combined for an overall measure of mindfulness, with higher scores representing greater mindfulness. The alpha coefficient in the current sample was .91 for the total score.

2.3.2. Self-Other Four Immeasurables

Kraus and Sears (2009) developed the Self-Other Four Immeasurables (SOFI) to measure compassion toward self and others. Regarding factor structure, the SOFI scale yielded four distinct subscales. The SOFI assessed the four immeasurables discussed in Buddhist teachings (i.e., loving kindness, compassion, joy, and equanimity). Kraus and Sears (2009) developed items for the scale based on the theoretical qualities of the four immeasurables (Nhat Hahn, 1991). The SOFI is a 16-item (eight pairs) self-report instrument in which participants rank words (e.g., *friendly*, *compassionate*, *joyful*) that describe different thoughts, feelings, and behaviours that participants have directed toward themselves and others during the past month. Words are ranked on a 5-point Likert-type scale ranging from 1 (*very slightly or not at all*) to 5 (*extremely*). The SOFI consists of four subscales: Positive Qualities Toward Self, Positive Qualities Toward Others, Negative Qualities Toward Self, and Negative Qualities Toward

Others. The current study only used positive subscales of self-compassion and compassion for others. For the current sample, the positive self-compassion and compassion for others subscales had alpha coefficients of .81 and .74 respectively.

2.4. Statistical Analysis

IBM SPSS Statistics version 28 was used for data analysis. Reliability coefficients were calculated for the study variables. Descriptive analysis was calculated for study variables and Pearson correlations were conducted to determine the extent to which variables were associated to each other (Table 2). Model 4 from PROCESS v4.1 by Hayes (2022) was used to conduct mediation analyses (Figure 1). Figure 1 illustrates a model in which mindfulness is the predictor (x) variable; compassion for others is the outcome (y) variable; and self-compassion is the mediator (m) variable. A bootstrapping procedure (Arbuckle, 2008) was employed to estimate both direct and indirect effects. Here, if the 95% CI of the effect does not contain zero (Preacher & Hayes, 2008), the effect is considered significant.

3. Results

Mean and standard deviation and Pearson correlations between pairwise mean scores for the Five Facet Mindfulness Questionnaire (FFMQ; Baer *et al.*, 2006) and Self-Other Four Immeasurables (SOFI; Kraus & Sears, 2009) are presented in Table 1.

Table 1.

Pearson Correlations for the study variables

Variable	Mean	SD	1	2	3
1. Mindfulness	146.7	16.7	-		
2. Self-Compassion	14.5	2.9	.62**	-	
3. Compassion for Others	16.05	2.07	.35**	.45**	-

** . Correlation is significant at the .01 level (1-tailed)

Mediation analysis was used to assess the proposed model (Figure 1). To test the hypothesis that self-compassion would mediate the relationship between mindfulness and compassion for others, the point estimates on the indirect effects were calculated, based on a 95% confidence interval (CI). Mindfulness was found to be positively associated with the mediator variable, self-compassion (a path), $B = .11$ (01), $p < .001$, 95% CI (.088 to .132). Self-compassion was found to be positively associated with compassion for others (b path), $B = .26$ (06), $p < .001$, 95% CI (.135 to .395). Finally, the direct relationship between mindfulness and compassion for others was not found to be significant ($B = .015$ (01); $p = .18$, 95% CI [-.007 to .038]) after controlling for self-compassion.

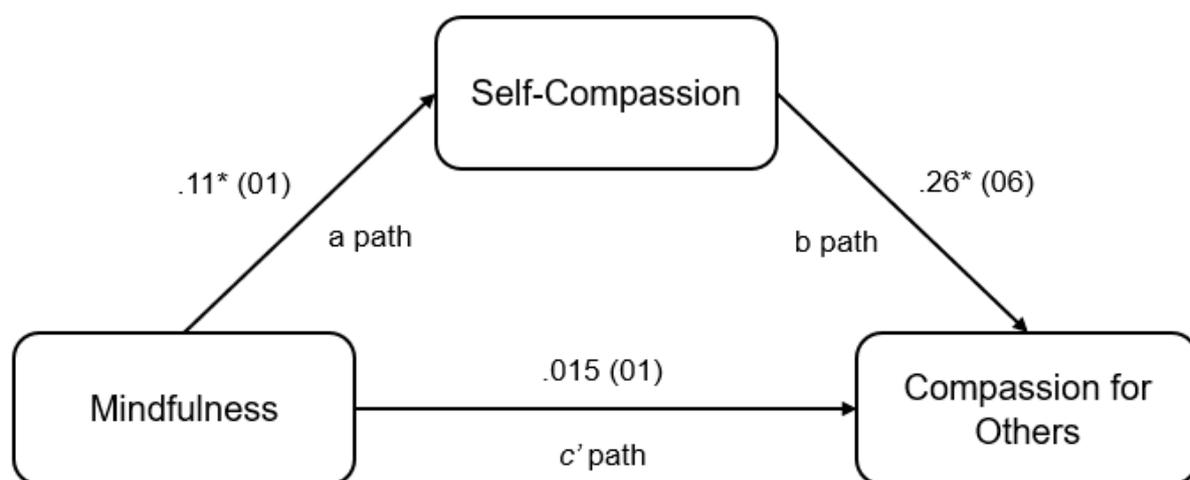


Figure 1. Path model summary of mediation analysis

* $p < .001$

Using 5000 bootstrap samples for percentile bootstrap confidence intervals, the indirect effects of mindfulness on compassion for others through self-compassion was found to be .029 (.008), 95% CI (.014 to .047). As the CI did not cross zero, and the direct effect of mindfulness on compassion for others was not found to be significant, we conclude that self-compassion fully mediates the relationship between mindfulness and compassion for others. We entered age and gender as covariates into our model, but they had no impact on the mediated relationship. Statistics for the indirect effects of mindfulness on compassion for others, via self-compassion, are presented in Table 3.

Table 3.*Indirect Effect of Study Variables*

	Effects	SE	CI 95% bootstrapping	
			Lower	Upper
Indirect effects of Mindfulness via Self-Compassion	.029	.008	.014	.047

4. Discussion

The association between mindfulness, self-compassion, and compassion to others has not been fully explored among psychotherapists. In a cross-sectional study, we aimed to examine a) the relationship between mindfulness, self-compassion, and compassion to others, and b) whether self-compassion mediates the effects of mindfulness on compassion to others. We found that mindfulness was associated with self-compassion and compassion for others. In addition, self-compassion was found to be related to compassion for others. A mediation analysis found that the effects of mindfulness on compassion for others was through self-compassion.

The study found an association between mindfulness and self-compassion, which is consistent with previous research findings (Latorre *et al.*, 2021; Bourgault & Dionne, 2019). Mindfulness allows individuals to look inside and enables them to develop capacities to see their feelings and thoughts clearly and respond to life stressors effectively (Siegel & Germer, 2012). This finding suggests that mindful psychotherapists are likely to have a balanced awareness of their own feelings and extend compassion to themselves. The mindfulness-self-compassion link can be explained by the fact that self-compassion relies heavily on our awareness of our pain and struggles, and mindfulness allows us to understand our feelings and thoughts, which contributes to the development of self-compassionate for our sufferings (Neff & Germer, 2022). Neff (2003) argues that mindfulness is a prerequisite for our self-compassion given that it provides the individual with an ability to observe, instead of immediately react to, possible negative events.

The finding being an association between self-compassion and compassion for others is understood as people need to accept different parts of the self, including less desirable aspects, in order to accept the same aspects in others (Siegel & Germer, 2012); psychotherapists with qualities to recognise their own sufferings and their unwanted parts of themselves are likely to be open to and hold a non-judgemental understanding about the client. This can be explained

by fMRI technology findings that cultivating self-compassion is related with neural activities that occurs when our feeling of empathy for others is activated (Longe *et al.*, 2009); compassion towards self and other-focused compassion go hand in hand. An alternative explanation for this finding may be that psychotherapists with developed self-compassion may perceive threat on a reduced level, which may contribute to their capacity to develop a positive state of mind and compassion towards the client. This makes sense given that anxiety decreases capacity for compassion for others (Hiebert *et al.*, 1998; Fulton & Cashwell, 2015; Fulton, 2016).

The study also found an association between mindfulness and compassion for others. There is evidence that supports a relationship between mindfulness and empathy, which is conceptually close to compassion for others. Neff and Pommier (2013), for example, found that experienced meditators obtain higher scores in empathetic responses than the general population. This has been extended by research, using the client's feedback, reporting that the counsellor's mindfulness is associated with the client's perceived empathy during therapy sessions (Fulton, 2016). This relationship is also supported by a meta-analysis indicating that meditation and mindfulness practices are associated not just with self-compassion, but also pro-social behaviours benefiting others (Sedlmeier *et al.*, 2012)

Although the study found a significant relationship between mindfulness and compassion for others, the direct relationship became non-significant after self-compassion is controlled for. Thus, self-compassion appears to explain effects of mindfulness on compassion for others. This mediated relationship can be explained by a proposition that self-compassion is a possible mechanism that may link mindfulness to a variety of positive qualities (Kraus & Sears, 2009). For example, Hollis-Walker and Colosimo (2011) found a mediating role of self-compassion in the relationship between mindfulness and psychological well-being. This has been corroborated by findings from longitudinal experimental research. Rodríguez-Carvajal *et al.*, (2016), examining Mindfulness Integrative Model (MIM) among general population, found that greater levels of mindfulness lead to higher levels of self-compassion, which led to an increment on positive states of mind towards oneself and the others. The current study supports this proposed sequential order among psychotherapists.

This study contributes to the psychotherapy and counselling literature by identifying a possible mechanism through which mindfulness and self-compassion may enhance positive outcomes, namely compassion for others, among experienced therapists. This is important given that there

are few studies focused on identifying how mindfulness and self-compassion may play out in relation to other qualities in the realm of psychotherapy (Gu *et al.*, 2015). The findings from the study are of particular importance in the context of psychotherapy and counselling because non-judgemental understanding is crucial for therapeutic relationship (Rogers, 1957); research shows clinicians and patients perceive compassionate care as an important element required to build therapeutic relationship (Department of Health, 2008; Lionis, 2015).

4.1 Implications for Practice

The findings from this study have implications for practice. From the literature we know that self-compassion is linked with better psychotherapists' performance (Patsiopoulos & Buchanan, 2011). The current study found that mindfulness predicts self-compassion. It is therefore recommended that psychotherapists and counsellors use formal and informal strategies to cultivate self-compassion and reduce qualities such as self-judgemental thinking and destructive self-criticism. For example, therapists can practice different types of meditations e.g., affectionate breathing; they can also use informal and contemplative practices in daily life such as self-compassionate journaling (Germer & Neff, 2013). This is important because psychotherapists may seldom use compassion skills for themselves (Norcross & VandenBos, 2018). In addition, the study found that mindfulness has an indirect effect on compassion for others through self-compassion. We support the idea that effective compassion for others is accompanied by self-compassion, for which there is evidence indicating that psychotherapists' compassion for others, in the absence of self-compassion, can lead to amplified stress and compassion fatigue (Beaumont & Hollins-Martin, 2016). Thus, psychotherapists need to develop a compassionate mind if their compassion for and their relationship with the client is to be effective. Psychotherapy training programs are suggested to put in place, in addition to core professional skills such as assessment and intervention techniques, specific trainings that may help therapists improve their mindfulness skills and their capacity for self-compassion, which in turn can improve their compassion for the client. One possible recommendation for psychotherapy training programs would be integrating into training programs elements from third wave Cognitive Behaviour Therapies (CBT) such as compassion-focused therapy that offers techniques and skills to give and receive compassion (Gilbert, 2014). They can also consider programs such as Mindful Self-Compassion program (Neff and Germer 2012) explicitly and specifically designed to enhance self-compassion, which can lead to an increment in compassion for others and better relationship with the client.

4.2. Limitations and Future Research

The study has some limitations. First, the study is limited by the cross-sectional design. Although our analysis found a mediating role of self-compassion that links mindfulness to compassion for others, we cannot make causality inferences because changes in mediator typically occurs before changes in the outcome variable (Kraemer *et al.*, 2002), while our study is unable to identify and confirm whether changes in self-compassion occurred first, leading to subsequent changes in compassion for others. Future longitudinal studies are required to examine changes in the variables of interest over time to establish temporal precedence.

Second, the notions of self-compassion and compassion for others have been conceptualised and measured differently, meaning that their association may differ depending on the type of the measures and conceptualisation used (López *et al.*, 2018). We excluded from the study negative dimensions of both self-compassion and compassion for others. They could have affected the results if they were included.

Third, Gilbert and colleagues argue that compassion, in addition to self-compassion and compassion for others, can be extended to compassion-from-others (Gilbert *et al.*, 2017). The findings from the current study can be expanded by future research examining this new dimension of compassion among psychotherapists and counsellors.

Fourth, the current study examined the constructs of mindfulness and self-compassion in relation to compassion for others. We suggest future research investigates the two constructs in regard to other variables facilitating psychotherapy processes. We would specifically refer researchers to a core set of Facilitative Interpersonal Skills (FIS), which is one's capacity to navigate through complex interpersonal situations. The FIS are pan-theoretical and are found to be common across all forms of psychotherapy and are the strongest predictors of therapeutic outcome for clients (Anderson, Finkelstein, & Horvath, 2020). Future research can examine whether and how mindfulness and self-compassion may be associated with the FIS. Lastly, many of the practitioners registered with the IACP for whom the survey link of the study was sent did not attend the study. If they accepted our invitation and completed the survey, we may have found different results. accepted our invitation and completed the survey, we may have found different results.

5. Conclusion

There is some evidence suggesting a sequential model that people's capacity for mindfulness enhances their self-compassion, which can improve their compassion for others. The findings from the current study supported this proposed mediated associations among a group of fully registered psychotherapists. We argued that mindfulness can provide psychotherapists with an ability to observe and consciously experience, instead of reacting to, internal and external negative experiences, which can improve self-compassion. An increment in compassion towards the self can contribute to an increment in compassion for others given that individuals who embrace and accept less desirable parts of themselves are more likely to accept the same qualities in others. We offered a set of recommendations to both psychotherapists and psychotherapy bodies to utilise to improve psychotherapists' capacity for mindfulness and self-compassion that can, in turn, enhance their compassion for the client. We also argued that the study findings provide preliminary support for the proposed sequential model and longitudinal research will be required to enable us to make solid conclusions about the nature and the direction of the relationships.

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