

The effect of online “Love and Care” self-compassion practice among Malaysian counselling students

Mei Jin Lim, Joo Siang Tan

School of Education, Faculty of Social Sciences and Humanities
Universiti Teknologi Malaysia

Correspondence: Joo Siang Tan (email: joosiang@utm.my)

Received: 24 December 2022; Accepted: 15 April 2023; Published: 31 May 2023

Abstract

The purpose of this study is to investigate the effect of online self-compassion practice on self-compassion, emotional regulation, and perceived wellbeing in counselling students. Counsellors are exposed to high risks of psychological and emotional distress, therefore self-compassion as self-care strategy is essential to be cultivated among counselling students. In this study, purposive sampling was employed to recruit participants via the internet. Thirty-two counselling students participated in a 14-day online program as an intervention of self-compassion practice. Data for self-compassion, emotional regulation and perceived wellbeing were collected before, after and 1 month follow up of the program. Data were analyzed using nonparametric Friedman test. The result shows the potential of such intervention by revealing improvements in several measures over two weeks and supported partial hypotheses. Firstly, the findings shows that the daily self-compassion practice has a significant effect on self-compassion, specifically self-kindness, and mindfulness. Secondly, there is also significant difference on wellbeing. Lastly, supported with qualitative data in participants' survey, the overall experience with daily self-compassion practice is all positively worded. Both quantitative and qualitative findings from our present study showed that the intervention greatly increase participants' sense of self-kindness and perceived wellbeing throughout the 14 days. Overall, this study supports the previous studies on the effectiveness of self-compassion and further supports the wellbeing of counselling students. The implication of the study is self-compassion and wellbeing could be promoted through a short intervention program via online platform, and it may serve as a support tool to other traditional forms of intervention.

Keywords: Counselling students, emotional regulation, perceived wellbeing, self compassion

Introduction

According to the Institute for Public Health's National Health and Morbidity Survey 2015 conducted by the Ministry of Health Malaysia (2015), the prevalence of mental health issues among adults aged 17 and older has increased from 10.7 percent in 1996 to 29.2 percent in 2015. In addition, there is a need for more research because counsellors today face a variety of emotional and personal obligations that can quickly degrade their quality of life (Bradley et al., 2013). Counselling students may even experience high levels of stress, poor self-care habits, and an increased risk of physical illness as a result of some of the demanding coursework. When it comes

to these problems, counselling students are required to keep their physical, mental, and emotional well-being in good shape in order to serve others. These factors may make it difficult for them to function effectively on a daily basis (Mayorga, Devries & Wardle, 2015). Self-compassion recently has received considerable attention in the eyes of mental and physical health practitioners as it has been associated with better physical and psychological wellbeing (Hall et al., 2013; Barnard & Curry, 2011), lower depression, anxiety and greater coping skill (Leary et al., 2007). Self-compassion is defined as the “compassion turned inward” with an attitude that show kindness to oneself in the face of challenges (Neff, 2012; p.79). A person who practices self-compassionate has non-judgmental view of oneself as well as own negative emotions (Neff, 2012). The regulation of emotions is the process of modifying the intensity, duration, or expression of feeling states, with reappraisal and suppression being two common methods (Gross, 2002). Reappraisal involves the process of altering our thoughts about a situation to reduce its emotional impact. On other hand, the process of restraining or expressing the emotion is also known as suppression (Gross, 2002). Following such trends in the research of self-compassion, the current study aims to explore the effects of online self-compassion practices on self-compassion, emotional regulation and perceived wellbeing among counselling students in Malaysia.

Literature review

The concept of self-compassion is one of the newer elements of therapist self-care (Patsiopoulou & Buchanan, 2011). According to Nelson et al. (2018), incorporating self-compassion into a counselling curriculum is a beneficial tool for supporting students who are applying for internship or practicum sites and are dealing with negative feelings like shame, insecurity, or being vulnerable to client experiences. It has been argued that practicing self-compassion on a regular basis can help one develop a sense of calm and acceptance of oneself, which may lessen the harmful effects of stress (Dorian & Killebrew, 2014). Counsellors who practice positive self-compassion techniques can impart these ideas to their clients in a way that will improve the effectiveness of therapy (Nelson et al., 2018). The association between self-compassion and emotional regulation issues and stress symptoms in psychologists was negatively predicted (Finlay-Jones et al., 2015). This finding indicated that self-compassion is a crucial resource for assisting psychologists in balancing and regulating their emotions in an adaptive manner, hence lowering occupational stress in this field.

Numerous research has revealed a link between wellbeing and their level of self-compassion (Leary et al., 2007; Neff et al., 2007a; Neely et al., 2009; Patsiopoulou & Buchanan, 2011; McKay & Walker, 2021). Self-compassion was found to be positively correlated with all types of wellbeing, including cognitive, psychological, and emotional health in a meta-analysis conducted by Zessin and colleagues in 2015. In compassionate mind trainings, Gilbert and Irons (2005) discovered that self-compassion activates the self-comfort system, which is related to safety, the oxytocin-opiate system, and secure attachment, while deactivating the threat system, which is linked to self-criticisms, defensiveness, and insecure attachment. In a subsequent study, it was discovered that people with high levels of self-criticism who engaged in self-compassion displayed greater self-kindness (Gilbert & Procter, 2006). Self-compassion may therefore enhance health by reducing loneliness and feeling threatened while increasing feelings of safety and security.

A protective factor against emotional dysregulation and mood disorders, self-compassion is also closely tied to the study of emotional regulation. Previous research has demonstrated that encouraging emotional regulation through self-compassion may benefit mental health (Berking & Whitley, 2014). Self-compassion may be a therapeutic strategy for those who avoid their emotions, according to a systematic study by Inwood and Ferrari (2018). Additionally, it was discovered that self-compassion motivates people to act in response to unfavorable circumstances without becoming too dominated by negative feelings which promotes people's interactions to their self-evaluations in a good way rather than directly altering ideas (Leary et al., 2007). As a result, self-compassion seemed to be a key mediator in reducing one's negative feelings toward a negative experience. Individuals use a variety of different emotional regulation techniques, and the inability to do so is associated with a number of neuropsychiatric problems (Aldao et al., 2010; Sloan et al., 2017).

Method and study area

The target population of this study was the counselling students in Malaysia. The samples were selected using purposive sampling. It was a non-probability sampling method where individuals were recruited to participate in the study. All participants are required to fill in a questionnaire and eligible participants would receive a link to program induction. Pretest would also be sent out during the program induction. Participants' consent form was also translated into dual language, English and Bahasa Malaysia and given to the participants. The instructions and the activity for the next day would be sent at every 9 o'clock at night. Reminder message on the daily activity will also be sent out at 12 in the afternoon. Participants were also required to provide a short reflection about the activity. The purpose of reflection questions is to provide a space for feedback and progress check with their completion of activity. All the communication will be conducted via emails and Telegram application. At the end of the program, all participants received an email link to the posttest measure and program evaluation form. Four weeks after the program completion, a link to the follow up measure was emailed to participants.

There are three instruments used in this study. First, a short form of Self-Compassion Scale (SCS-SF; Raes et al., 2011) was used to measure the self-compassion level of the respondents. Respondents were required to respond based on a 7-point scale from 1="almost never" to 7="almost always". The SCS -SF consisted of three negative subscales that measures self-judgment, isolation, and overidentification, and items from these subscales are reverse-scored. After reverse-coding the negative items, mean scores on the six subscales are summated to create a total score of self-compassion (Neff, 2003a). Previous studies showed that the original 26-item Self Compassion Scale (SCS) display good test-retest reliability, construct validity (Neff, 2003a) and internal consistency with Cronbach's alphas above .92 (Neff et al., 2007a). The second instrument is The Emotion Regulation Questionnaire (Gross & John, 2003). It consists of 10 items covering two factors: cognitive reappraisal and expressive suppression. Items are rated on a 7-point Likert scale ranging from "Strongly disagree" to "Strongly agree". ERQ was found to have strong internal consistency reliability in both cognitive reappraisal (.89-.90) and expressive suppression (.76-.80) scores even in general Australian community sample (Preece et al., 2020). The third instrument is the WEMWBS is the 14-item Warwick-and-Edinburgh Mental-Well-being Scale, which is used to measure perceived well-being in the last two weeks (Tennant et al., 2007). All of the items are positively worded which cover positive aspects of the overall mental health.

The responses for this instrument range from ‘all of the time (5)’ to ‘none of the time (1)’. The higher score is, the better the mental health well-being is. This instrument has been validated and shows a high reliability value of 0.91 in the original validation study with a large sample of students at Scottish and English universities (Tennant et al., 2007).

Results and discussion

This study focused on several features of participants demographic, which are gender, age, ethnicity, academic qualification, and university. A total of 51 university students enrolled for this study. However, 19 responses were excluded from this study as they did not fully complete the exercise throughout the two weeks. After exclusion, a total of 32 participants remained for the study. In this study, majority of the participants consisted of 81.25% females and 18.75% male respondents, with the range of respondent’s age was between 21 – 50 years-old with the mean age of 27.03 (SD = 6.34). Among the 32 participants, 75% were post graduate students while 34.3% were undergraduate students. The Chinese respondents represented the majority respondents in the study, which covered 62.5% of overall respondents, followed by Malay respondents (28.13%) and Indian respondents (17.37%).

Table 1. Comparison between pre, post and follow up in self compassion, cognitive reappraisal, expressive suppression and wellbeing

	Pre-test		Post test		Follow up		P	χ^2
	Mean	SD	Mean	SD	Mean	SD		
Total self compassion	3.35	.61	3.73	.71	3.65	0.73	.002*	12.30
Self-kindness	3.79	.76	4.23	.75	4.17	0.92	.004*	10.80
Common humanity	3.68	.94	3.84	1.18	3.76	1.07	.32	2.26
Mindfulness	3.82	.79	4.00	.90	4.15	0.87	.006*	10.28
Self-judgement	2.70	.88	2.34	.97	2.62	1.09	.53	1.23
Isolation	3.28	1.14	2.51	.85	2.75	1.00	.13	3.98
Over-identification	3.42	.96	2.96	1.03	3.00	1.15	.41	1.76
ERQ								
Cognitive reappraisal	5.16	.91	5.45	1.01	5.59	0.91	0.51	5.96
Expressive suppression	3.27	1.28	2.79	0.99	3.09	1.25	0.16	3.58
Mental wellbeing	46.70	11.30	56.18	8.63	53.90	9.30	.001*	14.39

Based on Table 4.1, in consistent with our hypothesis, a Friedman nonparametric test showed that there was a significant difference between pre, post and follow up test in total self-compassion scores ($\chi^2(2) = 12.30, p = 0.002$). Post-hoc tests using a Wilcoxon signed-rank test (see Table 1) with a Bonferroni-adjusted alpha level of .017 (0.05/3) showed that total self-compassion scores for posttest (Mean = 3.73) were higher than scores before intervention (Mean = 3.35). This improvement between before and after test was statistically significant, $z = -2.94, p < 0.001$. There was no significant change for post (Mean = 3.75) and follow up test (Mean = 3.65), $z = -.93, p = .35$. The result revealed that there was an overall improvement in scores, suggesting that the daily self-compassion is an effective intervention to improve self-compassion in participants, yet the effect was not powerful enough to sustain significant changes after one month follow up.

For the self-compassion dimensions, changes for self-kindness were present and significant ($\chi^2(2) = 10.80, p = 0.004$) between pre, post and follow up test in consistent with our hypothesis. The post hoc analysis showed that there was a significant improvement for pre-posttest ($z = -2.38, p = 0.01$) and slightly maintained its effect in follow up test, showing that participants might improve their self-kindness over the time. In addition, mindfulness also showed significant difference between pre, post and follow up ($\chi^2(2) = 10.28, p = 0.006$). The result was consistent with what we hypothesized. In post hoc test comparing pre-posttest, mindfulness showed a trend towards significance ($z = -1.87, p = 0.06$). Although participants had showed better mindfulness in posttest (Mean = 4.00) and even in follow up test (Mean = 4.15). The effect of common humanity ($\chi^2(2) = 2.26, p = 0.32$) and isolation ($\chi^2(2) = 3.98, p = 0.13$) was not found significant difference between pre, post and follow up although the data showed improvements on these dimensions as hypothesized. Interestingly, isolation showed significant difference in post hoc test comparing with pre and posttest ($z = -2.76, p < 0.01$). The result supported the hypothesis that the daily self-compassion practice might lead to improvements in total self-compassion not all parts of the self-compassion.

Emotional regulation and its dimensions

For emotional regulation dimensions, changes for cognitive reappraisal were present, but they were only marginal significant difference between pre, post and follow up test, $p = .51$. However, the post hoc test showed no significant difference for cognitive reappraisal. Besides, since there was no significant effect found on the expressive suppression scores between pre, post and follow up test, $p = .16$. In sum, the result did not show strong evidence to support the hypothesis that the daily self-compassion training improves emotional regulation as the intervention only produced marginal change in the component cognitive reappraisal but not expressive suppression.

Wellbeing

Finally, the test also showed that there was a significant difference between wellbeing scores measured for pre, post and follow up test, $p < 0.05$. Based on Table 1, post-hoc tests using a Wilcoxon signed-rank test with a Bonferroni-adjusted alpha level of .017 ($0.05/3$) showed that wellbeing scores for posttest (Mean = 56.18) were higher than scores before intervention (Mean = 46.70). This improvement was statistically significant, $z = -3.53, p < 0.01$. On other hand, there was no significant change in wellbeing for post (Mean = 56.18) and follow up test (Mean = 53.90), $z = -1.10, p = .27$. The result provided support for the hypothesis that daily self-compassion practice improves the wellbeing of participant's pre-post.

The word cloud provides a more intuitive representation by the visualizing top words. In the word cloud, large keywords can be judged to have importance of meaningful words that are often mentioned by the participants. The world cloud (Figure 1) shows that “relaxing”, “interesting”, “care” and “compassion” are more frequently mentioned. Overall, all the comments are positively worded by participants, suggesting that the daily self-compassion practices had positive impact during the intervention period. Based on the findings from frequent analysis, the common themes are very much related to self-kindness and relaxation. Participants commented on how the daily practice cultivate sense of kindness, love, and compassion to oneself in addition to the simplicity of the practices to be done on daily basis.



Figure 1. Word cloud based on the perception of Malaysian counselling students towards daily self-compassion practice.

The result shows the potential of such intervention by revealing improvements in several measures over two weeks. Firstly, the findings shows that the daily self-compassion practice has a significant effect on self-compassion, specifically self-kindness, and mindfulness. Secondly, the result also shows marginal significant difference on emotional regulation partially in cognitive reappraisal. Thirdly, there is also significant difference on wellbeing. The post hoc test also shows that participants' significant improvement in wellbeing between pre-posttest. Lastly, supported with qualitative data in participants' survey, the overall experience with daily self-compassion practice is all positively worded.

The findings from this study on self-compassion is encouraging, indicates that the two weeks of online self-compassion daily practices may enhance total self-compassion. As hypothesized, the participants show significant increases in total self-compassion measured by the short form of Self Compassion Scale for pre-posttest, which were consistent with previous study using pre-posttest (Eriksson et al., 2018; Dreisoerner et al., 2020; Birnie, 2010; Wong et al., 2016). This further supports that having self-compassion related daily practices also enhances self-compassion and wellbeing in individuals. The finding of the present study is interesting for the dimensions of self-compassion particularly in self-kindness. Participants show significant improvement in self-kindness after the intervention. Supported with the qualitative data analysis, the most participants also describe their experiences a pleasant one such as “a journey of self-kindness”, “new feeling experience in self compassion”, and “to love myself and to be kind to myself first.”. The presence of self-kindness is crucial, especially for individuals to serve as an antinode to the sense of threat (Gilbert & Procter, 2006). Significant difference was also found in mindfulness and the effect may also successfully spill over to the changes of self-kindness. Neff (2003a) highlighted that the development of self-kindness requires a certain level of mindfulness to address and acknowledge the unpleasant feelings. Only then can they practice with kind words or behaviors to themselves. In line with Birnie (2010), our study shows consistent findings on the significant improvement on both self-kindness and mindfulness in participants. Therefore, when fostering self-kindness becomes difficult, mindfulness may be the first step toward developing self-compassion (Segal et al., 2002). Consistent with previous findings (Neely et al., 2009; Shapira & Mongrain, 2010; Hollis-Walker & Colosimo, 2011; Campos et al., 2016), the daily practices in current study also significantly improved mental wellbeing, allowing participants to feel and experience more positive emotions in daily lives comparing before and after the intervention. Taken together with the improved scores in cognitive appraisal, it indicates that the intervention

likely increases one's capacity to counteract negative thoughts and cope with problems when they arose, in turn further promoting emotional well-being. This finding further supported Gilbert and Irons (2005)'s finding that suggested that the self-comfort system in self-compassion training reduces the self-criticisms and threats, leading to better wellbeing in general.

The findings from the study have important practical implications for counsellors, whose may experience 'compassion fatigue' on dealing with clients. Counsellors who practice more self-compassion are more likely to improve sense of interconnectedness and kindness to themselves in difficult moments. This could be an important addition to clinical training for future counsellors. In addition, technology plays an important role in current generation and our study provided evidence that wellbeing could be promoted through technology, and it may serve as a support tool to other traditional forms of intervention. With the help of technology, more individuals could be reached and supported anywhere and anytime. The finding from this study further supports a self-paced practice for mental health promotion in Malaysia.

Several limitations must be considered when interpreting the results. Firstly, the research design was greatly limited due to Movement Control Order in Malaysia during the intervention period. Most of the intervention could only be carried out through virtual platforms, hence it may lead to limited interactions among participants. Next, small sample size is also one of the study's drawbacks. As such, it's likely that the changes were caused by the interventions, but the sample size was insufficient to detect these effects, which could limit the findings' generalizability. In addition, despite our best attempts to attract male participants, most of our participants were females. This is a common constraint in research related to mindfulness and self-compassion interventions, with meta-analyses indicating that typically, more than 75% of participants are female. (Ferrari et al., 2019; Khoury et al., 2015).

For future studies, as mentioned above given that peer support also helps to relieve stress, stigma, and isolation, the practices could include a stronger feeling of community as an element of peer support that was responsible for some of the participants' positive experiences (Shapiro & Galowitz, 2016) and improved feeling of belonging (Kelly & Yeterian, 2008). Also, although we found meaningful insights in emotional regulation, the research could also refine the assessment of emotional regulation as the role of expressive suppression and cognitive reappraisal in self-compassion is need for further investigation.

Conclusion

This study's findings add to the contribution of limited self-compassion works in Malaysia to promote better quality of life. The greater demand for counsellors and mental health workers justifies for the need for more effective, easily accessible wellbeing program. At the same time, it also helps to understand how self-compassion influences emotional regulation and wellbeing through experimental research among counselling students as they are the future mental health workers. During the ongoing COVID-19 pandemic, it was also a significant initiative that was implemented for student counselling to enhance psychological health. To fully comprehend self-compassion and its relationships with other conceptions, not only in Asia but also in other parts of the world, more study is obviously required.

Acknowledgement

The authors would like to thank the participants who generously share their experience for the purpose of this study.

References

- Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic re-view. *Clinical Psychology Review, 30*(2), 217–237. doi: 10.1016/j.cpr.2009.11.004
- Barnard, L. K., & Curry, J. F. (2011). Self-compassion: Conceptualizations, correlates, & interventions. *Review of General Psychology, 15*(4), 289–303. doi: 10.1037/a0025754
- Berking, M., & Whitley, B. (2014). *Affection regulation training: A practitioner's manual*. New York: Busines Media. <https://doi.org/10.1007/978-1-4939-1022-9>
- Birnie, K., Speca, M., & Carlson, L. E. (2010). Exploring self-compassion and empathy in the context of mindfulness-based stress reduction (MBSR). *Stress and Health, 26*, 359–371.
- Bradley, N., Whisenhunt, J., Adamson, N., & Kress, V. E. (2013). Creative approaches for promoting counselor self-care. *Journal of Creativity in Mental Health, 8*(4), 456–469. <https://doi.org/10.1080/15401383.2013.844656>
- Campos, D., Cebolla, A., Quero, S., Bretón-López, J., Botella, C., Soler, J., ... Banos, R. M. (2016). Meditation and happiness: Mindfulness and self-compassion may mediate the meditation–happiness relationship. *Personality and Individual Differences, 93*, 80–85. <https://doi.org/10.1016/j.paid.2015.08.040>
- Dorian, M., & Killebrew, J. E. (2014). A study of mindfulness and self-care: A path to self-compassion for female therapists in training. *Women & Therapy, 37*(1–2), 155–163. doi:10.1080/02703149.2014.850345
- Dreisoerner, A., Junker, N. M., & van Dick, R. (2021). The Relationship Among the Components of Self-compassion: A Pilot Study Using a Compassionate Writing Intervention to Enhance Self-kindness, Common Humanity, and Mindfulness. *Journal of Happiness Studies, 22*, 21-47. doi:10.1007/s10902-019-00217-4
- Eriksson, T., Germundsjö, L., Åström, E., & Rönnlund, M. (2018). Mindful self-compassion training reduces stress and burnout symptoms among practicing psychologists: A randomized controlled trial of a brief web-based intervention. *Frontiers in Psychology, 9*, 2340. <https://doi.org/10.3389/fpsyg.2018.02340>
- Ferrari, M., Hunt, C., Harrysunker, A., Abbott, M. J., Beath, A. P., & Einstein, D. A. (2019). Self-compassion interventions and psychosocial outcomes: A meta-analysis of RCTs. *Mindfulness, 10*(8), 1455-1473.
- Finlay-Jones, A. L., Rees, C. S., & Kane, R. T. (2015). Self-Compassion, Emotion Regulation and Stress among Australian Psychologists: Testing an Emotion Regulation Model of Self-Compassion Using Structural Equation Modeling. *PLOS ONE, 10*(7), e0133481. doi:10.1371/journal.pone.0133481
- Gilbert, P., & Irons, C. (2005). Focused therapies and compassionate mind training for shame and self-attacking. In P. Gilbert (Ed.), *Compassion: Conceptualisations, research and use in psychotherapy* (p. 263–325). Routledge.

- Gilbert, P., & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology and Psychotherapy*, 13, 353–379. doi:10.1002/cpp.507
- Gross, J. J. (2002). Emotion regulation: Affective, cognitive, and social consequences. *Psychophysiology*, 39(3), 281–291.
- Gross, J. J., & John, O. P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, 85(2), 348–362. <https://doi.org/10.1037/0022-3514.85.2.348>
- Hall, C. W., Row, K. A., Wuensch, K. L., & Godley, K. R. (2013). The role of self-compassion in physical and psychological well-being. *The Journal of Psychology*, 147(4), 311–323. <https://doi.org/10.1080/00223980.2012.693138>
- Hollis-Walker, L., & Colosimo, K. (2011). Mindfulness, self-compassion, and happiness in non-meditators: A theoretical and empirical examination. *Personality and Individual Differences*, 50(2), 222–227. <https://doi.org/10.1016/j.paid.2010.09.033>
- Institute for Public Health (IPH) (2015). *National Health and Morbidity Survey 2015* (NHMS 2015). Vol. II: Non-Communicable Diseases, Risk Factors & Other Health Problems; 2015.
- Inwood, E., & Ferrari, M. (2018). Mechanisms of Change in the Relationship between Self-Compassion, Emotion Regulation, and Mental Health: A Systematic Review. *Applied Psychology: Health and Well-Being*, 10(2), 215–235. doi:10.1111/aphw.12127
- Khoury, B., Sharma, M., Rush, S. E., & Fournier, C. (2015). Mindfulness-based stress reduction for healthy individuals: A meta-analysis. *Journal of Psychosomatic Research*, 78(6), 519–528. doi:10.1016/j.jpsychores.2015.03.009
- Kelly, J. F., & Yeterian, J. D. (2008). Mutual-help groups. In W. O'Donohue, & J. R. Cunningham (Eds.), *Evidence-based adjunctive treatments* (pp. 61–105). New York: Elsevier.
- Leary, M. R., Tate, E. B., Adams, C. E., Allen, A. B., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *Journal of Personality and Social Psychology*, 92, 887–904.
- Mayorga, M. G., Devries, S. R., & Wardle, E. A. (2015). The Practice of Self-Care among Counseling Students. *Journal of Educational Psychology*, 8, 21–28.
- McKay, T., & Walker, B. R. (2021). Mindfulness, self-compassion and wellbeing. *Personality and Individual Differences*, 168, 110412. doi:10.1016/j.paid.2020.
- Neely, M. E., Schallert, D. L., Mohammed, S. S., Roberts, R. M., & Chen, Y. J. (2009). Self-kindness when facing stress: The role of self-compassion, goal regulation, and support in college students' well-being. *Motivation and Emotion*, 33(1), 88–97.
- Neff, K. D. (2003a). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2, 223–250.
- Neff, K. D. (2012). *The science of self-compassion*. In C. K. Germer & R. Siegel (Eds.), *Compassion and wisdom in psychotherapy* (pp. 79–92). New York, NY: Guilford Press.
- Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007a). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, 41(1), 139–154. doi:10.1016/j.jrp.2006.03.004.
- Nelson, J. R., Hall, B. S., Anderson, J. L., Birtles, C., & Hemming, L. (2018). Self-compassion as self-care: A simple and effective tool for counselor educators and counseling students. *Journal of Creativity in Mental Health*, 13(1), 121–133.

- Patsiopoulou, A. T., & Buchanan, M. J. (2011). The practice of self-compassion in counseling: A narrative inquiry. *Professional Psychology: Research and Practice, 42*(4), 301-307. doi:10.1037/a0024482
- Preece, D. A., Becerra, R., Robinson, K., & Gross, J. J. (2020). The Emotion Regulation Questionnaire: Psychometric Properties in General Community Samples. *Journal of Personality Assessment, 1-9*. doi:10.1080/00223891.2018.1564319
- Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the Self-Compassion Scale. *Clinical Psychology & Psychotherapy, 18*, 250-255.
- Sloan, E., Hall, K., Moulding, R., Bryce, S., Mildred, H., & Staiger, P. K. (2017). Emotion regulation as a transdiagnostic treatment construct across anxiety, depression, substance, eating and borderline personality disorders: A systematic review. *Clinical Psychology Review, 57*, 141-163. doi:10.1016/j.cpr.2017.09.002
- Shapira, L. B., & Mongrain, M. (2010). The benefits of self-compassion and optimism exercises for individuals vulnerable to depression. *The Journal of Positive Psychology: Dedicated to furthering research and promoting good practice, 5*, 377-389. doi:10.1080/17439760.2010.516763
- Shapiro, J., & Galowitz, P. (2016). Peer Support for Clinicians. *Academic Medicine, 91*(9), 1200-1204. doi:10.1097/acm.0000000000001297
- Segal, Z. V., Teasdale, J. D., Williams, J. M., & Gemar, M. C. (2002). The mindfulness-based cognitive therapy adherence scale: Inter-rater reliability, adherence to protocol and treatment distinctiveness. *Clinical Psychology & Psychotherapy, 9*(2), 131-138.
- Tennant, R., et al. (2007). The Warwick-Edinburgh mental well-being scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes, 5*(1), 63.
- Wong, C. C. Y., & Mak, W. W. S. (2016). Writing Can Heal: Effects of Self-Compassion Writing Among Hong Kong Chinese College Students. *Asian American Journal of Psychology, 7* (1), 74-82. <https://doi.org/10.1037/aap0000041>
- Zessin, U., Dickhäuser, O., & Garbade, S. (2015). The Relationship Between Self-Compassion and Well-Being: A Meta-Analysis. *Applied Psychology: Health and Well-Being, 7*(3), 340-364. doi:10.1111/aphw.12051